

## **Inspector of Mental Health Services 2013 Reports**

This is the sixth batch of the 2013 reports of the Inspector of Mental Health Services. Inspection reports are being released at intervals during 2013.

No conclusions can be drawn regarding the overall state of mental health services at a national level from these batches.

This batch of reports contains four approved centre inspection reports and three other mental health service reports. Of the four approved centre inspection reports Willow Grove, St. Patrick's University Hospital achieved full compliance with the Mental Health Act, 2001 (Approved Centres) Regulations 2006. Three approved centres required further improvements.

### **The Approved Centres reported on are:**

1. Lakeview Naas
2. O'Casey Rooms
3. Willow Grove, St. Patrick's University Hospital
4. Centre for Mental Health Care and Recovery, Bantry

### **Other Mental Health Services**

1. Cois Alla
2. Carrigabrick
3. O'Connell House

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.

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.

Attempts are made by the Inspectorate to identify patterns and trends on an end of year basis.

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

## Approved Centres

### 1. Lakeview Naas

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

<b>COMPLIANCE RATING</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>	<b>ARTICLE NUMBERS 2013</b>
Fully Compliant	22	23	26	-
Substantial Compliance	8	8	4	15,22,26,27
Minimal Compliance	1	0	1	16
Not Compliant	0	0	0	-
Not Applicable	0	0	0	-

#### **Summary**

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- Two residents had been transferred to other parts of the service because of overcrowding.
- Staff reported there were no appropriate step down facilities for residents.
- All residents did not have completed Individual Care Plans.
- Communal space in the approved centre, particularly on the lower ground floor was inadequate.

## 2. O'Casey Rooms

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

COMPLIANCE RATING	2011	2012	2013	ARTICLE NUMBERS 2013
Fully Compliant	23	23	24	-
Substantial Compliance	2	5	4	22,26,27,28
Minimal Compliance	3	0	1	29
Not Compliant	0	1	0	-
Not Applicable	3	2	2	17,25

#### Summary

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- The approved centre provided in-patient care for elderly residents of Dublin North East, under the care of the Psychiatry of Old Age team.
- Staff had opened two activities areas during the year which greatly enhanced the care of the residents.
- There was evidence of good quality care, with frequent multidisciplinary reviews, good care planning and team co-ordination.
- The communal spaces remained small and cramped.
- The building was rented and the future location of the service remained uncertain.

### 3. Willow Grove, St. Patrick's University Hospital

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

<b>COMPLIANCE RATING</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>	<b>ARTICLE NUMBERS 2013</b>
Fully Compliant	30	30	30	-
Substantial Compliance	0	0	0	-
Minimal Compliance	0	0	0	-
Not Compliant	0	0	0	-
Not Applicable	1	1	1	30

#### **Summary**

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- Willow Grove Unit provided in-patient facilities for young people aged 13-17 years in a purpose-built building within the St. Patrick's Hospital campus.
- There was evidence during the inspection, of the continuation of the high quality of service provision of previous years.
- All residents had Individual Care Plans and a range of therapeutic and recreational facilities were provided for young people.
- A number of quality initiatives had taken place and an effort was ongoing to develop an inclusive service user perspective.

#### 4. Centre for Mental Health Care and Recovery, Bantry

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

<b>COMPLIANCE RATING</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>	<b>ARTICLE NUMBERS 2013</b>
Fully Compliant	29	28	22	-
Substantial Compliance	1	2	7	7,20,23,27,28,31,32,
Minimal Compliance	0	0	2	22,25
Not Compliant	0	1	0	-
Not Applicable	1	0	0	-

#### **Summary**

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- The approved centre provided an acute in-patient service in an old building, to a largely rural population in the South West of the country.
- Staff were enthusiastic and committed to high standards of care and treatment within a Recovery framework.
- There were deficits in the amount of written information given to residents.
- CCTV cameras were monitored by staff who were not health professionals as required by the Regulations.

## Other Mental Health Services

### 1. Cois Alla

#### Summary

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- The building was a recently constructed, purpose-built residence situated in Kanturk town and provided spacious individual bedrooms for residents.
- All residents had an excellent individual care plan which was reviewed annually.
- Over half of all residents were on a self-medicating programme.
- On the day of inspection staff reported that, due to restrictions by inspectors of the Health and Safety regulators on use of the kitchen, residents could not participate in activities such as preparing and cooking meals. It was subsequently reported that some residents cooked their own meals.
- Most residents were involved in some therapeutic activities on a regular basis.

### 2. Carrigabrick

#### Summary

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- The residence at Carrigabrick Lodge offered a very pleasant purpose-built home for 12 residents with enduring mental illness.
- All residents had an individual care plan which was reviewed annually and most residents participated in activities in day centres locally.
- All but two residents had been admitted to the residence following transfer from long-term care in St. Stephen's Hospital, Cork.
- On the day of inspection staff reported that, due to health and safety restrictions on the use of the kitchen, residents could not participate in activities such as preparing and cooking meals. It was subsequently reported that some residents cooked their own meals.

### 3. O'Connell House

#### Summary

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- O'Connell House residents were under the care of the Rehabilitation team. However, no residents were discharged to more independent accommodation in 2013 to the date of inspection.
- The standard of maintenance was poor and staff reported the residence had not been painted for several years.
- In spite of some bright areas, the residence was dirty and neglected looking in places. There was no onsite supervision for household staff.
- There were few activities for residents who did not attend the day centre.
- The service transport was not wheelchair accessible, so some residents could not avail of it.