

Report of the Inspector of Mental Health Services 2010

MENTAL HEALTH SERVICE	Longford/Westmeath
APPROVED CENTRE	St. Loman's Hospital
CATCHMENT AREA	Longford/Westmeath
NUMBER OF WARDS	5
NAMES OF UNITS OR WARDS INSPECTED	St. Edna's Ward St. Marie Goretti Ward Male Admission Female Admission
TOTAL NUMBER OF BEDS	87
CONDITIONS ATTACHED TO REGISTRATION	No
TYPE OF INSPECTION	Unannounced night inspection
DATE OF INSPECTION	1 June 2010

Description of ward inspected

Male and female admission wards were inspected on the night of 1 June 2010. Both wards catered for acute admissions to the service. The wards were in a stand-alone unit in the grounds of St. Loman's Hospital in Mullingar. The overall decor and condition of the building was good. There were four single rooms in both wards and the small dormitories were appropriate. All residents who were in bed had curtains drawn around their beds for privacy. The two wards operated as separate units. The wards accepted direct admissions and admissions from the emergency department in Mullingar General Hospital.

St. Edna's ward had 19 beds and was located in the main hospital building. The ward had a strong unpleasant odour and was old and in need of major refurbishment. It provided continuing care for men with refractory and enduring mental illness.

St. Marie Goretti ward was in a stand-alone building with one other ward and had 25 beds. The sleeping accommodation was in a dormitory arranged in three sections. One resident had a small single bedroom. The ward provided continuing care for male residents.

Staffing levels

A CNM 3 was in charge of the hospital and there was a non consultant hospital doctor (NCHD) on call and both were located in the hospital. A consultant psychiatrist was available by telephone.

At night in the admission wards there were three staff nurses on duty in each ward. At the time of inspection the NCHD was on the unit assessing a patient who had presented to the unit. The NCHD had responded promptly to the request to attend the ward.

In the male admission ward, although there were three nurses rostered for duty, there were only two nurses on the floor. The third nurse was utilised as a special nurse and was unavailable for any other duty during the night. It was the opinion of the Inspectorate that this level of staffing would be insufficient should any difficult situation arise. Senior management stated that they considered the unit sufficiently staffed.

On St. Edna's ward there were two nursing staff rostered and on duty.

St. Marie Goretti ward had two staff nurses and a CNM2 shared with the other ward in the building. All nurses were on duty.

Residents

All residents in the admission wards were acute admissions. There had been three admissions since 1800h on the evening of the inspection. All three had been fully assessed by both nursing and medical staff and a plan of management in place. The standard of documentation was excellent. No resident was on leave and there were no residents sleeping in other units.

A person was waiting for assessment at the time of inspection. This person was waiting alone in an area that was between the two locked admission wards. This area was dark and dingy. There was no staff present. It is the opinion of the Inspectorate that a person in a distressed or suicidal condition would be particularly vulnerable during this waiting period. This was brought to the attention of senior management team. The senior management team stated that should a person be noted to be distressed they would be brought into the ward by nursing staff and did not consider this situation to be of concern.

In St. Edna's there were 19 beds. Three patients were detained. One resident was on leave at home. The age range of residents was from mid twenties to 70 years. Residents had a range of diagnoses including schizophrenia and bipolar disorder, some also had a forensic history.

There were 23 residents in St. Marie Goretti ward, all of whom were voluntary. No resident was sleeping out or on leave. The age range was from 56 to 89 years and the most recent admission had been in March 2010.

Medication

In the admission wards all residents had received their night medication. This had been administered by two nursing staff.

In St. Edna's, night medication was provided at approximately 2300h. There had been no as required (PRN) medication administered on the night of the inspection.

Medication in St. Marie Goretti ward was administered between 2130h and 2230h when residents were already in bed.

Seclusion

No resident was in seclusion on the night of inspection.

There were no seclusion facilities on St. Edna's ward.

St. Marie Goretti ward had no seclusion facility.

Mechanical restraint

No resident had been mechanically restrained on the night of inspection.

Mechanical restraint was not used on St. Edna's ward or in St. Marie Goretti ward.

Risk Management

No incidents were reported on the night of inspection. There was one resident in the male admission unit who had a special nurse.

In St. Edna's ward, there had been no incidents at the time of the inspection and none of the residents required special observation.

No incidents had occurred in St. Marie Goretti ward on the night of inspection. A nurse was situated in each of the main sections of the dormitory and observed residents from there.

Environment

The admission unit and each admission ward were locked. Lighting was dimmed and the wards were quiet. Most residents were in bed. The remainder were in the smoking rooms. The nursing station was located centrally and in close proximity to the sleeping areas. Each bed had curtains drawn. Toilets were open and accessible.

In St Edna's the ward was quiet and most residents were in bed or getting ready for bed. There were two dormitories with three and four beds respectively. All of the beds had curtains around them. The rest of the bedroom accommodation comprised single rooms. Bathroom facilities were nearby. Each resident had a light over his bed and some liked to sleep with the bedroom door opened. The bedrooms were located close to the nurses' office.

St. Marie Goretti ward was calm and quiet. All except two of the residents were sleeping. The lighting was low and the partition curtains were pulled around each bed. Bathrooms could be easily accessed. There were a large number of Buxton chairs stored in one of the sleeping areas of the dormitories which made the area quite cluttered.

Access to food and water/hot drinks at night

In the admission wards drinking water was available. Residents had received tea and biscuits between 2000h and 2100h.

Residents were not admitted to St. Edna's ward at night. Nursing staff in St. Edna's ward provided tea or water on request during the night. Supper was provided at 1900h and tea, biscuits or sandwiches were provided around the time night medication was being provided.

Residents in St. Marie Goretti ward were provided with a hot drink at 2000h.

Documentation/Handover procedure

In the admission wards there was a full handover at change of nursing shift. All documentation pertaining to admissions and day reports were excellent.

In St. Edna's ward there was a day report book and a night report book. There was a 15 minute overlap between day and night staff to allow for handover. The books reported on significant events related to the residents and was not linked to individual care plans.

Handover in St. Marie Goretti ward was between 2100h and 2115h. Daily and night nursing reports were maintained but it was reported that for most of the residents, there was little change in daily plans.

Interviews with service users

The Inspectorate spoke with a number of service users in the admission wards. All praised the nursing staff. They stated that they were comfortable in the unit and felt under no coercion to go to bed. Two residents stated that the unit was relaxed and quiet.

A number of residents spoke with the Inspectorate during a walk around St. Edna's ward. There was good banter between staff and residents and residents were well known to the staff on duty.

One resident spoke with the Inspectorate as they waited to enter St. Marie Goretti ward. This resident reported satisfaction with their care.

Conclusion

The Inspectorate was impressed by the level of nursing and medical care at night in the two admission units. There was evidence that the nursing staff was professional and efficient and that the NCHD responded promptly to calls. The wards were conducive to sleep at night. The standard of documentation and standard of assessments of new admissions were high. All residents interviewed were pleased with the conditions at night in the two wards.

There was some concern about the vulnerability of persons waiting for assessment who were unsupervised in the area between the two locked wards. The Inspectorate was concerned that the level of nursing in the male admission ward was insufficient on the night of inspection due to the fact that one nurse was exclusively occupied providing special nursing to one resident. The senior management team stated that they did not consider these issues to cause difficulties.

While St. Edna's ward was located in the main hospital building and it was old and run down, it does afford residents a significant amount of space on the ward which is well used in de-escalating events prior to their occurrence. While nursing care for residents at night was of high quality, the premises of St Edna's ward were not suitable for the provision of a modern mental health service.

The atmosphere in St. Marie Goretti ward was calm and peaceful although the ward was quite institutional in appearance. It was reported that residents required a high level of nursing care and eight residents had cot-sides in place. Shower facilities were inadequate with only one shower in the ward for 23 residents all except one of whom required assistance with showering. There was a closure plan for this unit which included a move to a purpose-built unit located in a different area of the town.

Recommendations

1. When there are only two nurses available, the nursing levels in the admission units should be reviewed.
2. The protocol for persons waiting for assessment at night in the admission unit should be reviewed, to ensure that the safety of any person waiting for assessment is paramount.
3. St. Edna's ward should be closed and the residents transferred to more suitable accommodation based on their needs.
4. The closure plan for St. Marie Goretti ward should be progressed but in the meantime, adequate shower and bathroom facilities should be provided as a matter of urgency.