

Report of the Inspector of Mental Health Services 2008

HSE AREA	Independent Sector
MENTAL HEALTH SERVICE	Stewart's Hospital
APPROVED CENTRE	Palmerstown View, Stewart's Hospital
NUMBER OF UNITS OR WARDS	1
UNITS OR WARDS INSPECTED	Palmerstown View
NUMBER OF RESIDENTS WHO CAN BE ACCOMODATED	6
CONDITIONS ATTACHED TO REGISTRATION	No
TYPE OF INSPECTION	Announced
DATE OF INSPECTION	8 May 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

Stewart's Hospital has six beds for treatment of people with intellectual disability and mental illness. The service is provided in a stand-alone unit in the grounds of the main complex. There is significant input from a multidisciplinary team although the team is not dedicated to mental health. Following a period where there was little movement from the unit, it appears that the service will be in a position to offer assessment and a shorter, more intensive treatment package. Plans to develop the service are on hold due to resource issues.

RECOMMENDATIONS ARISING FROM THE 2007 APPROVED CENTRE REPORT

In the 2007 Report the Inspectorate recommended that the following recommendations arising from the 2006 Report should be addressed:

1. The function and purpose of the unit needs to be defined.

Outcome: The unit provides mental health services for people with intellectual disability. Over the past few years there has been little movement of service users through the unit. However there were two beds identified for acute treatment and plans to provide only short term acute care.

2. There needs to be a five-year strategic plan specifically for mental health services in this area.

Outcome: A five-year plan for development of the service is under consideration. This includes the provision of a new in-patient unit and day facility with a dedicated mental health team. A site has been provided by the Board of Stewart's Hospital. However due to lack of funding from the HSE there has been no progress in implementing this plan.

3. There should be a fully staffed multidisciplinary team dedicated to mental health services in Stewart's Hospital.

Outcome: There is no dedicated multidisciplinary team. However a social worker and psychologist provide priority input to the unit and attend team meetings.

4. An advocacy service to the unit needs to be developed.

Outcome: Different options were being explored to provide a peer advocacy service for all residents with intellectual disability in Stewart's Hospital.

5. A multidisciplinary team care plan needs to be developed and recording streamlined to ensure that necessary information is captured and that the chart remains tidy and easy to access. Consideration might be given to starting a computer record system.

Outcome: The service had developed a comprehensive care plan which was in use in the unit. A small modification was in the process of being addressed.

6. Nursing observations of a patient in seclusion every 15 minutes should include his/her activity at the time.

Outcome: This was in place in 2008.

MDT CARE PLANS 2008

Every effort had been made to establish multidisciplinary team working within the current resourcing. Multidisciplinary care plans were in operation for all service users. There were weekly team meetings which were attended by the social worker, psychologist, nursing staff and nursing management, the consultant psychiatrist and non-consultant hospital doctor. Review of care plans took place during these meetings. While there was no completely dedicated mental health team there was evidence of multidisciplinary functioning. The senior management team was advised to insert a section in the individual care plan template indicating areas of unmet need in care should it ever occur.

Each service user had a daily therapeutic activity programme which he or she attended on the grounds of Stewart's Hospital. The nurses provided daily living skills training and community integration programmes as per individual care plans.

GOOD PRACTICE DEVELOPMENTS 2008

- Three nursing staff were undergoing the degree course in mental health nursing
- There was a move to provide an assessment and short term admission service

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

1. Development of this specialised service needs to commence, especially as a strategic plan has already been developed. This should include the plans for in-patient services, day services and a community mental health team.

PART TWO: EVIDENCE OF COMPLIANCE WITH REGULATIONS, RULES AND CODES OF PRACTICE, AND SECTION 60, MHA 2001

INTRODUCTION

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 8 MAY 2008

Article 6 (1-2) Food Safety

The service was compliant.

Compliant: Yes

Article 8: Residents' Personal Property and Possessions

There was a draft policy. There was no record of personal property kept separately from the care plan.

Breach: Article 8 (2) and Article 8 (3)

Compliant: No

Article 11 (1-6): Visits

There was no dedicated visiting area – all visits took place in the dining room.

Breach: Article 11 (1)

Compliant: No

Article 13: Searches

The service was compliant with this Article.

Compliant: Yes

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

Approval was still awaited for the policy on care of the dying.

Breach: Article 14 (1)

Compliant: No

Article 15: Individual Care Plan

The service was compliant with this Article.

Compliant: Yes

Article 16: Therapeutic Services and Programmes

The service was compliant with this Article.

Compliant: Yes

Article 17: Children's Education

It was unit policy not to admit children under the age of 18.

Compliant: Not applicable

Article 18: Transfer of Residents

There was a general policy on transfer of residents which applied to the unit.

Compliant: Yes

Article 19 (1-2): General Health

The hospital had a contract with a local GP practice and the residents had access to this practice. Each resident had an annual physical examination, there was no evidence that 6 monthly reviews had been completed. There were procedures in place for responding to medical emergencies.

Breach: Article 19 (1)(b) and Article 19 (2)

Compliant: No

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

The service has begun to develop structures for imparting information to the residents in conjunction with the speech and language department. The service had an operational policy.

Compliant: Yes

Article 21: Privacy

The unit had adequate facilities to ensure privacy.

Compliant: Yes

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

A review group had been established to develop written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents. The policy still required approval and was in draft form.

Breach: Article 23 (1)

Compliant: No

Article 25: Use of Closed Circuit Television (CCTV)

There was a policy regarding the use of CCTV. Appropriate signage was in place.

Compliant: Yes

Article 26: Staffing

It was reported that the hospital had policies on recruitment, selection and vetting of staff. There was a CNM2 in charge of the unit and a consistent group of nursing and care staff. There was multidisciplinary team input into the unit. There were now qualified staff on duty at night in Palmerstown View.

STAFF TYPE	DAY	NIGHT
Registered nurse in intellectual disability	2	1 (with access to night superintendent and/or staff nurse from the hospital complex)
Care Staff	2	1

Training was now available in mental health nursing.

Compliant: Yes

Article 27: Maintenance of Records

The unit had a single composite set of notes for each resident. There were no written policies or procedures relating to the creation of, access to, or retention and destruction of records.

Breach: Article 27 (2)

Compliant: No

Article 28: Register of Residents

On the day of the inspection no register in accordance with Schedule 1 of the Regulations was in place.

Breach: Article 28 (1) and Article 28 (2)

Compliant: No

Article 29: Operating policies and procedures

There were a number of operational policies that were in draft form and awaiting approval from the Board of Stewart's Hospital.

Breach: Article 29

Compliant: No

Article 30: Mental Health Tribunals

The service was compliant with this Article.

Compliant: Yes

Article 31: Complaint Procedures

The unit were still developing a complaints policy

Breach: Article 31 (1) and Article 31 (3)

Compliant: No

Article 32: Risk Management Procedures

Risk management procedures were still in progress.

Breach: Article 32 (1)

Compliant: No

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

SECLUSION

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	There was no evidence in the clinical file examined that the resident's next of kin or representative had been informed of the resident's seclusion and no record explaining why this communication had not occurred. Senior management reported that a system would be put in place to rectify this.
3	Patients' dignity and safety	Compliant
4	Monitoring of the patient	Compliant
5	Renewal of seclusion orders	Compliant
6	Ending seclusion	Compliant
7	Facilities	There was no furniture in the room and patients had to sit on the floor or stand while in seclusion. The seclusion room was directly off the corridor and at some distance from toilet and bathroom facilities.
8	Recording	Compliant
9	Clinical governance	Compliant
10	Staff training	Compliant
11	CCTV	Compliant
12	Child patients	Not applicable

Breach: Section 2.10, Section 7.1, Section 7.2, Section 7.3

Compliant: No

ECT

There were no ECT facilities within the unit or hospital complex. ECT was not offered as a treatment.

Compliant: Yes

MECHANICAL RESTRAINT

It was reported that mechanical restraint was not used on the unit. A policy was not forwarded to the Inspectorate stating that mechanical restraint is not used in the unit.

Compliant: No

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	There was no evidence, in the clinical file examined, that the resident's next of kin or representative had been informed that the resident had been physically restrained and there was no record explaining why this communication had not occurred. The senior management team reported to the Inspectorate that a system would be put in place to rectify this.
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: No

ADMISSION OF CHILDREN

It was reported that the unit policy was not to admit children. A policy was not forwarded to the Inspectorate stating that children are not admitted to the unit.

Compliant: No

NOTIFICATION OF DEATHS AND INCIDENT REPORTING

The service had developed procedures to be in compliance with this Code of Practice issued in 2008.

Compliant: Yes

ECT FOR VOLUNTARY PATIENTS

This was not applicable.

Compliant: Not applicable

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

Compliant: Not applicable