

Inspector of Mental Health Services 2014 Reports

This is the third batch of 2014 inspection reports of the Inspector of Mental Health Services.

This batch of reports contains four approved centre inspection reports. The approved centres in this batch required further improvements.

The Approved Centres reported on are:

1. Acute Psychiatric Unit, 5B, University Hospital Limerick
2. Elm Mount Unit, St. Vincent's University Hospital
3. Heywood Lodge, Clonmel
4. Department of Psychiatry, University Hospital, Galway

Under the Mental Health Act 2001 the Inspectorate is required to inspect annually all Approved Centres for mental health services. In addition, the Inspectorate may inspect any mental health service.

According to the Act, inspections of Approved centres must be with respect to Regulations, Rules and Codes of Practices as well as providing an overall assessment of the quality of care and treatment.

Regulations

Mental Health Act, 2001 (Approved Centres) Regulations 2006 - S.I. No 551 of 2006 cover a wide range of requirements all relating to the overall care and treatment.

Rules

Rules relate to ECT, Seclusion and Mechanical Restraint and are drawn up by the Mental Health Commission. They have the same force as statutory instruments.

Codes of Practice

There are also a number of Codes of Practice in relation to Admission, Transfer and Discharge, Admission of Children, Deaths and Incident Reporting, Working with People with intellectual disabilities, Use of ECT for Voluntary Patients and Use of Physical Restraint. These Codes of Practice are also drawn up by the Mental Health Commission.

Inspection Process

The inspection process involves:

- A visit to the mental health service.
- Informal feedback following the visit to the mental health service.
- Breaches of an urgent nature are communicated immediately to the Commission.

- An initial draft report by members of the Inspectorate team to the mental health service for factual correction.
- Factual correction of the initial draft report by the mental health service.
- Factually corrected draft (version 2) inspection reports are sent by the Inspectorate to the service.
- Factually corrected draft (version 2) inspection reports are sent by the Inspectorate to the Standards and Quality Assurance Division of the Mental Health Commission for appropriate action.
- Before publication, a final screen takes place by the Inspectorate at their Quality, Proof Reading and Editing Committee.

The Inspectorate holds the view that for maximal impact, reports should be published as quickly as possible following an inspection. Reports are now issued on a continuous basis rather than annually as previously.

The main points for this current batch of reports are as follows:

Approved Centres

1. Acute Psychiatric Unit, 5B, University Hospital Limerick

SUMMARY OF COMPLIANCE WITH MENTAL HEALTH ACT 2001 (APPROVED CENTRES) REGULATIONS 2006

COMPLIANCE RATING	2012	2013	2014	ARTICLE NUMBERS 2014
Fully Compliant	23	19	25	
Substantial Compliance	4	8	5	7, 21, 22, 26, 32
Minimal Compliance	2	1	0	
Not Compliant	1	2	0	
Not Applicable	1	1	1	25

Summary

- The approved centre was fully compliant with Article 15 of the Regulations on individual care planning and was no longer in breach of the condition on Registration.
- The new building and refurbishment was continuing and it was clear that this would result in an improved facility for residents.
- There was excellent multidisciplinary input into all aspects of care of residents.
- All residents did not have a risk assessment.
- Staff reported that residents did not have access to independent advocacy services for a number of months.
- A significant number of staff were not trained in prevention and management of aggression and violence (PMAV). Twelve staff had trained in Leadership in PMAV and 18 registered psychiatric nurses had trained in PMAV in 2012.

2. Elm Mount Unit

SUMMARY OF COMPLIANCE WITH MENTAL HEALTH ACT 2001 (APPROVED CENTRES) REGULATIONS 2006

COMPLIANCE RATING	2012	2013	2014	ARTICLE NUMBERS 2014
Fully Compliant	24	21	28	
Substantial Compliance	6	9	0	
Minimal Compliance	0	0	0	
Not Compliant	0	0	2	19, 33
Not Applicable	1	1	1	25

Summary

- The approved centre was bright, well-decorated and spotlessly clean.
- There was an excellent choice of food available to residents.
- The approved centre was compliant with Article 15 in respect of individual care plans.
- One resident who was in the approved centre for a period in excess of six months had not had a six-monthly physical examination.
- The policy on the use of physical restraint did not address the use of security personnel from St. Vincent's University Hospital in the application of physical restraint and there was no information available to inspectors as to whether the security personnel had received training in this regard.

3. Heywood Lodge

SUMMARY OF COMPLIANCE WITH MENTAL HEALTH ACT 2001 (APPROVED CENTRES) REGULATIONS 2006

COMPLIANCE RATING	2012	2013	2014	ARTICLE NUMBERS 2014
Fully Compliant	27	26	24	
Substantial Compliance	3	4	6	5, 15, 16, 26, 28, 32
Minimal Compliance	0	0	0	
Not Compliant	0	0	0	
Not Applicable	1	1	1	17

Summary

- The approved centre was clean, bright, well heated and ventilated. The environment was very conducive to care and treatment. The garden areas were pleasant and all bedrooms opened onto pleasant courtyard areas.
- Recreational activities for residents were well catered for throughout the approved centre.
- The standard of prescribing and administration of medicines was excellent.
- The main meal of the day did not provide an element of choice.
- Although each resident had an individual care plan (ICP), documentation within them was scant and limited.
- Each resident had access to an appropriate range of therapeutic services and programmes. However, these were not in accordance with each resident's individual care plan.

4. Department of Psychiatry, University Hospital, Galway

SUMMARY OF COMPLIANCE WITH MENTAL HEALTH ACT 2001 (APPROVED CENTRES) REGULATIONS 2006

COMPLIANCE RATING	2012	2013	2014	ARTICLE NUMBERS 2014
Fully Compliant	22	23	16	
Substantial Compliance	4	2	11	8,13,15,18,19,21 23,24,26,27
Minimal Compliance	1	1	3	16,22,29
Not Compliant	3	3	0	
Not Applicable	1	2	1	25

Summary

- Although the approved centre had improved in relation to Article 15 of the Regulations, the service was in breach of the condition imposed by the Mental Health Commission on Individual Care Plans.
- The newly constructed High Observation area of the ward remained unused by the in-patient service and was used as office space to accommodate the psychology department.
- Some maintenance work had been carried out in the ward.
- Security personnel from the general hospital were involved in physical restraint of patients of the approved centre.
- Several policies were out of date.