

Report of the Inspector of Mental Health Services 2008

HSE AREA	HSE South
CATCHMENT	West Cork
MENTAL HEALTH SERVICE	West Cork
APPROVED CENTRE	Acute Psychiatric Unit, Bantry General Hospital
NUMBER OF UNITS OR WARDS	1
UNITS OR WARDS INSPECTED	Acute Psychiatric Unit
NUMBER OF RESIDENTS WHO CAN BE ACCOMODATED	18
CONDITIONS ATTACHED TO REGISTRATION	No
TYPE OF INSPECTION	Announced
DATE OF INSPECTION	10 June 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. The Inspectorate team met with one of the residents, the director of nursing, an assistant director of nursing, a team co-ordinator, the hospital administrator, a consultant psychiatrist, a social worker, an occupational therapist and the CNM2 on the unit. A feedback meeting was facilitated by the Inspectorate at the end of the inspection.

DESCRIPTION

The Acute Psychiatric Unit was a stand-alone three-storey building located on the grounds of the general hospital in Bantry. The sleeping areas, day rooms and nurses' office were located on the top floor, which created difficulties in relation to observation of residents in the newly developed enclosed garden area that was accessed from the ground floor. On the day of the inspection, three patients were detained and there was one child admitted. Three consultant psychiatrists had admitting rights to the unit.

WARD	NUMBER OF BEDS	NUMBER OF RESIDENTS	TEAM RESPONSIBLE
Acute Psychiatric Unit	18	12	Sector teams

RECOMMENDATIONS ARISING FROM THE 2007 APPROVED CENTRE REPORT

1. Each resident should have a care plan as defined in the Regulations.

Outcome: A multidisciplinary team (MDT) group was established and an MDT care plan was devised. The care plan had only recently been implemented in the approved centre. On the day of inspection, in the notes reviewed there was evidence of two different MDT care plans and nursing care plans contained in separate files.

2. *The unit should develop a private interview area.*

Outcome: The area in front of the lift had been made more private but was not ideal. The garden area was completed and made a pleasant environment for visitors, weather permitting. There was an interview room on the ground floor.

3. *The unit should develop localised policies and procedures as required under the Regulations.*

Outcome: The service had a comprehensive set of policies, including those required under the Regulations, and is commended for this.

MDT CARE PLANS 2008

The service had introduced an MDT care plan only a week before the inspection, so not all residents had an MDT care plan. The teams were in the process of reviewing residents and incorporating their needs in the new care plan format. On the day of the inspection, there were separate nursing and medical plans. All teams had weekly multidisciplinary team meetings on the unit. A record of the meetings was kept and a summary of the decisions made in relation to residents was recorded in the appropriate clinical file following the meeting.

The new multidisciplinary care plan format included a section for the resident to complete prior to the team review. A nurse could assist the resident if need be. There was also a space for the nursing staff to complete prior to the review. There were three other areas to be completed titled, "Activities and Engagement", "Usefulness of Medication" and "Time out of Hospital and Leave Arrangements". At the team review there was a section for each discipline to write their objective and interaction and the timescale. The care plan did not have space for a composite set of goals for the resident as defined in the Regulations. It was unclear who was responsible for writing the care plan. The system of multidisciplinary care planning could be enhanced by the introduction of a keyworker system. Also as residents did not routinely attend the team meetings, a copy of the multidisciplinary team care plan could be offered to them after the team meeting to enhance participation and collaboration.

GOOD PRACTICE DEVELOPMENTS 2008

- The introduction of MDT care plans.
- The new garden and upgrade of the unit including a new alarm system.
- A leadership programme for service users and carers in conjunction with Dublin City University.
- A carers' research project.
- A pilot project for a home focus service reduced admission rates.

SERVICE USER INTERVIEWS

One resident asked to see the Inspectorate. She reported that she felt involved in her care but felt at times the unit was too security-minded. She would like more time off the unit at home.

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

1. The full implementation of MDT care plans for each resident to include resident goals.
2. The introduction of a key worker system.
3. The introduction of integrated notes for each resident that contain the resident's MDT care plan that all disciplines could access and use to record their interventions.

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 10 JUNE 2008

Article 8: Residents' Personal Property and Possessions

An up-to-date comprehensive local policy was available.

Compliant: Yes

Article 11 (1-6): Visits

An up-to-date comprehensive local policy was available.

Compliant: Yes

Article 12 (1-4): Communication

An up-to-date comprehensive local policy was available.

Compliant: Yes

Article 13: Searches

An up-to-date comprehensive local policy was available.

Compliant: Yes

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

An up-to-date comprehensive local policy was available.

Compliant: Yes

Article 15: Individual Care Plan

Although the service had recently introduced MDT care plans, not all residents had one. In most of the notes reviewed residents had separate nursing and medical care plans. Separate nursing and medical files were kept. Health and social care professionals wrote their interventions in the medical files.

Following inspection, the service reported plans to review and re-develop care plans to include resident goals, to introduce a key worker system and for all residents to have individual care plan by the end of September 2008 and to develop and implement fully integrated clinical notes by the end of October 2008.

Breach: Not all the residents had an individual care plan [Article 15].

Compliant: No

Article 16: Therapeutic Services and Programmes

On the ward, residents had access to an occupational therapy programme, both individual and group-based. The group programme varied from week to week and was staff and time dependent. Following referral and assessment, residents were allocated to appropriate groups or one-to-one time. Clinical psychology and social work intervention was available. Following inspection, the service reported that therapeutic programmes and services would be linked to the newly devised care plans and implemented by the end of September 2008.

Breach: Therapeutic services and programmes were not linked to individual multidisciplinary care plans [Article 16 (1)] and these care plans had not been introduced for all residents.

Compliant: No

Article 17: Children's Education

Provision for the education of children was not available in the approved centre. The service reported that a policy on children's education would be developed by the end of September 2008.

Compliant: No

Article 18: Transfer of Residents

An up-to-date comprehensive local policy was available.

Compliant: Yes

Article 19 (1-2): General Health

On the day of the inspection, one resident had been in the unit for longer than six months. The clinical file contained evidence that a physical review had taken place within six months of the last physical review. Good access and communication was reported between the general medical units and specialties in the general hospital and the acute psychiatric unit.

Compliant: Yes

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

A new information booklet had been developed which contained much of the information required by this Article, but it had not yet been made available to residents on the day of the inspection. The information booklet was comprehensive and well written and following the inspection the service confirmed that it had been made available on the ward. Posters were displayed around the unit about the Irish Advocacy Network (IAN), local voluntary bodies and other useful resources for residents.

Following inspection the service reported a plan would be implemented by the end of September for development of a standard form which would outline diagnosis and describe medications prescribed.

Breach: There was no evidence that written information about diagnosis, unless considered harmful [Article 20 (1)(c)], or on indications for medication including side effects, was routinely provided [Article 20 (1)(e)].

Compliant: No

Article 21: Privacy

The approved centre was compliant with this Article.

Compliant: Yes

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

An up-to-date comprehensive local policy was available.

Compliant: Yes

Article 25: Use of Closed Circuit Television (CCTV)

CCTV was not used for the purpose of observing residents.

Compliant: Yes

Article 26: Staffing

All staff were recruited by the HSE recruitment, selection and vetting procedure. It was reported that the skill mix of staff in the approved centre was appropriate to meet the assessed needs of the resident.

Compliant: Yes

Article 28: Register of Residents

The service was compliant with this Article.

Compliant: Yes

Article 29: Operating policies and procedures

A comprehensive folder of up-to-date local policies was available. This included all the policies required by the Regulations as well as a number of other policies relevant to practices on the unit. The policies all included an implementation date and a date for review.

Compliant: Yes

Article 32: Risk Management Procedures

A record of incidents was available and was reviewed by the Inspectorate. Following inspection, the service reported a plan to be implemented by the end of September that would see the risk management group developing comprehensive and local risk management policies.

Breach: Policies in place were not localised to reflect approved centre practices [Article 32 (1)]. The risk management policy did not cover all of Article 32 (2), in particular – but not limited to – Article 32 (2)(d).

Compliant: No

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

SECLUSION

The unit did not have dedicated seclusion facilities and staff reported that seclusion was not used. The service provided a written statement to the Inspectorate that seclusion was not used in the approved centre.

Compliant: Not applicable

ECT

The unit did not have an ECT suite on the ward and ECT was not used. The service provided a written statement to the Inspectorate that ECT was not used in the approved centre.

Compliant: Not applicable

MECHANICAL RESTRAINT

The service provided a written statement to the Inspectorate that mechanical restraint was not used in the approved centre.

Compliant: Not applicable

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

PHYSICAL RESTRAINT

A number of medical and nursing files and the physical restraint register were reviewed. Following inspection the service reported that a reminder had been issued to consultants about their obligations in this matter and that the outstanding issues would be discussed and dealt with by the local management team by the end of September. The service reported that the first phase of CPI training had commenced and provision of the remainder of the training was pending national negotiations.

The following table provides a summary of the Inspectorate's findings in relation to compliance with the Code of Practice for the Use of Physical Restraint.

SECTION	DESCRIPTION	COMPLIANCE REPORT
2	Orders	Non-compliant
3	Resident dignity and safety	Compliant
4	Ending physical restraint	Compliant
5	Recording use of physical restraint	Compliant
6	Clinical governance	Compliant
7	Staff training	Non-compliant
8	Child residents	Pending clarification

Breach: A number of the clinical practice forms had not been signed by the consultant psychiatrist [Section 2.8].

There was no record in the resident's clinical files that the reasons for, and likely duration of, restraint [Section 2.9].

There was no evidence in the clinical files reviewed of communication with next of kin [Section 2.10(a) or Section 2.10(b)].

Regular training of staff in physical restraint techniques was not being provided [Section 7.1(a) or Section 7.1(b)] and staff training records were not up to date [Section 7.2].

Compliant: No

ADMISSION OF CHILDREN

One child was in the unit on the day of inspection and the relevant clinical files and documentation were examined by the Inspectorate. The regular and extensive involvement of the local child and adolescent team in the child's admission was documented in the clinical file.

The following table provides a summary of the Inspectorate's findings in relation to compliance with the Code of Practice for the Admission of Children under the MHA 2001.

SECTION	DESCRIPTION	COMPLIANCE REPORT
2	Admission	Non-compliant
3	Treatment	Compliant
4	Leave provisions	Compliant

Following inspection the service reported that the local policy group would develop policies on individual risk assessment for children, family liaison, parental consent and confidentiality by the end of September 2008

Breach: There were no arrangements for children's education [Section 2.5(f)]. There was no policy for each child to be individually assessed for risk [Section 2.5(i)].

Compliant: No

NOTIFICATION OF DEATHS AND INCIDENT REPORTING

A record of incidents was available and reviewed by the Inspectorate.

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
3	Incident reporting	Non-compliant
4	Clinical governance	Non-compliant

Breach: There were no comprehensive local risk management procedures [Section 3.1].

Effective systems were not in place for implementing Article 32 of the Regulations [Section 3.2 and Section 4].

Compliant: No

ECT FOR VOLUNTARY PATIENTS

The hospital did not have ECT facilities and ECT was not used. The service provided a written statement to the Inspectorate that ECT was not used in the approved centre.

Compliant: Not applicable

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

Section 61 had not been used. In relation to Section 60, the clinical files of the three detained patients were reviewed and were in order.

Compliant: Yes