

Report of the Inspector of Mental Health Services 2008

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| HSE AREA | HSE West |
| CATCHMENT | Mayo |
| MENTAL HEALTH SERVICE | Mayo |
| APPROVED CENTRE | Teach Aisling |
| NUMBER OF UNITS OR WARDS | 1 |
| UNITS OR WARDS INSPECTED | Teach Aisling |
| NUMBER OF RESIDENTS WHO CAN BE ACCOMODATED | 10 |
| CONDITIONS ATTACHED TO REGISTRATION | No |
| TYPE OF INSPECTION | Announced |
| DATE OF INSPECTION | 9 October 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

Teach Aisling was a purpose-built standalone locked unit in Castlebar for male and female residents with challenging behaviour, under the clinical direction of the rehabilitation team. The layout, decor and furnishings were pleasant and appropriate. Referrals come from community and in-patient care. Two small bedsits were attached to the main building for residents to complete rehabilitation prior to moving to the community.

| WARD | NUMBER OF BEDS | NUMBER OF RESIDENTS | TEAM RESPONSIBLE |
|---------------|----------------|---------------------|---------------------|
| Teach Aisling | 10 | 10 | Rehabilitation team |

The staff provided an outreach service to residents discharged to the community. There were no detained residents in the unit at the time of the inspection.

RECOMMENDATIONS ARISING FROM THE 2007 APPROVED CENTRE REPORT

1. *Input into the MDT care plans should include all multidisciplinary team members.*

Outcome: This had been achieved. Multidisciplinary team members attended the review meetings and provided input to the care plan.

2. *The complaints procedure should be displayed in a prominent position to be visible to residents in compliance with the Mental Health Act 2001 (Approved Centre) Regulations 2006.*

Outcome: This had been achieved. The complaints procedure was displayed and HSE leaflets are available.

MDT CARE PLANS 2008

There were weekly multidisciplinary team meetings attended by all staff. There was a typed care plan which shows multidisciplinary inputs, although staff responsible for implementing different parts of the care plan were not identified. The resident was given a copy of the care plan.

GOOD PRACTICE DEVELOPMENTS 2008

- Each resident had an active rehabilitation programme
- In the absence of an outreach team, nursing staff provide an outreach service to service users discharged from Teach Aisling.
- High quality information leaflets had been developed.

SERVICE USER INTERVIEWS

One service user spoke with the Inspectorate. He stated that he was pleased with his level of care and environment.

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

1. An outreach team should be developed as part of the rehabilitation team, to provide support for discharged residents.
2. As this was a unit specifically for residents with challenging behaviour there should be, at minimum, regular access to psychology.
3. The rehabilitation team should be fully staffed with occupational therapy, social work, psychology and an outreach team.

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 9 OCTOBER 2008

Article 6 (1-2) Food Safety

Food safety certificate was in order.

Compliant: Yes

Article 15: Individual Care Plan

The approved centre had an individual integrated care plan, as defined in the Regulations.

Compliant: Yes

Article 16: Therapeutic Services and Programmes

Therapeutic activities were available in accordance with the residents' assessed need and care plan. There was ample space within the unit to provide these activities.

Compliant: Yes

Article 17: Children's Education

The unit did not admit children.

Compliant: Not applicable

Article 18: Transfer of Residents

There was a policy and procedure for the transfer of residents to another hospital or approved centre.

Compliant: Yes

Article 19 (1-2): General Health

Six-monthly physical reviews were carried out and there was a system in place to ensure that this was done.

Compliant: Yes

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

There was a policy on the provision of information to residents. An excellent information leaflet was available which outlined the household arrangements and the resident's clinical team.

Compliant: Yes

Article 21: Privacy

The single bedrooms all had en suite facilities and the bedrooms could be locked by the resident.

Compliant: Yes

Article 26: Staffing

The current HSE policy in relation to the recruitment, selection and vetting of staff was in place. Teach Aisling was a self-staffing unit. Staff reported that there was a complement of 28.5 whole-time-equivalent (WTE) nurses. Five registered psychiatric nurses were on duty each day, including a CNM2 and/or a CNM3. Five registered psychiatric nurses were on night duty. An assistant director of nursing was available during the day. The rehabilitation team had input from an occupational therapist and a social worker but no regular access to a psychologist.

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

| STAFF TYPE | DAY | NIGHT |
|----------------------|-----|-------|
| RPN (including CNM2) | 5 | 5 |

There was initial training and refresher courses in crisis prevention intervention (CPI), cardio-pulmonary resuscitation (CPR), and the Mental Health Act and Regulations. Copies of the Mental Health Act, the Regulations and Rules and Codes of Practice were available on the unit.

Compliant: Yes

Article 28: Register of Residents

The register of residents contained all the information necessary to make it compliant with the Regulations.

Compliant: Yes

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

SECLUSION

There was no seclusion in the unit.

Compliant: Not applicable

ECT

The unit had no ECT facilities.

Compliant: Not applicable

MECHANICAL RESTRAINT

Mechanical restraint was not used in the approved centre.

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 |
|---------|--|--|
| 21 | Part 5: Use of mechanical means of bodily restraint for enduring self-harming behaviour | There was no resident restrained under Section 5 at the time of the inspection |

Compliant: Not applicable

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

PHYSICAL RESTRAINT

Physical restraint had been used in the unit in 2008.

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. The register was correctly completed. |
| 6 | Clinical governance | Compliant. A policy was in place. |
| 7 | Staff training | Compliant. Staff had been trained in management of aggression and refresher courses were ongoing. |
| 8 | Child residents | Not applicable |

Compliant: Yes

ADMISSION OF CHILDREN

Children had not been admitted to the approved centre.

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 | All deaths had been notified to the Mental Health Commission. |
| 3 | Incident reporting | A system of incident reporting was in place. |
| 4 | Clinical governance | A policy on incident reporting was available. |

Compliant: Yes

ECT FOR VOLUNTARY PATIENTS

ECT was not available in the unit.

Compliant: Not applicable

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

This was not applicable at the time of inspection.

Compliant: Not applicable