

Report of the Inspector of Mental Health Services 2008

HSE AREA	HSE Dublin Mid-Leinster
CATCHMENT	Dublin South City
MENTAL HEALTH SERVICE	Dublin South City
APPROVED CENTRE	Jonathan Swift Clinic
NUMBER OF UNITS OR WARDS	3
UNITS OR WARDS INSPECTED	Conolly Norman Unit William Fownes Ward
NUMBER OF RESIDENTS WHO CAN BE ACCOMODATED	51
CONDITIONS ATTACHED TO REGISTRATION (Y/N)	No
TYPE OF INSPECTION	Unannounced
DATE OF INSPECTION	25 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 met with the CNM2s on William Fownes and Conolly Norman wards and a feedback meeting was held after the inspection.

DESCRIPTION

Jonathan Swift Clinic was located in St. James' Hospital. It had an acute ward, a step down unit and a psychiatry of later life unit. Conolly Norman Ward had two detained patients on the day of inspection. There were three sectors with incomplete multi-disciplinary teams.

There was no rehabilitation team and this had slowed the movement of residents from the step-down unit and the 24-hour-supervised residences.

There was evidence of considerable progress in achieving compliance with the Regulations for Approved Centres.

WARD	NUMBER OF BEDS	NUMBER OF RESIDENTS	TEAM RESPONSIBLE
Conolly Norman	9	9	Psychiatry of Later Life
Fownes	26	24	All teams
Beckett	16	14	All teams

RECOMMENDATIONS ARISING FROM THE 2007 APPROVED CENTRE REPORT

1. MDT care plans should be introduced on all wards and audited.

Outcome: The service had introduced integrated care plans.

2. The use of Beckett Ward to provide a day hospital service should be discontinued and suitable facilities found in the community.

Outcome: The day hospital continued to be held on Beckett Ward.

3. There should be a policy on the process followed when taking a resident to ECT in another approved centre as a day case.

Outcome: This had been achieved. There was a policy and a comprehensive ECT pack for all residents who received ECT.

MDT CARE PLANS 2008

There were regular team meetings on each ward and attendance was recorded. The care plans were integrated and documented in an integrated clinical file. Clinical psychology and social work continued to maintain separate files for residents on Conolly Norman Ward and these disciplines only recorded brief notes in the integrated clinical file kept on the ward. Other disciplines treating residents in Conolly Norman Ward, including the occupational therapist (when in post), physiotherapist and dieticians, recorded progress notes in the integrated clinical file. Staff reported that it was difficult for health and social care professionals to attend team meetings routinely due to their limited numbers. Further input from multidisciplinary team members was required to enhance the multidisciplinary team working. In most cases, service users did not sign their care plan and were not given a copy of it. The care plan was completed by the registrar rather than the key worker. Considerable work had been done in achieving an integrated care plan and the service showed commitment to progress this further during 2008.

GOOD PRACTICE DEVELOPMENTS 2008

- The service had discontinued the use of seclusion, which indicated the proactive use of alternative strategies for the management of violence and aggression.
- Integrated care plans for each resident had been introduced on all wards.

SERVICE USER INTERVIEWS

Service users indicated that they were happy with the service received.

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

1. There should be more multidisciplinary involvement in the operation of care planning and service users should be part of the care planning process.
2. Disciplines should use the integrated files exclusively to record interventions and progress.
3. The day hospital should move to a more suitable location.
4. The approved centre must provide adequate information to residents and could involve service users more in the process of developing appropriate information.

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 25 JUNE 2008

Article 6 (1-2) Food Safety

A food safety certificate was made available on the day of inspection.

Compliant: Yes

Article 8: Residents' Personal Property and Possessions

A policy was in place on the safe keeping of valuables. Residents' possessions were now recorded on admission. Arrangements were made for the safe keeping of money. Property lists were not routinely kept on Conolly Norman. Following inspection, it was reported that a system of recording resident's personal property and possessions was being developed.

Breach: A record was not maintained of each resident's personal property and possessions [Article 8 (3)].

Compliant: No

Article 12 (1-4): Communication

Residents on William Fownes Ward had access to a public phone and had access to their mobile phones during their stay in hospital. It was reported that staff never opened residents' mail. The approved centre had a communication policy.

Compliant: Yes

Article 13: Searches

The approved centre had detailed policies and procedures in relation to searches with and without consent. Staff were aware of the policy and procedure.

Compliant: Yes

Article 15: Individual Care Plan

There was an integrated care plan in operation. This was filed appropriately in the clinical file. Service users, in the majority of cases, did not sign or receive copies although there were facilities to allow this.

Compliant: Yes

Article 16: Therapeutic Services and Programmes

Conolly Norman Ward had a recent vacancy for an occupational therapist that was unfilled. This resulted in a marked reduction in therapeutic activities available for the residents on this unit. Residents on the other units were able to attend the day hospital programme as well as therapeutic groups on the wards. Attendance at therapeutic activities was decided through the team meetings and documented in the care plan. Following inspection, it was reported that the HSE was endeavouring to recruit an occupational therapist.

Breach: Residents on Conolly Norman Ward did not have access to an appropriate range of therapeutic services and programmes [Article 16 (1)] directed towards restoring and maintaining optimal levels of functioning [Article 16 (2)].

Compliant: No

Article 17: Children's Education

There was a policy in place for provision of education of children resident on the unit.

Compliant: Yes

Article 18: Transfer of Residents

There was a policy and procedure for resident transfer to other approved centres or hospitals.

Compliant: Yes

Article 19 (1-2): General Health

All residents who were in the approved centre for more than six months had received a physical examination. There was a policy in place for medical emergencies. Access to screening services was available.

Compliant: Yes

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

An information leaflet was available for residents, containing information about housekeeping arrangements and also details of the resident's multidisciplinary team. Advocacy leaflets were available. Residents received information about illnesses and medication from their treating team.

Breach: Written information on diagnosis was not routinely provided [Article 20 (1)(c)].

Compliant: No

Article 21: Privacy

The approved centre had a number of single rooms and each bed area had a curtain and locker. There were a number of quiet rooms.

Compliant: Yes

Article 24 (1-2): Health and Safety

A health and safety statement was available.

Compliant: Yes

Article 25: Use of Closed Circuit Television (CCTV)

CCTV was not used in the approved centre for the observation of residents.

Compliant: Not applicable

Article 26: Staffing

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

William Fownes

STAFF TYPE	DAY	NIGHT
Registered Psychiatric Nurse	5 + 1 CNM3	1

Conolly Norman

STAFF TYPE	DAY	NIGHT
Registered Psychiatric Nurse	2 + 1 CNM2	1
Care Assistant	1	1

Beckett

STAFF TYPE	DAY	NIGHT
Registered Psychiatric Nurse	1	1

The loss of occupational therapy input to Conolly Norman Ward was evident in the reduction of almost all therapeutic activities. Following inspection, it was reported that the HSE was endeavouring to recruit an occupational therapist. The needs of residents in terms of moving on from Beckett Ward was hampered by the absence of a rehabilitation team.

Breach: The skills mix was not adequate for the needs of the residents [Article 26 (2)].

Compliant: No

Article 27: Maintenance of Records

All case files were stored in the hospital chart room and access was provided 24 hours a day. Each ward had a computer that could access the computerised residents' personal data system. The clinical files were well kept and allowed easy retrieval of information. The approved centre had a policy on records as required for compliance. There was a policy on data protection.

Compliant: Yes

Article 28: Register of Residents

The register contained all the elements required under Schedule 1 of the Regulations.

Compliant: Yes

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

SECLUSION

Staff reported that seclusion was not used and no seclusion facilities were provided on the wards. The service submitted a written statement to the Inspectorate confirming this.

Compliant: Not applicable

ECT

Conolly Norman Ward: The ECT register and a clinical file were reviewed. The approved centre did not have ECT facilities and had a policy relating to ECT being provided in another centre. In the file reviewed, ECT had been administered in St. Patrick's Hospital.

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	Not applicable
10	Materials and equipment	Not applicable
11	Staffing	Not applicable
12	Documentation	Compliant
13	ECT during pregnancy	Not applicable

Compliant: Yes

MECHANICAL RESTRAINT

Staff reported that no form of mechanical restraint was used. The service submitted a written statement to the Inspectorate confirming this.

SECTION	DESCRIPTION	COMPLIANCE REPORT
21	Part 5: Use of mechanical means of bodily restraint for enduring self-harming behaviour	This was not in use on the day of the inspection.

Compliant: Not applicable

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

PHYSICAL RESTRAINT

Conolly Norman Ward: The physical restraint register and a number of clinical files were reviewed. The standard of documentation in relation to physical restraint was excellent.

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	Not applicable

Compliant: Yes

ADMISSION OF CHILDREN

Children continue to be admitted to the unit. Although steps were taken to provide one to one nursing and individual rooms, the unit was not in compliance with Section 2.5.

Breach: Section 2.5(b), Section 2.5(e), Section 2.5(g), Section 2.5(k)

Compliant: No

NOTIFICATION OF DEATHS AND INCIDENT REPORTING

The service was aware of the code of practice regarding notification of deaths and serious incidents. A risk management policy was in place which included provision for auditing of risk

Compliant: Yes

ECT FOR VOLUNTARY PATIENTS

ECT had not been administered to a voluntary patient since this Code of Practice was implemented in February 2008. The approved centre had ECT packs containing all the documentation and information required. The approved centre had no ECT facilities and had an arrangement with St. Patrick's Hospital for the administration of ECT.

SECTION	DESCRIPTION	COMPLIANCE REPORT
2	Consent	Not applicable
3	Information	Compliant. An information sheet about ECT was included in the ECT pack.
4	Prescription of ECT	Not applicable
5	Assessment of voluntary patient	Not applicable
6	Anaesthesia	Not applicable
7	Administration of ECT	Not applicable
8	ECT Suite	Not applicable
9	Materials and equipment	Not applicable
10	Staffing	Not applicable
11	Documentation	Not applicable
12	ECT during pregnancy	Not applicable

Compliant: Yes

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

Section 61 did not apply to the approved centre

Connolly Norman: The file of one detained patient was reviewed and the Section 60 requirements were in order.

Compliant: Yes