



## St. Edmundsbury Hospital approved centre inspection report, 20 May 2008

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## Report of the Inspector of Mental Health Services 2008

<b>HSE AREA</b>	Independent Sector
<b>MENTAL HEALTH SERVICE</b>	St. Edmundsbury Hospital
<b>APPROVED CENTRE</b>	St. Edmundsbury Hospital
<b>NUMBER OF UNITS OR WARDS</b>	1
<b>UNITS OR WARDS INSPECTED</b>	St. Edmundsbury
<b>NUMBER OF RESIDENTS WHO CAN BE ACCOMODATED</b>	50
<b>CONDITIONS ATTACHED TO REGISTRATION</b>	No
<b>TYPE OF INSPECTION</b>	Unannounced
<b>DATE OF INSPECTION</b>	20 May 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**

St. Edmundsbury Hospital was a 50-bed unit that received admissions from all over the country. It was located on its own private grounds, some of which had been sold recently for re-development as housing. Some of the older parts of the hospital had been renovated since the last inspection. The hospital had a policy of not admitting detained patients. Generally two consultant psychiatrists were responsible for the majority of residents admitted, although a number of visiting consultant psychiatrists could also admit to the hospital. On the day of inspection, all the residents were under the care of one of four consultant psychiatrists. The staff group was small and it was evident – from talking to nursing, medical and health and social care professionals – that for the most part there were close working relationships and an ethos of multidisciplinary team working.

<b>WARD</b>	<b>NUMBER OF BEDS</b>	<b>NUMBER OF RESIDENTS</b>	<b>TEAM RESPONSIBLE</b>
St. Edmundsbury	50	46	General adult teams

Although St. Edmundsbury Hospital was registered as an approved centre in its own right, it was incorporated into the St. Patrick's Hospital service. This situation gave rise to some difficulties during the inspection process, for example the policies tended to refer to procedures and practices related to St. Patrick's Hospital, which were not always reflective of the practices in St. Edmundsbury. Records dealt with at a corporate level, such as records of incidents and complaints, were not available for inspection as they were held in St. Patrick's Hospital.

#### **RECOMMENDATIONS ARISING FROM THE 2007 APPROVED CENTRE REPORT**

*1. Policy on cot sides should be developed in line with MHC guidelines.*

**Outcome:** There was a policy on the use of cot sides.

2. All teams should adhere to the proposed multidisciplinary team care planning procedures and documentation.

**Outcome:** One of the teams did not participate in multidisciplinary team care planning.

### **MDT CARE PLANS 2008**

Detailed nursing and psychiatric assessments, including risk assessment, were carried out at admission. The assessment was undertaken using specific standard forms for psychiatric and medical assessment, nursing assessment and assessment of the resident's view of their own difficulties, views and expectations about treatment. All of the clinical files reviewed contained up-to-date multidisciplinary care plans based on the assessment information. These were reviewed at weekly team meetings and recorded in the clinical file on a specific form. The form allowed for evaluation and assessment of care and treatment and for a rating of each of the issues identified at assessment. None of the evaluation forms reviewed had been completed in full as the problems had not been identified or rated, although general progress was recorded. Each resident had a primary nurse. One of the teams held weekly meetings with the consultant, registrar, nursing staff and the resident. The resident had input to the care plan and also signed a copy of it. However, the Inspectorate was informed that this team was slow to progress multidisciplinary team working. The Inspectorate was informed that a meeting was due to be held in the near future to progress this issue. The other teams held multidisciplinary team meetings involving medical, nursing, clinical psychology, occupational therapy, cognitive behavioural therapists and family therapists. Residents did not attend these meetings and there was no evidence in the clinical files reviewed that they had input to their own care plan. Nursing staff reported that residents were not given a copy of their care plan and this was confirmed by one resident who spoke to the Inspectorate.

### **GOOD PRACTICE DEVELOPMENTS 2008**

- Clinical documentation was improved by the introduction of a self-adhesive multidisciplinary team meeting record that was inserted into the continuation notes in clinical files.
- Two part-time cognitive behavioural therapy posts, equivalent to one whole-time post, were funded and recruited.
- A part-time family therapist was funded and recruited for three days a week.
- A connection group focusing on retirement issues was started.
- An occupation and wellness group was commenced focusing on personal lifestyle balance.

### **SERVICE USER INTERVIEWS**

One resident asked to meet with the Inspectorate and her comments were passed on to nursing staff. Her main concerns were the lack of accessibility to counsellors and that she was not consulted enough on an ongoing basis. She complimented the initial assessment that sought her views and expectations at admission, but suggested that she would be much better able to contribute to it now that she was less acutely unwell and would like the opportunity to do so again. She reported that she had not received a copy of the information booklet, although she had been oriented to the unit by staff on admission. She reported that she found all the staff helpful and approachable.

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

1. Develop a statement to confirm that mechanical restraint was not used.
2. Develop St. Edmundsbury Hospital policies that reflect local practice and procedures.
3. Ensure that property lists are completed at admission.
4. Provide routine written information on resident's diagnosis and medication.
5. The multidisciplinary team treatment plan could be enhanced by specifying who was responsible for different aspects of the treatment and by completing in full the existing care plan documentation.

## **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**

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.

### **2.2 EVIDENCE OF COMPLIANCE WITH REGULATIONS UNDER MENTAL HEALTH ACT 2001 SECTION 52 (d) ON 20 MAY 2008**

#### **Article 6 (1-2) Food Safety**

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A food safety report was made available to the Inspectorate.

**Compliant:** Yes

#### **Article 8: Residents' Personal Property and Possessions**

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A record of property was only maintained if there was reason to be concerned that a resident might not remember his or her possessions when admitted.

**Breach:** A record was not maintained of each resident's personal property and possessions [Article 8 (3)]. The approved centre's policy refers only to valuables and not residents personal property and possessions [Article 8 (2)].

**Compliant:** No

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

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A policy on care of the dying was in place and there were also policies available for different religious practices. The policy had been amended since last year to contain the stipulation that the Mental Health Commission be notified of all deaths within 48 hours.

**Compliant:** Yes

### **Article 15: Individual Care Plan**

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All of the clinical files reviewed contained up-to-date multidisciplinary team care plans based on the assessment information, except those from one of the teams. These were reviewed at weekly team meetings and recorded in the clinical file on a specific form. Residents under the care of one of the teams had care plans devised by medical and nursing staff only, despite the availability of other disciplines in the service.

**Breach:** On one team, health and social care professionals were not facilitated to contribute to multidisciplinary care plans and the residents under the care of that team did not have multidisciplinary care plans [Article 15 and Article 3].

The service subsequently submitted an action plan highlighting how they intend to meet the requirements of this Article.

**Compliant:** No

### **Article 16: Therapeutic Services and Programmes**

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Residents attended specific activities that were facilitated in St. Edmundsbury. Some residents attended activities at St. Patrick's Hospital. The range of activities was appropriate to the needs of the resident and was related to their care plan. Therapeutic services were provided by the clinical psychologists, occupational therapists, clinical nurse specialists and family therapists based in the hospital and residents could access social workers from St. Patrick's Hospital.

**Compliant:** Yes

### **Article 17: Children's Education**

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The Inspectorate was informed that children were not admitted to St. Edmundsbury.

**Compliant:** Not applicable

### **Article 18: Transfer of Residents**

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There was an internal transfer policy that was used to transfer residents to and from St. Patrick's Hospital. There was a transfer policy available regarding transfer to other hospitals.

**Compliant:** Yes

### **Article 19 (1-2): General Health**

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None of the residents had been more than six months in hospital at the time of inspection. Residents were facilitated in attending screening programmes. A policy and procedure regarding medical emergencies was in place. There was an NCHD on duty at all times in St. Edmundsbury.

**Compliant:** Yes

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

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An information booklet was available for all residents but it referred to the residents stay in St. Patrick's Hospital. The booklet should inform the resident about their admission to St. Edmundsbury. A variety of information leaflets about mental health issues, advocacy and self-help topics were provided. Residents were not routinely given written information about their diagnosis and there was no record in the clinical files reviewed that indicated why this had not been done. Information was given about possible side effects of medication only when a resident specifically requested it.

**Breach:** Residents were not provided with written information about their diagnosis as outlined in Article 20 (1) (c) or with information on indications for use of all medications including any possible side effects as outlined in Article 20 (1)(e).

The service subsequently submitted an action plan highlighting how they intended to meet the requirements of this Article.

**Compliant:** No

### Article 21: Privacy

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The service was compliant with this Article.

**Compliant:** Yes

### Article 26: Staffing

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All policies regarding staffing were maintained within the Human Resources department of St. Patrick's Hospital. A record of staff on duty was kept. There was an appropriate skill mix of staff to meet the needs of most of the residents.

STAFF TYPE	DAY	NIGHT
Registered Psychiatric Nurse	5	2
Care staff	3	1

All staff were trained in basic life-saving skills, control and restraint and manual handling and a record of individual training was kept. All staff had been trained in the Mental Health Act 2001. Copies of the Act, Regulations and Rules were available to staff.

**Compliant:** Yes

### Article 28: Register of Residents

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The register of residents was maintained in St. Patrick's Hospital and was available on the local intranet. It contained the information required in Schedule 1.

**Compliant:** Yes

### Article 33: Insurance

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The insurance cover was organised by St. Patrick's Hospital. A copy of the insurance cover was sent to the Inspectorate when requested.

**Compliant:** Yes

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

### **SECLUSION**

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The service reported that seclusion was not used in St. Edmundsbury. A statement confirming this was forwarded to the Inspectorate.

**Compliant:** Not applicable

### **ECT**

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The Inspectorate was informed that ECT was not used in St. Edmundsbury. A statement confirming this was requested during the inspection but was not submitted to the Inspectorate.

**Compliant:** No

### **MECHANICAL RESTRAINT**

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The service reported that mechanical restraint was not used in St. Edmundsbury. A policy on mechanical restraint was forwarded to the Inspectorate that stated mechanical restraint was only to be used for patients with enduring self-harming behaviour described in Part 5 of the Rules.

**Compliant:** Yes

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

### **PHYSICAL RESTRAINT**

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The Inspectorate was informed that physical restraint was not used in St. Edmundsbury. A policy confirming this was forwarded to the Inspectorate.

**Compliant:** Not applicable

### **ADMISSION OF CHILDREN**

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The service reported that children were not admitted to St. Edmundsbury. A policy confirming this was forwarded to the Inspectorate.

**Compliant:** Not applicable

### **NOTIFICATION OF DEATHS AND INCIDENT REPORTING**

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Appropriate policies were in place.

**Compliant:** Yes

### **ECT FOR VOLUNTARY PATIENTS**

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The Inspectorate was informed that ECT was not used in St. Edmundsbury. A statement confirming this was requested during the inspection but was not submitted to the Inspectorate.

**Compliant:** No

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

This was not applicable as the service did not admit detained patients.

**Compliant:** Not applicable