

Inspector of Mental Health Services 2013 Reports

This is the third 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 all six approved centres required further improvements.

The Approved Centres reported on are:

- 1. Carraig Mór Centre**
- 2. Jonathan Swift Clinic, St. James's Hospital**
- 3. Central Mental Hospital**
- 4. Department of Psychiatry, Connolly Hospital**
- 5. Acute Mental Health Admission Unit, Kerry General Hospital**
- 6. Department of Psychiatry, University College Hospital, Galway (night inspection)**

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 the current batch of reports are as follows:

Approved Centres

1. Carraig Mór Centre

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

COMPLIANCE RATING	2011	2012	2013	ARTICLE NUMBERS 2013
Fully Compliant	22	26	21	-
Substantial Compliance	5	3	6	8,22,23,26,27, 28
Minimal Compliance	3	1	1	21
Not Compliant	0	0	2	15,16
Not Applicable	1	1	1	17

Summary

- The approved centre was drab and the continuing care unit provided an institutionalised and socially impoverished environment for residents; however, at the time of inspection, a programme of re-painting was underway.
- Four residents in the approved centre were, by their own choice, lying on their beds completely encased in blankets at the time of inspection. Staff paid no heed to this and had no comment to make in response to inquiry by inspectors. The dormitory accommodation was akin to that of another century.
- All residents except one had an individual care plan.
- There was no provision for privacy in the bathrooms or lavatories in the male areas of the wards.
- The seclusion room was being refurbished and fitted with CCTV cameras for enhanced observation.
- The visitors' room had been relocated and provided a pleasant, welcoming room for visitors and residents.

2. Jonathan Swift Clinic, St. James's Hospital

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

COMPLIANCE RATING	2011	2012	2013	ARTICLE NUMBERS 2013
Fully Compliant	25	18	25	-
Substantial Compliance	2	8	4	8, 22, 23, 28
Minimal Compliance	0	0	1	26
Not Compliant	2	4	0	-
Not Applicable	2	1	1	25

Summary

- Physical restraint and admission and discharge procedures were excellent.
- The risk assessment and risk management procedure was of a good standard, with clear recording of input and discussion with the resident and family.
- All residents whose clinical files were examined had an individual care plan as described in the Regulations.
- The training log for multidisciplinary staff in relation to the Mental Health Act 2001 was provided to inspectors. Eleven consultant psychiatrists, 21 senior nursing staff and 50 RPNs attended this training.
- Medicine was not prescribed in accordance with Medical Council guidelines and was not prescribed and administered in accordance with the approved centre's own policies and procedures.

3. Central Mental Hospital

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

COMPLIANCE RATING	2011	2012	2013	ARTICLE NUMBERS 2013
Fully Compliant	26	21	26	-
Substantial Compliance	4	5	3	21, 26, 27
Minimal Compliance	0	2	0	-
Not Compliant	1	3	1	22
Not Applicable	0	0	1	17

Summary

- Each resident, whose clinical file was inspected, had an individual care plan as described in the Regulations.
- Each resident had an individual therapeutic programme appropriate to their individual risks and needs and in accordance with their individual care plan.
- There was an excellent choice of food for all meals. There was a menu system whereby residents requested meal choices in advance.
- The premises were clean. The main building was an old building and difficult to maintain. Plans were progressing to re-locate the hospital to the site of St. Ita's Hospital, Portrane, in north Co. Dublin where the plan was to open the new facility in 2016.
- There were vacant psychology and occupational therapist posts, however the CMH had recently been allocated an additional psychology, social work and occupational therapist post which they hoped to fill as soon as possible.

4. Department of Psychiatry, Connolly Hospital

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

COMPLIANCE RATING	2011	2012	2013	ARTICLE NUMBERS 2013
Fully Compliant	25	24	22	-
Substantial Compliance	3	4	7	5,9,11,16,18,21,26
Minimal Compliance	1	1	2	22,25
Not Compliant	2	2	0	-
Not Applicable	0	0	0	-

Summary

- The approved centre had made significant progress in introducing an excellent individual care plan template.
- The approved centre required urgent maintenance and painting.
- Adequate seating areas and chairs still had not been provided although this had been a recommendation in 2012.
- The use of CCTV in bedrooms without adequate risk assessment and care planning for the individual residents was unacceptable as this was an infringement of their right to privacy and dignity. Subsequent to the inspection the service reported that the CCTV in bedrooms had been disconnected.

5. Acute Mental Health Admission Unit, Kerry General Hospital

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

COMPLIANCE RATING	2011	2012	2013	ARTICLE NUMBERS 2013
Fully Compliant	15	18	25	-
Substantial Compliance	9	9	2	26, 31
Minimal Compliance	4	3	3	16, 21, 22
Not Compliant	2	0	0	
Not Applicable	1	1	1	25

Summary

- Each resident had an individual care plan as described in the Regulations.
- There was a good choice of main meal for residents each day.
- There was a lack of therapeutic programmes and activities noted by inspectors throughout the day of inspection.
- In the case of one resident who was secluded, the resident was not afforded sufficient dignity in relation to clothing while in seclusion. The resident was observed to be at risk of injury from the furnishings in the seclusion room. The exact nature of the risk was brought to the attention of the Acting Clinical Nurse Manager of the ward on the day of inspection.
- The accommodation areas and clinical areas were dated. Bathrooms had no windows that could open and so were stuffy and airless; this was also reported in the 2010, 2011 and 2012 inspection reports. The approved centre was in need of redecoration but building works to build the much-awaited high observation was impending and so maintenance programmes had ceased; this was also reported in the 2012 inspection report.
- There were 19 residents in the 18-bed Reask Ward and an extra bed had been placed in the centre-end of the six-bed room directly facing the door. This bed was visibly exposed to the open doorway and corridor and had no privacy curtains.

6. Department of Psychiatry, University College Hospital, Galway (night inspection)

Summary

- The DOP, Galway University Hospital was calm and peaceful on the night of inspection.
- There had been no admissions during the night and no incidents had been recorded.
- There were five nurses on duty in the approved centre at night.