Report of the Inspector of Mental Health Services 2008

HSE AREA	HSE Dublin Mid Leinster
CATCHMENT	Longford/Westmeath
MENTAL HEALTH SERVICE	Longford/Westmeath
APPROVED CENTRE	St. Loman's Hospital, Mullingar
NUMBER OF UNITS OR WARDS	7
UNITS OR WARDS INSPECTED	Female Admission Male Admission St. Claire's Marie Goretti St. Brigid's St. Edna's
NUMBER OF RESIDENTS WHO CAN BE ACCOMODATED	121
CONDITIONS ATTACHED TO REGISTRATION	No
TYPE OF INSPECTION	Announced
DATE OF INSPECTION	16 September 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. Loman's Hospital in Mullingar had seven wards spread over three buildings. The two admission wards had been refurbished some years before and were in good decorative condition. Five of the wards were located in older buildings and were outdated and unsuitable for the provision of care and treatment to the long-stay residents there without significant refurbishment. The cost of refurbishment of the buildings was complicated by the presence of asbestos on some of the wards, which requires a significant financial cost to remove it safely. The physical layout and condition of the buildings provided a continuing challenge for household personnel and required a well coordinated response. It was of concern to the Inspectorate that residents continue to be cared for in unsuitable premises and that this situation was likely to go on as no funding had been made available by the HSE to rectify the situation. The service had developed a capital development plan which was to be financed by the sale of hospital lands. However, the service reported that funds which had been raised by the sale of 16 acres of hospital land were not put back into the local mental health service.

Despite the generally poor physical environment for residents, visitors and staff, the Inspectorate noted the considerable progress made since the last inspection in relation to clinical practice through increased compliance with the Regulations, Rules and Codes of Practice. Other developments in relation to rehabilitation of long-stay residents were noticeable, in particular residents had up-to-date rehabilitation assessments completed and a number of residents had been facilitated to open personal bank or post office accounts. It was evident from

meetings with management, staff and residents that the service was striving to improve the care and treatment provided to residents, in the context of a lack of additional funding to rectify deficits or plan for the future, and staff losses arising from *HSE HR Circular 01/08*. The Inspectorate was informed that nursing staff shortages had led to a significant overtime budget and associated impact on continuity of care, despite the allocation of a core group of staff to specific wards, and significant difficulties in releasing staff for training.

WARD	NUMBER OF BEDS	NUMBER OF RESIDENTS	TEAM RESPONSIBLE
Female Admission	24	n/a	sector teams psychiatry of later life
Male Admission	20	20	sector teams psychiatry of later life
St. Claire's	15	14	general adult
Marie Goretti	21	19	psychiatry of later life
St. Brigid's	21	20	psychiatry of later life
St. Edna's	11	10	general adult
St.. Anne's	9	9	not inspected

The Inspectorate also noted a significant decrease in the number of beds from 154 at the time of last year's report to 121 at the time of this year's inspection. The service was to be commended on this reduction and the commitment of staff and management in the service to continuing reduction in the number of beds, especially in the absence of a rehabilitation team.

RECOMMENDATIONS ARISING FROM THE 2007 APPROVED CENTRE REPORT

1. The general environment and facilities in St. Brigid's Block, St. Edna's Ward and St. Anne's Ward should be refurbished to provide care and treatment to residents with dignity, respect and privacy. The facilities on St. Claire's Ward should include urinals for the men to use during the day. The toilet cubicles on Marie Goretti Ward should be large enough to allow nursing staff to assist residents who require help.

Outcome: The service reported that no HSE funding was made available for refurbishment or replacement of unsuitable wards despite the sale of hospital grounds during the year. The continuing lack of funding to upgrade or replace unsuitable facilities has been a source of frustration for the management and staff and has resulted in residents continuing to live in unsuitable conditions that compromise their dignity, respect and privacy.

2. The seclusion room in St. Edna's Ward and St. Anne's Ward did not comply with the Rules and must not be used for the purposes of seclusion. This was discussed with the senior management team during the inspection. The Inspectorate wrote to the service about the matter following the inspection and the approved centre confirmed subsequently in writing that the seclusion facilities on these units were no longer in use.

Outcome: The seclusion rooms on St. Edna's and St. Anne's had been decommissioned and were no longer used for seclusion.

3. In the event that CCTV is used to monitor residents it should comply with the requirements of Article 25.

Outcome: CCTV was not clearly labeled around the new seclusion facility in the Male Admission Unit.

4. The introduction of MDT care planning should continue and should incorporate other disciplines in addition to psychiatry and nursing.

Outcome: The MDT care plans needed further development to ensure that each resident has one and that the care plan incorporated health and social care professionals.

MDT CARE PLANS 2008

Male Admission Unit: There was a system in place for MDT care planning, but on the day of inspection no resident, in the files reviewed, had a fully completed MDT assessment leading to an MDT care plan. Each resident had a comprehensive medical assessment leading to a medical plan and nursing care plans.

Female Admission Unit: The same situation was evident on the female admission side. One resident from the psychiatry of later life team had a completed MDT plan.

Marie Goretti Ward: No resident had an MDT care plan in operation.

GOOD PRACTICE DEVELOPMENTS 2008

- The range of recreational activities on St. Claire's, Marie Goretti and St. Brigid's had been expanded.
- A new medical card index system has been agreed and ordered and was due to be implemented upon receipt from the printer.
- On the psychiatry of later life wards, the service was planning to incorporate a photograph of each resident on the medical card index to assist in identification of residents for the purposes of administration of medication and had devised a consent form for this purpose.
- Needs assessments on all residents had been completed and some had been updated within the last few months.

SERVICE USER INTERVIEWS

Three residents asked to speak to the Inspectorate on the admissions wards. Although not all of them knew what a care plan was, they reported having lots of opportunities to discuss issues about their care and treatment with the nurses and doctors on their teams. They reported having access to training and the Eala centre to keep them occupied during the day and thought these activities were helpful to them. They all said they were well informed about their diagnosis, treatment and medication. All residents said they had been offered a physical examination when they had been admitted and had no difficulty accessing a doctor if feeling physically unwell. In general they said they were well informed about their diagnosis, treatment and medication. The food was reported to be of a good standard with variety and choice and snacks were provided between meals. They commented that the premises were kept clean and in good condition. They reported that they had no concerns about their care and treatment in the hospital. All the residents in St. Brigid's Ward were spoken to informally by the Inspectorate team. None of them expressed any concerns about their care and treatment.

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

1. Each resident must have a care plan as defined in the Regulations.

2. Therapeutic services and programmes must be linked to the care plan.

3. The unsuitable conditions on the wards in St. Brigid's Block, St. Anne's and St. Edna's must be addressed. Funding should be made available to refurbish or replace these wards.

4. Each resident must have equal access to health and social care professionals based on assessed needs and funding should be made available to facilitate this. There must be an appropriate skill mix in place to meet these needs. Residents under the care of the psychiatry of later life team should have access to the team's occupational therapist on the units.

5. Increased coordination of the household functions in the approved centre would be of benefit in addressing the challenge presented by the age and layout of the premises.

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 8 OCTOBER 2008

Article 5: Food and Nutrition

The Inspectorate was given copies of menus covering several days. These indicated that there was a choice of food each day and a variety of food over time. This was verified by the residents who spoke to the Inspectorate.

Compliant: Yes

Article 6 (1-2) Food Safety

The service had up-to-date Hazard Analysis Critical Control Points (HACCP) manuals and records. The latest inspection report from the environmental health officer, dated May 2008, highlighted a number of problems.

Breach: The environmental health officer's inspection report highlighted a number of unsatisfactory areas that needed to be addressed.

Compliant: No

Article 7: Clothing

The service reported that individual clothing was available for residents and that each resident had been provided with individual laundry bags and encouraged to look after their own laundry where possible.

On the Male Admission Unit, there was a supply of clothes for residents who were admitted with a limited supply of clothes. If a resident was required to wear night attire during the day his care plan would reflect this.

In Marie Goretti Ward, all items of clothing and personal belongings were marked and identifiable as belonging to specific individuals.

Compliant: Yes

Article 8: Residents' Personal Property and Possessions

A property inventory had been introduced and a copy was kept in each resident's clinical file. The Inspectorate commends the service for working with a number of long stay residents to facilitate them in opening their own personal bank or post office accounts since the last inspection. A policy was in place dated 1 October 2007 due for review annually.

Compliant: Yes

Article 9: Recreational Activities

In the Male Admission Unit, there was a supply of board games for the residents. There was a TV and DVDs were available. The pool table was damaged and in need of repair.

In St. Brigid's Ward, activities mostly consisted of reading newspapers, doing jigsaws, and watching television.

Compliant: Yes

Article 13: Searches

In the Male Admission Unit, it was reported that searches were rarely carried out and only for reasons of safety.

Compliant: Yes

Article 15: Individual Care Plan

There was a system in place for MDT care planning and the service reported that they were being used in the community sector teams. However, on the day of inspection there were no individual multidisciplinary team care plans in the clinical files reviewed on the units. The Inspectorate discussed the care plans being used in the community and agreed with the service that while they were well developed and detailed, they were likely to be too detailed and laborious for regular use in the in-patient setting. In the clinical files reviewed, there were sections in the notes for other disciplines to record their interventions but these were generally empty. There were weekly team reviews, the Mullingar sectors conducted theirs at the sector headquarters and the other teams conducted theirs on the unit.

Breach: Each resident did not have an individual multidisciplinary care plan as defined in the Regulations.

Compliant: No

Article 16: Therapeutic Services and Programmes

The residents in St. Brigid's Block had no access to occupational therapy, social work or clinical psychology on a regular basis. Unit-based therapeutic programmes were not provided. There was access to chiropody and referrals were sent to therapy staff based in Primary Community and Continuing Care (PCCC) who provided intervention for physical and sensory disabilities.

There was no dedicated mental health team input into St. Edna's Ward, but there was access to disciplines from the sector teams where appropriate. One resident attended the activity centre off the ward. Six residents were involved in the garden centre project.

There were plans to facilitate therapeutic programmes on the Male Admission Unit for residents who were not allowed to leave the unit.

Breach: Therapeutic programmes and activities were not linked to individual care plans and a number of residents had no access to regular therapeutic programmes on the units.

Compliant: No

Article 17: Children's Education

The service had a policy outlining liaison arrangements with the child's school if applicable.

Compliant: Yes

Article 18: Transfer of Residents

There was a policy in place on Marie Goretti Ward dated October 2007. On the day of inspection, one resident was an in-patient in the Regional Hospital Mullingar.

Compliant: Yes

Article 19 (1-2): General Health

The clinical files inspected on in St. Brigid's Block showed that residents' general health needs were assessed regularly. A system for six-monthly physical health reviews was in place. The residents had regular access to a chiropodist and other general medical services. A medical emergencies policy was in place. The emergency trolley was checked weekly.

There was a small number of residents on the admission units for more than six months. A system to ensure that six-monthly physical health reviews occurred would be beneficial.

Compliant: Yes

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

There were information leaflets available on the wards in St. Brigid's Block and St. Edna's Ward. It was reported that the advocate did not attend the ward on a regular basis but the service was available on request. A number of voluntary agencies attended the elderly care wards.

There was an information leaflet for residents and visitors int the Male Admission Unit. The leaflet for residents highlighted the medical and nursing staff involved in their care but not the other disciplines, there was no reference to information on diagnosis or medication.

It was stated that all St. Brigid's Block residents knew who their consultant and registrar were, but were not aware of who the other members of the MDT were. A programme of activities was posted on the notice board.

Breach: Article 20 (1)(a), Article 20 (1)(c) and Article 20 (1)(e).

Compliant: No

Article 21: Privacy

The hospital made every effort to respect the resident's privacy and dignity.

Compliant: Yes

Article 22: Premises

St. Brigid's Block was home to 53 residents in three wards over three floors. The majority of residents required full nursing care. A number of areas had been improved on Marie Goretti Ward since the last inspection, floor covering, hand rails and a wash-hand basin had been installed. However, there was only one shower for 21 residents. It was in poor condition and photographic evidence was taken. There was limited heating. Some of the toilets were in a poor condition and unfit for purpose. The lack of adequate bathing facilities was also noted on the other two wards. There was only one shower for each ward, equipped with a small blow heater. Some of the wards had asbestos present. The sluice room facilities had not been completed in St. Brigid's Ward.

On St. Claire's Ward, there was a single bedroom with no handle on the inside of the door. It was reported that the bedroom was not in use. It was unclear why the room was ready for use if not required. Photographic evidence was taken. Following inspection, the service reported that it was planned to use this room as an aromatherapy room. The Inspectorate was of the view that the handle should be replaced or removed to ensure that anyone inside the room can get out.

In St. Edna's Ward, there were tiles missing from the floor and the toilets were unfit for purpose. Photographic evidence was taken. A health and safety report had been completed.

The admission units were in good decorative order, they were clean and furnished to a good standard. Despite the hard efforts of the cleaning staff one of the male toilet facilities was in need of an upgrade.

Breach: The condition of the premises and furnishings was unsuitable to the specific needs of the residents in St. Brigid's Block and St. Edna's Ward.

Compliant: No

Article 25: Use of Closed Circuit Television (CCTV)

CCTV was in place in the new Male Admission Unit seclusion facility. The service met the requirements of this Article, except for labeling the fact that CCTV was in use in the room.

CCTV was in operation in the corridors and the day room of St. Edna's Ward and signs indicating its use were in evidence.

Breach: Signage must be displayed by the seclusion room.

Compliant: No

Article 26: Staffing

The HSE policies and procedures applied. In St. Brigid's Block and St. Edna's there was no regular input from health and social care professionals with training in mental health. The skill mix in the approved centre was not sufficient to meet the needs of the residents. Referrals were sent to physiotherapy and occupational therapy staff for physical and sensory disabilities. There was a waiting list for the latter service. The Inspectorate was informed that only mandatory training was being conducted, but it was expected that training in other areas would be conducted in the future.

It was reported that the skill mix on the Male Admission Unit was sufficient to meet the assessed need of the residents.

Marie Goretti Ward residents did not have access to a full multidisciplinary team. The occupational therapist on the psychiatry of later life team did not provide services on the ward or to St. Brigid's Ward. A full complement of nursing staff operated on Marie Goretti Ward. Day-time staffing comprised six nursing staff, including one CNM2. At night, three nursing staff operated from 1800h to 2115h, with two nursing staff remaining on duty until morning.

Breach: An appropriate skill mix of staff was not available to residents.

Compliant: No

Article 28: Register of Residents

The approved centre had a spreadsheet register of residents that captured all the information required.

Compliant: Yes

Article 32: Risk Management Procedures

The approved centre had a comprehensive risk management policy in place dated 31 July 2008 and due for review annually.

Compliant: Yes

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

SECLUSION

There were seclusion facilities in both the admission units.

The following table provides a summary of the Inspectorate's findings in relation to compliance with the Rules for the Use of Seclusion.

SECTION	DESCRIPTION	COMPLIANCE REPORT
2	**Orders**	Compliant. The reasons for seclusion were clearly stated in the files reviewed and seclusion record.
3	**Patient dignity and safety**	Compliant. All efforts were made to protect the residents dignity and safety.
4	**Monitoring of the patient**	Compliant. Nursing observations were recorded every 15 minutes and reviews were undertaken in line with the Rules.
5	**Renewal of seclusion orders**	Compliant
6	**Ending seclusion**	Compliant. Reasons were clearly stated.
7	**Facilities**	Compliant. The facility on the male side was new. It met the requirements of the Rules and was designed to a high specification.
8	**Recording**	Non-compliant. Generally good but on one occasion there was no medical intervention recorded describing the onset of seclusion, though this episode was recorded in the nursing notes.
9	**Clinical governance**	Compliant. There was a policy in place with an annual review date.
10	**Staff training**	Non-compliant. The roll-out of restraint training had resumed in the service, which should be a priority to ensure that all staff are trained and training was regularly updated.
11	**CCTV**	Non-compliant. CCTV was not clearly labeled in the Male Admission Unit.
12	**Child patients**	Not applicable

Breach: Intervention not recorded [Section 8.1]. CCTV not labeled [Section 11]. Not all staff had up-to-date training in physical restraint [Section 10].

Compliant: No

ECT

ECT was provided off-site at the Westmeath Regional General Hospital, Mullingar. No resident was in receipt of ECT on the day of inspection. There was a policy in place and the record was compliant.

Compliant: Yes

MECHANICAL RESTRAINT

Mechanical restraint was not used on the Male Admission Unit. A Buxton chair was used occasionally on the Female Admission Unit.

The following table provides a summary of the Inspectorate's findings in relation to compliance with the Rules for the Use of Mechanical Restraint.

SECTION	DESCRIPTION	COMPLIANCE REPORT
14	**Orders**	The use of the chair was prescribed in the resident's notes and register.
15	**Patient dignity and safety**	All efforts were made to protect the resident's dignity and safety.
16	**Ending mechanical restraint**	Compliant
17	**Recording use of mechanical restraint**	Compliant
18	**Clinical governance**	Compliant. A policy was in place.
19	**Staff training**	Non-compliant. The roll-out of restraint training had resumed in the service, which should be a priority for staff and should include alternatives to mechanical restraint.
20	**Child patients**	Not applicable
21	**Part 5: Use of mechanical means of bodily restraint for enduring self-harming behaviour**	A number of residents on St. Brigid's Ward and Marie Goretti Ward were being managed with specialised chairs, Buxton chairs and table tops during the day and with bed rails at night where there was a risk of falling. Prescriptions for chairs were in all the charts reviewed and were reviewed on a regular basis. There was a system in place to ensure full compliance. A number of residents in specialised chairs were on a waiting list for a seating assessment by the occupational therapist based in PCCC.

Breach: Bed rails were not prescribed. Not all staff had up-to-date training in restraint [Section 19].

Compliant: No

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

PHYSICAL RESTRAINT

The physical restraint register was reviewed in St. Edna's Ward. It contained entries for three episodes in 2007. Two referred to residents on Marie Goretti Ward. There were no entries for 2008 on the day of the inspection. The clinical practice forms for physical restraint were inspected on the admission units.

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. The reasons for restraint were clearly stated in the forms and files.
3	**Resident dignity and safety**	Compliant. All efforts were made to protect the resident's dignity and safety.
4	**Ending physical restraint**	Compliant
5	**Recording use of physical restraint**	Compliant
6	**Clinical governance**	Compliant. There was a policy in place with an annual review date.
7	**Staff training**	Non-compliant. The roll-out of physical restraint training had resumed in the service, which should be a priority for staff.
8	**Child residents**	Not applicable

Breach: Section 7

Compliant: No

ADMISSION OF CHILDREN

There had been nine admissions of children since January 2008, including one involuntary admission. There was one child admission on the day of the inspection. While the service had complied with most of the Code of Practice, it was nevertheless an adult setting that was not in a position to provide age-appropriate facilities for 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 under the MHA 2001.

RULE	DESCRIPTION	COMPLIANCE REPORT
2	**Admission**	Non-compliant. Age-appropriate facilities and a programme of activities appropriate to age were not provided. There were policies on admission of children, family liaison, parental consent and confidentiality all dated 12 June 2008 and due for annual review.
3	**Treatment**	Compliant. Consent had been obtained for treatment. One-to-one clinical time was encouraged.
4	**Leave provisions**	Compliant. Leave was denied to the resident for safety reasons.

Breach: Section 2.5(b)

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**	Compliant
3	**Incident reporting**	Compliant
4	**Clinical governance**	Compliant

Compliant: Yes

ECT FOR VOLUNTARY PATIENTS

ECT was provided off-site at the Westmeath Regional General Hospital, Mullingar. No resident was in receipt of ECT on the day of inspection. There was a policy in place and the record was compliant

Compliant: Yes

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

On the day of inspection no resident had been detained in the admission units for more than three months.

Compliant: Not applicable