Report of the Inspector of Mental Health Services 2008

HSE AREA	HSE Dublin Mid Leinster
CATCHMENT	Dublin West/South West
MENTAL HEALTH SERVICE	Dublin West/South West
APPROVED CENTRE	Acute Psychiatric Unit, AMNCH, Tallaght
NUMBER OF UNITS OR WARDS	3
UNITS OR WARDS INSPECTED	Rowan Ward
NUMBER OF RESIDENTS WHO CAN BE ACCOMODATED	52
CONDITIONS ATTACHED TO REGISTRATION	No
TYPE OF INSPECTION	Announced
DATE OF INSPECTION	2 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

The acute psychiatric unit was located in the Adelaide and Meath Hospital, incorporating the National Children's Hospital (AMNCH). It had male and female wards and a high observation ward. Nine consultants, including psychiatry of later life, admitted and there were well-developed community mental health teams providing home-based treatment.

The high observation unit operated independently with core nursing, and this had allowed the main area become an open unit. All units were now self-staffing and the admission rate had decreased.

WARD	NUMBER OF BEDS	NUMBER OF RESIDENTS	TEAM RESPONSIBLE
Rowan	23	11	Sector teams
Cedar	23	17	Sector teams
Aspen	6	6	Sector teams

RECOMMENDATIONS ARISING FROM THE 2007 APPROVED CENTRE REPORT

1. A system of multidisciplinary care planning should be introduced as soon as possible.

Outcome: Multidisciplinary care plans had been introduced and were in use in the approved centre.

MDT CARE PLANS 2008

There were regular team meetings for all sectors. There was a multidisciplinary care plan which was completed in all files inspected. Residents received a copy of their care plan.

GOOD PRACTICE DEVELOPMENTS 2008

- The unit is now self-staffed.
- There have been a number of audits completed by nurse practice development staff.
- The Refocusing Project has commenced. This has resulted in evening and weekend groups for service users.
- An audit of seclusion has been completed. This has demonstrated a reduced requirement for seclusion.

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. The service should develop a system for ensuring that all clinical documentation related to seclusion and physical restraint is recorded in full in the clinical files and that the relevant registers are completed in full.

2. Multidisciplinary care plans should be developed further to encourage inclusion of the resident's view and their active participation in their own individual care plan.

3. The Inspectorate recommends that the physical restraint policy include a statement about the frequency of staff training as required by the Code of Practice on the Use of Physical Restraint.

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 2 SEPTEMBER 2008

Article 15: Individual Care Plan

Individual multidisciplinary care plans were in use in all the clinical files reviewed.

Compliant: Yes

Article 16: Therapeutic Services and Programmes

Residents had access to an appropriate range of therapeutic services and programmes in accordance with their individual care plans.

Compliant: Yes

Article 17: Children's Education

The Admission Policy for Children covered the provision of appropriate educational services for children aged 16–18 years.

Compliant: Yes

Article 18: Transfer of Residents

A number of policies and procedures were in place for the transfer of residents.

Compliant: Yes

Article 19 (1-2): General Health

The clinical files of two residents who were admitted for longer than six months were reviewed on Rowan Ward. General health examinations had been conducted within the previous six months. There were close links with the rest of the hospital for investigation and follow-up as required.

Residents were facilitated to avail of national screening programmes where necessary and applicable. A policy was in place regarding medical emergencies in the acute psychiatric unit and this was last reviewed in January 2007.

Compliant: Yes

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

An information leaflet was provided on admission that covered housekeeping practices, including arrangements for personal property, meal times, visiting times and visiting arrangements. It did not give details of the residents' individual multidisciplinary team members. Multilingual written information was not provided but an interpreter service was available. Literature on diagnosis and support groups was available for all clients and details of relevant advocacy and voluntary agencies were displayed on the notice-board. Medication literature was also provided. The approved centre had a written policy and procedure for the provision of information to residents.

Compliant: Yes

Article 21: Privacy

Cedar and Rowan were gender-specific wards. The beds had curtains around them for privacy and there were a number of single rooms available. Windows had been tinted to preserve privacy from outside.

Compliant: Yes

Article 22: Premises

Suitable furnishings were provided in line with health and safety regulations. The smoking room had been closed and outstanding maintenance issues from last year's inspection had been resolved.

Compliant: Yes

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

A medication management policy was in place. All medication was ordered through the pharmacy service at AMNCH, which provided a regular stocktaking and top-up facility.

Compliant: Yes

Article 26: Staffing

Recruitment of staff was in adherence with the HR policies of the HSE Dublin Mid-Leinster region. Staffing levels were a challenge for the service due to the large number of unfilled vacancies. The move from central to unit staffing helped ensure continuity of care. A designated clinical nurse manager was on duty at all times and a record of this was kept.

The following tables provide a summary of the current unit staffing levels.

Cedar and Rowan

STAFF TYPE	DAY	NIGHT
CNM2	1 (Monday to Friday)	–
CNM1	1	–
Registered psychiatric nurse	4	3

Aspen

STAFF TYPE	DAY	NIGHT
CNM2	1 (Monday to Friday)	–
CNM1	1	–
Registered psychiatric nurse	2	2

Occupational therapy was available on the unit and there were a number of therapy rooms. Access to social work and psychology was through the sector teams, staff had access to education and training, and there was a record of training. Copies of the Act and the Regulations were available to staff.

Compliant: Yes

Article 28: Register of Residents

The register of residents was kept on the wards and had been amended to include all the required information.

Compliant: Yes

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

SECLUSION

Seclusion was inspected in detail on Rowan Ward. The seclusion register was reviewed and as none of the residents admitted at the time had been secluded, a clinical file of a recently discharged patient was reviewed. 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**	Non-compliant with Section 2.9 and Section 2.10 [see below].
3	**Patients' dignity and safety**	Non-compliant
4	**Monitoring of the patient**	Compliant
5	**Renewal of seclusion orders**	Compliant
6	**Ending seclusion**	Non-compliant with Section 6.3 [see below].
7	**Facilities**	Compliant
8	**Recording**	Compliant
9	**Clinical governance**	Compliant
10	**Staff training**	Compliant
11	**CCTV**	Compliant. Since the last inspection, a sign declaring the use of CCTV had been erected in the seclusion room.
12	**Child patients**	Not applicable

Breach: The clinical file reviewed did not contain documentation indicating whether the patient had been informed of the reason for or likely duration of seclusion or whether next of kin had been informed. [Section 2.9 and Section 2.10] The clinical file reviewed did not contain documentation that the patient had been afforded an opportunity to discuss the incident with the multidisciplinary team. [Section 6.3]

Compliant: No

ECT

The unit had an ECT suite. The ECT register was reviewed and as none of the residents admitted at the time was receiving ECT, a clinical file of a recently discharged patient was reviewed.

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

SECTION	DESCRIPTION	COMPLIANCE REPORT
2	**Consent**	Compliant
3	**Information**	Compliant
4	**Absence of consent**	Compliant
5	**Prescription of ECT**	Compliant
6	**Patient assessment**	Compliant
7	**Anaesthesia**	Compliant
8	**Administration of ECT**	Compliant
9	**ECT Suite**	Compliant
10	**Materials and equipment**	Compliant
11	**Staffing**	Compliant, but there were some difficulties in arranging training for nursing staff.
12	**Documentation**	Compliant
13	**ECT during pregnancy**	Compliant

Compliant: Yes

MECHANICAL RESTRAINT

The Inspectorate was informed that mechanical restraint was not used in this service. The service were asked to submit a written statement to this effect to the Inspectorate and indicated this would be done by 26 September 2008.

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**	Mechanical restraint for enduring self-harm behaviour was not used in this service.

Compliant: Not applicable

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

PHYSICAL RESTRAINT

Two registers for physical restraint were being used. These were reviewed along with a clinical file of a recently discharged patient, as none of the residents admitted at the time of the inspection had been physically restrained.

In accordance with Section 2.10 and with the resident's consent, the resident's next of kin or representative should be informed of the resident's restraint and a record of this communication should be placed on the resident's clinical file. A policy on physical restraint was in place and this covered orders, process, ending of restraint and training. It was reviewed, amended and signed off on 8 January 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**	Non-complaint with Section 2.6, Section 2.7, Section 2 .9 and Section 2.10.
3	**Resident dignity and safety**	Compliant
4	**Ending physical restraint**	Non-complaint with Section 4.2.
5	**Recording use of physical restraint**	Non-compliant with Section 5.2.
6	**Clinical governance**	Compliant
7	**Staff training**	Non-compliant with Section 7.1(c).
8	**Child residents**	Not applicable

Breach: Although it was evident in the clinical files that medical practitioners and consultant psychiatrists had been informed about the physical restraint, this had not been recorded in the clinical file [Section 2.6 and Section 2.7]. There was no documentation indicating whether the resident had been informed of the reasons for or likely duration of restraint or whether next of kin had been informed [Section 2.9 and Section 2.10]. There was no evidence that the resident had been afforded an opportunity to discuss the episode with the multidisciplinary team [Section 4.2]. Many of the clinical practice forms in the register were not completed by a medical practitioner, although the copies placed in the clinical files were completed in full [Section 5.2]. The policy on physical restraint did not include information about the frequency of training for staff [Section 7.1(c)].

Compliant: No

ADMISSION OF CHILDREN

The file of one child who had been admitted was reviewed.

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.

SECTION	DESCRIPTION	COMPLIANCE REPORT
2	**Admission**	Non-complaint. The approved centre was not able to provide age-appropriate facilities.
3	**Treatment**	Complaint
4	**Leave provisions**	Complaint

Breach: Age-appropriate facilities were not provided. [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

None of the residents were receiving ECT at the time of the inspection. The ECT facilities were inspected.

The following table provides a summary of the Inspectorate's findings in relation to compliance with the Code of Practice for the Use of ECT for Voluntary Patients.

SECTION	DESCRIPTION	COMPLIANCE REPORT
2	**Consent**	Not applicable
3	**Information**	Compliant
4	**Prescription of ECT**	Not applicable
5	**Assessment of voluntary patient**	Not applicable
6	**Anaesthesia**	Not applicable
7	**Administration of ECT**	Not applicable
8	**ECT Suite**	Compliant
9	**Materials and equipment**	Compliant
10	**Staffing**	Compliant, but there were some difficulties in arranging training for nursing staff.
11	**Documentation**	Not applicable
12	**ECT during pregnancy**	Not applicable

Compliant: Yes

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

Written consent had not been obtained, though verbal consent was recorded. Following the inspection, the service reported that this matter had been addressed.

Breach: Written consent was not obtained.

Compliant: No