

Report of the Inspector of Mental Health Services 2008

HSE AREA	HSE South
CATCHMENT	Wexford
MENTAL HEALTH SERVICE	Wexford Mental Health Service
APPROVED CENTRE	St. Senan's Hospital
NUMBER OF UNITS OR WARDS	10
UNITS OR WARDS INSPECTED	St. Claire's Ward St. Anne's Ward St. Christopher's Ward St. Aidan's Ward
NUMBER OF RESIDENTS WHO CAN BE ACCOMODATED	147
CONDITIONS ATTACHED TO REGISTRATION	No
TYPE OF INSPECTION	Unannounced
DATE OF INSPECTION	10/11 June 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

Wexford Mental Health Services provided in-patient care in St. Senan's Hospital, outside Enniscorthy Town. The service had a total population of 132,000 and had access to 147 beds, subdivided into three care groups: acute, rehabilitation/intellectual disability and continuing care/elderly. Since the last inspection, St. Bridget's Ward had closed. St. Brendan's Ward was due to close in July with the residents moving to a new purpose-built facility in Oilgate. The wards were configured as indicated in the following tables on the day of the inspection.

Acute Care

WARD	NUMBER OF BEDS	NUMBER OF RESIDENTS	TEAM RESPONSIBLE
St. Claire's	13	12	General Adult
St. Anne's	13	11	General Adult
St Aidan's	5	4	Psychiatry of Later Life
Pre-discharge	15	10	Rehabilitation/General Adult

Continuing Care

WARD	NUMBER OF BEDS	NUMBER OF RESIDENTS	TEAM RESPONSIBLE
St. Gertrude's	23	15	General Adult
St. Fidelma's	16	14	General Adult
St. Enda's	16	13	Rehabilitation
St. Elizabeth's	14	12	General Adult
St. Aidan's	10	10	Psychiatry of Later Life

Intellectual Disability

WARD	NUMBER OF BEDS	NUMBER OF RESIDENTS	TEAM RESPONSIBLE
St. Christopher's	13	13	Rehabilitation
St. Brendan's	9	9	Rehabilitation

RECOMMENDATIONS ARISING FROM THE 2007 APPROVED CENTRE REPORT

1. *The privacy and dignity of all residents must be of paramount importance throughout the hospital. The registered proprietor should ensure that all efforts are made to achieve privacy and dignity.*

Outcome: There had been progress made on this recommendation. Each bed area now had a bed screen and other structural deficits had been addressed. Due to the age of the building, there was an ongoing need to monitor this on a continuous basis and maintain the building to an acceptable standard until closure.

2. *There should be a maintenance plan and funding provided to address the deficits in the condition of the building.*

Outcome: There was evidence that deficits identified at the last inspection had been addressed. It was reported that there was a small capital budget in place. There is a constant need for ongoing maintenance.

3. *The HSE should put in place a funded plan to move the residents with an intellectual disability to the unopened facility in Oilgate as a matter of urgency.*

Outcome: The premises in Oilgate were in the final stage of completion on the day of the inspection. It was reported that the residents would move to the new purpose-built building on 21 July 2008.

4. *Policies, procedures and protocols should be put in place that reflect local practice and meet the requirements of the Regulations, Rules and Codes of Practice.*

Outcome: Copies of outstanding policies and procedures were given to the Inspectorate on the day of inspection.

5. *The practice of sleeping out residents from the acute admission wards should cease.*

Outcome: The practice was still in place. It was reported that there was a marked reduction in the number of people sleeping out of acute beds for the first half of 2008.

6. *Each resident should have a care plan as defined in the Regulations.*

Outcome: There was two distinct care plans developed to meet the needs of residents under the care of the rehabilitation team and those in receipt of acute care. There was no care plan for residents in receipt of continuing care. It was reported that this will be progressed. Each resident had a nursing care plan.

7. Each resident on the long-stay wards should have a physical examinations and psychiatric review completed within a six-month period.

Outcome: This recommendation had been achieved. Files were reviewed in St. Gertrude's Ward and St. Aidan's Ward.

MDT CARE PLANS 2008

Acute Wards: The approved centre had rolled out multidisciplinary care plans on St. Claire's and St. Anne's acute admissions wards; the remaining wards were using nursing care plans only. Within the multidisciplinary team (MDT) care plan, a formal assessment was completed and the MDT review was documented, as was the frequency of this review. In the care plans reviewed on St. Claire's Ward, all entries were made by medical and nursing staff. The remaining members of the multidisciplinary team informed the Inspectorate that following referral by the medical team, their input would then be documented. There was a section in the care plan for the service user to complete, for which appropriate documentation had been completed; however, the Inspectorate was informed that the service user did not retain a copy of his or her care plan. There was a section on the care plan for the recording of any unmet need. The care plan incorporated a nurse key worker system.

Rehabilitation: There was a separate care planning system in place for residents under the care of the rehabilitation team. It was also reported that the team were planning to introduce the Functional Analysis of Care Environment (FACE) assessment through the rehabilitation service.

Continuing Care: There was no system of individualised care plans in place. Residents had limited access to health and social care professionals.

GOOD PRACTICE DEVELOPMENTS 2008

- St. Bridget's Ward closed and the total bed capacity dropped by 10.
- A 7-day nursing service was established in two community mental health centres. It was reported that this has had a positive impact on reducing the need for in-patient care beds, especially at the weekends.
- A named consultant psychiatrist was assigned to each continuing care ward, improving direct patient care.
- Two health care assistants were to be appointed at the end of June to St. Aidan's Ward. They had completed a Further Education and Training Awards Council (FETAC) Level 5 course.
- Individual MDT care plans had been introduced on the acute care wards.
- Individual financial accounts had been introduced for the residents on St. Christopher's Ward.
- A number of standardised risk assessments for the elderly had been introduced on St. Aidan's Ward.
- A new drug prescription and administration sheet had been introduced throughout the hospital.

SERVICE USER INTERVIEWS

Four wards were inspected in detail. In each case residents were offered the opportunity to speak with a member of the Inspectorate team and a number of residents took this opportunity. In the vast majority of cases, the residents spoke of general satisfaction with the service and were aware of their rights. A number of residents raised issues regarding the working of the ward. These were reported directly to the nurse in charge for review.

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

1. The practice of sleeping out residents from the acute admission wards must cease.

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2. The building must be maintained to an acceptable standard as part of a rolling programme.
3. As wards are closed and residents discharged, beds must be decommissioned and resources redirected to the provision of community-based care and treatment.
4. Each resident must have an individual care plan as defined in the Regulations.
5. Appropriate access to therapeutic services must be in place to meet the needs of all residents equally.

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 10/11 JUNE 2008

Article 5: Food and Nutrition

There was a choice of meal available in the middle of the day. Special diets were accommodated on request. Chilled water dispensers were available on each ward.

Compliant: Yes

Article 6 (1-2) Food Safety

St. Gertrude's Ward: The deficits in the ward kitchen had been addressed in full.

Compliant: Yes

Article 7: Clothing

Each resident had individualised clothing. The clinical file of one resident on St Claire's Ward who was wearing night clothes was examined; this was documented in the resident's clinical file. A signed policy was also submitted.

Compliant: Yes

Article 11 (1-6): Visits

A localised policy was in place. It had a review date of December 2008.

Compliant: Yes

Article 12 (1-4): Communication

A policy was requested but not submitted.

Compliant: No

Article 13: Searches

A signed policy with a review date of December 2008 was submitted.

Compliant: Yes

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

A signed policy with a review date of December 2008 was submitted.

Compliant: Yes

Article 15: Individual Care Plan

Not all wards were using an individual care plan as defined in the Regulations.

Compliant: No

Article 16: Therapeutic Services and Programmes

There were a number of deficits in therapeutic services available to residents. On the continuing care wards, there was no consistent input into those with an intellectual disability by health and social care professionals. The nursing staff on the acute admission wards expressed concerns about the unavailability of a dietician to the residents.

There were a number of structured programmes in place. On the acute admissions wards there was an occupational therapy programme available four days a week. The nursing staff facilitated two open groups a week. Residents also had access to recreational therapy, based off the ward. All residents can access recreational therapy if mobile and it was appropriate.

Compliant: No

Article 17: Children's Education

It was reported that contact was made with educational facilities on an individual basis.

Compliant: Yes

Article 18: Transfer of Residents

A signed policy with a review date of December 2008 was submitted.

Compliant: Yes

Article 19 (1-2): General Health

A number of clinical files were reviewed on St. Gertrude's and St Claire's Wards. The approved centre was compliant with this Article.

Compliant: Yes

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

A new booklet that met the requirements of the Article was being printed during the inspection. A copy was to be forwarded to the Inspectorate when available.

Compliant: Yes

Article 21: Privacy

The deficits identified in 2007 regarding bathing facilities had been renovated to a high standard. All screens were in place.

Compliant: Yes

Article 22: Premises

There was a marked improvement in the general condition of the wards this year. All the deficits identified in 2007 for specific wards had been addressed. It was reported that the toilet areas on a number of wards will be addressed next. There was a small capital budget in place

The acute admission wards were unsuitable for the provision of acute care. There was no date available for the provision of acute care in Wexford general hospital.

Compliant: No

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

A detailed policy and procedures manual was submitted, dated 2008. A new drug prescription and administration sheet had been introduced throughout the hospital.

Compliant: Yes

Article 26: Staffing

HSE policies had been applied. There was no standardised method of allocating nursing staff to wards employed in the hospital. Central rostering was employed. It was reported that where possible consistent staff are assigned to the wards. On the wards inspected, rostered nursing staff after 1830h dropped significantly. On the continuing care wards, there was one nurse on duty from 1830h until 0830h. On the acute admissions wards there were two staff on duty for the same period. There was a shortage of health and social care professionals on the teams to meet the needs of all the residents in the hospital. There was a senior nurse in charge at all times and a clinical director. At night there was a duty consultant psychiatrist on call.

Compliant: No

Article 29: Operating policies and procedures

A number of localised policies were submitted to the Inspectorate.

Compliant: Yes

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

SECLUSION

One clinical file of a resident from St. Christopher's Ward who had been secluded and one from St. Claire's Ward were examined. The documentation in the clinical files was in order. The seclusion register from each ward was in order.

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	Patients' dignity and safety	Compliant
4	Monitoring of the patient	Compliant
5	Renewal of seclusion orders	Compliant
6	Ending seclusion	Compliant
7	Facilities	Compliant
8	Recording	Compliant
9	Clinical governance	Compliant
10	Staff training	Compliant
11	CCTV	Not applicable
12	Child patients	Not applicable

Compliant: Yes

ECT

No involuntary patient was receiving ECT on the day of the inspection.

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	Not applicable
3	Information	Not applicable
4	Absence of consent	Not applicable
5	Prescription of ECT	Not applicable
6	Patient assessment	Not applicable
7	Anaesthesia	Not applicable
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

Staff reported that mechanical restraint was not used in the approved centre.

SECTION	DESCRIPTION	COMPLIANCE REPORT
21	Part 5: Use of mechanical means of bodily restraint for enduring self-harming behaviour	A number of clinical files were examined by the Inspectorate on St. Aidan's Ward and were compliant.

Compliant: Yes

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

PHYSICAL RESTRAINT

The clinical file of a resident from St. Christopher's Ward who had been physically restrained and the clinical file of a resident from St. Claire's Ward who had also been physically restrained were examined. The documentation in the clinical files was in order. The register from each ward was in order. 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

Children under 17 years are admitted to the ward under the care of the Child and Adolescent Consultant Psychiatrist. Children aged 17 years and older are admitted under a general adult team. On the day of the inspection there was one child in the hospital. The following table provides a summary of the Inspectorate's findings in relation to compliance with the Code of Practice for the Admission of Children under the MHA 2001.

SECTION	DESCRIPTION	COMPLIANCE REPORT
2	Admission	Non-compliant
3	Treatment	Compliant
4	Leave provisions	Not applicable on the day of the inspection.

Breach: Section 2.5(b), Section 2.5(d)(iii), Section 2.5(e), Section 2.5(g).

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	Non-compliant [Section 3.1(d)]
4	Clinical governance	Risk management policy and procedures must be sent to the Inspectorate team.

Breach: Section 3.1(d), Section 4

Compliant: No

ECT FOR VOLUNTARY PATIENTS

One voluntary patient was receiving ECT on the day of the inspection. The file was reviewed.

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 the requirements of Section 60 or Section 61 on the day of the inspection.

Compliant: Not applicable