Report of the Inspector of Mental Health Services 2010

EXECUTIVE CATCHMENT AREA	Kildare, West Wicklow, Laois, Offaly, Longford and Westmeath
HSE AREA	Dublin Mid-Leinster
CATCHMENT AREA	Longford Westmeath
MENTAL HEALTH SERVICE	Longford Westmeath
APPROVED CENTRE	St. Loman's Hospital, Mullingar
NUMBER OF WARDS	5
NAMES OF UNITS OR WARDS INSPECTED	Male Admission Female Admission St. Marie Goretti ward St. Brigid's ward St. Edna's ward
TOTAL NUMBER OF BEDS	108
CONDITIONS ATTACHED TO REGISTRATION	No
TYPE OF INSPECTION	Unannounced
DATE OF INSPECTION	2 June 2010

PART ONE: QUALITY OF CARE AND TREATMENT SECTION 51 (1) (b) (i) MENTAL HEALTH ACT 2001

INTRODUCTION

In 2010, the Inspectorate paid particular attention to Articles 15 to 22 and 26 of the Mental Health Act 2001 (Approved Centres) Regulations 2006 and all areas of non-compliance with the Regulations in 2009 and any other Article where applicable. The Inspectorate was keen to highlight improvements and initiatives carried out in the past year and track progress on the implementation of recommendations made in 2009. Information was gathered from self-assessments, service user interviews, staff interviews and photographic evidence collected on the day of the inspection.

DESCRIPTION

St. Loman's Hospital was an old Victorian building in Mullingar in extensive grounds. There was only one ward, St. Edna's ward, in the old building. St. Brigid's ward and St. Marie Goretti's ward were in a stand alone building at the back of the hospital. The admission wards were in a separate building. The female admission ward had been renovated three years previously and was in good condition. The three continuing care wards, although clean, were in poor condition and not fit for provision of a mental health service.

DETAILS OF WARDS IN THE APPROVED CENTRE

WARD	NUMBER OF BEDS	NUMBER OF RESIDENTS	TEAM RESPONSIBLE
Female admission Ward	24	22	General Adult
Male admission Ward	20	18	General Adult
St. Brigid's Ward	20	20	Psychiatry of Old Age
St. Marie Goretti's Ward	25	23	Psychiatry of Old Age
St. Edna's Ward	19	17	General Adult

QUALITY INITIATIVES

- The approved centre had recently commenced primary care nursing.
- Reflexology and massage therapy was available.
- A new nursing care plan had been introduced.

PROGRESS ON RECOMMENDATIONS IN THE 2009 APPROVED CENTRE REPORT

1. The service should have a rehabilitation team.

Outcome: A full rehabilitation team was not in place.

2. Individual care plans should be introduced in line with the requirements of the Regulations.

Outcome: Individual care plans had been introduced throughout the hospital.

3. There was an urgent requirement for an occupational therapy service to provide assessments and therapeutic services and programmes.

Outcome: There continued to be a requirement for occupational therapy input, especially to the continuing care wards.

4. Training in multidisciplinary care planning should be provided for all staff.

Outcome: Training for staff had commenced and was being led by a CNM3.

5. An information booklet for residents should be provided and introduced for all residents and families.

Outcome: Information booklets were not available on the continuing care wards during inspection, but were made available subsequently.

6. All policies should be agreed and signed by the multidisciplinary team.

Outcome: This had been achieved.

7. Advocacy services should be available in the acute unit.

Outcome: The advocate visited the admission unit weekly.

8. The approved centre was unsuitable for the admission and treatment of children.

Outcome: This remained the situation.

9. Mandatory training for seclusion, physical restraint, mechanical restraint and ECT must be provided.

Outcome: Training had been commenced on prevention of violence. Training on seclusion for medical staff took place every six months, but training for nurses on seclusion had not been carried out.

10. St Brigid's, St. Edna's, St. Marie Goretti and St. Anne's wards are in poor condition and should be decommissioned as a matter of urgency.

Outcome: St. Anne's ward had closed. The remaining wards remain in very poor condition and should be closed immediately.

PART TWO: EVIDENCE OF COMPLIANCE WITH REGULATIONS, RULES AND CODES OF PRACTICE, AND SECTION 60, MHA 2001

2.2 EVIDENCE OF COMPLIANCE WITH REGULATIONS UNDER MENTAL HEALTH ACT 2001 SECTION 52 (d)

Article 4: Identification of Residents

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
Fully compliant	*Evidence of full compliance with this Regulation.*	X	X
Substantial compliance	*Evidence of substantial compliance but improvement needed.*		
Compliance initiated	*An attempt has been made to achieve compliance but significant progress is still needed.*		
Not compliant	*Service is unable to demonstrate structures or processes to be compliant with this Regulation.*		

Article 5: Food and Nutrition

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
Fully compliant	*Evidence of full compliance with this Regulation.*	X	X
Substantial compliance	*Evidence of substantial compliance but improvement needed.*		
Compliance initiated	*An attempt has been made to achieve compliance but significant progress is still needed.*		
Not compliant	*Service is unable to demonstrate structures or processes to be compliant with this Regulation.*		

Article 6 (1-2): Food Safety

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
Fully compliant	*Evidence of full compliance with this Regulation.*		
Substantial compliance	*Evidence of substantial compliance but improvement needed.*	X	X
Compliance initiated	*An attempt has been made to achieve compliance but significant progress is still needed.*		
Not compliant	*Service is unable to demonstrate structures or processes to be compliant with this Regulation.*		

Justification for this rating:

The service was continuing to address the issues raised by the Environmental Health Officer outlined in the report of 2009.

Breach: 6(2)

Article 7: Clothing

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
Fully compliant	*Evidence of full compliance with this Regulation.*	X	X
Substantial compliance	*Evidence of substantial compliance but improvement needed.*		
Compliance initiated	*An attempt has been made to achieve compliance but significant progress is still needed.*		
Not compliant	*Service is unable to demonstrate structures or processes to be compliant with this Regulation.*		

Article 8: Residents' Personal Property and Possessions

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
Fully compliant	*Evidence of full compliance with this Regulation.*	X	X
Substantial compliance	*Evidence of substantial compliance but improvement needed.*		
Compliance initiated	*An attempt has been made to achieve compliance but significant progress is still needed.*		
Not compliant	*Service is unable to demonstrate structures or processes to be compliant with this Regulation.*		

Article 9: Recreational Activities

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
Fully compliant	*Evidence of full compliance with this Regulation.*	X	X
Substantial compliance	*Evidence of substantial compliance but improvement needed.*		
Compliance initiated	*An attempt has been made to achieve compliance but significant progress is still needed.*		
Not compliant	*Service is unable to demonstrate structures or processes to be compliant with this Regulation.*		

Article 10: Religion

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
Fully compliant	*Evidence of full compliance with this Regulation.*	X	X
Substantial compliance	*Evidence of substantial compliance but improvement needed.*		
Compliance initiated	*An attempt has been made to achieve compliance but significant progress is still needed.*		
Not compliant	*Service is unable to demonstrate structures or processes to be compliant with this Regulation.*		

Article 11 (1-6): Visits

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
Fully compliant	*Evidence of full compliance with this Regulation.*	X	X
Substantial compliance	*Evidence of substantial compliance but improvement needed.*		
Compliance initiated	*An attempt has been made to achieve compliance but significant progress is still needed.*		
Not compliant	*Service is unable to demonstrate structures or processes to be compliant with this Regulation.*		

Article 12 (1-4): Communication

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
Fully compliant	*Evidence of full compliance with this Regulation.*	X	X
Substantial compliance	*Evidence of substantial compliance but improvement needed.*		
Compliance initiated	*An attempt has been made to achieve compliance but significant progress is still needed.*		
Not compliant	*Service is unable to demonstrate structures or processes to be compliant with this Regulation.*		

Article 13: Searches

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
Fully compliant	*Evidence of full compliance with this Regulation.*	X	X
Substantial compliance	*Evidence of substantial compliance but improvement needed.*		
Compliance initiated	*An attempt has been made to achieve compliance but significant progress is still needed.*		
Not compliant	*Service is unable to demonstrate structures or processes to be compliant with this Regulation.*		

Article 14 (1-5): Care of the Dying

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
Fully compliant	*Evidence of full compliance with this Regulation.*	X	X
Substantial compliance	*Evidence of substantial compliance but improvement needed.*		
Compliance initiated	*An attempt has been made to achieve compliance but significant progress is still needed.*		
Not compliant	*Service is unable to demonstrate structures or processes to be compliant with this Regulation.*		

Article 15: Individual Care Plan

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
Fully compliant	*Evidence of full compliance with this Regulation.*		X
Substantial compliance	*Evidence of substantial compliance but improvement needed.*	X	
Compliance initiated	*An attempt has been made to achieve compliance but significant progress is still needed.*		
Not compliant	*Service is unable to demonstrate structures or processes to be compliant with this Regulation.*		

Justification for this rating:

There were individual care plans throughout the hospital. A number of individual care plans had been signed by the resident.

Article 16: Therapeutic Services and Programmes

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
Fully compliant	*Evidence of full compliance with this Regulation.*		
Substantial compliance	*Evidence of substantial compliance but improvement needed.*		
Compliance initiated	*An attempt has been made to achieve compliance but significant progress is still needed.*	X	X
Not compliant	*Service is unable to demonstrate structures or processes to be compliant with this Regulation.*		

Justification for this rating:

There was a dearth of therapeutic services and programmes in the continuing care wards despite the efforts of nursing staff. There was no occupational therapy input at the time of inspection, but an occupational therapist had subsequently been appointed to the Psychiatry of Old Age department. A small number of residents attended day activities away from the ward but there was little in place for those remaining on the wards. There was a reflexology session once a week.

In St. Edna's ward there was an intensive gardening project and nurses were running a number of therapeutic programmes.

There was no designated occupational therapy activity in the acute ward at the time of inspection, but since the inspection, occupational therapy was provided to the Mullingar sector. Residents of the Longford and Athlone sectors had access to the occupational therapist in their team and these occupational therapists assessed residents from other sectors if requested. An Art therapist provided sessions fortnightly.

Breach: 16 (1) (2)

Article 17: Children's Education

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
Fully compliant	*Evidence of full compliance with this Regulation.*	X	X
Substantial compliance	*Evidence of substantial compliance but improvement needed.*		
Compliance initiated	*An attempt has been made to achieve compliance but significant progress is still needed.*		
Not compliant	*Service is unable to demonstrate structures or processes to be compliant with this Regulation.*		

Justification for this rating:

There was no child resident in the acute wards at the time of inspection. The service had a comprehensive policy on children's education in the event of a child being admitted.

Article 18: Transfer of Residents

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
Fully compliant	*Evidence of full compliance with this Regulation.*	X	X
Substantial compliance	*Evidence of substantial compliance but improvement needed.*		
Compliance initiated	*An attempt has been made to achieve compliance but significant progress is still needed.*		
Not compliant	*Service is unable to demonstrate structures or processes to be compliant with this Regulation.*		

Justification for this rating:

In the continuing care wards, a nurse accompanied all transfers. A referral letter and list of medication accompanied the resident. The approved centre had a policy on transfer of residents.

Article 19 (1-2): General Health

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
Fully compliant	*Evidence of full compliance with this Regulation.*	X	X
Substantial compliance	*Evidence of substantial compliance but improvement needed.*		
Compliance initiated	*An attempt has been made to achieve compliance but significant progress is still needed.*		
Not compliant	*Service is unable to demonstrate structures or processes to be compliant with this Regulation.*		

Justification for this rating:

All six monthly physical reviews were up to date and there was a system in place for monitoring this.

Article 20 (1-2): Provision of Information to Residents

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
Fully compliant	*Evidence of full compliance with this Regulation.*		X
Substantial compliance	*Evidence of substantial compliance but improvement needed.*	X	
Compliance initiated	*An attempt has been made to achieve compliance but significant progress is still needed.*		
Not compliant	*Service is unable to demonstrate structures or processes to be compliant with this Regulation.*		

Justification for this rating:

In St. Brigid's ward no information booklet was available for residents at the time of inspection. Following the inspection, an information leaflet was made available to residents. A new information leaflet had been introduced in the admission wards. The approved centre had a policy on provision of information to residents.

Article 21: Privacy

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
Fully compliant	*Evidence of full compliance with this Regulation.*		
Substantial compliance	*Evidence of substantial compliance but improvement needed.*	X	X
Compliance initiated	*An attempt has been made to achieve compliance but significant progress is still needed.*		
Not compliant	*Service is unable to demonstrate structures or processes to be compliant with this Regulation.*		

Justification for this rating:

In St. Brigid's ward three beds had no curtains. The Inspectorate was informed subsequently that curtains were now in place. Apart from one single room in each ward, St. Brigid's and St. Marie Goretti residents slept in long dormitories.

Breach: 21

Article 22: Premises

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
Fully compliant	*Evidence of full compliance with this Regulation.*		
Substantial compliance	*Evidence of substantial compliance but improvement needed.*		
Compliance initiated	*An attempt has been made to achieve compliance but significant progress is still needed.*		
Not compliant	*Service is unable to demonstrate structures or processes to be compliant with this Regulation.*	**X**	**X**

Justification for this rating:

St. Annes ward had closed.

In St. Brigid's ward the condition of the toilets and shower room was extremely poor. There were no bathing facilities suitable for the resident population whose age extended to 97 years. There were no proper disabled toilet facilities. The nursing staff had made an enormous effort to make the day areas pleasant and homely.

In St. Marie Goretti ward the shower room was unsuitable, had peeling paint and mould. There were no proper disabled toilet facilities. There were no appropriate bathing facilities for an elderly population. The ward was drab and bare.

In St Edna's ward the single rooms on one corridor were small and in poor condition and should not be used as bedrooms. The rooms on the other corridor had been painted but were still too small. The toilets and shower room were in deplorable condition. There were leaks on the floor, poor ventilation, paint was peeling and there was an open drain under the urinal.

Breach: 22 (1) (2) (3)

Article 23 (1-2): Ordering, Prescribing, Storing and Administration of Medicines

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
Fully compliant	*Evidence of full compliance with this Regulation.*	X	X
Substantial compliance	*Evidence of substantial compliance but improvement needed.*		
Compliance initiated	*An attempt has been made to achieve compliance but significant progress is still needed.*		
Not compliant	*Service is unable to demonstrate structures or processes to be compliant with this Regulation.*		

Article 24 (1-2): Health and Safety

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
Fully compliant	*Evidence of full compliance with this Regulation.*	X	X
Substantial compliance	*Evidence of substantial compliance but improvement needed.*		
Compliance initiated	*An attempt has been made to achieve compliance but significant progress is still needed.*		
Not compliant	*Service is unable to demonstrate structures or processes to be compliant with this Regulation.*		

Article 25: Use of Closed Circuit Television (CCTV)

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
Fully compliant	*Evidence of full compliance with this Regulation.*	X	X
Substantial compliance	*Evidence of substantial compliance but improvement needed.*		
Compliance initiated	*An attempt has been made to achieve compliance but significant progress is still needed.*		
Not compliant	*Service is unable to demonstrate structures or processes to be compliant with this Regulation.*		

Article 26: Staffing

WARD OR UNIT	STAFF TYPE	DAY	NIGHT
Male admission Ward	Nursing	6	3
Female admission Ward	Nursing	6	3
St. Brigid's Ward	Nursing	6	3
St. Marie Goretti Ward	Nursing	6	2
St. Edna's Ward	Nursing	5	2

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
Fully compliant	*Evidence of full compliance with this Regulation.*		
Substantial compliance	*Evidence of substantial compliance but improvement needed.*		X
Compliance initiated	*An attempt has been made to achieve compliance but significant progress is still needed.*		
Not compliant	*Service is unable to demonstrate structures or processes to be compliant with this Regulation.*	X	

Justification for this rating:

There was no occupational therapy input to the continuing care wards at the time of inspection, but since the appointment of an occupational therapist to the Psychiatry of Old Age team, a programme of occupational therapy sessions had been arranged. Lack of multidisciplinary staff had resulted in no multidisciplinary team meetings taking place on the continuing care wards, apart from medical and nursing. In the acute wards, the Athlone and Mullingar sectors had full multidisciplinary teams.

Breach: 26 (2)

Article 27: Maintenance of Records

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
Fully compliant	*Evidence of full compliance with this Regulation.*	X	X
Substantial compliance	*Evidence of substantial compliance but improvement needed.*		
Compliance initiated	*An attempt has been made to achieve compliance but significant progress is still needed.*		
Not compliant	*Service is unable to demonstrate structures or processes to be compliant with this Regulation.*		

Article 28: Register of Residents

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
Fully compliant	*Evidence of full compliance with this Regulation.*	X	X
Substantial compliance	*Evidence of substantial compliance but improvement needed.*		
Compliance initiated	*An attempt has been made to achieve compliance but significant progress is still needed.*		
Not compliant	*Service is unable to demonstrate structures or processes to be compliant with this Regulation.*		

Article 29: Operating policies and procedures

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
Fully compliant	*Evidence of full compliance with this Regulation.*	X	X
Substantial compliance	*Evidence of substantial compliance but improvement needed.*		
Compliance initiated	*An attempt has been made to achieve compliance but significant progress is still needed.*		
Not compliant	*Service is unable to demonstrate structures or processes to be compliant with this Regulation.*		

Article 30: Mental Health Tribunals

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
Fully compliant	*Evidence of full compliance with this Regulation.*	X	X
Substantial compliance	*Evidence of substantial compliance but improvement needed.*		
Compliance initiated	*An attempt has been made to achieve compliance but significant progress is still needed.*		
Not compliant	*Service is unable to demonstrate structures or processes to be compliant with this Regulation.*		

Article 31: Complaint Procedures

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
Fully compliant	*Evidence of full compliance with this Regulation.*	X	X
Substantial compliance	*Evidence of substantial compliance but improvement needed.*		
Compliance initiated	*An attempt has been made to achieve compliance but significant progress is still needed.*		
Not compliant	*Service is unable to demonstrate structures or processes to be compliant with this Regulation.*		

Article 32: Risk Management Procedures

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
Fully compliant	*Evidence of full compliance with this Regulation.*	X	X
Substantial compliance	*Evidence of substantial compliance but improvement needed.*		
Compliance initiated	*An attempt has been made to achieve compliance but significant progress is still needed.*		
Not compliant	*Service is unable to demonstrate structures or processes to be compliant with this Regulation.*		

Article 33: Insurance

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
Fully compliant	*Evidence of full compliance with this Regulation.*	X	X
Substantial compliance	*Evidence of substantial compliance but improvement needed.*		
Compliance initiated	*An attempt has been made to achieve compliance but significant progress is still needed.*		
Not compliant	*Service is unable to demonstrate structures or processes to be compliant with this Regulation.*		

Article 34: Certificate of Registration

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
Fully compliant	*Evidence of full compliance with this Regulation.*	X	X
Substantial compliance	*Evidence of substantial compliance but improvement needed.*		
Compliance initiated	*An attempt has been made to achieve compliance but significant progress is still needed.*		
Not compliant	*Service is unable to demonstrate structures or processes to be compliant with this Regulation.*		

2.3 EVIDENCE OF COMPLIANCE WITH RULES – MENTAL HEALTH ACT 2001 SECTION 52 (d)

SECLUSION

Use: There was a seclusion room in the female ward. There had been 14 episodes of seclusion, involving five residents, in the female admission unit in 2010 up to the time of inspection. One current resident had an episode of seclusion and that clinical file was examined.

The male admission unit had had four episodes of seclusion, involving four residents. There was no male resident in seclusion on the day of inspection.

SECTION	DESCRIPTION	FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	COMPLIANCE INITIATED	NOT COMPLIANT
3	Orders	X			
4	Patient dignity and safety	X			
5	Monitoring of the patient	X			
6	Renewal of seclusion orders	X			
7	Ending seclusion	X			
8	Facilities	X			
9	Recording	X			
10	Clinical governance	X			
11	Staff training			X	
12	CCTV	X			
13	Child patients	NOT APPLICABLE			

Justification for this rating:

The order form in the register for seclusion was completed and detailed notes, including debriefing interventions, entered in the individual clinical files. The service had a checklist for ensuring the procedure for seclusion was adhered to. There was a policy on seclusion. Medical staff received training on seclusion every six months, and some nursing staff had received mandatory training in seclusion following the inspection.

Breach: 11

ECT (DETAINED PATIENTS)

Use: There were no facilities for providing ECT in the approved centre. ECT was administered in the Mullingar Regional Hospital when required. No patient was receiving ECT at the time of inspection.

MECHANICAL RESTRAINT

Use: Part 5 of Mechanical Restraint was in operation in St. Marie Goretti Ward on one patient in the form of a lap belt. It was not used in any other part of the hospital.

SECTION	DESCRIPTION	FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	COMPLIANCE INITIATED	NOT COMPLIANT
14	Orders	NOT APPLICABLE			
15	Patient dignity and safety	NOT APPLICABLE			
16	Ending mechanical restraint	NOT APPLICABLE			
17	Recording use of mechanical restraint	NOT APPLICABLE			
18	Clinical governance	NOT APPLICABLE			
19	Staff training	NOT APPLICABLE			
20	Child patients	NOT APPLICABLE			
21	Part 5: Use of mechanical means of bodily restraint for enduring self-harming behaviour	X			

Justification for this rating:

The order and record of the use of a lap belt was fully documented in the resident's clinical file.

2.4 EVIDENCE OF COMPLIANCE WITH CODES OF PRACTICE – MENTAL HEALTH ACT 2001 SECTION 51 (iii)

PHYSICAL RESTRAINT

Use: Physical restraint had not been used in any of the continuing care wards. In the female admission unit, one resident had been restrained in March 2010. At the time of inspection, in the male admission unit, there had been two incidents of physical restraint, involving two residents in 2010. No resident in the units at the time of inspection had been restrained. The Physical Restraint Clinical Practice Form book was examined.

SECTION	DESCRIPTION	FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	COMPLIANCE INITIATED	NOT COMPLIANT
5	Orders		X		
6	Resident dignity and safety	X			
7	Ending physical restraint	X			
8	Recording use of physical restraint		X		
9	Clinical governance	X			
10	Staff training		X		
11	Child residents	NOT APPLICABLE			

Justification for this rating:

In the female unit, the relevant Clinical Practice Form was still in the book and Section 16 had not been completed. A record of staff training was not seen by the Inspectorate.

Breach: 5.7, 8.3, 10.2

ADMISSION OF CHILDREN

Description: There was no child resident in the approved centre on the day of inspection. The clinical file of one 16 year old child who had been resident and discharged was examined.

SECTION	DESCRIPTION	FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	COMPLIANCE INITIATED	NOT COMPLIANT
2	Admission				X
3	Treatment	X			
4	Leave provisions	NOT APPLICABLE			

Justification for this rating:

The approved centre was unsuitable for the admission of children. There was evidence in the clinical file examined that written consent for admission and treatment had been obtained from the child's parent.

Breach: 2.5

NOTIFICATION OF DEATHS AND INCIDENT REPORTING

Description: There had been five deaths in the approved centre since the inspection of 2009, primarily in older residents.

SECTION	DESCRIPTION	FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	COMPLIANCE INITIATED	NOT COMPLIANT
2	**Notification of deaths**	X			
3	**Incident reporting**	X			
4	**Clinical governance**	X			

Justification for this rating:

Deaths were notified to the Mental Health Commission. The approved centre had policies on managing death and incidents within the approved centre.

ECT FOR VOLUNTARY PATIENTS

Use: ECT was not provided in the approved centre.

ADMISSION, TRANSFER AND DISCHARGE

Description: St. Loman's was a busy hospital and had regular admissions and discharges.

Part 2 Enabling Good Practice through Effective Governance

The following aspects were considered: 4. policies and protocols, 5. privacy confidentiality and consent, 6. staff roles and responsibility, 7. risk management, 8. information transfer, 9. staff information and training.

Level of compliance:

FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	COMPLIANCE INITIATED	NOT COMPLIANT
X			

Justification for this rating:

The approved centre had comprehensive policies on admission, transfer and discharge of residents. These policies included procedures and protocols for this process.

Part 3 Admission Process

The following aspects were considered: 10. pre-admission process, 11. unplanned referral to an Approved Centre, 12. admission criteria, 13. decision to admit, 14. decision not to admit, 15. assessment following admission, 16. rights and information,17. individual care and treatment plan, 18. resident and family/carer/advocate involvement, 19. multidisciplinary team involvement, 20. key-worker, 21. collaboration with primary health care community mental health services, relevant outside agencies and information transfer, 22. record-keeping and documentation, 23. day of admission, 24. specific groups.

Level of compliance:

FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	COMPLIANCE INITIATED	NOT COMPLIANT
X			

Justification for this rating:

The policy on admission included a protocol for a pre-admission assessment. The referral process was clearly described. Residents had individual care plans and a primary nursing system had recently been introduced. The clinical file of a resident recently admitted was examined. A letter of referral had been received from a local general hospital. Risk assessment had been carried out on admission. There was evidence that the resident had been provided with an information leaflet about the ward. The individual care plan had been instituted on the day of admission.

Part 4 Transfer Process

The following aspects were considered: 25. Transfer criteria, 26. decision to transfer, 27. assessment before transfer, 28. resident involvement, 29. multi-disciplinary team involvement, 30. communication between Approved Centre and receiving facility and information transfer, 31. record-keeping and documentation, 32. day of transfer.

Level of compliance:

FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	COMPLIANCE INITIATED	NOT COMPLIANT
X			

Justification for this rating:

There was a comprehensive policy on the transfer of residents. Residents were accompanied by a member of staff on transfer and information was provided.

Part 5 Discharge Process

The following aspects were considered: 33. Decision to discharge, 34. discharge planning, 35. pre-discharge assessment, 36. multi-disciplinary team involvement, 37. key-worker, 38. collaboration with primary health care, community mental health services, relevant outside agencies and information transfer, 39. resident and family/carer/advocate involvement and information provision, 40. notice of discharge, 41. follow-up and aftercare, 42. record-keeping and documentation, 43. day of discharge, 44. specific groups.

Level of compliance:

FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	COMPLIANCE INITIATED	NOT COMPLIANT
X			

Justification for this rating:

The decision to discharge a resident was taken by the multidisciplinary team. The approved centre had a policy on the discharge of residents including the discharge of elderly and homeless persons.

HOW MENTAL HEALTH SERVICES SHOULD WORK WITH PEOPLE WITH AN INTELLECTUAL DISABILITY AND MENTAL ILLNESS

The following aspects were considered: 5. policies, 6. education and training, 7. inter-agency collaboration, 8. individual care and treatment plan, 9.communication issues, 10. environmental considerations, 11. considering the use of restrictive practices, 12. main recommendations, 13. assessing capacity.

Level of compliance:

FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	COMPLIANCE INITIATED	NOT COMPLIANT
		X	

Justification for this rating:

The service had a policy on the admission and discharge of a person with an intellectual disability and mental illness. Staff had not received specific training in management of residents with an intellectual disability and mental illness.

Breach: 6

2.5 EVIDENCE OF COMPLIANCE WITH SECTIONS 60/61 MENTAL HEALTH ACT (MEDICATION)

SECTION 60 – ADMINISTRATION OF MEDICINE

Description: There were no detained patients in the admission wards for a period in excess of six months. In St. Edna's ward, the clinical file of one detained patient was examined.

SECTION	FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	COMPLIANCE INITIATED	NOT COMPLIANT
Section 60 (a)	**X**			
Section 60 (b)(i)	**NOT APPLICABLE**			
Section 60 (b)(ii)	**NOT APPLICABLE**			

Justification for this rating:

The detained patient in St. Edna's ward had provided written consent for the continued administration of medication.

SECTION 61 – TREATMENT OF CHILDREN WITH SECTION 25 ORDER IN FORCE

Description: There were no detained children in the approved centre.

SECTION THREE: OTHER ASPECTS OF THE APPROVED CENTRE

SERVICE USER INTERVIEWS

A number of residents were spoken to by the Inspectorate in the continuing care wards. All stated that they were happy with their care and treatment.

MEDICATION

The prescription sheets were in booklet format and were excellent. Each prescription in the long stay wards had a photograph attached. The prescriptions were clear and easy to follow. PRN (as required medication) was separate from regular medication.

MEDICATION ACUTE

NUMBER OF PRESCRIPTIONS:	25
Number on benzodiazepines	13 (52%)
Number on more than one benzodiazepine	3 (12%)
Number on regular benzodiazepines	10 (40%)
Number on PRN benzodiazepines	8 (32%)
Number on hypnotics	18 (72%)
Number on Non benzodiazepine hypnotics	15 (60%)
Number on antipsychotic medication	23 (92%)
Number on high dose antipsychotic medication	4 (16%)
Number on more than one antipsychotic medication	6 (24%)
Number on PRN antipsychotic medication	8 (32%)
Number on antidepressant medication	9 (36%)

Number on more than one antidepressant	**3 (12%)**
Number on antiepileptic medication	**10 (40%)**
Number on Lithium	**0**

MEDICATION LONG STAY

NUMBER OF PRESCRIPTIONS:	**62**
Number on benzodiazepines	**23 (37%)**
Number on more than one benzodiazepine	**0**
Number on regular benzodiazepines	**10 (16%)**
Number on PRN benzodiazepines	**18 (29%)**
Number on hypnotics	**25 (40%)**
Number on Non benzodiazepine hypnotics	**22 (35%)**
Number on antipsychotic medication	**47 (76%)**
Number on high dose antipsychotic medication	**11 (17%)**
Number on more than one antipsychotic medication	**31 (50%)**
Number on PRN antipsychotic medication	**19 (31%)**
Number on antidepressant medication	**21 (34%0**
Number on more than one antidepressant	**7 (11%)**
Number on antiepileptic medication	**20 (32%)**

Number on Lithium	**6 (10%)**

OVERALL CONCLUSIONS

In common with previous inspection reports of St. Loman's Hospital, the conditions in the continuing care wards were extremely poor. It was the opinion of the Inspectorate that people should not be required to live in such conditions and that the continuing care wards should close as a matter of urgency. It was understood that a new community nursing unit would open in approximately 18 months and that there would be 52 places for the residents of the hospital within that new unit. There was evidence of staff commitment to good practice and the Inspectorate was impressed with the nursing input into the gardening project in St. Edna's ward, as well as other therapeutic services and programmes available delivered by nursing staff. The service had developed policies to enable substantial compliance with the new Codes of Practice on Admission, Transfer and Discharge to an Approved Centre.

RECOMMENDATIONS 2010

1. Occupational therapy should be available throughout the hospital for both assessment and programmes.

2. The continuing care wards should close as they are not fit for purpose.

3. The rehabilitation team should be resourced to provide multidisciplinary members of the team.

4. Training in seclusion practices should be provided for staff.