

Report of the Inspector of Mental Health Services 2008

HSE AREA	Dublin North East
CATCHMENT	North West Dublin
MENTAL HEALTH SERVICE	North West Dublin
APPROVED CENTRE	Department of Psychiatry, Connolly Hospital
NUMBER OF UNITS OR WARDS	2
UNITS OR WARDS INSPECTED	Ash Ward High Dependency Unit
NUMBER OF RESIDENTS WHO CAN BE ACCOMODATED	Ash Ward (22) High Dependency Unit (5)
CONDITIONS ATTACHED TO REGISTRATION	No
TYPE OF INSPECTION	Announced
DATE OF INSPECTION	5 November 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 Department of Psychiatry (DOP) at Connolly Hospital comprises three wards. Ash Ward (with 22 beds), Pine Ward (not yet opened), and a separate high dependency unit (HDU). At the time of inspection, only half the 44 beds in the unit were in use by the department of psychiatry. The proposed move of admission services from St. Brendan's Hospital had still not been facilitated. Other disciplines from the general hospital were located there while refurbishment was being carried out in the general hospital. Entrance to the ward was locked and admission to the ward was controlled by security personnel. Staffing in the HDU and Ash Ward was separate. On the day of inspection, there were 19 residents in Ash Ward and 5 residents in the HDU, of whom 2 were detained. Whilst the average length of stay in the HDU was one week, one resident had been admitted eight weeks previously. Residents in the HDU had full access to the MDT team and were able to access a secure area of the garden. In Ash Ward, three residents had been resident for longer than one year.

WARD	NUMBER OF BEDS	NUMBER OF RESIDENTS	TEAM RESPONSIBLE
Ash	22	19	General Adult
HDU	5	5	General Adult

ECT as a treatment was not provided in this unit despite the presence of a fully equipped ECT suite, which was not yet operational. It had not been possible to make a service arrangement with the HSE to provide this treatment. Patients requiring ECT were transferred to St. Patrick's Hospital for their treatment.

RECOMMENDATIONS ARISING FROM THE 2007 APPROVED CENTRE REPORT

1. The other half of the unit must open as a matter of urgency.

Outcome: The second half of the unit had not been opened as part of the Department of Psychiatry. It was reported that it would be vacated by the current users by February 2009 and made available to the DOP at that time.

2. The team should progress the issue of multidisciplinary team care planning and have one set of composite notes. A way of informing residents about their multidisciplinary team should be developed that includes their preferences in relation to the types of intervention and disciplines involved in their care and treatment. This should be incorporated into their individual care plan.

Outcome: This had not yet been implemented.

3. The unit should be functionally accessible to wheelchair users and the environment and it is recommended that the Irish Wheelchair Association, or similar organisation, be requested to undertake an assessment of the unit.

Outcome: The unit was now accessible to all wheelchair users.

4. The garden area must be redesigned to take into account the rights and needs of residents.

Outcome: The garden had been completely redesigned. The problem of lack of privacy of the users was being addressed by frosting the windows that overlook the garden, and should be completed in the near future.

MDT CARE PLANS 2008

The service had not implemented multidisciplinary team (MDT) care plans. There were nursing care plans and comprehensive medical assessments, plans of care and reviews. There was evidence of written reports from other disciplines in the medical notes. There were no integrated notes as nurses did not input directly into a composite documentation set, as described in the Regulations.

GOOD PRACTICE DEVELOPMENTS 2008

- There were a number of initiatives in good practice. A number of policies have been moved on from draft stage and are now fully implemented.
- The acting occupational therapist manager reported improved integration with the nursing staff by means of a weekly handover meeting and a change in the referral system so that any member of the nursing staff can now make direct referrals to the occupational therapy department.
- A multidisciplinary clinical management team meets every six weeks.
- The unit had a very proactive Smoking Education officer who was working to reduce the level of smoking among patients and staff.
- Following feedback from the 2007 Advocacy Report, a working group was established to ascertain resident's opinions on ward rounds. A questionnaire was administered to 25 residents. The data from this questionnaire was being analysed and will inform future developments.
- On the recent World Mental Health Day, the service ran an information programme in conjunction with the health promotion unit of the General Hospital as part of their efforts to inform visitors and patients of issues relevant to mental health.

SERVICE USER INTERVIEWS

Four residents spoke with the Inspectorate. There were no complaints in respect of facilities or food, although there was a request for a snack to be made available after 2100h. Two residents felt more could be done by key nurses to identify themselves to residents. One resident complained that one of the bathrooms had no lock.

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

1. The second half of the ward must be made available to the unit as soon as possible and must be adequately staffed. At present, patients from the catchment area of Finglas and Cabra continue to be admitted to St. Brendan's Hospital, which was not suitable for admissions.
2. The service must progress the work on implementing MDT care plans as outlined in the Regulations.
3. An operational policy regarding appropriate use of the HDU unit should be drawn up to ensure full utilisation of this particular area of the department. Consideration could then be given to the remainder of the ward being open.

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 5 NOVEMBER 2008

Article 6 (1-2) Food Safety

This was not inspected on the day. A copy of the Food Safety report was due to be sent to the Inspectorate as it was not available on the day of the inspection

Breach: The report on Food Safety was not submitted as requested.

Compliant: No

Article 8: Residents' Personal Property and Possessions

A policy had been introduced in relation to residents' property.

Compliant: Yes

Article 12 (1-4): Communication

The service had a policy in place regarding communication. There was also a policy in place regarding the use of personal laptops. Residents had access to the Internet for educational and employment-seeking purposes in the occupational therapy department, which was safeguarded .

Compliant: Yes

Article 13: Searches

The service now had a policy in place relating to searches.

Compliant: Yes

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

There was a policy in place relating to care of the dying in the unit.

Compliant: Yes

Article 15: Individual Care Plan

The service reported little progress to date with the introduction of individual care plans, but the Inspectorate was assured that it was working to introduce these plans in the near future. Nursing notes remain separate and it was the view of the service that this was a more convenient way to manage files, but which was contrary to the Regulations.

Breach: Individual care plans as defined in the Regulations were not in place.

Compliant: No

Article 16: Therapeutic Services and Programmes

There was a very active occupational therapy department and residents could be referred directly by the nursing staff. The programme offered derived from direct assessment of the needs of the resident. At week-ends and after hours, nursing staff had access to the occupational therapy department to facilitate activities. Access to social work and psychology services was readily available.

The service had recently revised its visiting hours to avoid interference with the therapeutic programme for its residents, except in particular circumstances.

Compliant: Yes

Article 17: Children's Education

The unit had no specific facilities for adolescents. There was a statement to the effect that this unit was an adult unit.

Breach: The service can not meet the educational needs of children

Compliant: No

Article 18: Transfer of Residents

There was a policy in place regarding transfer of residents. When residents were transferred from the HDU to Ash Ward, their medical and nursing plans accompanies them.

Compliant: Yes

Article 19 (1-2): General Health

Residents had access to a range of specialist services from the general hospital. There was a policy in place to ensure that residents who remain in the unit for more than six months have physical health reviews, with notice of upcoming reviews being kept in the ward diary.

Compliant: Yes

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

A leaflet informing residents about the unit and the MDT involvement in their care had been produced. It also informed residents of the complaints procedure. Books and literature about illnesses had been purchased and were available to residents. Information was also available by CD-Rom.

Compliant: Yes

Article 21: Privacy

There was now a wheelchair-accessible bathroom which offers privacy. The garden had been redesigned and privacy was to be provided by means of frosting upper windows that overlook the garden when funds were provided.

Breach: Privacy was not maintained in the garden

Compliant: No

Article 22: Premises

The premises were in good condition and good decorative order. The unit was spacious. Facilities had been improved for wheelchair users.

Compliant: Yes

Article 25: Use of Closed Circuit Television (CCTV)

CCTV cameras were in use in the unit but only in the main corridor. It was only used for monitoring and there was no recording capability inside the unit. The service had a policy in regard to the use of CCTV.

Compliant: Yes

Article 26: Staffing

Staffing in the acute unit and the HDU was rostered separately. An ADON was on duty at all times and two CNM 3s were based in the unit.

The following tables provide a summary of the current unit staffing levels.

Ash Ward

STAFF TYPE	DAY	NIGHT
CNM2	1	–
CNM3	–	1
Nurse	4	3

High Dependency Unit

STAFF TYPE	DAY	NIGHT
CNM2	1	–
Nurse	2	2

There was a good mix of staff from different disciplines and the staff from the department of occupational therapy felt well integrated.

Compliant: Yes

Article 27: Maintenance of Records

A copy of the fire risk assessment, which was not available on the day of inspection, has since been forwarded to the Inspectorate.

Compliant: Yes

Article 28: Register of Residents

A new register of residents had been compiled containing all relevant information required by the Regulations.

Compliant: Yes

Article 29: Operating policies and procedures

These were inspected on the day of inspection .They were due for review in 2010.

Compliant: Yes

Article 32: Risk Management Procedures

These were inspected and were due for review in 2010.

Compliant: Yes

Article 34: Certificate of Registration

The certificate of registration was displayed.

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 the service and a statement to that effect was in place.

Compliant: Not applicable

ECT

ECT was not used on this unit.

Compliant: Not applicable

MECHANICAL RESTRAINT

Staff reported that mechanical restraint was not used on the unit. A statement to this effect was in place in the unit.

Compliant: Not applicable

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

PHYSICAL RESTRAINT

There was one recorded episode of physical restraint during the year. The resident had been discharged and notes were not available to the Inspectorate. The clinical practice form was completed appropriately.

Compliant: Yes

ADMISSION OF CHILDREN

The unit did not meet the requirements of the Code of Practice for the admission of children. There was no provision for children's education as the service was an adult service. There were no children admitted on the day of inspection, but there were three children admitted during the course of the year, one of whom was an involuntary admission. The file of this child was seen. A copy of the court order was in the file, though the exact status of the resident was unclear from the notes. The relevant procedures relating to admission of children (except to education) were carried out.

Breach: The service had no provision for children's education.

Compliant: No

NOTIFICATION OF DEATHS AND INCIDENT REPORTING

There were no deaths in the unit in 2008

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	Compliant
4	Clinical governance	Compliant

Compliant: Yes

ECT FOR VOLUNTARY PATIENTS

No ECT was carried out in this unit in 2008

Compliant: Not applicable

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

There were five residents detained under the Mental Health Act 2001. Two had been detained for over three months and were both consenting to treatment.

Compliant: Not applicable