

Report of the Inspector of Mental Health Services 2013

EXECUTIVE CATCHMENT AREA/INTEGRATED SERVICE AREA	Galway, Roscommon
HSE AREA	West
MENTAL HEALTH SERVICE	Galway West
APPROVED CENTRE	Department of Psychiatry (DOP), Galway University Hospital
NUMBER OF WARDS	1
NAMES OF UNITS OR WARDS INSPECTED	DOP
TOTAL NUMBER OF BEDS	35
CONDITIONS ATTACHED TO REGISTRATION	Yes
TYPE OF INSPECTION	Unannounced Re-inspection
DATE OF INSPECTION	12 November 2013

- The Department of Psychiatry (DOP), Galway University Hospital, was re-inspected in 2013 to evaluate the provision of individual care plans (ICPs) to all residents. Article 15 of the Regulations requires that each resident have an ICP and the DOP had failed to provide this key element of care over three consecutive years. The re-inspection in 2013 found that there was an ICP in place for each resident and that the standard was good with excellent resident input recorded.

RE-INSPECTION 2013

The inspection visit of 23 February 2013 found that the approved centre was not compliant with Article 15 of the Regulations. This was a breach of the condition outlined below and hence a re-inspection visit was carried out on the 12 November 2013 with the specific focus on evaluating individual care plans.

The Mental Health Commission attached a condition, with effect from the 6th November 2012, to the Registration of the Department of Psychiatry, University Hospital Galway: *"The Mental Health Commission requires full compliance with Article 15 (Individual Care Plan) of S.I. No 551 of 2006; Mental Health Act 2001 (Approved Centres) Regulations 2006. The reasons for the decision to attach this condition are as follows: Page 15 of the Report of the Inspector of Mental Health Services 2012 for the Department of Psychiatry, University Hospital Galway states "Fourteen individual clinical files were inspected and of these only two had individual care plans which met the requirements of the Regulations. The approved centre failed to meet the standard of Article 15 for the fourth year in succession". Page 52 of the Report of the Inspector of Mental Health Services 2012 for the Department of Psychiatry, University Hospital Galway states "The absence of individual care plans for many residents for the fourth year in a row was very disappointing" "*

DETAILS OF WARDS IN THE APPROVED CENTRE

WARD	NUMBER OF BEDS	NUMBER OF RESIDENTS	TEAM RESPONSIBLE
Department of Psychiatry	35	33	General Adult Psychiatry of Old Age

Article 15: Individual Care Plan

The registered proprietor shall ensure that each resident has an individual care plan.

[Definition of an individual care plan: "... a documented set of goals developed, regularly reviewed and updated by the resident's multi-disciplinary team, so far as practicable in consultation with each resident. The individual care plan shall specify the treatment and care required which shall be in accordance with best practice, shall identify necessary resources and shall specify appropriate goals for the resident. For a resident who is a child, his or her individual care plan shall include education requirements. The individual care plan shall be recorded in the one composite set of documentation".]

LEVEL OF COMPLIANCE	DESCRIPTION	2011	2012	2013	2013 RE-INSPECTION
Fully compliant	<i>Evidence of full compliance with this Article.</i>				X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>				
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>				
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>	X	X	X	

Justification for this rating:

At the time of inspection, there were 33 residents registered in the approved centre. Three patients were out on approved leave and were residents in community residence. The individual clinical files of the 30 remaining residents were inspected. Four general adult teams and a Psychiatry of Old Age (POA) team admitted residents to the DOP.

Each resident had an individual care plan. All the ICPs had been drawn up and reviewed by the multidisciplinary team (MDT). Risk assessment had been completed for each resident and updated as required and this informed the ICP. Each ICP clearly identified assessed needs, goals, interventions required and which staff member was charged with delivering each intervention. Each resident was assigned a key worker who met with the resident and discussed care and treatment and

the resident's aims and preferences. The approved centre had introduced a new template document whereby each resident could record their own progress, needs, goals, specific help and supports required and specific requests to be addressed by the MDT. The resident updated this record on a weekly basis and this was filed in the individual clinical file. This provided a robust method of ensuring that the resident's views were available to and given due consideration by the MDT. Inspectors noted that the individual clinical files evidenced a good fit between the ICP goals, interventions, outcomes, ICP review and the resident's perspective.

The service had also introduced a Recovery Oriented Relapse Prevention Plan template document which supported the resident in maintaining mental health post discharge from hospital. There was provision for family input and support, including collateral history, family therapy and support and role in the recovery plan. The resident provided consent for such involvement. The clinical files recorded timely and appropriate input from medical, nursing, clinical psychology and social work staff. Input from occupational therapy was limited.

In summary, each resident had an individual care plan and the standard of records, including resident input, was excellent. The approved centre met the condition attached to its registration.

OVERALL CONCLUSIONS

Each resident had an individual care plan and the standard of the ICP records, including resident input, was excellent. The approved centre met the condition attached to its registration.