

Report of the Inspector of Mental Health Services 2008

HSE AREA	HSE South
CATCHMENT	North Cork
MENTAL HEALTH SERVICE	North Cork
APPROVED CENTRE	St. Stephen's Hospital
NUMBER OF UNITS OR WARDS	6
UNITS OR WARDS INSPECTED	Unit 2, Unit 3, Unit 4, Unit 5, Unit 8 Floor 2, Unit 8 Floor 3
NUMBER OF RESIDENTS WHO CAN BE ACCOMODATED	125
CONDITIONS ATTACHED TO REGISTRATION	No
TYPE OF INSPECTION	Announced
DATE OF INSPECTION	19 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. Stephen's Hospital, Cork, was a registered approved centre under the Mental Health Act 2001. It provided acute in-patient care and continuing care in six units for a total catchment population of 80,000 people. Unit 1 (22 beds) provided care for dementia-related illness. It was under the clinical direction of the clinical director but not registered as part of the approved centre. Unit 10 had closed since the 2007 inspection.

WARD	NUMBER OF BEDS	NUMBER OF RESIDENTS	TEAM RESPONSIBLE
Unit 2	26	22	All teams
Unit 3	13	9	All teams
Unit 4	22	9	All teams
Unit 5	14	13	All teams
Unit 8 Floor 2	25	25	All teams
Unit 8 Floor 3	25	19	All teams

On the day of the inspection, the total number of residents that were accommodated in the approved centre was 97.

RECOMMENDATIONS ARISING FROM THE 2007 APPROVED CENTRE REPORT

1. *Each sector team and the rehabilitation team should consist of a core multidisciplinary team (MDT) to ensure that care pathways can be fully implemented and a comprehensive intervention package is made available to the residents.*

Outcome: Additional community mental health team (CMHT) nursing posts had been appointed following the redeployment of staff from units that closed. There was no increase in staffing in the health and social care professionals.

2. *All residents should have an MDT care plan.*

Outcome: There was some progress reported in this area. The acute admission units had recently introduced a MDT care plan. A sheet was completed at MDT team meetings. It was reported that this system would be introduced to all other units and community-based services in 2009.

3. *Each unit should be self-staffing.*

Outcome: There was no progress on this recommendation.

4. *A consistent approach to the training of physical restraint techniques should be implemented.*

Outcome: It was reported that crisis prevention intervention (CPI) training was provided. However most staff had only received a one-day training course. A record of training was available.

5. *The HSE South policies in relation to the Regulations should be amended to reflect local practice.*

Outcome: This was completed in full.

MDT CARE PLANS 2008

Multidisciplinary care planning had been introduced to the admission units. This included the introduction of a single case file and a weekly MDT sheet completed at team meetings. While it was not operational in other units there were plans to introduce it to all units early in 2009

GOOD PRACTICE DEVELOPMENTS 2008

Overall

- A new system for auditing hygiene standards on the units was introduced.
- Policies were developed to reflect local practice.
- A ward-based rehabilitation programme was being developed. It was to be staffed by CNS and an assistant director of nursing.

Unit 3

- A new risk assessment screening tool was completed on admission.
- A new MDT care plan had been introduced on the ward.
- New furniture had been donated to the ward. A games room and quiet room were established.

SERVICE USER INTERVIEWS

A number of service users spoke with the Inspectorate. As well as outlining personal issues they stated that they were happy with the care they received.

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

1. All long-stay units and acute units should be self-staffing.
2. Multidisciplinary care plans should be rolled out to all units as soon as possible, in accordance with the Regulations.
3. Therapeutic activities should be provided for all residents, in accordance with Regulations.

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 19 NOVEMBER 2008

Article 8: Residents' Personal Property and Possessions

A local policy was in place.

Compliant: Yes

Article 11 (1-6): Visits

A local policy was in place.

Compliant: Yes

Article 12 (1-4): Communication

A local policy was in place.

Compliant: Yes

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

A local policy was in place.

Compliant: Yes

Article 15: Individual Care Plan

Unit 3 and Unit 4: A number of clinical files were reviewed and were found to contain an MDT care plan. The nursing notes were separate from the integrated clinical file. It was reported that they would be integrated in 2009.

Unit 8 Floor 2 and Floor 3: Nursing care plans were in place. The timing of medical reviews of the residents varied, depending on the team responsible. Clinical files were not integrated. It was reported that there were plans to introduce integrated care plans in the future.

Unit 5: On the day of the inspection there was no evidence that MDT care plans had been introduced. Since the inspection, the services have reported that MDT care plans were in place.

Female Admission: MDT care plans were in place and were fully operational. There were integrated clinical files.

Breach: Every resident did not have an integrated care plan as defined in the Regulations.

Compliant: No

Article 16: Therapeutic Services and Programmes

Unit 3 and Unit 4 (Admission): Residents were referred to various disciplines at the team meetings. Not all the teams had access to core multidisciplinary team members. There were two programmes in operation on campus. One was known as recreational unit and the other as a day hospital. A bus was available to collect residents and transport them to the programmes based off the ward. There was no ward based programme in evidence during the inspection. Subsequently it was reported that nursing staff provide a number of groups on the wards. Feedback was provided at the team meetings but not always recorded in the file and not linked to an individual assessment.

Unit 8 Floor 2 and Floor 3: The residents had regular input from medical and nursing staff. Ten residents attended recreational therapy off the ward. There was no written record in the files reviewed. Referrals were sent as appropriate to clinical psychology and social work. There was a limited occupational therapy input.

Unit 5: There were no therapeutic activities linked to multidisciplinary care plans. Activities were available off the ward. However a number of elderly men were wandering around aimlessly. There was occupational therapy input to the ward.

Breach: Individual programmes were not linked to individual care plans.

Compliant: No

Article 17: Children's Education

No appropriate education services were available for children admitted to the centre. A new 8-bed interim unit for children was being commissioned on site and was due to open in 2009.

Breach: Current lack of education for admitted children.

Compliant: No

Article 18: Transfer of Residents

The service was compliant. A policy was in place.

Compliant: No

Article 19 (1-2): General Health

All the physical examinations in the files reviewed on the day of the inspection were in order. All residents had been offered the flu vaccine. Residents had access to service in the general hospital. There were some difficulties in obtaining timely non-urgent medical assessments in the general hospital.

Compliant: Yes

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

Unit 3 and Unit 4: The information booklet shown to the Inspectorate on the day of the inspection was dated May 2006 and the information contained reference to the Mental Treatment Act 1945. This was brought to the immediate attention of senior management staff. The IAN peer advocate attended the ward weekly. It was reported that there was information available on medication and diagnosis. Since the inspection, it was reported in writing that the new booklet was now available on the ward and that all old versions have been removed.

Unit 8 Floor 3 and Unit 8 Floor 2: A copy of the information booklet provided to residents and families on this ward was requested but not received by the Inspectorate.

Breach: Information was not provided in an understandable form and language to residents on each unit.

Compliant: No

Article 21: Privacy

The service was in compliance on the day of the inspection.

Compliant: Yes

Article 25: Use of Closed Circuit Television (CCTV)

CCTV was not used in the approved centre.

Compliant: Not applicable

Article 26: Staffing

All staff were recruited through the central HSE recruitment process. Nursing staff were allocated to wards using a central rostering system and continuity of care was hampered by this system.

Three general adult teams from north Cork and a rehabilitation consultant psychiatrist had admitting rights to the wards in St. Stephen's Hospital. None of the teams had a full MDT complement. The skill mix was limited which impacted on the range of services available to residents. A consultant psychiatrist from the North Lee catchment had clinical responsibility for some residents from this catchment area in St. Stephen's Hospital.

It was reported that all staff had received training in the Mental Health Act 2001.

Breach: The skill mix of health and social care professionals was not appropriate to meet the needs of the residents.

Compliant: No

Article 29: Operating policies and procedures

There was a system in place for writing and reviewing all policies.

Compliant: Yes

Article 31: Complaint Procedures

There were two complaints systems in place, a local hospital-based response and a corporate HSE response. Leaflets were on display on a number of wards. A record of complaints was available.

Compliant: Yes

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

SECLUSION

Seclusion was not in use in the hospital on the day of the inspection. There was a policy in place stating that seclusion was not permitted.

Compliant: Not applicable

ECT

There were no ECT facilities on site.

Compliant: Not applicable

MECHANICAL RESTRAINT

There was no mechanical restraint used in the hospital.

SECTION	DESCRIPTION	COMPLIANCE REPORT
21	Part 5: Use of mechanical means of bodily restraint for enduring self-harming behaviour	Unit 8 Floor 3: It was reported that this section was not currently in use on the ward for any resident. No file was reviewed.

Compliant: Not applicable

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	Not applicable

Compliant: Yes

ADMISSION OF CHILDREN

This was an adult service and was not suitable for the admission of children. The approved centre did not comply with Section 2.5 of the Code of Practice relating to Admissions of Children. There was no child in the hospital on the day of the inspection and no file was reviewed. New interim beds were being developed on site and were due to open in 2009. Admissions to the adult units would then cease.

Breach: The service was not compliant with 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	Compliant. All deaths were reported in compliance with the Code of Practice.
3	Incident reporting	Compliant. Incidents were reported locally. Six-monthly returns were sent to the MHC. Reports were available on the day of inspection.
4	Clinical governance	Compliant. A risk management policy was in place

Compliant: Yes

ECT FOR VOLUNTARY PATIENTS

There were no ECT facilities on site.

Compliant: Not applicable

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

This was not applicable on the day of the inspection.

Compliant: Not applicable