Report of the Inspector of Mental Health Services 2008

HSE AREA	HSE Dublin North East
CATCHMENT	North West Dublin
MENTAL HEALTH SERVICE	North West Dublin
APPROVED CENTRE	Sycamore Unit, Connolly Hospital
NUMBER OF UNITS OR WARDS	Sycamore Unit, Connolly Hospital
UNITS OR WARDS INSPECTED	1
NUMBER OF RESIDENTS WHO CAN BE ACCOMODATED	Sycamore Unit
CONDITIONS ATTACHED TO REGISTRATION	No
TYPE OF INSPECTION	Announced
DATE OF INSPECTION	6 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

Sycamore Unit provides specialist care and treatment for elderly residents, many with severe dementia associated with severe behaviour problems. The physical needs of this resident group were also challenging.

WARD	NUMBER OF BEDS	NUMBER OF RESIDENTS	TEAM RESPONSIBLE
Sycamore Unit	34	25	Psychiatry of later life team

Despite repeated requests, staffing remains mainly medical and nursing.

RECOMMENDATIONS ARISING FROM THE 2007 APPROVED CENTRE REPORT

1. A multidisciplinary team should be put in place to provide a comprehensive service to these residents.

Outcome: The service continued to have no dedicated occupational therapist, social worker, psychologist or physiotherapist. Access to the occupational therapist, social worker and physiotherapist was by referral to the general hospital. Staff reported that access to these services required considerable pressure from the management of the unit and from the next of kin.

2. A system of multidisciplinary care planning should be put in place and a system of composite notes developed

Outcome: Individual multidisciplinary team (MDT) care plans were not in use. Separate medical and nursing notes were kept.

3. A needs-based therapeutic programme linked to individual care plans should be put in place and should operate on a daily basis.

Outcome: A needs-based therapeutic programme was not in place. It was envisaged that an activity nurse would be available to facilitate a number of activities but due to the HSE recruitment embargo the nurse worked with the residents only when the unit was not busy.

MDT CARE PLANS 2008

Individual MDT care plans were not in use. Separate medical and nursing notes were kept. An activity nurse was available to the unit only when it was not busy. A visiting pet was available. The emphasis was on physical care and more of a focus was needed on therapeutic and specialised therapeutic input linked to individual care plans.

GOOD PRACTICE DEVELOPMENTS 2008

- Non-pharmacological management for disturbed behaviours was widely practised on the unit.
- Three nurses on the unit had undertaken the Higher Diploma in Gerontology.

SERVICE USER INTERVIEWS

None of the residents asked to speak to the Inspectorate.

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

1. A multidisciplinary team should be put in place to provide a comprehensive service to the residents.

2. A system of multidisciplinary care planning should be put in place and a system of composite notes developed.

3. A needs-based therapeutic programme linked to individual care plans should be put in place and should operate on a daily basis.

4. The unit should be provided with ring-fenced occupational therapy and physiotherapy sessions.

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 6 NOVEMBER 2008

Article 4: Identification of Residents

Residents wore arm bands with their names and chart numbers. All residents were easily identifiable by staff when receiving medication, health care or other services.

Compliant: Yes

Article 5: Food and Nutrition

Residents had access to a safe supply of water. The hospital food provided was of a high standard. Menus were rotated every three weeks and involved an element of choice taking account of any special dietary requirements.

Compliant: Yes

Article 6 (1-2) Food Safety

A high standard of hygiene was maintained.

Compliant: Yes

Article 7: Clothing

Residents wore their own clothing. Residents were in day clothes unless physically ill.

Compliant: Yes

Article 8: Residents' Personal Property and Possessions

Written policies and procedures were in place relating to residents' personal property and possessions. Provision was made for the safe keeping of all personal property and possessions.

Compliant: Yes

Article 9: Recreational Activities

An activity nurse was available on the unit but as she formed part of the unit's staff complement, was only utilised when the unit was quiet and was available for approximately 20 hours per week.. There was no dedicated occupational therapist on the unit.

Compliant: Yes

Article 10: Religion

The unit ensured that residents were facilitated in the practice of their religion. A policy on religion and cultural needs was available.

Compliant: Yes

Article 11 (1-6): Visits

Visiting times were flexible for residents and visitors and privacy was respected as far as was feasible.

Compliant: Yes

Article 12 (1-4): Communication

The unit had operational policies and procedures on communication.

Compliant: Yes

Article 13: Searches

Residents were not searched and there was a policy on the unit regarding searches.

Compliant: Yes

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

A policy on care of the dying was available on the unit. The resident's family or next of kin were accommodated as far as was practicable.

Compliant: Yes

Article 15: Individual Care Plan

The service did not have individual care plans as defined in the Regulations. Medical and nursing care plans were in place. Occupational therapy input had been requested over a number of years.

Breach: The service did not have individual care plans as defined in the Regulations.

Compliant: No

Article 16: Therapeutic Services and Programmes

Occupational therapy was not available in this unit other than for occasional seating assessments. A limited physiotherapy service was available. The programmes provided by the activity nurse were limited.

Breach: Residents did not have access to an appropriate range of therapeutic services and programmes, in accordance with their individual care plan and as defined by the Regulations.

Compliant: No

Article 17: Children's Education

This service did not admit children.

Compliant: Not applicable

Article 18: Transfer of Residents

The service had policies for the transfer of residents to other facilities. A transfer checklist form was available for completion if a resident was transferred to a general unit.

Compliant: Yes

Article 19 (1-2): General Health

Residents had access to some general health services. Referrals to the dietician services were made as required. Six-monthly physical health assessments were not documented in the clinical files. A procedure was in place for medical emergencies. A policy for responding to medical emergencies was available on the unit.

Breach: Six-monthly physical health assessments were not carried out on the unit.

Compliant: No

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

Information was provided to the resident as far as the resident was capable of understanding. Leaflets on Alzheimer's, mental health law, unit activities, support groups were distributed as well as being posted on the notice board. A support group for carers was held monthly in the Academic Centre in Connolly Hospital and was facilitated by a member of staff. The unit had written operational policies and procedures for the provision of information to residents.

Compliant: Yes

Article 21: Privacy

The privacy and dignity of residents were appropriately respected. An interview room was sometimes used for private meetings with family and staff. The unit had two single bedrooms.

Compliant: Yes

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

The unit had a policy on ordering medication and medication management.

Compliant: Yes

Article 24 (1-2): Health and Safety

The Connolly Hospital Safety Statement applied.

Compliant: Yes

Article 25: Use of Closed Circuit Television (CCTV)

CCTV was not used in this service.

Compliant: Not applicable

Article 26: Staffing

Policies and procedures relating to the recruitment, selection and vetting of staff were maintained by the hospital administration. There was a need to fully staff the multidisciplinary team. Nursing and care staff ratios were satisfactory, but increased therapy time input was required. There was always an appropriately qualified staff member on duty and in charge of the unit.

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

STAFF TYPE	DAY	NIGHT
Nurse	7 to 1400h, then 5 afterwards	2
Care Assistant	2 from 0800h to 1900h	1 from 1900h to 2300h, then 1 shared with another unit

Staff had access to education and training. Copies of the Mental Health Act, the Rules and Codes of Practice were available on the unit.

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

Compliant: No

Article 27: Maintenance of Records

A hospital policy was in place along with the An Bord Altranais *Recording Clinical Practice* document. Documentation of inspections relating to food safety, hygiene, health and fire inspections were maintained in the hospital.

Compliant: Yes

Article 28: Register of Residents

An up-to-date register was available on the unit.

Compliant: Yes

Article 29: Operating policies and procedures

Written operational policies and procedures were available on the unit and reviewed every two years.

Compliant: Yes

Article 30: Mental Health Tribunals

Mental health tribunals were held in the Academic Centre in Connolly Hospital. The service cooperated with tribunals and assisted where necessary.

Compliant: Yes

Article 31: Complaint Procedures

The complaints procedure was posted on the wall in a prominent position.

Compliant: Yes

Article 32: Risk Management Procedures

The hospital had a risk management department with both clinical risk managers and non-clinical risk managers. The unit had a comprehensive written risk management policy. The unit had an incident report book. The *Trust in Care* policy document was available on the unit.

Compliant: Yes

Article 34: Certificate of Registration

There was a certificate of registration available on the day of inspection.

Compliant: Yes

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

SECLUSION

The Inspectorate was informed that seclusion was not used in this unit

Compliant: Not applicable

ECT

ECT was not used in this unit.

Compliant: Not applicable

MECHANICAL RESTRAINT

The Inspectorate was informed that mechanical restraint was not used.

SECTION	DESCRIPTION	COMPLIANCE REPORT
21	**Part 5: Use of mechanical means of bodily restraint for enduring self-harming behaviour**	Cot sides and lap belts were used for safety reasons in the case of a number of residents. While these issues were identified in the nursing needs assessments and referred to in the nursing care plans, there was no evidence that these protective measures were prescribed in the medical notes.

Breach: There was no evidence that these protective measures were prescribed in the medical notes.

Compliant: No

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

PHYSICAL RESTRAINT

The Inspectorate was informed 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

Ten deaths were reported in 2008.

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

The Inspectorate was informed that ECT was not used in this unit.

Compliant: Not applicable

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

Where appropriate second opinions had been sought on the continuation of prescribed medication.

Compliant: Yes