Report of the Inspector of Mental Health Services 2008

HSE AREA	HSE South
CATCHMENT	South Tipperary
MENTAL HEALTH SERVICE	South Tipperary
APPROVED CENTRE	St. Michael's Unit, South Tipperary General Hospital
NUMBER OF UNITS OR WARDS	2
UNITS OR WARDS INSPECTED	Male Ward Female Ward
NUMBER OF RESIDENTS WHO CAN BE ACCOMODATED	48
CONDITIONS ATTACHED TO REGISTRATION	No
TYPE OF INSPECTION	Announced
DATE OF INSPECTION	12 November 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. Michael's Unit was an approved centre for two catchment areas. Its primary function was to provide acute in-patient care to both North Tipperary and South Tipperary, with a combined population of 149,075. Management of the service was problematic as North Tipperary was based in a different Local Health Office area and there was no written contract for the service. There were no dedicated beds in St. Michael's Unit for South Tipperary and it was reported that admissions were based on clinical need. Residents from North Tipperary were reviewed by medical and nursing staff only and did not have regular multidisciplinary input while they were in-patients in St. Michael's unit.

WARD	NUMBER OF BEDS	NUMBER OF RESIDENTS	TEAM RESPONSIBLE
Male Ward	24	24	Various teams
Female Ward	24	26	Various teams

The unit often operates above full capacity. The teams also admit residents to St. John's Ward in St. Luke's Hospital.

RECOMMENDATIONS ARISING FROM THE 2007 APPROVED CENTRE REPORT

1. Each resident must have an individual care plan as defined in the Regulations.

Outcome: The service had developed it own MDT care planning process, known locally as the ACRIS. It included an initial screening tool, an initial care plan, a care plan, and a care plan preparation form. The latter was completed by the service users. The pilot had commenced in October 2008. Formal training was completed prior to the start date. There were weekly MDT meeting and the primary nurse system was formalised.

2. The recent introduction of the short version of the Camberwell Assessment of Need (CAN) and the Sainsbury Centre for Mental Health risk assessment should be extended to all residents.

Outcome: These were now incorporated in the new screening tool.

3. The required maintenance work should be commenced as soon as possible.

Outcome: The painting work identified last year had not started on the day of the inspection. It was subsequently reported that painting had commenced on 18 November 2008. The showers on the Female Ward had been upgraded.

4. All residents on the wards for longer than six months must have a six-monthly physical examination.

Outcome: This was completed in full.

5. All residents on the wards for longer than a year should have an individual plan and active intervention from a multidisciplinary team (MDT) to determine their optimum function and placement.

Outcome: The new care planning process had activated a care plan for each resident. On the day of inspection a number of residents were awaiting placement in alternative accommodation.

6. The skill mix on the community mental health teams should be improved, especially in relation to occupational therapy.

Outcome: No progress was reported. A number of nursing staff had been redeployed to the community teams following the closure of a ward in St. Luke's Hospital.

MDT CARE PLANS 2008

A multidisciplinary group chaired by a clinical psychologist had developed an integrated care planning system. It had a number of component parts including a review by the service user. The system had just been introduced prior to the inspection. Internal training had been provided.

GOOD PRACTICE DEVELOPMENTS 2008

- A new process for MDT care planning was introduced
- A new card index system, including a signature log for medical and nursing staff, was introduced.

SERVICE USER INTERVIEWS

One service user complained about the lack of activities in the unit. Others expressed satisfaction at the level of care they received.

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

1. The HSE must make a decision regarding continued use of acute beds by North Tipperary in St. Michael's.

2. The practice of 'sleeping out' residents to another approved centre (St. Luke's Hospital) must cease.

3. Each resident must have access to therapeutic service and programmes based on assessed need.

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 12 NOVEMBER 2008

Article 6 (1-2) Food Safety

A copy of a recent report was given to the Inspectorate.

Compliant: Yes

Article 15: Individual Care Plan

A new system of individual care plans was introduced in October 2008. On the day of inspection a number of residents' files were still in transition. There were deficits in linking the care plans and therapeutic activities. The full roll-out of care plans in the unit was due early in 2009.

Breach: Article 15

Compliant: No

Article 16: Therapeutic Services and Programmes

The unit had access to a number of medical and nursing professionals and some health and social care professionals. General medical services were provided by South Tipperary General Hospital and a pharmacist and dietician were available on request. It was reported that available staff facilitated individual therapy sessions. There was a nurse in post to facilitate recreational activities. No therapeutic group programme based on an individual care plan was available. It was reported that a senior occupational therapist post would be funded from January 2009.

Breach: Therapeutic group programmes based on an individual care plan were not available.

Compliant: No

Article 17: Children's Education

No provision was made for the education of children on the unit. There had been eight admissions of children to date in 2008. All were for very short periods and did not require schooling.

Compliant: Not applicable

Article 18: Transfer of Residents

All transfers to the general hospital were arranged by the NCHD and a transfer sheet was completed. Transfers of detained patients to other approved centres were arranged in accordance with the Mental Health Act. A number of residents were incorrectly transferred to St. Luke's Hospital, a separate nearby approved centre. This 'sleeping out' was brought to the attention of staff on the day.

Breach: Residents were transferred to provide admission beds, not for treatment [Article 18 (1)].

Compliant: No

Article 19 (1-2): General Health

The service was compliant on the day of the inspection.

Compliant: Yes

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

A new information booklet dated October 2008 was in use on both wards. The Irish Advocacy Network attended the ward weekly. Other voluntary agencies also facilitated groups every month on the ward. Information on medication was provided on request only.

Breach: Information on medication was provided on request only [Article 20 (1)(e)].

Compliant: No

Article 21: Privacy

In 2007 it was reported that a number of rooms in the high observation areas faced directly onto a public car park area and that there was no screening on the window panes, apart from curtains that also blocked out natural light. During this inspection of number of options for screening were on trial. No decision had been taken.

Breach: Article 21

Compliant: No

Article 22: Premises

In 2007 was reported that the tendering process had begun and that painting would commence in early 2008. On inspection this had not been completed. The Inspectorate was informed following the inspection that painting commenced on 18 November 2008. The showers were upgraded on the Female Ward. A ligature point was identified in a male shower room. The service was asked to close the shower pending its removal.

Breach: Article 22 (3)

Compliant: No

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

A new policy dated 13 February 2008 was operational on the day of the inspection.

Compliant: Yes

Article 26: Staffing

All staff were recruited via the HSE central procedures on recruitment selection and vetting of staff. An assistant director of nursing was on duty at all times, based a short distance away in St. Luke's Hospital. Two permanent

CNM2s and three CNM1s were rostered to the male and female areas. A number of care assistants were employed for the care of a specific resident. A CNM1 coordinated recreational therapy over five days. It was reported that a senior occupational therapist would be funded from January 2009.

All staff had completed training in the Mental Health Act 2001. Copies of the Act and the Regulations were available on the unit.

Breach: The skill mix was insufficient to meet the assessed needs of the residents [Article 26 (2)].

Compliant: No

Article 28: Register of Residents

A computerised system was in place for recording admissions and discharges.

Compliant: Yes

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

SECLUSION

One file was reviewed on the Female Ward. Photographic evidence was taken.

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**	Compliant
3	**Patient dignity and safety**	Compliant
4	**Monitoring of the patient**	Compliant
5	**Renewal of seclusion orders**	Compliant
6	**Ending seclusion**	There was no evidence in the clinical file.
7	**Facilities**	Compliant
8	**Recording**	There was no evidence in the clinical file.
9	**Clinical governance**	There was no evidence in the clinical file that the MDT reviewed the episode.
10	**Staff training**	Compliant
11	**CCTV**	Compliant
12	**Child patients**	Not applicable

Breach: There was no evidence in the clinical file that the MDT reviewed the episode.

Compliant: No

ECT

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
12	**Documentation**	Compliant
13	**ECT during pregnancy**	Not applicable

Compliant: Yes

MECHANICAL RESTRAINT

Mechanical restraint was not used on the unit.

SECTION	DESCRIPTION	COMPLIANCE REPORT
21	**Part 5: Use of mechanical means of bodily restraint for enduring self-harming behaviour**	There was one prescription in place. This was written following assessment. The duration of restraint was absent from the prescription form.

Breach: There was no stated duration of restraint.

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**	Compliant
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: Yes

ADMISSION OF CHILDREN

A number of children had been admitted to the approved centre in 2008. The service was not compliant with Section 2.5 of the code of practice. The unit was unsuitable to the admission of children. On the day of the inspection there was no child on the ward, and no file was reviewed.

Breach: Section 2.5

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. All incidents were reported to the MHC.
4	**Clinical governance**	The policies remain in draft form. It was reported that they were under review by the clinical governance committee.

Breach: Policies were still in draft form.

Compliant: No

ECT FOR VOLUNTARY PATIENTS

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**	Compliant
3	**Information**	Compliant
4	**Prescription of ECT**	Compliant
5	**Assessment of voluntary patient**	Compliant
6	**Anaesthesia**	Compliant
7	**Administration of ECT**	Compliant
8	**ECT Suite**	Compliant
9	**Materials and equipment**	Compliant
10	**Staffing**	Compliant
11	**Documentation**	Compliant
12	**ECT during pregnancy**	Not applicable

Compliant: Yes

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

There was no patient that met this requirement on the day of the inspection.

Compliant: Not applicable