

Report of the Inspector of Mental Health Services 2008

HSE AREA	Independent Sector
MENTAL HEALTH SERVICE	Bloomfield
APPROVED CENTRE	Bloomfield Wing
NUMBER OF UNITS OR WARDS	1
UNITS OR WARDS INSPECTED	Bloomfield Wing
NUMBER OF RESIDENTS WHO CAN BE ACCOMODATED	35
CONDITIONS ATTACHED TO REGISTRATION	No
TYPE OF INSPECTION	Announced
DATE OF INSPECTION	13 May 2008

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

INTRODUCTION

In 2008, there was a focus on continuous quality improvement across the Mental Health Service. 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 2007. Information was gathered from service user questionnaires, staff interviews and photographic evidence collected on the day of the inspection.

DESCRIPTION

Bloomfield Wing was an approved centre under the Mental Health Act 2001. It was situated in Bloomfield Care Centre in Rathfarnham, Dublin and was managed under the guidance of the Quaker community in Ireland. On the day of inspection, there were 34 residents, 24 of whom were male and 10 female. There were no detained patients. The unit was on the first floor and the main entrance was locked for safety reasons. The service provided care for elderly residents and for those with dementia and related conditions.

RECOMMENDATIONS ARISING FROM THE 2007 APPROVED CENTRE REPORT

1. The unit should have individual care plans as defined in the Regulations and one composite set of notes for each resident.

Outcome: There was no development with this recommendation. Each resident had a nursing care plan and there was a separate medical plan.

2. The residents should have regular review by the multidisciplinary team.

Outcome: There were no reviews by the multidisciplinary team.

3. Therapeutic/recreational activities should be derived from the integrated care plan.

Outcome: There was no development with this recommendation.

4. The unit should have a policy in relation to residents' finances and more stringent protocols for dealing with residents' money. The service should have a system to ensure that residents receive the balance of their pensions

(i.e. the amounts remaining from their pensions following the deduction of charges for in-patient services) or have these monies credited to their accounts.

Outcome: A new system had been implemented that ensured each resident had an individual account that detailed all their financial transactions and reflected the balance of their account.

5. Nursing and care staff should have regular in-service training on the management of residents with challenging behaviour.

Outcome: Nursing staff attended a three-day course in the Prevention and Management of Violence (PAMV).

6. The unit should continue to develop links with relevant advocacy agencies.

Outcome: The unit had developed a link with the Irish Advocacy Network (IAN) and regular visits occurred.

MDT CARE PLANS 2008

There was no change in care planning from the 2007 inspection. It was reported that the service were attempting to develop a computerised care plan system, but as yet had not found a suitable package that incorporated multidisciplinary input. In the meantime, the service continues to have nursing care plans based on the old card index system. There were no regular reviews of the residents by the multidisciplinary and notes were kept separate. There was no key worker system. Residents had minimal input into their care plans. Unmet needs were not recorded and there were no regular formal multidisciplinary team meetings. There was no evidence that the service were prepared to put in place any integrated multidisciplinary care plan in the absence of a suitable computer package.

GOOD PRACTICE DEVELOPMENTS 2008

- A number of new policies had been implemented.

SERVICE USER INTERVIEWS

A number of service users spoke with the Inspectorate. All stated that they were satisfied with the care they received and with their environment.

2008 AREAS FOR DEVELOPMENT ON THE QUALITY, CARE AND TREATMENT MENTAL HEALTH ACT 2001 SECTION 51 (b)(i)

1. The unit should have individual care plans as defined in the Regulations and one composite set of notes for each resident.
2. The multidisciplinary team should meet on a regular basis to review the residents' progress.
3. Therapeutic activities should be determined by the individual assessment of needs and care plans.

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

INTRODUCTION

In 2008, the inspection focused on areas of non-compliance identified in 2007. In addition, the Inspectorate re-inspected compliance with all the articles in part three of the Regulations (15–21 and 26) and the Rules and the Codes of Practice in each approved centre. In 2008, two new codes of practice were issued and compliance with them was inspected. Where conditions were attached, they were inspected in detail. Evidence of compliance was established through three strands:

- Inspection of compliance where there was a breach in 2007. This was cross-referenced with the action plan submitted to the MHC Standards and Quality Assurance Division.
- Written evidence requested prior to the inspection, for example policies.
- Evidence gathered during the course of the inspection from staff, service users, photographic evidence and photocopies.

2.1 EVIDENCE OF COMPLIANCE WITH CONDITIONS ATTACHED TO REGISTRATION

As no conditions were attached, this was not applicable.

2.2 EVIDENCE OF COMPLIANCE WITH REGULATIONS UNDER MENTAL HEALTH ACT 2001 SECTION 52 (d) ON 13 MAY 2008

Article 6 (1-2) Food Safety

Appropriate food safety reports were available.

Compliant: Yes

Article 12 (1-4): Communication

The service was compliant with this Article.

Compliant: Yes

Article 13: Searches

The service was compliant with this Article.

Compliant: Yes

Article 15: Individual Care Plan

There were no integrated care plans as defined in the Regulations. Each resident had a regularly reviewed nursing care plan that was kept separate from the medical notes. Medical notes were computerised and included medical progress notes, the results of physical and psychiatric examinations, and other test results. As stated above, it was reported that the service was attempting to develop a computerised integrated care plan system, but as yet had not found a suitable package that incorporates multidisciplinary input as required by the regulations. In the meantime the service continues to have nursing care plans based on the old card index system. There was no key worker system. The resident had minimal input into their care plan. Unmet needs were not recorded. There were no regular formal multidisciplinary team meetings.

Breach: Article 15

Compliant: No

Article 16: Therapeutic Services and Programmes

Activities were not linked to individual care plans as required by the Regulations and there were no references to a therapeutic programme in the medical or nursing care plans. An activities co-ordinator had been appointed and a summary of individual residents' needs and recommended activity interventions are kept at the nurse's station.

Breach: Article 16 (1) and Article 16 (2)

Compliant: No

Article 17: Children's Education

This Article did not apply as children were not admitted to the unit.

Compliant: Not applicable

Article 18: Transfer of Residents

The unit was compliant with this Article.

Compliant: Yes

Article 19 (1-2): General Health

Staff reported that the medical officer in the centre conducted a physical examination of each resident every three months. The results of these examinations were recorded in computerised medical files and were reviewed by the Inspectorate. The unit now had written policies and procedures in relation to responding to medical emergencies. The Inspectorate was informed that work was being done on a resuscitation policy.

Compliant: Yes

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

A draft information leaflet was made available to the Inspectorate. Once it has been ratified, the policy will be sent to the Inspectorate. The unit now had a written policy and procedures for the provision of information to residents.

Breach: Article 20 (1)

Compliant: No

Article 21: Privacy

The majority of residents had individual rooms with en suite toilet and shower facilities. Residents in shared rooms had curtains around their beds. All bedrooms had observation panels on the doors that opened onto the corridor. Residents had their own personal lockers and wardrobes. Residents and their visitors had access to the dining room on the ground floor throughout the day.

Compliant: Yes

Article 25: Use of Closed Circuit Television (CCTV)

CCTV was used for security reasons and only on the outside of the building. There were signs indicating CCTV was in use. CCTV was not used for observation of residents.

Compliant: Yes

Article 26: Staffing

There was a policy on recruitment, selection and vetting of staff. The numbers of staff on duty had been determined in relation to the needs of the residents, though the skill mix was under review. Apart from the director of nursing, none of the nursing staff were registered psychiatric nurses. The unit had recruited an occupational therapist, who will provide two sessions a week. There was a physiotherapist. There was no psychologist or social worker to provide full multidisciplinary input. Chiropody services were provided on a regular basis. A dietician provided a service when requested.

STAFF TYPE	DAY	EVENING	NIGHT
Registered General Nurse	2	1	1
Registered Psychiatric Nurse	0	0	0
Care staff	5	4	2

There were two nurses and five care staff rostered for duty during the day. In the evening there was one nursing staff member and four care staff rostered for duty. At night there was one nursing staff member and two care staff rostered for duty.

A member of nursing staff was in charge of the unit at all times. An ongoing programme of education was in place for staff. Staff had received training in the Mental Health Act 2001. Copies of the Act, Rules and Regulations were available on the unit.

Breach: Article 26 (2)

Compliant: No

Article 27: Maintenance of Records

The unit did not have written policy and procedures for the creation of, access to, or retention and destruction of records. While records were maintained in a safe place, those relating to the care planning of residents were not in composite files.

Breach: Article 27 (2)

Compliant: No

Article 28: Register of Residents

A register of residents was maintained which now met the full requirements of the Article.

Compliant: Yes

Article 31: Complaint Procedures

The unit met the requirements of this Article.

Compliant: Yes

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

SECLUSION

It was reported that seclusion was not used in this approved centre and there were no seclusion facilities. The service must provide a policy to the Inspectorate stating that seclusion is not used.

Compliant: No

ECT

ECT was not provided in the approved centre and there were no ECT facilities.

Compliant: Not applicable

MECHANICAL RESTRAINT

It was reported that mechanical restraint was not used. The service did not provide a policy to the Inspectorate stating that mechanical restraint is not used.

SECTION	DESCRIPTION	COMPLIANCE REPORT
21	Part 5: Use of mechanical means of bodily restraint for enduring self-harming behaviour	A number of residents were restrained using chairs and belts. The Inspectorate was informed that this was due to risk of falling. The Inspectorate was of the view that this form of restraint met the requirements under Part 5 of the Rules (Mental Health Commission) on mechanical restraint and must be recorded as such. The use of mechanical restraint was prescribed, and written permission was obtained either from the service user or from carers. Each restraint was reviewed every three months in the medical file.

Compliant: Yes

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

PHYSICAL RESTRAINT

The Inspectorate was informed that no form of physical restraint was in use on the unit. There was no policy on the use of physical restraint although there was a policy on the management of violence and aggression. Staff were being trained in physical restraint.

Compliant: No

ADMISSION OF CHILDREN

It was reported that children were not admitted to this unit. A policy stating that children are not admitted to this unit was not sent to the Inspectorate.

Compliant: No

NOTIFICATION OF DEATHS AND INCIDENT REPORTING

The service was in the process of initiating a reporting process.

Compliant: No

ECT FOR VOLUNTARY PATIENTS

ECT was not provided in the approved centre and there were no ECT facilities.

Compliant: Not applicable

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

This section was not applicable as there had been no detained patients.

Compliant: Not applicable