

Report of the Inspector of Mental Health Services 2008

HSE AREA	HSE West
CATCHMENT	Donegal
MENTAL HEALTH SERVICE	Donegal
APPROVED CENTRE	Acute Psychiatric Unit, Carnamuggagh
NUMBER OF UNITS OR WARDS	1
UNITS OR WARDS INSPECTED	Acute Psychiatric Unit
NUMBER OF RESIDENTS WHO CAN BE ACCOMODATED	38
CONDITIONS ATTACHED TO REGISTRATION	No
TYPE OF INSPECTION	Announced
DATE OF INSPECTION	8 October 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 approved centre of Letterkenny General Hospital was temporarily located at Carnamuggagh, a short distance from the general hospital. This was to facilitate the construction of a new unit in the general hospital. The Carnamuggagh premises was designed as a nursing home and as such posed some problems for staff in terms of lay-out and design. On the day of inspection, there were 14 male residents, of whom four were detained, and 17 female residents, of whom four were detained; six residents were on leave from the unit. While this was an admission unit, three residents had been there longer than six months, one of whom was awaiting a place in a hostel.

Four community mental health teams, one rehabilitation team and one psychiatry of later life team admitted to the unit. The child and adolescent team also admitted to the unit. In the year to date, four children had been admitted, all voluntary. There were no children admitted on the day of the inspection.

RECOMMENDATIONS ARISING FROM THE 2007 APPROVED CENTRE REPORT

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

Outcome: Although care plans were in place in respect of residents, multidisciplinary team (MDT) care plans had not been recorded in a single composite documentation set as described in the Regulations. Formulation of the MDT plan is continuing and awaits final inspection before being introduced into the unit.

2. Each MDT team should be fully staffed.

Outcome: There continues to be a staffing deficit in multidisciplinary teams.

3. *The safety issues on the unit related to night-time observation should be reviewed on an continual basis.*

Outcome: A policy on observation had been drawn up since the 2007 inspection, and a protocol now operates in respect of this issue. This policy was due for review in March 2009.

4. *Removal of the spring arms on the doors should be considered.*

Outcome: This had been completed and in addition, new door handles had been ordered and were awaited.

5. *The unit would benefit from having a Hoffman rescue knife available in case of emergency.*

Outcome: A Hoffman knife had been acquired and was readily available in the nurses' station.

MDT CARE PLANS 2008

MDT care plans had not yet been introduced. A working group had been established and it was envisaged that care plans would be implemented in the near future.

GOOD PRACTICE DEVELOPMENTS 2008

- Information leaflets had been prepared and distributed in the unit.
- All residents were now out of bed during the day and engaged in therapeutic activities under the direction of the nursing staff.
- A patient satisfaction questionnaire will be carried out by the STEER advocacy group.

SERVICE USER INTERVIEWS

Four residents spoke to the inspector. There were no complaints regarding facilities or staff. Two residents expressed the opinion that they would like more to do on the unit, for example activities such as exercises, yoga and knitting, as they found the days too long.

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

1. MDT care plans must be implemented.
2. Staffing of MDT teams must reflect the appropriate skill mix to ensure the effective working of the MDT team.
3. A number of policies remain to be drawn up.

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 8 OCTOBER 2008

Article 6 (1-2) Food Safety

Food safety certification was available for the General Hospital, Letterkenny, where all the approved centre's food was prepared. A copy of this certification was seen by the Inspectorate.

Compliant: Yes

Article 11 (1-6): Visits

A policy was in place relating to visiting. Residents and their visitors had access to a family sitting room for visits. Visits could also take place in the day room.

Compliant: Yes

Article 12 (1-4): Communication

The unit's policy on communication had been signed off and was in place.

Compliant: Yes

Article 13: Searches

In 2007, the Inspectorate advised that the draft policy which was in place should be revised. A draft policy remains in place.

Compliant: No

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

A policy on care of the dying had been implemented.

Compliant: Yes

Article 15: Individual Care Plan

Residents did not have an individual MDT care plan as defined in the Regulations.

Compliant: No

Article 16: Therapeutic Services and Programmes

All residents had access to ward group meetings, which were run by nursing staff. An activities nurse co-ordinator managed activities on the unit.

Teams shared access to social work and psychology team members. Occupational therapy was available to residents by referral.

Compliant: Yes

Article 17: Children's Education

A draft policy remained in place in relation to children's education. Discussions had taken place with the local VEC to set in place appropriate measures for the continuation of education for children in care in the approved centre.

Compliant: No

Article 18: Transfer of Residents

A policy was in place relating to transfer of care between teams, but there was no policy in place in relation to transfer of residents to other approved centres, hospital or other place.

Compliant: No

Article 19 (1-2): General Health

A policy was in place requiring regular health checks on residents who had been resident in the unit for longer than six months.

Compliant: Yes

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

A noticeboard displayed the name of the resident's consultant psychiatrist, allocated team nurse and NCHD. An information booklet containing information on services and treatments available within the service had been produced. Information on the local advocacy group STEER was displayed. This group does not advocate on behalf of children.

A policy on provision of information to residents was in place.

Compliant: Yes

Article 21: Privacy

The unit at Carnamuggagh had a number of single rooms, most with en suite facilities. Beds in the double and triple rooms were curtained. Male and female accommodation was segregated and privacy was well protected.

Compliant: Yes

Article 22: Premises

The premises was in very good decorative order. Since the 2007 inspection, the spring arms on doors had been removed. Air conditioning had been installed in the dining room.

Some limitations remained, such as the lack of observation panels in doors of rooms, and the inward opening of doors. Staff were conscious of these limitations and had developed a system for addressing the observation difficulties at night.

Compliant: Yes

Article 25: Use of Closed Circuit Television (CCTV)

CCTV was not used in the approved centre.

Compliant: Not applicable

Article 26: Staffing

An occupational therapist had been appointed and patients were seen on a referral basis. Teams shared access to social work and psychology.

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

STAFF TYPE	DAY	NIGHT
Nurse	12 +1CNM3	7
Health care assistant	0	0

The nurse practice development unit provided education and training for nursing staff. Staff were also able to access HSE and DIT Letterkenny courses. All nursing staff, with the exception of some new staff who had not yet had the opportunity, had been trained in the care and responsibility programme for managing aggressive behaviour. Staff reported that all nursing staff had been trained in the Mental Health Act, 2001.

Compliant: Yes

Article 27: Maintenance of Records

All clinical files relating to residents were kept in the approved centre for three years after discharge and were then sent to a central storage facility. The HSE policy on record keeping was used. The unit now had a policy in place in relation to record keeping. Documentation relating to health and safety and to fire inspections was seen by the inspector.

Compliant: Yes

Article 28: Register of Residents

The register of residents was inspected.

Compliant: Yes

Article 29: Operating policies and procedures

The policies inspected had been reviewed since the 2007 inspection and review dates had been added.

Compliant: Yes

Article 32: Risk Management Procedures

A register of incidents had been put in place in the unit and there was a system in place for learning from such incidents.

Compliant: Yes

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

SECLUSION

The Inspectorate was informed that seclusion was not used in the approved centre. The unit had a written statement to this effect, dated October 2008.

Compliant: Not applicable

ECT

ECT was delivered in the general hospital. The unit was compliant with the Rules on prescription of ECT, consent and its absence, information and assessment. A designated consultant anaesthetist with responsibility for ECT was available. The pre-anaesthetic assessment and the delivery of anaesthesia was always conducted by a specified consultant anaesthetist. The theatre was not inspected.

No patient was receiving ECT on the day of inspection, and only one patient had received it in 2008. The register was completed in respect of this patient.

Compliant: Yes

MECHANICAL RESTRAINT

The Inspectorate was informed that mechanical restraint was not used in the unit. The unit had a written statement to this effect, dated October 2008. The Inspectorate was informed that mechanical restraint for enduring self-harm behaviour was not used in the unit.

Compliant: Not applicable

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

PHYSICAL RESTRAINT

Physical restraint was used in this service. There had been 19 instances of physical restraint between January and September 2008. A review of the register indicated that the consultant had not signed the entry in four instances. The unit had a policy in place on the use of restraint and had a written record indicating that all staff involved in restraint had read and understood the policy. Training was provided to staff on an ongoing basis and the trainer kept a record of training carried out, and when it was next due. The register of training showed that a number of staff were overdue for training. There were three instructors in physical restraint in the unit and one in the general hospital, for the Donegal Mental Health Service. The policy was due for review in 2010.

Compliant: No

ADMISSION OF CHILDREN

Four children had been admitted so far during 2008. They were under the care of the child and adolescent team. The policy in place in relation to admission of children and their education was still in draft form.

Compliant: No

NOTIFICATION OF DEATHS AND INCIDENT REPORTING

A policy was in place in relation to notification of deaths and incident reporting.

Compliant: Yes

ECT FOR VOLUNTARY PATIENTS

One patient had undergone ECT during 2008.

Compliant: Yes

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

This was not reviewed and reported in 2008.

Compliant: Not applicable