

Report of the Inspector of Mental Health Services 2008

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| HSE AREA | HSE West |
| CATCHMENT | Limerick |
| MENTAL HEALTH SERVICE | Limerick |
| APPROVED CENTRE | Acute Psychiatric Unit 5B, Mid-Western Regional Hospital, Limerick |
| NUMBER OF UNITS OR WARDS | 1 |
| UNITS OR WARDS INSPECTED | Unit 5B |
| NUMBER OF RESIDENTS WHO CAN BE ACCOMODATED | 50 |
| CONDITIONS ATTACHED TO REGISTRATION | No |
| TYPE OF INSPECTION | Announced |
| DATE OF INSPECTION | 9 September 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

Unit 5B was a 50-bed unit attached to the Mid-Western Regional Hospital in Limerick. Five sector teams and a psychiatry of later life service were admitted to the unit and the child and adolescent service had access to two beds for children under 16 years of age within the service.

There was also a liaison service and a forensic service which was not currently operational. Extensive structural changes were due to commence shortly which would result in the provision of a high observation area and a new kitchen area.

| WARD | NUMBER OF BEDS | NUMBER OF RESIDENTS | TEAM RESPONSIBLE |
|-------------|-----------------------|----------------------------|---|
| Unit 5B | 50 | 37 | 6 general adult team 5 child and adolescent team 2 psychiatry of later life team 1 rehabilitation team |

The nursing staff were enthusiastic and motivated and had introduced a number of developments and improvements, particularly in unit-based activities for residents. The Inspectorate commended the service for the high standard of practice and documentation in relation to ECT and recommended application for Electroconvulsive Therapy Accreditation Service (ECTAS) approval.

RECOMMENDATIONS ARISING FROM THE 2007 APPROVED CENTRE REPORT

1. *Each resident should have a multidisciplinary team (MDT) care plan.*

Outcome: This had been achieved for the residents of one sector team only.

2. *The multidisciplinary care plans should be linked to the therapeutic programme.*

Outcome: This had been achieved only for the residents who had the new MDT care plans. Other residents had links between their nursing care plan and their activities.

3. *A clear admission policy and procedure should be in place for children and it should be agreed by all staff.*

Outcome: The unit was not a suitable location for admission of children. However an admission policy and procedure for the admission of children was in place.

4. *A training programme in the use of physical restraint available should be available to all staff.*

Outcome: One staff member has completed a course in the prevention and management of violence and aggression and has conducted a training needs assessment in the service. Specific tailored training was due to commence in October 2008.

5. *Policies, procedures and protocols should be in place that meet the requirements of the Regulations.*

Outcome: This had been achieved.

6. *The high observation area should be developed.*

Outcome: A plan was in place and structural work was due to commence shortly.

7. *The community mental health teams should be adequately resourced with all disciplines.*

Outcome: This had not been achieved.

8. *The unit should have a regular maintenance programme in place.*

Outcome: Outstanding maintenance issues were due to be addressed during the impending major structural work .

MDT CARE PLANS 2008

Residents under the care of one of the sector teams had individual multidisciplinary team care plans. The service reported plans to audit and review this care planning process and associated documentation with a view to completion by the end of October, at which stage all teams were to adopt it and each resident would have a care plan. There were regular multidisciplinary team meetings and each resident had a key worker.

GOOD PRACTICE DEVELOPMENTS 2008

- The nurses in the activities area had enhanced the range of activities for residents and these were linked to nursing care plans. When the new MDT care plans are introduced, it is planned that the activities will form part of this care plan and this was already happening for residents who had the new care plans.
- The activities area was functioning every second Sunday.
- Advanced plans were in place to build a high observation unit.
- The service had established a register of people to undertake assisted admissions. The service reported that positive feedback had been received about the assisted admissions team from local gardai and GPs.

- Residents had access to the Internet for information about diagnosis, medication and mental health matters on the unit.
- There was a part-time NCHD available on the unit.
- The Acute Unit 5B risk management steering group were implementing the HSE Quality Risk Standards.
- A hygiene audit had been completed.
- A medical records audit had been completed.

SERVICE USER INTERVIEWS

A number of residents asked to speak to the Inspectorate. There were some complaints about the quality of the food and that there was nothing to do at weekends. One resident complained of being in night clothes for four days as part of his care plan.

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

1. Children should not be admitted to Unit 5B.
2. Each resident must have a multidisciplinary team care plan.
3. The development of the high observation area should proceed.
4. The refurbishment of the kitchen area should proceed.
5. The service should seek ECTAS approval for ECT.

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 SEPTEMBER 2008

Article 6 (1-2) Food Safety

The food safety statement was available. The kitchen area was due for refurbishment.

Compliant: Yes

Article 15: Individual Care Plan

Individual integrated care plans had been introduced for residents of one sector team but not for the other residents.

Compliant: No

Article 16: Therapeutic Services and Programmes

Most of the residents did not have individual care plans. For those who did, the therapeutic services and programmes were linked to it; for other residents, unit-based activities were linked to nursing care plans.

Compliant: No

Article 17: Children's Education

Children's education was facilitated by the child attending their own school, if appropriate. Contact was maintained with the child's school. There was a policy on children's education.

Compliant: Yes

Article 18: Transfer of Residents

There was a policy for the transfer of residents to other hospitals and approved centres. A procedure that facilitated communication between the service and the admitting hospital or centre was also in place.

Compliant: Yes

Article 19 (1-2): General Health

On the day of the inspection, none of the residents had been in the unit for more than six months. There was a policy on medical emergencies.

Compliant: Yes

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

A policy was available on the provision of information to residents. An information leaflet was available to all residents. It contained all the required information, including details of the resident’s multidisciplinary team.

Compliant: Yes

Article 21: Privacy

Single rooms were available. The bed areas in the shared rooms had individual curtains. The toilets and bathrooms were gender specific.

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

All staff were recruited through the central HSE procedure. The unit employed 37 nurses. A CNM3 was based in the unit and access to an assistant director of nursing. A number of general adult sector teams provided input, as well as a forensic team and a psychiatry of later life service. Not all disciplines were represented on these teams. The unit had no access to occupational therapy, which was a particular gap in service provision as there was a training kitchen available on the unit. There was input to the care and treatment of residents on the unit from psychologists and social workers. At weekends and out of hours, an assistant director of nursing was available on call. A CNM3 was on duty seven days a week. The following table provides a summary of the current unit staffing levels.

| STAFF TYPE | DAY | NIGHT |
|------------|-----|-------|
| Nursing | 12 | 7 |

Staff had access to the training programme at the Mid-Western Regional Hospital and St. Joseph’s Hospital. Most of the nursing staff were educated to degree level or higher. Staff had access to mandatory training. However there was no training in physical restraint techniques, although this process was due to commence in October 2008 and a training needs assessment had been completed. All staff had attended training on the Mental Health Act, 2001. The Act and related Rules, Regulations and Codes of Practice were available on the unit.

Breach: The staff skill mix was not appropriate to the assessed needs of residents who required occupational therapy input [Article 26 (2)].

Compliant: No

Article 28: Register of Residents

The unit had a register of residents that contained all the required information.

Compliant: Yes

Article 32: Risk Management Procedures

Policies were in place for the management of suicide and self-harm risks. The management team reported that suicide and self-harm risk management was addressed through the observation policy and one-to-one nursing policy. It was reported that each resident's level of risk was assessed on admission and the appropriate level of observation assigned. This was consistent with the information in the clinical files reviewed by the Inspectorate. A multidisciplinary group had been established and had been meeting monthly to review risks and incidents.

Compliant: Yes

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

SECLUSION

The unit did not have seclusion facilities and staff reported that seclusion was not used. Following inspection, the service reported that a statement to this effect had been included in the policy as requested by the Inspectorate.

Compliant: Not applicable

ECT

There was an excellent pack for ECT that contained all information and consent forms. The facilities were excellent and there was training in ECT for medical and nursing staff.

The following table provides a summary of the Inspectorate's findings in relation to compliance with the Rules for the Use of ECT.

| SECTION | DESCRIPTION | COMPLIANCE REPORT |
|---------|-------------------------|-------------------|
| 2 | Consent | Compliant |
| 3 | Information | Compliant |
| 4 | Absence of consent | Compliant |
| 5 | Prescription of ECT | Compliant |
| 6 | Patient assessment | Compliant |
| 7 | Anaesthesia | Compliant |
| 8 | Administration of ECT | Compliant |
| 9 | ECT Suite | Compliant |
| 10 | Materials and equipment | Compliant |
| 11 | Staffing | Compliant |
| 12 | Documentation | Compliant |
| 13 | ECT during pregnancy | Not applicable |

Compliant: Yes

MECHANICAL RESTRAINT

Staff reported that mechanical restraint had not been used on the unit to date and this was stated in the overall service policy.

Compliant: Not applicable

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

PHYSICAL RESTRAINT

A number of nursing staff were due to participate in a B.Sc. course in Prevention and Management of Violence and Aggression in Dundalk Institute of Technology. A needs assessment of each site and team had taken place and training was set to commence in October 2008.

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 | 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 . Staff training had not been taking place but was due to commence in October 2008. |
| 8 | Child residents | Compliant |

Breach: Staff training had not been taking place but was due to commence in October 2008 [Section 7].

Compliant: No

ADMISSION OF CHILDREN

The unit was unsuitable for the admission of children. Education was facilitated through the child attending school where appropriate. 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.

| RULE | DESCRIPTION | COMPLIANCE REPORT |
|------|------------------|---|
| 2 | Admission | Non-compliant. Age-appropriate facilities were not provided. Policies and procedures were in place for the admission of children. |
| 3 | Treatment | The children remained under the care of the child and adolescent mental health service (CAMHS). All children had one-to-one nursing, but this was not provided by staff specially trained in child and adolescent psychiatry. |
| 4 | Leave provisions | Compliant |

Breach: Unit 5B was not an age-appropriate facility for the admission of children [Section 2.5(b)].

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. All deaths were recorded and reported to the Mental Health Commission. |
| 3 | Incident reporting | Compliant. All incidents were reported and a record made available to the Inspectorate. |
| 4 | Clinical governance | Compliant. There was a policy in place. |

Compliant: Yes

ECT FOR VOLUNTARY PATIENTS

There was an excellent pack for ECT that contained all information and consent forms. The facilities were excellent and there was training in ECT for medical and nursing staff.

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

| SECTION | DESCRIPTION | COMPLIANCE REPORT |
|---------|---------------------------------|-------------------|
| 2 | Consent | Compliant |
| 3 | Information | Compliant |
| 4 | Prescription of ECT | Compliant |
| 5 | Assessment of voluntary patient | Compliant |
| 6 | Anaesthesia | Compliant |
| 7 | Administration of ECT | Compliant |
| 8 | ECT Suite | Compliant |
| 9 | Materials and equipment | Compliant |
| 10 | Staffing | Compliant |
| 11 | Documentation | Compliant |
| 12 | ECT during pregnancy | Not applicable |

Compliant: Yes

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

This was not applicable on the day of the inspection.

Compliant: Not applicable