

Report of the Inspector of Mental Health Services 2009

MENTAL HEALTH SERVICE	HSE South
APPROVED CENTRE	St. Michael's Unit, Clonmel
CATCHMENT AREA	South Tipperary
NUMBER OF WARDS	2
NAMES OF UNITS OR WARDS INSPECTED	Male Ward Female Ward
TOTAL NUMBER OF BEDS	49
CONDITIONS ATTACHED TO REGISTRATION	Yes
TYPE OF INSPECTION	Night inspection
DATE OF INSPECTION	22 September 2009

Description of ward inspected

St. Michael's Unit consisted of two units: a male admission unit and a female admission unit. It was on the grounds of Tipperary General Hospital in Clonmel. It was a long building with a single corridor with rooms leading from it. At each end there was a high observation area with five beds and there was a seclusion room in each area. The main door was locked at 2100h.

Staffing

There were three nursing staff in each unit. The female unit had one special observation nurse on duty. There was a night supervisor based in St. Michael's Unit who also had responsibility for St. Luke's Hospital. There was an NCHD and a consultant psychiatrist on duty. There was also a security guard in the unit.

Residents

On the male unit there has been one admission. He had been fully assessed by both nursing and medical staff. Another person was undergoing assessment. There were 50 residents in the unit, three residents were on leave and leave beds were being used for admissions. No patient was sleeping in St. Luke's Hospital.

Medication

Night medication round was at 2200h and was taking place at the time of the inspection. Two nurses administered medication. PRN medication was available if required.

Seclusion

No resident was in seclusion.

Mechanical restraint

No resident was mechanically restrained.

Risk management

There was one special observation in progress on the female unit. Ten residents were in high observation unit on Level 2 observation. The remainder of the residents were on general observation. The main door of the unit was locked at 2200h and a security guard was on duty. No incidents had occurred at the time of inspection.

Environment

The unit was quiet and noise levels at a minimum. The unit was well lit and the toilets, bathrooms and sleeping areas were clean. Residents were either resting on their beds, receiving visitors or watching TV. Each bed had surrounding curtains. The nursing office was located between the high observation area and one of the other dormitories. It was at some distance from the TV room.

Access to food and water and to hot drinks at night

Drinking water was accessible at all times. Sandwiches and tea were served at 2100h.

Documentation and handover procedure

Night nursing handover occurred at 2030h and morning handover at 0800h. Documentation for recent admissions was complete and an initial care plan was completed.

Interviews with service users

Two service users spoke to the Inspectorate. Both were aware of their care plans and were happy with their care and treatment at the approved centre.

Conclusion

St. Michael's Unit was inspected at 2200h. It was found to be clean, well lit and ventilated. Residents were engaged in watching TV or resting. All documentation was up to date and the unit was adequately staffed.

Recommendations

1. The practice of admitting new patients to beds allocated to residents on leave from the approved centre should cease.

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NUMBER OF WARDS	2
NAMES OF UNITS OR WARDS INSPECTED	Male Ward Female Ward
TOTAL NUMBER OF BEDS	49
CONDITIONS ATTACHED TO REGISTRATION	Yes
TYPE OF INSPECTION	Unannounced
DATE OF INSPECTION	22 September 2009

PART ONE: QUALITY OF CARE AND TREATMENT SECTION 51 (1)(b)(i) MENTAL HEALTH ACT 2001

DESCRIPTION

St. Michael’s Unit was a stand-alone single-storey unit, situated in the grounds of the South Tipperary General Hospital. The unit was bright and clean. There were two wards, male and female, with shared dining room and activities room. There was a locked high observation area in each ward, where the seclusion rooms were located. The ECT suite was shared. There were no vacancies in the wards, and in addition, two residents were on leave from the male ward.

Conditions on registration were imposed in May 2009. These conditions required full compliance under the Regulations for the approved centre in relation to individual care plans, therapeutic services, transfer of residents, provision of information to residents, privacy, premises and staffing. Compliance was also required in relation to the Rules for seclusion and mechanical restraint. Full compliance with Section 2.5 of the Codes of Practice on the admission of children, and notification of deaths and incidents must also be obtained.

DETAILS OF WARDS IN THE APPROVED CENTRE

WARD	NUMBER OF BEDS	NUMBER OF RESIDENTS	TEAM RESPONSIBLE
Female ward	25	25	General adult
Male ward	24	24	General adult

QUALITY INITIATIVES

- Checklists for seclusion and physical restraint had been introduced to ensure compliance with the rules and code of practice.
- New frosting had been applied to the lower part of the windows in the unit.
- A Debriefing form had been introduced for use with residents who had been in seclusion.

PROGRESS ON RECOMMENDATIONS IN THE 2008 APPROVED CENTRE REPORT

1. *There should be an occupational therapist in St. Michael’s Unit.*

Outcome: No occupational therapist had been appointed.

2. *All care plans should be completed in full.*

Outcome: Most of the care plans were completed. The care plans of two residents admitted within the previous five days had not yet been completed.

3. *Therapeutic activities should be linked to care plans.*

Outcome: Therapeutic activities were linked to care plans and were drawn up by the multidisciplinary team, although the team did not have an occupational therapist.

4. *A senior nurse manager should be based at the approved centre for the full 24-hour period.*

Outcome: A nurse manager supervisor (CNM3) was now based in the approved centre at all times.

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

2.2 EVIDENCE OF COMPLIANCE WITH REGULATIONS UNDER MENTAL HEALTH ACT 2001 SECTION 52 (d)

Article 15: Individual Care Plan

LEVEL OF COMPLIANCE	DESCRIPTION	2009 (JULY)	2009 (SEPTEMBER)
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>		
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		X
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>	X	
Not inspected	<i>Inspection did not cover this Article.</i>		

Justification for this rating:

Most of the files of the residents examined showed adequate care plans. Two residents did not have care plans.

Breach: Article 15

Article 16: Therapeutic Services and Programmes

LEVEL OF COMPLIANCE	DESCRIPTION	2009 (JULY)	2009 (SEPTEMBER)
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>		
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>	X	X
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		
Not inspected	<i>Inspection did not cover this Article.</i>		

Justification for this rating:

The therapeutic programmes were linked to care plans. However, the service still had no occupational therapist.

Breach: 16 (1)

Article 26: Staffing

WARD OR UNIT	STAFF TYPE	DAY	NIGHT
Male ward	Nurse	1 CNM + 4 Staff	1 CNM3 (shared) + 3 Staff
Female ward	Nurse	1 CNM + 4 Staff	1 CNM3 (shared) + 3 Staff

LEVEL OF COMPLIANCE	DESCRIPTION	2009 (JULY)	2009 (SEPTEMBER)
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>		
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		X
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>	X	
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		
Not inspected	<i>Inspection did not cover this Article.</i>		

Justification for this rating:

The service now had a CNM supervisor on duty at night. There was still no occupational therapist in the unit.

Breach: Article 26 (2)

Article 27: Maintenance of Records

LEVEL OF COMPLIANCE	DESCRIPTION	2009 (JULY)	2009 (SEPTEMBER)
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>		X
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>	X	
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		
Not inspected	<i>Inspection did not cover this Article.</i>		

Justification for this rating:

A report of a fire inspection carried out recently was not available for inspection. A copy of the fire inspection report was forwarded by the service subsequent to the inspection. It highlighted some issues to be addressed.

Breach: Article 27 (3)

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

SECLUSION

Use: The file of one resident who had been in seclusion was examined. The service had developed a checklist and a debriefing form to ensure compliance with the rules relating of the use of seclusion. There were two seclusion rooms in the unit, each located at the end of the male and female sections of the ward.

SECTION	DESCRIPTION	FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	COMPLIANCE INITIATED	NOT COMPLIANT
2	Orders	X			
3	Patient dignity and safety	X			
4	Monitoring of the patient	X			
5	Renewal of seclusion orders	X			
6	Ending seclusion	X			
7	Facilities		X		
8	Recording	X			
9	Clinical governance	X			
10	Staff training	X			
11	CCTV		X		
12	Child patients	NOT APPLICABLE			

Justification for this rating:

The seclusion rooms opened onto the main corridor of the High Observation areas of the ward. There were no signs indicating the use of CCTV cameras on the door of the seclusion rooms. The only sign relating to the use of CCTV cameras were on the notice board in the main corridor.

Breach: Section 7.3 and Section 11.2 (b).

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

ADMISSION OF CHILDREN

Description: There were no children in the unit on the day of inspection. The file of one child who had been recently discharged was examined.

SECTION	DESCRIPTION	FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	COMPLIANCE INITIATED	NOT COMPLIANT
2	Admission				X
3	Treatment	X			
4	Leave provisions	X			

Justification for this rating:

The unit was unsuitable for the admission of children.

Breach: Section 2.5 (b), Section 2.5 (e), and Section 2.5 (g).

SECTION THREE: OTHER ASPECTS OF THE APPROVED CENTRE

SERVICE USER INTERVIEWS

No resident asked to speak with the Inspectorate team members.

OVERALL CONCLUSIONS

The inspection in this instance focused on areas of non-compliance with the regulations in the previous report of July 2009. Care plans continue to be provided for the majority of residents admitted, but the lack of an occupational therapist limits the provision of therapeutic programmes to residents. The service had made good progress in establishing procedures to ensure compliance with the Rules relating to seclusion.

RECOMMENDATIONS 2009

1. An occupational therapist should be recruited.
2. Adequate signs relating to the use of CCTV cameras should be displayed.
3. All care plans should be completed in full.

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CATCHMENT AREA	South Tipperary
NUMBER OF WARDS	2
NAMES OF UNITS OR WARDS INSPECTED	Male Ward Female Ward
TOTAL NUMBER OF BEDS	49
CONDITIONS ATTACHED TO REGISTRATION	Yes
TYPE OF INSPECTION	Announced
DATE OF INSPECTION	11 November 2009

PART ONE: QUALITY OF CARE AND TREATMENT SECTION 51 (1)(b)(i) MENTAL HEALTH ACT 2001

DESCRIPTION

St. Michael's Unit was a stand-alone single-storey unit, situated in the grounds of the South Tipperary General Hospital. There was a locked high observation area in each ward, where the seclusion rooms were located. The ECT suite was shared. A Section 55 Mental Health Act 2001 Inquiry into the care and treatment of residents in St. Michael's Unit had recommended that the service be inspected on three occasions during 2009. This is the report of the third inspection in 2009.

Conditions on registration were imposed in May 2009. These conditions required full compliance under the Regulations for the approved centre in relation to individual care plans, therapeutic services, transfer of residents, provision of information to residents, privacy, premises and staffing. Compliance was also required in relation to the Rules for seclusion and mechanical restraint. Full compliance with Section 2.5 of the Codes of Practice on the admission of children, and notification of deaths and incidents must also be obtained.

DETAILS OF WARDS IN THE APPROVED CENTRE

WARD	NUMBER OF BEDS	NUMBER OF RESIDENTS	TEAM RESPONSIBLE
Female ward	25	22	General adult
Male ward	24	26	General adult

QUALITY INITIATIVES

- A seclusion care plan had been added to the seclusion checklist and debriefing form.
- A resident's resource centre called Saineolas had been established to facilitate residents to acquire knowledge and skills to help them engage in their recovery process more effectively.

PROGRESS ON RECOMMENDATIONS IN THE 2008 APPROVED CENTRE REPORT

1. There should be an occupational therapist in St. Michael's Unit.

Outcome: No occupational therapist had been appointed.

2. All care plans should be completed in full.

Outcome: All individual care plans were now completed.

3. Therapeutic activities should be linked to care plans.

Outcome: Therapeutic activities were linked to care plans and were drawn up by the multidisciplinary team, which lacked an occupational therapist.

4. A senior nurse manager should be based at the approved centre for the full 24-hour period.

Outcome: An ADON was now based in the approved centre during the day time and a CNM3 was based there at night.

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

2.2 EVIDENCE OF COMPLIANCE WITH REGULATIONS UNDER MENTAL HEALTH ACT 2001 SECTION 52 (d)

Article 15: Individual Care Plan

LEVEL OF COMPLIANCE	DESCRIPTION	2009 (SEPTEMBER)	2009 (NOVEMBER)
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>		X
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>	X	
Not inspected	<i>Inspection did not cover this Article.</i>		

Justification for this rating:

Each resident now had an individual care plan as defined in the Regulations.

Article 16: Therapeutic Services and Programmes

LEVEL OF COMPLIANCE	DESCRIPTION	2009 (SEPTEMBER)	2009 (NOVEMBER)
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>		X
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>	X	
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		
Not inspected	<i>Inspection did not cover this Article.</i>		

Justification for this rating:

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

Article 26: Staffing

WARD OR UNIT	STAFF TYPE	DAY	NIGHT
Male ward	Nurse	1 CNM + 4.5 Staff	1 CNM3 (shared) + 3 Staff
Female ward	Nurse	1 CNM + 4.5 Staff	1 CNM3 (shared) + 3 Staff

LEVEL OF COMPLIANCE	DESCRIPTION	2009 (SEPTEMBER)	2009 (NOVEMBER)
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>		
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		X
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>	X	
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		
Not inspected	<i>Inspection did not cover this Article.</i>		

Justification for this rating:

The approved centre had an ADON on duty during the day time. A CNM3 was on duty at night. There was still no occupational therapist in the unit.

Breach: Article 26 (2)

Article 27: Maintenance of Records

LEVEL OF COMPLIANCE	DESCRIPTION	2009 (SEPTEMBER)	2009 (NOVEMBER)
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>		X
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>	X	
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		
Not inspected	<i>Inspection did not cover this Article.</i>		

Justification for this rating:

The fire inspection report was examined on the day of inspection.

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

SECLUSION

Use: Seclusion was used in the approved centre.

SECTION	DESCRIPTION	FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	COMPLIANCE INITIATED	NOT COMPLIANT
2	Orders	X			
3	Patient dignity and safety	X			
4	Monitoring of the patient	X			
5	Renewal of seclusion orders	X			
6	Ending seclusion	X			
7	Facilities		X		
8	Recording	X			
9	Clinical governance	X			
10	Staff training	X			
11	CCTV	X			
12	Child patients	NOT APPLICABLE			

Justification for this rating:

The two seclusion rooms in the unit, located at the end of the male and female sections of the ward respectively, were examined. Signage indicating use of CCTV in the seclusion area was evident and clearly labeled. The service had developed a seclusion care plan in addition to the seclusion checklist and debriefing form to ensure compliance with the Rules. It was reported by the service that seclusion rooms were still being used as bedrooms when no other bed was available.

Breach: Section 7.5

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

ADMISSION OF CHILDREN

Description: There were no children in the unit on the day of inspection. The file of one child who had been recently discharged was examined.

SECTION	DESCRIPTION	FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	COMPLIANCE INITIATED	NOT COMPLIANT
2	Admission				X
3	Treatment	NOT APPLICABLE			
4	Leave provisions	NOT APPLICABLE			

Justification for this rating:

The unit was unsuitable for the admission of children.

Breach: Section 2.5 (b), Section 2.5 (e), and Section 2.5 (g).

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

SECTION 60 – ADMINISTRATION OF MEDICINE

As there were no patients receiving medication who had been detained for longer than three months in the approved centre on the day of inspection, Section 60 did not apply.

SECTION THREE: OTHER ASPECTS OF THE APPROVED CENTRE

SERVICE USER INTERVIEWS

No resident asked to speak with the Inspectorate team. One resident in the high observation area spoke briefly with the Inspectorate team.

OVERALL CONCLUSIONS

This third inspection focused on areas of non-compliance with the Regulations in the report of September 2009. The service was now fully compliant with Articles 15 (Individual Care Plans) and Article 16 (Therapeutic Services and Programmes). There was a need for an occupational therapist to enhance the provision of therapeutic programmes to residents. The service had continued to build on progress in establishing procedures to ensure compliance with the Rules governing the use of seclusion.

RECOMMENDATIONS 2009

1. An occupational therapist should be recruited to the unit.
2. Seclusion rooms must not be used as bedrooms.