

Report of the Inspector of Mental Health Services 2008

HSE AREA	HSE West
CATCHMENT	Mayo
MENTAL HEALTH SERVICE	Mayo
APPROVED CENTRE	An Coillín
NUMBER OF UNITS OR WARDS	1
UNITS OR WARDS INSPECTED	An Coillín
NUMBER OF RESIDENTS WHO CAN BE ACCOMODATED	27
CONDITIONS ATTACHED TO REGISTRATION	No
TYPE OF INSPECTION	Announced
DATE OF INSPECTION	9 October 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

An Coillín provides 10 rehabilitation beds and 17 male and female continuing care beds. A rehabilitation team had recently been put in place with responsibility for all residents.

WARD	NUMBER OF BEDS	NUMBER OF RESIDENTS	TEAM RESPONSIBLE
An Coillín	27 (10 rehabilitation)	25 (8 rehabilitation)	Rehabilitation team

There was an active programme of rehabilitation with referrals from the community and the acute unit.

RECOMMENDATIONS ARISING FROM THE 2007 APPROVED CENTRE REPORT

1. *There should be regular direct reviews of residents by the consultant psychiatrist.*

Outcome: All residents had been reviewed by the consultant psychiatrist.

2. *Input into the MDT care plans should include all multidisciplinary team members.*

Outcome: There are care plans in place which demonstrate that a multidisciplinary approach was used.

3. *All residents should have six-monthly physical examinations.*

Outcome: There was now a system of ensuring that 6 monthly physical reviews take place.

4. *The complaints procedure should be displayed in a prominent position to be more visible to residents.*

Outcome: The HSE complaints procedure was described on a notice board and leaflets were available.

5. *The approved centre should provide information to residents in compliance with the Regulations.*

Outcome: There was an excellent information leaflet available.

MDT CARE PLANS 2008

There were weekly team meetings and regular case reviews. All members of the multidisciplinary team attended the meetings. There was a typed care plan which encompassed multidisciplinary inputs, but did not specifically indicate the responsible staff member to carry out the intervention. In the rehabilitation area the residents receive a copy of their care plan. As most of the residents in the continuing care area were elderly it was not always appropriate that care plans were given to the resident.

GOOD PRACTICE DEVELOPMENTS 2008

- A rehabilitation team was now in place, although it was not fully staffed.
- There are plans to reconfigure the beds to increase the number of rehabilitation beds.
- There was an excellent information leaflet.
- Staff were enthusiastic and committed to providing a rehabilitative environment.

SERVICE USER INTERVIEWS

No resident asked to speak to the Inspectorate.

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

1. The MDT care plans should indicate the staff member responsible for implementing the care plan

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

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 9 OCTOBER 2008

Article 15: Individual Care Plan

The unit had an individual integrated care plan for each resident, as defined in the Regulations.

Compliant: Yes

Article 16: Therapeutic Services and Programmes

Residents' care plans specified an individual programme of therapeutic activities in accordance with their assessed need.

Compliant: Yes

Article 17: Children's Education

The unit did not admit children.

Compliant: Not applicable

Article 18: Transfer of Residents

There was a policy on the transfer of residents to an approved centre or another hospital.

Compliant: Yes

Article 19 (1-2): General Health

All residents had regular six-monthly reviews and a system was in place to ensure that these were carried out. There was access to screening programmes where necessary.

Compliant: Yes

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

An excellent information leaflet was available that included information on housekeeping arrangements and the residents' multidisciplinary team.

Compliant: Yes

Article 21: Privacy

All beds had curtains around them and the unit had a number of single rooms.

Compliant: Yes

Article 25: Use of Closed Circuit Television (CCTV)

CCTV was not in use.

Compliant: Not applicable

Article 26: Staffing

The current HSE policy in relation to the recruitment, selection and vetting of staff was in place. The team had a sessional occupational therapist and a sessional social worker.

The following table provides a summary of the current unit staffing levels.

WARD OR UNIT	STAFF TYPE	DAY	NIGHT
Male Unit	RPN including CNM2	4	2
Female Unit	RPN including CNM2	3	3
	Health care assistant	2	0
Rehabilitation Unit	RPN including CNM2	2	2
	Health care assistant	1	0

There was access to continuing professional development and to other training programmes, such as crisis prevention intervention (CPI), cardio-pulmonary resuscitation (CPR), and the Mental Health Act and Regulations. Copies of the Mental Health Act, Regulations, Rules and Codes of Practice were available on the unit.

Compliant: Yes

Article 28: Register of Residents

The register of residents contained all the information necessary to make it compliant with the Regulations.

Compliant: Yes

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

SECLUSION

There was no seclusion in the unit.

Compliant: Not applicable

ECT

The unit had no ECT facilities.

Compliant: Not applicable

MECHANICAL RESTRAINT

Mechanical restraint was not used in the approved centre.

SECTION	DESCRIPTION	COMPLIANCE REPORT
21	Part 5: Use of mechanical means of bodily restraint for enduring self-harming behaviour	There was no resident restrained under Section 5 at the time of the inspection

Compliant: Not applicable

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

PHYSICAL RESTRAINT

Physical restraint had not been used in the unit in 2008.

Compliant: Not applicable

ADMISSION OF CHILDREN

Children had not been admitted to the approved centre.

Compliant: Not applicable

NOTIFICATION OF DEATHS AND INCIDENT REPORTING

The following table provides a summary of the Inspectorate's findings in relation to compliance with the Code of Practice for the Notification of Deaths and Incident Reporting.

SECTION	DESCRIPTION	COMPLIANCE REPORT
2	Notification of deaths	Compliant. All deaths had been notified to the Mental Health Commission.
3	Incident reporting	Compliant. A system of incident reporting was in place.
4	Clinical governance	Compliant. A policy on incident reporting was available.

Compliant: Yes

ECT FOR VOLUNTARY PATIENTS

ECT was not available in the unit

Compliant: Yes

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

This was not applicable at the time of inspection.

Compliant: Not applicable