

Report of the Inspector of Mental Health Services 2008

HSE AREA	HSE Dublin Mid-Leinster
CATCHMENT	Dublin South East
MENTAL HEALTH SERVICE	Dublin South East
APPROVED CENTRE	Elm Mount Unit, St Vincent's University Hospital
NUMBER OF UNITS OR WARDS	3
UNITS OR WARDS INSPECTED	Elm Mount Upper Elm Mount Lower Old Age
NUMBER OF RESIDENTS WHO CAN BE ACCOMODATED	44
CONDITIONS ATTACHED TO REGISTRATION	No
TYPE OF INSPECTION	Announced
DATE OF INSPECTION	9 July 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

Elm Mount Unit was located in a large general teaching hospital. It provided acute care to Dublin South East, and specialised in eating disorders, liaison psychiatry and psychiatry of later life. The service was jointly provided by St. Vincent's Hospital and the HSE.

WARD	NUMBER OF BEDS	NUMBER OF RESIDENTS	TEAM RESPONSIBLE
Elm Mount Upper	20	17	All teams
Elm Mount Lower	18	17	All teams
Old Age	6	6	Psychiatry of Later Life

RECOMMENDATIONS ARISING FROM THE 2007 APPROVED CENTRE REPORT

1. An occupational therapist manager dedicated to mental health should be appointed to the wider catchment population of 300,000, with a brief similar to that of the principal social worker based in Wicklow, in order to attract staff and develop services in line with the national policy document.

Outcome: There was no progress on this recommendation.

2. *The service should continue to develop MDT care plans.*

Outcome: Since the 2007 inspection, the service had introduced the Refocusing Project. A pre-ward round sheet is now completed by the key nurse and the resident weekly.

MDT CARE PLANS 2008

The pre-ward round sheets had been introduced as part of the Refocusing Project. They were at the initial stages of being merged with the integrated care and treatment plan.

GOOD PRACTICE DEVELOPMENTS 2008

- The Refocusing Project had been introduced on the wards in October 2007. There was protected time between the resident and key nurse daily. The outcome was recorded in the file.
- A new medication chart had been introduced. Medications were administered after meal times in the day area.
- All new nursing staff had had an induction programme on medication.
- The hospital had introduced protected meal times for all residents.
- There was now an outreach service for psychiatry of later life.

SERVICE USER INTERVIEWS

All residents were given an opportunity to speak to the Inspectorate team but they all declined.

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

1. There must be a system in place to audit and monitor the provision of individual care plans. The two current systems must be merged and all team members must participate.
2. There must be a system in place to track the provision of six- monthly physical examinations to all residents on the wards for longer than six months.

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 9 JULY 2008

Article 6 (1-2) Food Safety

The service submitted reports and was in compliance with the Article.

Compliant: Yes

Article 15: Individual Care Plan

A number of files were reviewed. A care and treatment plan with goals was completed on admission. There were no review dates completed. Each resident had a weekly pre-ward-round sheet. This was completed by the key nurse and the resident and they were present in each file reviewed. The service agreed to audit the MDT component of the care plans and ensure that the system was monitored. It was agreed that this would be completed within three months.

Compliant: No

Article 16: Therapeutic Services and Programmes

The residents had access to a full range of disciplines. In addition to the core team, a dietician and pharmacist attended the ward. Two programmes were provided, one an eating disorder programme and one a general adult programme facilitated by the occupational therapy staff. Since the last inspection, the nursing staff facilitated a daily group and also facilitated at the weekends. Outcomes were recorded in the clinical file.

Compliant: Yes

Article 17: Children's Education

No child had been admitted to the ward in 2008. The approved centre policy was to admit only children aged 16 to 18 years and only to admit them for a short duration. Younger children were admitted to specialised private wards in Dublin. There was no provision for children's education.

Compliant: No

Article 18: Transfer of Residents

The service was compliant. The staff on the ward were familiar with the procedure. There was a policy in place.

Compliant: Yes

Article 19 (1-2): General Health

There was an arrangement in place to receive consults from other departments in the hospital as required. Six-monthly reviews were in place. A system should be developed to ensure that all reviews are completed on time. There were policies in place.

Compliant: Yes

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

The centre was compliant. The service had developed information booklets in French and Polish since the last inspection.

Compliant: Yes

Article 21: Privacy

Privacy was provided and respected.

Compliant: Yes

Article 24 (1-2): Health and Safety

The service had a local policy and also a hospital-wide policy and procedure.

Compliant: Yes

Article 25: Use of Closed Circuit Television (CCTV)

CCTV was not used within the approved centre.

Article 26: Staffing

The service had a process in place for recruitment and vetting of staff.

The wards were staffed by nursing staff. There were two occupational therapists based on the wards from Monday to Friday. A number of medical and other disciplines visited the wards daily. The service had access to a dietician and pharmacist. There was an appropriate grade of nursing staff on duty at all times in the approved centre.

Education was provided by discipline and by team. All staff were trained in the Mental Health Act as part of induction. Copies of the Act and the Rules were available.

Compliant: Yes

Article 28: Register of Residents

The service had two registers, one in book format and one stored on computer.

Compliant: Yes

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

SECLUSION

The seclusion room had not been commissioned at the time of the inspection and no seclusion was being carried out in the unit. A statement stating that this was policy was requested by the Inspectorate team but was not sent.

Breach: Section 9.1

Compliant: No

ECT

The provision of ECT complied with the Rules for ECT.

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	Yes. The information leaflet was being reviewed
4	Absence of consent	In place
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	Yes. Further training was also taking place
12	Documentation	Compliant
13	ECT during pregnancy	No patient received ECT during pregnancy in 2008

Compliant: Yes

MECHANICAL RESTRAINT

The service reported that no form of mechanical restraint was in use in the approved centre. No patient was in receipt of restraint under Part 5. A statement stating that this was policy was requested by the Inspectorate team but was not sent.

Breach: Section 18.1

Compliant: No

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

PHYSICAL RESTRAINT

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	Compliant
8	Child residents	No child had been physically restrained.

Compliant: Yes

ADMISSION OF CHILDREN

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.

SECTION	DESCRIPTION	COMPLIANCE REPORT
2	Admission	The service was not compliant with Section 2.5.
3	Treatment	No children were admitted in 2008.
4	Leave provisions	No children were admitted in 2008.

Breach: Section 2.5

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	The service reported that all deaths were reported.
3	Incident reporting	The service was using the national STARS Web tracking system.
4	Clinical governance	A detailed hospital risk management policy was being finalised by the board of St. Vincent's Hospital. Locally there was a system in place to review incidents.

Compliant: Yes

ECT FOR VOLUNTARY PATIENTS

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	No patient received ECT during pregnancy in 2008

Compliant: Yes

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

There was no detained patient who met the requirement of this section on Lower Elm Mount Ward.

Compliant: Not applicable