

Report of the Inspector of Mental Health Services 2008

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|---|------------------------------|
| HSE AREA | HSE West |
| CATCHMENT | Galway West |
| MENTAL HEALTH SERVICE | Galway West |
| APPROVED CENTRE | St. Anne's Children's Centre |
| NUMBER OF UNITS OR WARDS | 1 |
| UNITS OR WARDS INSPECTED | St. Anne's Children's Centre |
| NUMBER OF RESIDENTS WHO CAN BE ACCOMODATED | 10 |
| CONDITIONS ATTACHED TO REGISTRATION | No |
| TYPE OF INSPECTION | Announced |
| DATE OF INSPECTION | 13 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

St. Anne's Children's Centre was a 10-bed in-patient facility for children and adolescents. It provided a service in an old building currently, but a new purpose-built centre with 20 beds was due for completion within two years. At the time of the inspection, four beds were vacant. The HSE stated that staff had been recruited to meet extra capacity and that temporary or overtime staff could be engaged to ensure appropriate staffing levels in the unit depending on the number of beds occupied. A wide range of therapeutic activities was available as well as a school providing both primary and secondary education. A new in-patient multidisciplinary team had been appointed.

| WARD | NUMBER OF BEDS | NUMBER OF RESIDENTS | TEAM RESPONSIBLE |
|------------------------------|-----------------------|----------------------------|-------------------------|
| St. Anne's Children's Centre | 10 | 6 | CAMHS |

RECOMMENDATIONS ARISING FROM THE 2007 APPROVED CENTRE REPORT

1. All new posts should be recruited and filled and the centre should begin to operate at full bed capacity.

Outcome: The centre has been unable to operate at full capacity due to staff shortages. A number of staff recruitments have taken place.

2. MDT care planning should be introduced to the service.

Outcome: This had not occurred.

3. *The team should continue to work with senior management staff to ensure that the planned new unit is progressed.*

Outcome: This was progressing and the building contract had gone out to tender at the time of the inspection.

MDT CARE PLANS 2008

The documentation for care planning was filed at the back of the chart. However as these were not completed the residents did not have individual multidisciplinary care plans. Each child had a formal assessment. There were weekly multidisciplinary team meetings.

GOOD PRACTICE DEVELOPMENTS 2008

- Completion of the new unit is estimated to be within 18 months.
- There were 15 development posts for the in-patient team for 2008. Twelve of these posts have been filled and include eight nursing staff, one occupational therapy post, one CNM2, one senior registrar and one senior dietician. Recruitment is in progress for a consultant psychiatrist, a registrar and a staff nurse.
- Refurbishment of the unit had been completed.

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

1. Statutory forms relating to seclusion must be completed in full by the clinicians involved.
2. The unit should operate at the stated 10-bed capacity.
3. Multidisciplinary care plans should be implemented.

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 13 AUGUST 2008

Article 5: Food and Nutrition

A choice of menu had been made available.

Compliant: Yes

Article 6 (1-2) Food Safety

A food safety statement was made available.

Compliant: Yes

Article 15: Individual Care Plan

In 2007, the service had drafted and implemented multidisciplinary team care and treatment plans and a copy of the paperwork was submitted to the Inspectorate. However it was found during the 2008 inspection that these had been placed in the files but were not completed. The team reported that there had been some difficulties with these care plans and their use had been discontinued.

Breach: Individual care plans were not in use.

Compliant: No

Article 16: Therapeutic Services and Programmes

A wide range of therapeutic activities was provided by all staff and attendance was decided at team meetings. However as no formal care plans were in place therapeutic activities cannot be linked to care plans for the purpose of this Article.

Breach: Therapeutic activities were not linked to care plans.

Compliant: No

Article 17: Children's Education

A dedicated school that offered primary and secondary education was located on the premises and was run by the Department of Education and Science.

Compliant: Yes

Article 18: Transfer of Residents

The unit had a policy on the transfer of children. The procedure was that all relevant documentation accompanied the child on transfer to other centres. The policy needed to be extended to include other hospitals.

Breach: The policy did not extend to transfer to other hospitals.

Compliant: No

Article 19 (1-2): General Health

Physical examinations were carried out regularly. There was a system for referral to the paediatric service in University College Hospital, Galway. A dietician had been appointed.

Compliant: Yes

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

A new information leaflet was available. It was child friendly and had the required information.

Compliant: Yes

Article 21: Privacy

The unit was now compliant with the requirement for provision of privacy.

Compliant: Yes

Article 24 (1-2): Health and Safety

The HSE policies on health and safety for staff were available.

Compliant: Yes

Article 25: Use of Closed Circuit Television (CCTV)

CCTV was used externally only.

Compliant: Not applicable

Article 26: Staffing

The unit was staffed by nursing staff and social care workers. A new in-patient team had been appointed with staff nurses, a dietician, an occupational therapist, and medical staff.

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

| STAFF TYPE | DAY | NIGHT |
|------------------------------|-----|-------|
| Registered psychiatric nurse | 2 | 2 |
| CNM2 | 1 | – |

Compliant: Yes

Article 30: Mental Health Tribunals

This Article was not applicable.

Compliant: Not applicable

Article 31: Complaint Procedures

The information leaflet for parents and families contained information regarding complaints. The HSE complaints procedure applied.

Compliant: Yes

Article 34: Certificate of Registration

The unit was registered and the registration certificate was displayed

Compliant: Yes

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

SECLUSION

One child had required seclusion on one occasion. This was provided in the General Adult Psychiatric Unit in University College Hospital. The child remained under the care of the child and adolescent services at all times. The corresponding form in the seclusion register was incomplete. There was no policy on seclusion. The service was requested to submit a copy of the completed seclusion form to the Inspectorate but did not do so.

Breach: Section 8.2, Section 9.1(a) and Section 9.1(b)

Compliant: No

ECT

ECT was not used.

Compliant: Not applicable

MECHANICAL RESTRAINT

Mechanical restraint was not used. The service was requested to provide a written statement that mechanical restraint was not used but failed to do so.

Compliant: No

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

PHYSICAL RESTRAINT

There was a policy on physical restraint available. Clinical practice forms were not completed by medical staff. There had been very few episodes of physical restraint. Clinical files were not reviewed as they had been transferred to the relevant clinics at discharge.

Compliant: No

ADMISSION OF CHILDREN

The unit was compliant with all parts of this Code of Practice.

Compliant: Yes

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 | Compliant |
| 4 | Clinical governance | Non-compliant |

Breach: Section 4.2 and Section 4.3

Compliant: No

ECT FOR VOLUNTARY PATIENTS

ECT was not used.

Compliant: Not applicable

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

These Sections were not applicable.

Compliant: Not applicable