

## Report of the Inspector of Mental Health Services 2008

<b>HSE AREA</b>	HSE West
<b>CATCHMENT</b>	Donegal
<b>MENTAL HEALTH SERVICE</b>	Donegal
<b>APPROVED CENTRE</b>	St. Conal's Hospital
<b>NUMBER OF UNITS OR WARDS</b>	2
<b>UNITS OR WARDS INSPECTED</b>	St. Bernadette's Ward St. Ciaran's Ward
<b>NUMBER OF RESIDENTS WHO CAN BE ACCOMODATED</b>	12 female (St. Bernadette's Ward ) 15 male (St. Ciaran's Ward)
<b>CONDITIONS ATTACHED TO REGISTRATION</b>	No
<b>TYPE OF INSPECTION</b>	Announced
<b>DATE OF INSPECTION</b>	8 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**

St. Conal's Hospital was an approved centre under the Mental Health Act, 2001. It had two long-stay wards. St. Bernadette's Ward had six female residents and St. Ciaran's Ward had thirteen male residents on the day of inspection. None of the residents was detained. St. Bernadette's Ward was open but entry to and exit from St. Ciaran's Ward was controlled by means of a keypad to which all but two of the residents had access. This was a safety precaution in light of risk to two residents. All residents were under the care of the Rehabilitation team.

<b>WARD</b>	<b>NUMBER OF BEDS</b>	<b>NUMBER OF RESIDENTS</b>	<b>TEAM RESPONSIBLE</b>
St. Bernadette's	12	6	rehabilitation team
St. Ciaran's	20	14	rehabilitation team

Despite the age of the building, the two wards were in very good decorative order. Day rooms were spacious and bright. Bathroom facilities were adequate, and bed rooms were of a good standard.

#### **RECOMMENDATIONS ARISING FROM THE 2007 APPROVED CENTRE REPORT**

*1. All residents should have full access to the rehabilitation team and have a needs-based assessment conducted.*

**Outcome:** All residents were now under the care of the rehabilitation team. Residents were assigned key workers who were either from the rehabilitation team or nursing staff on the ward.

2. *All residents should have a multidisciplinary care plan.*

**Outcome:** There was no MDT care plan in operation.

3. *Copies of incident reports should be available on the unit.*

**Outcome:** The incident report book for both wards was kept in St. Ciaran's Ward.

4. *A system of centralised notes easily accessible to all team members should be introduced.*

**Outcome:** Notes were kept separately, so that each resident had a set of nursing notes, medical notes and rehabilitation notes. It was envisaged that notes would be amalgamated in the near future.

### **MDT CARE PLANS 2008**

Each resident had a care plan drawn up by the rehabilitation team which was reviewed every three months by the nursing staff. However, MDT care plans had not been recorded in one composite set of documents as described in the Regulations.

The Inspectorate was informed that MDT care plans had been drawn up and were ready to be implemented in the very near future.

### **GOOD PRACTICE DEVELOPMENTS 2008**

- The nursing staff endeavour to engage the residents in ward based activities. They bring them on short outings, and take the residents on an annual holiday to a hotel for one week.

### **SERVICE USER INTERVIEWS**

Three residents spoke with the inspector. All three said they were very content in the unit. One resident spoke of her reluctance to participate in the amalgamation of the two wards, which involved the female residents moving up to St. Ciaran's Ward. Although plans had been completed for the amalgamation, these plans had to be deferred in light of resistance from some quarters. The rehabilitation team were due to issue a report on developments concerning this change.

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

1. MDT care plans must be implemented.
2. The system of separate note-keeping between disciplines was unwieldy and was not in keeping with an MDT care approach.
3. As a result of the deferral of the amalgamation of the two wards, the rehabilitation team will have to reconsider its plans to expand the community care aspect of its responsibility.

## **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 8 OCTOBER 2008**

#### **Article 13: Searches**

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The approved centre's policy on searches continues to be a draft policy only. Discussions were continuing to establish a full policy.

**Compliant:** No

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

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There was now a policy in place on the care of the dying.

**Compliant:** Yes

#### **Article 15: Individual Care Plan**

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Residents had a nursing care plan that was reviewed every three months. All the residents were under the care of the rehabilitation team but individual care plans as defined by Mental Health Act 2001 Approved Centre Regulations S.I. No 551 2006 were not in place.

**Compliant:** No

#### **Article 16: Therapeutic Services and Programmes**

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Residents were assigned a key worker, either from the rehabilitation team or from the ward nursing staff. Activities took place on the ward or in the activities room in the unit. Some residents attended occupational therapy in The Willows, a rehabilitation unit in the grounds of St. Conal's Hospital. The occupational therapist visited the wards regularly and on request; occupational therapy was accessed through referral by nursing staff .

Other activities in the ward include painting, word searches and newspaper reviews. Residents regularly went on outings to the town accompanied by nursing staff and /or a member of the rehabilitation team. Access to a social worker was readily obtained and access to a psychologist was through the rehabilitation team. It was reported there was no difficulty in accessing physical therapies such as chiropody and physiotherapy, and a hairdresser attended the unit weekly.

**Compliant:** Yes

#### **Article 17: Children's Education**

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Children were not admitted to the unit. Admissions went to the Acute Psychiatric Unit, Carnamuggagh.

**Compliant:** Not applicable

#### **Article 18: Transfer of Residents**

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There was no policy in place in relation to transfer of residents, although the service was currently working on drawing one up. A letter was written by medical staff in the event of transfer of a resident.

**Compliant:** No

#### **Article 19 (1-2): General Health**

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All residents had regular six-monthly physical check-ups. This was recorded on a list kept in the nursing station which also indicated when the next review was due.

**Compliant:** Yes

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

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There was good information available to residents in St. Ciaran's Ward. The names of key workers were written on a white board in the ward as were a list of activities. There was a good supply of booklets giving information on conditions and activities available.

In St. Bernadette's Ward, there was a lack of such information, but it was explained to the Inspectorate that this was a consequence of the intended amalgamation of the two wards, which had been halted just two days prior to the anticipated move that week. Leaflets were available in St. Bernadette's Ward advising residents of the local advocacy group, but no advocate visited the ward.

**Compliant:** Yes

#### **Article 21: Privacy**

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The residents' privacy and dignity were appropriately managed.

**Compliant:** Yes

#### **Article 25: Use of Closed Circuit Television (CCTV)**

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CCTV was not used in this service. Although a CCTV camera had been installed in one corridor in St. Ciaran's Ward in anticipation of the amalgamation of the two wards, this was not operational.

**Compliant:** Not applicable

### Article 26: Staffing

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

WARD OR UNIT	STAFF TYPE	DAY	NIGHT
St. Bernadette's Ward	Nurse	3	2 + 1 CNM
St. Ciaran's Ward	Nurse	3	2 + 1 CNM

An occupational therapist visited the wards regularly and also on request. Key workers also attended the wards. It was reported that training for nursing staff in different areas was continuing. All staff, except the newest had completed training in control and restraint techniques.

**Compliant:** Yes

### Article 28: Register of Residents

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The register of residents for residents in both wards was kept in St. Ciaran's Ward, in anticipation of the amalgamation of the two wards.

**Compliant:** Yes

### Article 31: Complaint Procedures

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The complaint procedure was displayed on the noticeboards. A record of complaints was kept in the nursing report, and a register was kept in the office of the director of nursing.

**Compliant:** Yes

### Article 34: Certificate of Registration

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The certificate of registration was displayed.

**Compliant:** Yes

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

### **SECLUSION**

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The Inspectorate was informed that seclusion was not used on the unit.

**Compliant:** Not applicable

### **ECT**

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ECT was not used.

**Compliant:** Not applicable

### **MECHANICAL RESTRAINT**

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The Inspectorate was informed that mechanical restraint was not used on these units.

The Inspectorate was also informed that 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**

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It was reported that physical restraint was used rarely in the two wards. Forms for recording its use in both wards were kept in St. Ciaran's Ward, in anticipation of the amalgamation of the two wards.

**Compliant:** Yes

### **ADMISSION OF CHILDREN**

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No children had been admitted to these units.

**Compliant:** Not applicable

### **NOTIFICATION OF DEATHS AND INCIDENT REPORTING**

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One resident of St. Kieran's Ward died during the annual holiday with the service. This death was reported to the Mental Health Commission.

The incident report book for both wards was kept in St. Kieran's Ward. The service had developed its own incident report form for use in reporting incidents and near misses.

**Compliant:** Yes

### **ECT FOR VOLUNTARY PATIENTS**

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ECT was not used in 2008.

**Compliant:** Not applicable

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

Section 60/61 was not applicable in 2008.

**Compliant:** Not applicable