Report of the Inspector of Mental Health Services 2008

HSE AREA	HSE Dublin North East
CATCHMENT	Louth Meath
MENTAL HEALTH SERVICE	Louth Meath
APPROVED CENTRE	Department of Psychiatry, Our Lady's Hospital, Navan
NUMBER OF UNITS OR WARDS	1
UNITS OR WARDS INSPECTED	Department of Psychiatry
NUMBER OF RESIDENTS WHO CAN BE ACCOMODATED	25
CONDITIONS ATTACHED TO REGISTRATION	No
TYPE OF INSPECTION	Unannounced
DATE OF INSPECTION	2 July 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

The Department of Psychiatry (DOP) in Navan provided an acute admission facility for four sectors and psychiatry of later life. A number of improvements had been made in the past few years which had resulted in a more acceptable environment and service for residents. A consultant psychiatrist, NCHD and community mental health nurse had been appointed in the last year. There was no rehabilitation team and no occupational therapists within the service. There was a psychiatry of later life team.

With the discontinuation of ECT and movement of the home-based treatment team more space had become available and was in the process of being put to use in providing activity space. There was an outreach team and a home-based treatment team which was nurse led. The service had lost a psychologist who had not been replaced and the existing occupational therapist vacancy had not been filled.

WARD	NUMBER OF BEDS	NUMBER OF RESIDENTS	TEAM RESPONSIBLE
DOP	25	25	General Adult

RECOMMENDATIONS ARISING FROM THE 2007 APPROVED CENTRE REPORT

1. Seclusion facilities need to be updated as a matter of urgency and the practice of seclusion must cease in the interim.

Outcome: The issue had been addressed. The seclusion room was now located in a more suitable location. Although this was an interim measure it had separate toilet facilities, adequate ventilation, privacy, satisfactory observation and a window that allowed patients to see out but was opaque from the outside.

2. The ward-based activity programme should be reinstated as soon as possible.

Outcome: This had not been possible due to the absence of occupational therapy. Nursing staff offered a structured therapeutic programme and psychoeducation which were in the process of being linked to care plans.

3. Multidisciplinary care planning should be developed.

Outcome: This has been achieved. (see below).

4. Multidisciplinary teams should be fully staffed.

Outcome: Due to the ongoing HSE difficulities in recruitment, this had not been achieved. The service had no occupational therapist and had a vacancy for a psychologist. A consultant psychiatrist, NCHD and community mental health nurse were appointed in 2007.

MDT CARE PLANS 2008

Clinical files were now integrated. Regular team meetings were held on the unit. An integrated care plan had been recently introduced and was reviewed weekly at team meetings. However the lack of multidisciplinary team members had resulted in considerable unmet needs, which were not documented. Care plans were still in the initial stages of implementation and were under review. The key worker was responsible for completing the care plan. Further involvement of service users in their care plan was required.

GOOD PRACTICE DEVELOPMENTS 2008

- There was an excellent information system for residents which included a booklet, information sheets on diagnosis and medication, an informative noticeboard and access to internet information.
- Audits on administration of medication, seclusion and restraint had taken place.
- There was access to the Internet whenever residents wished, on a pay per use basis. .
- Information posters for staff on seclusion and restraint were displayed.
- There was evidence that staff were enthusiatistic about improving aspects of the service such as training, audit, and service user involvement.

SERVICE USER INTERVIEWS

One resident complained about the lack of activities during the day. Other residents stated that they were satisfied with the service.

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

1. Every effort should be made to recruit occupational therapists to the service.

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 2 JULY 2008

Article 6 (1-2) Food Safety

A food safety certificate was inspected and was in order.

Compliant: Yes

Article 15: Individual Care Plan

The service had an integrated care plan in operation. This had recently been introduced and was still in the early stages of implementation. The care plan met the requirements of the Article and was reviewed at weekly team meetings.There was provision for resident involvment. The lack of multidisciplinary team members resulted in lack of some assessments and interventions.

Compliant: Yes

Article 16: Therapeutic Services and Programmes

Residents had access to a number of therapeutic services and programmes including psychoeducation and relaxation therapy. Residents did not have access to an occupational therapist.

Breach: Article 16

Compliant: No

Article 17: Children’s Education

The unit ensured that children who were admitted were provided with appropriate educational services in accordance with their needs through collaboration with child and adolescent psychiatry teams and with the child's family and school. Three children had been admitted in the first six months of 2008. There was a policy on children’s education.

Compliant: Yes

Article 18: Transfer of Residents

Policy and procedures were in place on the transfer of residents.

Compliant: Yes

Article 19 (1-2): General Health

Access to general medical services was through the general hospital when required. Residents had access to the national breast cancer screening programme. The written operational policies and procedures for responding to medical emergencies were in place.

Compliant: Yes

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

An excellent information booklet was available that met the requirements of this Article. The service also provided extensive accessible information on diagnosis and medication in the form of hand-outs. The unit notice-boards had an extensive number of relevant information notices. Psychoeducation sessions were also available.

Compliant: Yes

Article 21: Privacy

Residents' privacy and dignity was appropriately respected at all times. A few single rooms were available on the unit and the largest dormitory had six beds.

Compliant: Yes

Article 26: Staffing

Staff had access to regular training in Professional Management of Violence and Aggression, fire safety and manual handling. No occupational therapists were employed in the service and this was a serious deficit in the service.

STAFF TYPE	DAY	NIGHT
Nurse	5 + 1 CNM2	3
Household	2	0
Occupational Therapy	0	–

Compliant: No

Article 27: Maintenance of Records

Records examined were complete, accurate and easily retrieved. Written policies and procedures relating to records were available.

Compliant: Yes

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

SECLUSION

The clinical file of one resident who had been recently secluded was examined and was in order. The seclusion register was examined and 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**	New seclusion facilities were available. These included a private lobby, observation panels, controlled ventilation, shutters and lighting, and a large one-way safety glass window that had a pleasant view.
8	**Recording**	Compliant
9	**Clinical governance**	An audit of seclusion had been carried out and improvements had been made based on this. There was a policy on seclusion.
10	**Staff training**	Training in control and restraint and de-escalation had taken place. There were posters on the wall of the staff office outlining the procedures in carrying out seclusion.
11	**CCTV**	This was in operation only prior to the door of the seclusion room being opened. A notice stating this was put up when in use.
12	**Child patients**	No children had been secluded.

Compliant: Yes

ECT

ECT was no longer administered in this service. It was available in St. Patrick's Hospital and the resident transferred to that hospital if required. All procedures, including obtaining consent, and documentation according to the Rules were carried out in St. Patrick's Hospital.

Compliant: Not applicable

MECHANICAL RESTRAINT

The Inspectorate was informed that mechanical restraint was not used. There was a policy on mechanical restraint.

SECTION	DESCRIPTION	COMPLIANCE REPORT
21	**Part 5: Use of mechanical means of bodily restraint for enduring self-harming behaviour**	Although there was a policy on Mechanical Restraint, mechanical means of restraint such as cot sides were not used for enduring self-harm behaviour.

Compliant: Not applicable

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**	The clinical practice forms were all complete.
6	**Clinical governance**	Compliant
7	**Staff training**	Compliant
8	**Child residents**	No child had been restrained.

Compliant: Yes

ADMISSION OF CHILDREN

The unit was not a suitable facility for the admission of children. Files of admitted children were not available as they had been returned to sector headquarters. No child had been involuntarily admitted. Children were accommodated in a single room and had a dedicated allocated nurse. There was staff training in the care of children. Copies of the Children's Act were available on the unit. The Children First guidelines had been made available on the wards and training in child legislation was available in the Regional Education Centre.

SECTION	DESCRIPTION	COMPLIANCE REPORT
2	**Admission**	Three children had been admitted since January 2008. It was expected that with opening of adolescent beds in St. Vincent’s Hospital in Fairview that children would no longer be admitted to the unit.

Breach: The Department of Psychiatry was not an age-appropriate facility for children [Section 2.5(b)].

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**	The service had collated records of all deaths and were aware of the obligation to report these to the Mental Health Commission.
3	**Incident reporting**	The service provided a list of all incidents and were aware of the notification requirements.
4	**Clinical governance**	All incidents were reported to the risk manager. There were separate risk policies.

Compliant: Yes

ECT FOR VOLUNTARY PATIENTS

ECT was no longer administered in this service. It was available in St. Patrick’s Hospital and the resident transferred to that hospital if required. All procedures, and documentation according to the Rules were carried out in St. Patrick’s Hospital.

Compliant: Not applicable

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

The clinical file of a patient detained for longer than three months was inspected and was in compliance with Section 60 of the Mental Health Act.

Compliant: Yes