Report of the Inspector of Mental Health Services 2011

MENTAL HEALTH SERVICE	Clare
APPROVED CENTRE	Acute Psychiatric Unit, Midwestern Regional Hospital, Ennis
NUMBER OF WARDS	1
NAMES OF UNITS OR WARDS INSPECTED	Acute Psychiatric Unit
TOTAL NUMBER OF BEDS	39
CONDITIONS ATTACHED TO REGISTRATION	No
TYPE OF INSPECTION	Unannounced night inspection
DATE OF INSPECTION	18 / 19 July 2011

Description of ward inspected

The Acute Psychiatric Unit was located on the ground floor of the Midwestern Regional Hospital, Ennis. The entrance door to the approved centre was locked. A number of residents were asleep from the outset of the inspection. The unit was generally quiet and although many residents were up, either talking to one another or watching television, there was plenty of space on the unit to ensure that residents who were sleeping were not disturbed. Referrals to the unit at night time were from the crisis nurse, Shannon Doc or by self-referral. The Regional Hospital's Emergency Department was closed from 2000h each night.

Staffing levels

There were five Registered Psychiatric Nurses (RPNs) on duty in the unit. There were no Health Care Assistants (HCAs) or domestic staff on duty at night. It was reported that the number of nursing staff had been reduced from six to five in recent times; the number of nursing staff included the Clinical Nurse Manager 2 (CNM2). An Assistant Director of Nursing (ADON) was based in the unit at night time. It was reported that the non-consultant hospital doctor (NCHD) on call during the night did not always stay in the Midwestern Regional Hospital campus but frequently stayed in a local hotel or in their private home. There was a consultant psychiatrist on call each night. It was reported that from this week, agency staff were due to be rostered on to the shifts due to shortage of regular nursing staff on the Health Service Executive (HSE) payroll.

Residents

The age range of residents was from 18 to over 65 years of age. The unit had five dedicated beds for Psychiatry of Old Age. There was no child resident on the unit at the time of inspection. There were 10 involuntary patients. One resident from the Psychiatry of Old Age area of the unit was on leave. There had been no admissions to the unit from 2000h to the time of the conclusion of the inspection.

Medication

Most of the night medication had been administered to the residents and a number of residents were asleep at the beginning of the inspection. It was noted by the Inspectorate that in the cases of three residents, night sedation, as prescribed PRN (if required), had been administered routinely at 2200h by nursing staff. In one prescription card index a note had been left by one of the nursing staff to raise the issue whether night sedation in this resident's case ought to be prescribed regularly. The Inspectorate advised that where residents were receiving night sedation routinely and this medication was prescribed PRN then a review of this should take place by the multidisciplinary team and documentation of such a review and the outcome of such a review should be entered in the residents' individual clinical files.

Seclusion

No resident was in seclusion at the time of inspection.

Mechanical restraint

Mechanical means of bodily restraint, including mechanical means of bodily restraint under Part 5 of the Rules Governing the Use of Mechanical Means of Bodily Restraint, was not used in the approved centre at the time of inspection.

Risk Management

Two security personnel were assigned to one patient at all times. This patient was being nursed in the high observation area. Another resident's bedroom was located in the high observation area but it was reported that this resident was not on special observations. The approved centre did not use a risk assessment tool. The unit was calm on the night of inspection.

Environment

The unit was clean and well-maintained. There was access to bathroom and toilet areas. The unit was purpose-built and observation areas were set close to the bedrooms. The layout of the unit was conducive to sleep. Lighting was dimmed in areas that residents were sleeping and the day areas were situated away from sleeping areas so the residents who remained up at the time of inspection were not disturbing those residents who were sleeping. All bedrooms with two or more beds had privacy curtains.

Access to food and water/hot drinks at night.

There was access to water at night. The evening tea and biscuits were being distributed during the time of the beginning of the inspection. Tea or warm milk was offered during the night to residents who requested it.

Documentation/Handover procedure

Nightly nursing documentation was carried out routinely. Where sleep or lack of sleep was an identified problem then such matters were documented in the resident's individual care plan. Handover occurred at the beginning and end of each nursing shift.

Interviews with service users

Service users were greeted by the Inspectorate during the inspection.

Conclusion

The unit was calm and relaxed. The unit was clean and in good decorative order. The sleeping areas were separate to the living areas so that residents who had retired to bed early were not disturbed. Nursing staff impressed as being competent and professional in their management of the unit.

Recommendations

1. Where a resident is receiving night sedation routinely and this medicine is prescribed PRN then a review of this should take place by the multidisciplinary team and documentation of such a review and the outcome of such a review should be entered in the resident's individual clinical file.