

Report of the Inspector of Mental Health Services 2014

EXECUTIVE CATCHMENT AREA/INTEGRATED SERVICE AREA	Galway, Mayo, Roscommon
HSE AREA	West
MENTAL HEALTH SERVICE	Galway, Roscommon
APPROVED CENTRE	Department of Psychiatry, Galway University Hospital, Galway
NUMBER OF WARDS	1
NAMES OF UNITS OR WARDS INSPECTED	Department of Psychiatry (DOP)
TOTAL NUMBER OF BEDS	45
CONDITIONS ATTACHED TO REGISTRATION	Yes
TYPE OF INSPECTION	Unannounced re-inspection.
DATE OF INSPECTION	17 and 18 December 2014
INSPECTED BY	Seán Logue, Assistant Inspector of Mental Health Services; Dr. Fionnuala O'Loughlin MCN 08108, Assistant Inspector of Mental Health Services.
ACTING INSPECTOR OF MENTAL HEALTH SERVICES	Dr. Susan Finnerty, MCN009711

Summary

- During this re-inspection of the Department of Psychiatry, University Hospital Galway, the approved centre was found by inspectors to be in breach of Part (A) of the condition of its registration, which requires full compliance with Article 15 (Individual Care Plan) of S.I. No 551 of 2006; Mental Health Act 2001 (Approved Centres) Regulations 2006.
- Inspectors noted that much work had been done by staff of the approved centre in respect of attempting to achieve compliance with Article 15 of the Regulations.

DESCRIPTION

On the first day of this re-inspection, there were 23 residents in “Section A” (the male ward) and 17 residents in “Section B” (the female ward). In addition to this, there were five patients who were absent with leave under section 26 of the Mental Health Act 2001. This made a total of 45 residents in the approved centre. There was a total of twelve involuntary patients detained under the Mental Health Act 2001. There were no child residents.

On the second day of this re-inspection there were 21 residents in “Section A” and 16 residents in “Section B”. There remained 12 involuntary patients detained under the Mental Health Act 2001, five of whom were absent with leave under section 26 of the Mental Health Act 2001. There were no child residents.

CONDITIONS

The Mental Health Commission had imposed a condition on the registration of the approved centre in the DOP, Galway. The condition specified the following:

- (A) *The Mental Health Commission requires full compliance with Article 15 (Individual Care Plan) of S.I. No 551 of 2006; Mental Health Act 2001 (Approved Centres) Regulations 2006.*
- (B) *The Mental Health Commission requires that ongoing clinical audits must be conducted as a cyclical process to monitor compliance with Article 15 (Individual Care Plan) of S.I. No 551 of 2006; Mental Health Act 2001 (Approved Centres) Regulations 2006 for each in-patient resident of each sector team to ensure improvement has been achieved and sustained. A sectorised report of the results of the ongoing clinical audit, naming each specific sector team, must be submitted to the Commission on 1st April 2014 and on the 1st of each month thereafter.*

COMPLIANCE WITH CONDITIONS:

The service was in breach of Part (A) of the condition.

PART ONE: QUALITY OF CARE AND TREATMENT SECTION 51 (1)(b)(i) MENTAL HEALTH ACT 2001

DETAILS OF WARDS IN THE APPROVED CENTRE

WARD	NUMBER OF BEDS	NUMBER OF RESIDENTS	TEAM RESPONSIBLE
Department of Psychiatry	45	45	General Adult Psychiatry of Old Age

PART TWO: EVIDENCE OF COMPLIANCE WITH REGULATIONS, RULES AND CODES OF PRACTICE, AND SECTION 60, MHA 2001

2.2 EVIDENCE OF COMPLIANCE WITH REGULATIONS UNDER MENTAL HEALTH ACT 2001 SECTION 52 (d)

Article 15: Individual Care Plan

The registered proprietor shall ensure that each resident has an individual care plan.

[Definition of an individual care plan: "... a documented set of goals developed, regularly reviewed and updated by the resident's multi-disciplinary team, so far as practicable in consultation with each resident. The individual care plan shall specify the treatment and care required which shall be in accordance with best practice, shall identify necessary resources and shall specify appropriate goals for the resident. For a resident who is a child, his or her individual care plan shall include education requirements. The individual care plan shall be recorded in the one composite set of documentation".]

SATISFACTORY PERFORMANCE					
LEVEL OF COMPLIANCE	DESCRIPTION	2012	2013	2014	2014 REINSPECTION
Fully compliant	<i>Evidence of full compliance with this Article.</i>				
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			X	X

UNSATISFACTORY PERFORMANCE					
LEVEL OF COMPLIANCE	DESCRIPTION	2012	2013	2014	2014 REINSPECTION
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>				
Not compliant	<i>Service was unable to demonstrate structures or processes to be</i>	X	X		

	<i>compliant with this Article.</i>				
--	-------------------------------------	--	--	--	--

Justification for this rating:

All individual care plans (ICPs) of residents of the approved centre, 23 residents in “Section A” (the male ward) and 17 residents in “Section B” (the female ward) and five patients on absence with leave under section 26 of the Mental Health Act 2001, were inspected.

Inspectors noted that much work had been done by staff of the approved centre in respect of attempting to achieve compliance with Article 15 (Individual Care Plan) of the Regulations. The ICP template, in particular, was excellent. The resident’s voice was captured extremely well in many ICPs and there was documentary evidence that each resident had input into their ICP. Where this was not the case, it was documented if the resident refused or where the resident lacked capacity. In addition, inspectors felt there was a sense of buy-in to the concept of multidisciplinary care plans by all staff of the approved centre.

However, although each resident had a care plan, 12 residents did not have an individual care plan as described in the Regulations.

The reason why inspectors considered that the approved centre was in breach of Part (A) of the condition of its registration that required it to be fully compliant with Article 15 (Individual Care Plan) of the Regulations was that the individual care plans, in 12 instances, did not identify the necessary resources. Photocopy evidence of the above was taken by inspectors.

The approved centre was in breach of Article 15 (Individual Care Plan) of the Regulations and thus, the condition on the registration of the approved centre, because the individual care plans, in 12 instances, did not identify the necessary resources.

Breach: 15

OVERALL CONCLUSIONS OF THIS INSPECTION

The approved centre was not in compliance with Article 15 (Individual Care Plan) of the Regulations and with Part (A) of the condition attached to its registration, as described above.

Inspectors noted that much work had been done by staff of the approved centre in respect of attempting to achieve compliance with Article 15 (Individual Care Plan) of the Regulations.

RECOMMENDATIONS 2014

1. The approved centre must be fully compliant with Article 15 (Individual Care Plan) of the Regulations.