Report of the Inspector of Mental Health Services 2008

HSE AREA	HSE West
CATCHMENT	Galway West
MENTAL HEALTH SERVICE	Galway West
APPROVED CENTRE	Unit 9a, Merlin Park University Hospital
NUMBER OF UNITS OR WARDS	1
UNITS OR WARDS INSPECTED	Unit 9a
NUMBER OF RESIDENTS WHO CAN BE ACCOMODATED	28
CONDITIONS ATTACHED TO REGISTRATION	No
TYPE OF INSPECTION	Announced
DATE OF INSPECTION	12 August 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

Unit 9a was a stand-alone unit in the grounds of University College Hospital, Merlin Park in Galway City. Although the mental health service intended the unit to function as a rehabilitation unit this had not been possible due to the absence of a rehabilitation team. There was a sub-unit within 9A that was intended to function as semi-independent flat accommodation but again this had not been possible due to the absence of any rehabilitation input. The unit functioned currently as a continuing care unit. The unit was managed by a senior registrar with nursing staff. An occupational therapist provided one session a week. The service users were under the clinical responsibility of a consultant psychiatrist according to sector. The unit has had major renovations and the garden has been landscaped in the last two years.

A number of residents had been identified to move to a new community residence in Tully. However due to lack of staff this had not occurred although the residence had been ready for some time. There continued to be transfers from the acute psychiatric unit to sleep when the acute unit is full.

WARD	NUMBER OF BEDS	NUMBER OF RESIDENTS	TEAM RESPONSIBLE
Unit 9A	28	26	Sector teams plus senior registrar

RECOMMENDATIONS ARISING FROM THE 2007 APPROVED CENTRE REPORT

1. The unit should develop individual care plans as described in the Regulations.

Outcome: While there are care plans placed in the file these have not been completed in many cases.

2. The lack of privacy for male residents sharing twin bedrooms should be rectified.

Outcome: There has been no improvement in this situation.

3. The flats should become fully operational as rehabilitation units as soon as possible.

Outcome: This has not happened.

MDT CARE PLANS 2008

There was a multidisciplinary team care plan in all files and the files were integrated. Each resident had a formal assessment completed, including a risk assessment. In most cases, the care plans were only partially completed and no review date was specified and most had not been reviewed. There were no regular formal team meetings; the staff are given advance notice of a team meeting. Apart from nursing and medical staff no multidisciplinary team members attended. There was evidence that occupational therapy and social work had input into individual residents if required. The clinical files were integrated and there was a primary nurse system in operation.

GOOD PRACTICE DEVELOPMENTS 2008

- A 6-seater bus has been acquired and this has increased the frequency of social outings for residents.
- A community meeting with staff and residents was due to start shortly.

SERVICE USER INTERVIEWS

The Inspectorate met with a number of residents. Although one resident complained about the food, there were no other complaints and residents stated that they received good care.

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

1. The issue of privacy for residents in shared rooms must be addressed. This can easily be achieved by supplying curtains around the beds.

2. Multidisciplinary team meetings should be held regularly and at a specified day and time.

3. Each care plan should specify a review date.

4. There was an urgent requirement for a rehabilitation team.

5. The number of occupational therapy sessions should be increased in order to address the needs of the residents.

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 AUGUST 2008

Article 5: Food and Nutrition

A choice of menu had been introduced since the last inspection.

Compliant: Yes

Article 6 (1-2) Food Safety

A food safety statement was available.

Compliant: Yes

Article 7: Clothing

Clothes were available if residents did not have their own supply. A policy on personal clothing and wearing of night clothes was available.

Compliant: Yes

Article 15: Individual Care Plan

Integrated care plans were available in the file. However in a number of cases were not fully completed and review dates were not specified. Some care plans did not specify whether the service user had signed or received a copy of their care plan.

Compliant: No

Article 16: Therapeutic Services and Programmes

There were minimal therapeutic activities available. An occupational therapist had only one session a week. Therapeutic activities were not linked to care plans.

Compliant: No

Article 17: Children's Education

This approved centre did not admit children.

Compliant: Not applicable

Article 18: Transfer of Residents

Relevant information is sent to the receiving hospital or centre by the NCHD. There was a written policy and procedure on the transfer of residents.

Compliant: Yes

Article 19 (1-2): General Health

All files inspected showed that six-monthly reviews had been completed. A system was in place to ensure six-monthly physical reviews. There was a policy on medical emergencies.

Compliant: Yes

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

An information booklet was available that gave housekeeping arrangements and details of multidisciplinary teams. Information on diagnosis and medications were in an accessible location in the unit.

Compliant: Yes

Article 21: Privacy

Male residents who shared twin rooms had limited privacy as the beds had no screens or curtains around them. Copies of letters from nursing staff were available asking that curtains be provided. Response to this request indicated that finance was not available.

Compliant: No

Article 22: Premises

The unit was nicely decorated and was clean. There was access to a private landscaped garden.

Compliant: Yes

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

The HSE policies applied.

Compliant: Yes

Article 24 (1-2): Health and Safety

The health and safety statement was available.

Compliant: Yes

Article 25: Use of Closed Circuit Television (CCTV)

CCTV was not used on the unit.

Compliant: Not applicable

Article 26: Staffing

An occupational therapist had only one session a week in the unit. There was no psychology or social work input to the ward although individual assessments could be arranged from sector teams. This was inadequate to provide minimum activities.

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

STAFF TYPE	DAY	NIGHT
Registered psychiatric nurse	4	2

HSE vetting and recruitment procedures were in place.Crisis prevention training had been provided and staff had been trained in the Mental Health Act. Regular manual handling and cardio-pulmonary resuscitation (CPR) training was provided. Copies of the Mental Health Act 2001, the Regulations, and the Rules governing ECT use were available on the unit.

Breach: Article 26 (2)

Compliant: No

Article 28: Register of Residents

The register of residents complied with Schedule 1 of the Regulations.

Compliant: Yes

Article 31: Complaint Procedures

On the day of the inspection, there was an awareness of the unit's complaints procedure. The complaints procedure was displayed in a prominent position in the unit. There was a HSE complaints policy.

Compliant: Yes

Article 32: Risk Management Procedures

A risk management committee for all centres had been put in place. Minutes of meetings were available.

Compliant: Yes

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

SECLUSION

No seclusion facility existed on the unit and this was stated in the policy.

Compliant: Not applicable

ECT

No ECT facility existed on the unit and no resident was undergoing a programme of ECT.

Compliant: Not applicable

MECHANICAL RESTRAINT

Mechanical restraint, including Part 5 was not used in the unit and this was stated in a policy.

Compliant: Not applicable

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

PHYSICAL RESTRAINT

It was reported by staff that no physical restraint had been used on the unit since 1 November 2006. There was a policy on physical restraint.

Compliant: Not applicable

ADMISSION OF CHILDREN

Children were not admitted to the unit.

Compliant: Not applicable

NOTIFICATION OF DEATHS AND INCIDENT REPORTING

There was a policy on reporting of deaths and serious incidents and the report book was available. Incidents were audited centrally.

Compliant: Yes

ECT FOR VOLUNTARY PATIENTS

ECT was not available on the unit.

Compliant: Not applicable

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

These Sections were not applicable.

Compliant: Not applicable