

Inspector of Mental Health Services 2013 Reports

This is the first 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 initial batches.

In this batch of approved centre inspection reports one approved centre Bloomfield Care Centre was compliant with all Articles of the Regulations and three approved centres required further improvements.

The Approved Centres reported on are:

1. Sycamore Unit, Connolly Hospital
2. Bloomfield Care Centre
3. Heywood Lodge, Clonmel
4. St Ita's Hospital, Portrane

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.

The following other mental health services were visited by the Inspectorate:

Other Mental Health Services

1. Glenmalure, 24 hour nurse staffed community residence
2. Toghermore, 24 hour nurse staffed community residence

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 the current batch of reports are as follows:

Approved Centres

1. Sycamore Unit, Connolly Hospital

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

COMPLIANCE RATING	2011	2012	2013	ARTICLE NUMBERS 2013
Fully Compliant	20	20	22	
Substantial Compliance	1	5	5	15,16,23,27,29
Minimal Compliance	4	4	1	26
Not Compliant	4	0	0	
Not Applicable	2	2	3	13, 17,25

Summary

- The approved centre provided excellent physical care for residents with dementia and had a good relationship with medical staff from Connolly Hospital.
- Despite recommendations from several Inspectorate reports, there were times when no psychiatrically trained staff member was on duty.
- The service had introduced an occupational therapist who was due to begin individual assessments for residents.
- All residents had an individual care plan, but these were non-specific and generic in nature.
- The unit was very clean and well kept.

2. Bloomfield Care Centre

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

COMPLIANCE RATING	2011	2012	2013	ARTICLE NUMBERS 2013
Fully Compliant	26	21	30	-
Substantial Compliance	2	5	0	-
Minimal Compliance	0	2	0	-
Not Compliant	2	2	0	-
Not Applicable	1	1	1	17

Summary

- Quaker principles of integrity, equality, community, simplicity and peace underpinned the delivery of care. Bloomfield Care Centre specialised in the care and treatment of persons with dementia, and severe and enduring mental illness, including Huntingtons Disease.
- The approved centre had appointed a new clinical director in 2012. Nursing staff had been reconfigured to include more Registered Psychiatric Nurses. The result was that Bloomfield Care Centre now presented a culture and care delivery in keeping with excellence in psychiatric care.
- Each resident had an individual care plan (ICP). The resident and their family were included in the care planning process insofar as they wished and this was well recorded. ICPs were comprehensive and holistic in approach incorporating each resident's strengths and preferences.
- Leadership, multidisciplinary working and a culture of learning was evident across all disciplines both at governance and care delivery levels. The approved centre was an ideal learning environment for healthcare students.

3. Heywood Lodge, Clonmel

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

COMPLIANCE RATING	2011	2012	2013	ARTICLE NUMBERS 2013
Fully Compliant	NOT APPLICABLE	27	26	-
Substantial Compliance	NOT APPLICABLE	3	4	5, 23, 27, 31
Minimal Compliance	NOT APPLICABLE	0	0	-
Not Compliant	NOT APPLICABLE	0	0	-
Not Applicable	NOT APPLICABLE	1	1	17

Summary

- West House in Heywood Lodge provided care and treatment for residents under the Rehabilitation and Recovery team and East House provided care and treatment for residents under the Psychiatry of Old Age team.
- The approved centre was furnished and decorated to a high standard. It was clean, bright and well-ventilated.
- Each resident had access to an appropriate range of therapeutic services and programmes in accordance with their individual care plans.
- A number of medication administration errors were discovered by inspectors from examination of the prescription booklets. These errors were minor in nature.
- A number of individual clinical files on both units were bulky and some had loose clinical sheets which fell out on inspection. It was not easy to retrieve information from these clinical files.

4. St Ita's Hospital, Portrane

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

COMPLIANCE RATING	2011	2012	2013	ARTICLE NUMBERS 2013
Fully Compliant	23	22	24	-
Substantial Compliance	3	4	4	11, 20, 21, 31
Minimal Compliance	3	0	0	-
Not Compliant	1	3	1	22
Not Applicable	1	2	2	17, 25

Summary

- The closure plans for the remaining two wards, Woodview and Willowbrook, in St. Ita's Hospital, by December 2013 were progressing.
- There was an active rehabilitation focus to care and planned care pathways to community placement were well advanced. Families had been included in the process.
- Each resident had an individual care plan as required by Article 15 of the Regulations.

Other Mental Health Services

1. Glenmalure, 24 hour nurse staffed community residence

SUMMARY

Glenmalure House was an 18-bed community residence with an active rehabilitation programme. The standard of care was high as evidenced by inspection of a sample of clinical files. There was evidence of regular team review and regular review of each resident's multidisciplinary individual care plan which was also signed by the resident. There was also evidence of multidisciplinary team input into the clinical files. Staff of the residence presented as being positive, progressive and proactive. A number of staff of Glenmalure House were on the editorial committee of *Speak Your Mind – The Magazine for Positive Mental Health*.

Each resident had their own bank account, post office account or credit union account and, bar one resident, controlled their own finances. The bank account of one resident, who had an intellectual disability and mental illness, was managed by their family with the resident's agreement. Staff of the residence did not hold residents' monies or control any account belonging to a resident.

2. Toghermore, 24 hour nurse staffed community residence

SUMMARY

Toghermore, an 18-bed residential unit, was due to close in the immediate future as it did not meet fire safety requirements. The HSE stated at the meeting with the inspector that it would not be correcting the deficits as it said it would be too costly with a cost possibly rising to €500,000. The HSE stated that "The works carried out to date to the Toghermore Complex will be taken into account by management and Estates and the best possible use of the Toghermore Complex will be established".

Residents stated to the inspector that they were not informed of the decision to close the residence and they had first heard about the decision in the local media and they said they had no input or offered any choice as to where they were to live. The HSE do not agree with this and say that all residents and their families were fully informed prior to Christmas 2012. On talking with residents, it was evident to the inspector that the residents were fearful, bewildered and distressed.

No information was forthcoming about the future placement of the residents apart from the fact that they would continue to receive 24-hour nursing supervision. Vacancies in the current 24-hour residential settings in East Galway were not currently available according to the consultant psychiatrists. A review of residential places is currently being undertaken by the HSE.