

Report of the Inspector of Mental Health Services 2008

HSE AREA	HSE South
CATCHMENT	South Lee
MENTAL HEALTH SERVICE	South Lee
APPROVED CENTRE	St. Finbarr's Hospital
NUMBER OF UNITS OR WARDS	2
UNITS OR WARDS INSPECTED	St. Monica's Ward St. Catherine's Ward
NUMBER OF RESIDENTS WHO CAN BE ACCOMODATED	34
CONDITIONS ATTACHED TO REGISTRATION	No
TYPE OF INSPECTION	Announced
DATE OF INSPECTION	18 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

St. Finbarr's Hospital had two wards registered under the Mental Health Act 2001. They were both under the clinical direction of a named sector team. On the day of the inspection, St. Monica's Ward provided continuing care to people aged from 45 to 89 years. A number of residents had high physical dependency needs.

WARD	NUMBER OF BEDS	NUMBER OF RESIDENTS	TEAM RESPONSIBLE
St. Monica's Ward	13	13	Named sector team
St. Catherine's Ward	21	20	Named sector team

Since the last inspection, bed numbers had dropped by two, and this had reduced the overcrowding. St. Catherine's Ward provided rehabilitation and continuing care to 20 residents.

RECOMMENDATIONS ARISING FROM THE 2007 APPROVED CENTRE REPORT

1. All residents should have an individual care plan that meets with the requirements of the Regulations.

Outcome: Both wards had introduced a new system of care planning. The resident completed their own profile highlighting their needs. A joint nursing and medical assessment was completed incorporating the residents profile. The nurse with responsibility for activities contributes to the care plans. The social worker from the sector team offers input to some residents, otherwise there was no other multidisciplinary team (MDT) input available.

2. *The service should appoint a full multidisciplinary team in rehabilitation as recommended last year.*

Outcome: There had been no progress on this recommendation.

3. *The service should consider the future use of St. Monica's given its maintenance requirements and location as recommended last year.*

Outcome: There was no progress on this recommendation. A small number of alterations had been made since the last inspection, including a wet floor shower area, curtain rails and improvements in the smoking shelter.

4. *The policies and procedures should be localised to reflect the particular context of the approved centre and to reflect local practice and issues.*

Outcome: The majority of policies reflected local practice and were signed off. A small number of policies relating to risk management were in draft form.

MDT CARE PLANS 2008

Both wards had introduced a new system of care planning. Residents completed their own profile highlighting their needs. A joint nursing and medical assessment was completed, incorporating the resident's profile. The nurse with responsibility for activities contributed to the care plans. The social worker from the sector team offered input to some residents, otherwise there was no other MDT input available.

GOOD PRACTICE DEVELOPMENTS 2008

- There was a reduction of two beds in St. Monica's Ward.
- A rehabilitation plan by the medical and nursing staff was in each chart.
- A Solution for Wellness programme was introduced. Residents on the programme had access to a dietician.
- St. Catherine's Ward was in the process of implementing a programme of self medication. The system and policy was excellent and the nurse who instigated it should be commended.
- All staff trained in emergency first aid.
- Social work input from the sector team.

SERVICE USER INTERVIEWS

Residents were spoken to informally on both wards during the inspection.

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

1. The service should appoint a full multidisciplinary team in rehabilitation. This team should provide a service plan that meets the rehabilitation needs of the residents.

2. All policies should be signed off and 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 18 NOVEMBER 2008

Article 5: Food and Nutrition

The service was compliant.

Compliant: Yes

Article 6 (1-2) Food Safety

A copy of a recent report was given to the Inspectorate.

Compliant: Yes

Article 8: Residents' Personal Property and Possessions

The policy had been localised to reflect practice since the last inspection.

Compliant: Yes

Article 11 (1-6): Visits

The policy had been localised to reflect practice since the last inspection.

Compliant: Yes

Article 12 (1-4): Communication

The policy had been localised to reflect practice since the last inspection.

Compliant: Yes

Article 13: Searches

The policy had been localised to reflect practice since the last inspection. No searches had been carried out on either ward.

Compliant: Yes

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

The policy had been localised to reflect practice since the last inspection.

Compliant: Yes

Article 15: Individual Care Plan

Both wards had introduced a new system of care planning. Residents completed their own profile highlighting their needs. A joint nursing and medical assessment was completed incorporating the residents profile. The nurse with responsibility for activities contributes to the care plans. The social worker from the sector team offers input to some residents, otherwise there was no other MDT input available.

The nursing file was kept separate from the main set of notes.

Compliant: Yes

Article 16: Therapeutic Services and Programmes

The nurse with responsibility for activities undertakes an assessment of the residents on St. Catherine's Ward. It was reported that there were varied levels of competency among the residents on the ward. A programme was in place based on the nurses assessments, which involved individual and group work. Some residents from St. Monica's attend the programme. Some residents attend programmes in the community. In the absence of a full MDT it can not be said that the range of activities were in accordance with individual care plans.

Breach: The range of activities were not in accordance with individual care plans.

Compliant: No

Article 17: Children's Education

This was an adult centre and did not admit children.

Compliant: Not applicable

Article 18: Transfer of Residents

The policy had been localised to reflect practice since the last inspection.

Compliant: Yes

Article 19 (1-2): General Health

All residents had a six-monthly physical examination completed and recorded in the charts. The examinations were completed by a GP. There was evidence that the flu vaccine had been offered and also breast screening and smear tests for the female residents.

Compliant: Yes

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

The information leaflet on St. Catherine's had been reviewed and relevant information was available. It was reported that with the implementation of the self-medication programme, information on medication would be available to residents. The Irish Advocacy Network visited the ward on a regular basis and met with the assistant director of nursing to give her feedback.

Compliant: Yes

Article 21: Privacy

The service was compliant.

Compliant: Yes

Article 22: Premises

St. Monica's Ward: The downstairs toilet and bathroom area was now wheelchair accessible. It was reported that there were meetings with the maintenance team twice a year to address ongoing issues. The smoking area was refurbished. There was no lift in the building and a number of residents were finding the stairs increasingly difficult to use. There was one room with four beds that was tight on space.

St. Catherine's Ward: A new fire safety system had been installed and all electrical fittings and electrical equipment upgraded. The old smoking room had been converted to an office, which had enabled a visitor's room to be available. A new smoking shelter was constructed.

Breach: No lift available [Article 22 (3)].

Compliant: No

Article 23 (1-2): Ordering, Prescribing, Storing and Administration of Medicines

There was now a local policy in relation to the ordering, prescribing, storing and administration of medicines.

Compliant: Yes

Article 25: Use of Closed Circuit Television (CCTV)

Closed-circuit TV was not used in the service.

Compliant: Yes

Article 26: Staffing

Staff were recruited through the HSE policies. Nurses continued to be allocated to the wards through a central rostering system. It was reported that some staff were consistently rostered to the wards. However the wards should be self-staffed to allow for greater continuity of care and to further develop a rehabilitation service. As had been highlighted numerous times previously by the Inspectorate and acknowledged by the service a full rehabilitation MDT should be responsible for the clinical care of these residents. Though the team responsible for their care at present does the best it can in the circumstances the skill mix of staff was not appropriate to meet the assessed needs of the residents.

Breach: The skill mix of staff was not appropriate to meet the assessed needs of the residents [Article 26 (2)].

Compliant: No

Article 27: Maintenance of Records

The HSE policy on records was available. Records of recent health and safety, food safety and fire inspections were given to the Inspectorate.

Compliant: Yes

Article 29: Operating policies and procedures

The majority of policies were now in place and reflected local practice. There was a system in place for ongoing review.

Compliant: Yes

Article 32: Risk Management Procedures

There was an overall risk management policy in place. It was due for review in June 2010. A number of the subsidiary policies remained in draft form. There was an incident-reporting system in place. All incidents were reviewed on a six-monthly basis and returned to the MHC. On both wards, incidents were reviewed as part of the monthly management meeting.

Breach: A number of policies were still in draft form.

Compliant: No

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

SECLUSION

There were no dedicated seclusion facilities on the wards. Staff reported that seclusion was not used in the service.

Compliant: Not applicable

ECT

There were no ECT facilities in place.

Compliant: Not applicable

MECHANICAL RESTRAINT

Staff reported that mechanical restraint was not used.

Compliant: Not applicable

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

PHYSICAL RESTRAINT

Staff reported that physical restraint was not used.

Compliant: Not applicable

ADMISSION OF CHILDREN

Children were not admitted to this service.

Compliant: Not applicable

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 itself as compliant.
3	Incident reporting	There was an incident reporting system in place. A number of the required policies were in draft form.
4	Clinical governance	A policy was requested but not received.

Breach: Section 3.2 and Section 4.

Compliant: No

ECT FOR VOLUNTARY PATIENTS

There were no ECT facilities in place.

Compliant: Not applicable

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

There were no detained patients.

Compliant: Not applicable