Report of the Inspector of Mental Health Services 2008

HSE AREA	HSE Dublin North East
CATCHMENT	Cavan/Monaghan
MENTAL HEALTH SERVICE	Cavan/Monaghan
APPROVED CENTRE	Acute Psychiatric Unit, Cavan General Hospital
NUMBER OF UNITS OR WARDS	1
UNITS OR WARDS INSPECTED	Acute Psychiatric Unit
NUMBER OF RESIDENTS WHO CAN BE ACCOMODATED	`20
CONDITIONS ATTACHED TO REGISTRATION	No
TYPE OF INSPECTION	Unannounced
DATE OF INSPECTION	26 August 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

The approved centre was based on the lower ground floor of Cavan General Hospital. Four teams have admitting rights to the unit.

WARD	NUMBER OF BEDS	NUMBER OF RESIDENTS	TEAM RESPONSIBLE
Acute Psychiatric Unit	20	12	Cavan Community Mental Health Team Community Rehabilitation Service Psychiatry of Later Life Team

On the day of inspection there were 12 residents, seven male and five female. The total bed complement was 20. Two residents were detained under the Mental Health Act 2001. The main door to the unit was locked.

RECOMMENDATIONS ARISING FROM THE 2007 APPROVED CENTRE REPORT

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

Outcome: A new care plan had been developed and was in use.

2. There should be a range of therapeutic activities that meet the assessed needs of the residents.

Outcome: There was a very limited number of therapeutic activities and most activities were recreational. A restructuring of the occupational therapy programme had been planned.

MDT CARE PLANS 2008

Multidisciplinary care plans were in place, but input was limited by the lack of social work and psychology. The occupational therapist attended the team meetings and made entries in the integrated case notes. Residents did not attend the team meetings or receive a copy of the care plan but did sign to say that they had seen the care plan. A primary nurse system was in operation.

GOOD PRACTICE DEVELOPMENTS 2008

- There was ongoing training for nursing staff in family therapy and in eating disorders.

SERVICE USER INTERVIEWS

Service users stated that they were pleased with the service that they received and had no complaints.

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

1. Further development of therapeutic programmes are needed and these should be linked to care plans.

2. The overall provision of beds in the Cavan/Monaghan catchment should be studied with a view to rationalising the in-patient service. At present there are two units operating at significant low levels of occupancy within this area.

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 26 AUGUST 2008

Article 15: Individual Care Plan

Individual care plans were in use for all residents.

Compliant: Yes

Article 16: Therapeutic Services and Programmes

A number of nurse-led unit-based activities were available. An occupational therapist had been appointed but was unable to offer a comprehensive programme due to limited time in the unit. Changes in the structure of the programme were planned. Therapeutic activities were not linked to care plans.

Breach: Article 16

Compliant: No

Article 17: Children's Education

No provision was made for the provision of education in the unit, although one child had been admitted and detained on the unit. An education policy stated that children were not admitted to the unit.

Breach: Article 17

Compliant: No

Article 18: Transfer of Residents

A transfer form in use contained basic clinical information on mental state and physical state. The unit had a written policy on transfer and assisted admission in place.

Compliant: Yes

Article 19 (1-2): General Health

A physical examination was conducted on admission and afterwards whenever appropriate. Physical examinations were recorded in the clinical files. Residents were facilitated to access the national breast cancer screening programme.

Compliant: Yes

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

A new information leaflet was being printed and was available. A policy was in place. An advocate visited once a week.

Compliant: Yes

Article 21: Privacy

Each bed had a curtain around it for privacy. Visits could be facilitated in the interview room for privacy if needed. Two single bedrooms were available.

Compliant: Yes

Article 25: Use of Closed Circuit Television (CCTV)

CCTV was not used for the observation of residents.

Compliant: Not applicable

Article 26: Staffing

The unit was self-staffing. Nursing staff on duty during the day consisted of the CNM2 or the CNM1 who alternated with each other, three staff nurses and a rostered nursing student. Three staff nurses were on duty at night. There was no social worker or psychologist available to the unit. An occupational therapist had limited input to the unit.

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

STAFF TYPE	DAY	NIGHT
Nurse	4	3
Rostered nursing student	1	0

All nursing staff had been trained in the Mental Health Act 2001. One had been trained in eating disorders, two in aggression management; two in family therapy and all received frequent cardio-pulmonary resuscitation (CPR) training, as was required of all nursing staff of Cavan General Hospital.

Breach: Article 26 (2)

Compliant: No

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

SECLUSION

The unit had no seclusion facilities and the policy stated that seclusion was not used. A written statement was available to verify this.

Compliant: Not applicable

ECT

ECT was not available in the unit. All residents requiring ECT were admitted to St. Patrick's Hospital in Dublin.

Compliant: Not applicable

MECHANICAL RESTRAINT

Mechanical restraint had been used for one patient on a number of occasions, for aggressive behaviour. This consisted of the resident being restrained in a chair with a belt. The following table provides a summary of the Inspectorate's findings in relation to compliance with the Rules for the Use of Mechanical Restraint.

SECTION	DESCRIPTION	COMPLIANCE REPORT
14	**Orders**	The resident's clinical file was not available as he had been transferred to another approved centre. The relevant sections of the register were completed.
15	**Patient dignity and safety**	Compliant
16	**Ending mechanical restraint**	Ending of mechanical restraint was recorded on the mechanical restraint register.
17	**Recording use of mechanical restraint**	The Register on Mechanical Restraint had been correctly completed. The resident had subsequently been transferred to another approved centre, so the clinical file was not available.
18	**Clinical governance**	A policy was in place on mechanical restraint. There was no evidence that on each occasion that the resident had been mechanically restrained that this had been reviewed by the multidisciplinary team.
19	**Staff training**	Three staff had been trained in management of aggression and violence.
20	**Child patients**	Not applicable
21	**Part 5: Use of mechanical means of bodily restraint for enduring self-harming behaviour**	No resident had been restrained under Part 5 in 2008.

Compliant: Yes

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

PHYSICAL RESTRAINT

Physical restraint practice forms had only been in operation since June 2008. There was no record of use of any physical restraint prior to this date. Therefore it was not possible to inspect all sections of this code of practice.

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**	Not applicable
3	**Resident dignity and safety**	Not applicable
4	**Ending physical restraint**	Not applicable
5	**Recording use of physical restraint**	Physical restraint practice forms had only been in operation since June 2008. There was no record of use of any physical restraint between June 2008 and the date of inspection.
6	**Clinical governance**	There was a policy on physical restraint.
7	**Staff training**	Three nursing staff were trained in management of aggression and violence.
8	**Child residents**	Non-compliant

Compliant: Yes

ADMISSION OF CHILDREN

Although it was the stated policy of the approved centre not to admit children, one child had been admitted prior to the date of the inspection. This child had been detained. The child did not receive one-to-one nursing but the parents remained with the child. The unit did not have a policy on the admission of children. There were no provisions made for children's education. The facilities were not suitable for the in-patient treatment of children.

Breach: Section 2(a), Section 2(b), Section 2(f), Section 2(g), Section 2(h), Section 2(i), and Section 2(l).

Compliant: No

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
3	**Incident reporting**	Reporting systems were in place and were co-ordinated by the ADON and CNM2.
4	**Clinical governance**	The centre receives statistics of incidents each year. There was no formal audit carried out within the centre. There was no risk management committee that involves staff of the mental health service. Risk management policies were available.

Compliant: Yes

ECT FOR VOLUNTARY PATIENTS

ECT was not available in the unit. All residents requiring ECT were admitted to St. Patrick's Hospital in Dublin.

Compliant: Not applicable

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

One resident had been detained longer than three months and Section 60 had been complied with.

Compliant: Yes