MENTAL HEALTH SERVICE	Dublin South City
APPROVED CENTRE	Jonathan Swift Clinic
NUMBER OF WARDS	3
NAMES OF UNITS OR WARDS INSPECTED	William Fownes Beckett Conolly Norman
TOTAL NUMBER OF BEDS	51
CONDITIONS ATTACHED TO REGISTRATION	No
TYPE OF INSPECTION	Night time unannounced
DATE OF INSPECTION	3 May 2011

Description of ward inspected

The Jonathan Swift Clinic was located in St. James's Hospital in Dublin's inner city. St. James's Hospital had a busy Emergency Department and this was reflected in the activity level in the acute admission unit of the approved centre. The approved centre had 51 beds and comprised the William Fownes 26-bed acute admission ward, the Beckett 16-bed step-down ward and the Conolly Norman nine-bed psychiatry of old age ward. The inspection started at 2230h. Most residents in the ground floor Conolly Norman ward were in bed and settled for the night. Most residents in Beckett ward, also located on the ground floor, were settled in bed and asleep and some residents were in the library or day room or having a cigarette. Becket ward was well equipped with recreational facilities including a piano, library, day room with board games and television and video. William Fownes ward was busy, some residents were in bed asleep and many were up and about having a cigarette, having a hot beverage, watching television or toileting and getting ready for bed. The communal congregational space was limited and cramped on this ward with just a small television room and smoking room available at night. The Jonathan Swift Clinic overlooked an enclosed courtyard garden which was attractively landscaped and Beckett opened directly onto this garden. Residents on the first floor, William Fownes ward, could access the garden during the day for limited periods only, depending on their clinical status and when accompanied by nursing staff.

Staffing levels

At night-time the Jonathan Swift Clinic was staffed with: one clinical nurse manager 1 (CNM1) and two registered psychiatric nurses (RPNs) on William Fownes ward; one registered psychiatric nurse on Beckett ward and one registered psychiatric nurse and one healthcare assistant on Conolly Norman ward. The CNM1 had clinical and management responsibility for all three wards. The CNM1 could on occasion be away from his or her base on Fownes ward for up to an hour if called to deal with an issue on one of the other wards. There was one registrar on call for the approved centre.

The Inspectorate was concerned that the complement and configuration of night-time nursing staff presented potential deficiencies both in the event of a critical incident and currently from the viewpoint of supervision of residents in Beckett ward and thus posed a risk. In addition, at the time of inspection not all nursing staff had their personal alarm on their person.

The residents on William Fownes ward were acutely unwell. Five patients were detained on the night of the inspection. Staff here reported that two weeks previous to the inspection over 50% of the patients on the ward had been detained. The acute admission ward impressed as being a busy ward with residents up and about at 2300h, with one admission in progress and with all nursing staff involved in clinical activities. On the night of inspection one resident had one-to-one special care provided by a health care assistant provided from the main St. James's Hospital staff. St. James's Hospital had one of the busiest Emergency Departments in the country and the catchment area included a population with a significant level of social deprivation. The psychiatric registrar on call in the Jonathan Swift Clinic also covered the Emergency Department providing triage assessment and then admission if needed to William Fownes ward. Staff reported that there might be up to five admissions during the course of a night.
Were an incident to arise on the 26-bed Fownes ward whilst the CNM1 was off the floor exercising his or her responsibilities for the overall unit, this left two nurses to deal with any situation.

Beckett ward accommodation was laid out over three corridors surrounding the garden quadrangle. The nursing station and sleeping accommodation was on one corridor and the library, day room and dining room were on the corridor on the opposite side of the garden. This layout meant that the single registered nurse on night duty could only observe all residents if everyone was in bed. At the time of inspection, residents were variously asleep, getting ready for bed, in the day room, in the library and smoking at the door to the garden. The ward was quiet and relaxed. The normal practice in Beckett was for the night duty nurse to give out medication single handed. Wrist bands were worn by most residents for the purpose of identification for the administration of medication, alternatively the resident was asked for their name and date of birth. The Inspectorate looked at the wrist bands which were flimsy and staff reported that they often had to be replaced as they frequently fell off or were taken off by the resident. The nurse on duty on the night of inspection had only recently and temporarily been assigned to Beckett ward. This did not

impress as a fail-safe method of administering medication. Photographic identification might be a more reliable method of identification especially when new staff are assigned to the unit. Staff reported that 45 minutes was the average time it took to give out medications on Beckett ward. Were an incident to arise on Beckett ward, staff and resident safety would depend on the ability of the nurse to both be aware of the incident immediately and to summon assistance and the speed of that response. If the nurse on Beckett ward required assistance a telephone call would be placed to William Fownes ward or the personal alarm triggered which would alert the CNM1 on William Fownes ward.

Conolly Norman ward was adjacent to Beckett ward and catered for those over 65 years of age. In the event of an incident within this ward or assistance being required, the nurse from Beckett ward was called in the first instance. If further assistance was required the CNM1 on William Fownes was called. A personal alarm system was in operation.

Overall, the Inspectorate did not consider the staffing level sufficient for the needs of residents and the physical layout of the approved centre. The degree of responsibility assigned to the CNM1 was significant and was more in keeping with the role typically assigned to a clinical nurse manager 3 (CNM3) grade.

Residents

William Fownes ward had 24 residents ranging in age from 23 to 72 years, and five residents were detained. One person was in the process of being admitted to the ward having come through the hospital Emergency Department. Another resident had been transferred that day from Conolly Norman ward to make a bed available for an admission there.

Beckett ward had 11 residents ranging in age from 30 to 60 years. One resident was involuntary.

Conolly Norman ward had seven residents all over 65 years of age and four of whom were involuntary.

There were no residents sleeping out or on leave.

Medication

The administration of medication to the residents of William Fownes ward was underway when the inspectors arrived on the ward. Medication was administered on Beckett Ward by the single registered psychiatric nurse rostered to that ward. The administration of medication was in the process of being completed when the inspectors arrived on Conolly Norman ward. In all three wards the medication prescription booklets were examined by the Inspectorate. PRN (as required) medication was given as clinically indicated. There was evidence of delaying certain PRN medications and night sedation until a later time if needed.

Seclusion

Seclusion was not used in the approved centre.

Mechanical restraint

Mechanical means of bodily restraint for enduring risk of harm to self or others was not used in the approved centre.

Risk Management

The approved centre had a risk management policy in place. There had been no significant incidents on the day or night of the inspection. The individual clinical file of the resident admitted to William Fownes

ward at the time of inspection was inspected and the risk assessment was completed and an initial individual care plan in place. One-to-one care was provided to this resident by a health care assistant.

Environment

All three wards were clean and orderly, including bathrooms and lavatories. The shower and bathrooms on William Fownes ward were usually locked and opened for individual use. Beckett ward and Conolly Norman ward were quiet, residents had finished their last refreshment for the night and most were in bed asleep. Lighting in bedrooms was low and all beds had surround curtains.
Despite being busy with resident activity at the day room and smoking area, overall, William Fownes ward was quiet and those who wished to sleep could do so as the bedroom area was quiet and lights dimmed. One single bedroom was located directly beside the noisy smoking room but none-the-less the resident was apparently asleep. The nursing office on all three wards was located on the bedroom corridor and afforded good supervision of that area.

Access to food and water/hot drinks at night

All residents had access to water. Hot beverages were provided during the evening. Residents on William Fownes ward were having hot drinks and biscuits at 2300h and staff would provide drinks during the night for a resident if requested. Each ward had its own dining room and tea and toast could be provided if necessary for a new admission.

Documentation/Handover procedure

All three wards had a handover meeting between day staff and night staff. Handover was verbal. Three clinical files were inspected, including the individual clinical files of the two residents admitted on the day of inspection and all had individual care plans. The format of the individual care plans which included a weekly up-date peel-off sheet pasted in the clinical continuation sheets, made for easy access and provided excellent information.

Interviews with service users

The Inspectorate greeted residents during the course of the inspection but no resident sought to meet individually with the Inspectorate.

Other comments

One resident had been transferred earlier in the day from Conolly Norman ward to the acute admission ward for the purpose of making a bed available for an urgent admission in the psychiatry of old age ward. This was not in the best interests of the resident concerned and staff reported that the individual had been anxious and took time and one-to-one attention and reassurance to settle into the ward.

Conclusion

Overall, the three wards were calm and relaxed. Nursing staff impressed as being competent and professional in their management of the wards and all were interacting directly with residents. The complement of nursing staff was considered by the Inspectorate to be insufficient to deal with adequate night-time supervision of Beckett ward. The Inspectorate was also concerned with the adequacy of night time nursing numbers to deal with any potential crisis or incident that might arise in the approved centre.

Recommendations

1. There should be an immediate review of the complement of nursing staff on night-duty and of the grade level assigned to the nurse charged with over-all responsibility of the approved centre at night.

2. The approved centre should review the method used for the identification of residents for the administration of medication on Beckett ward to ensure safe administration.