

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

This is the fourth 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 ten approved centre inspection reports eight approved centres required further improvements.

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

1. Adolescent In-Patient Unit, St. Vincent's Hospital
2. Elm Mount Unit
3. Department of Psychiatry, Our Lady's Hospital, Navan
4. St. Vincent's Hospital, Fairview
5. St. Michael's Unit, Mercy Hospital
6. St. Stephen's Hospital
7. Department of Psychiatry, University College Hospital, Galway (26.2.2013)
8. Lois Bridges
9. St. Brigid's Hospital, Ballinasloe
10. Unit One and St. Ita's Ward, St. Brigid's Hospital, Ardee

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. Adolescent In-Patient Unit, St. Vincent's Hospital

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

COMPLIANCE RATING	2011	2012	2013	ARTICLE NUMBERS 2013
Fully Compliant	24	26	26	–
Substantial Compliance	3	1	2	20(d), 22(3)
Minimal Compliance	2	0	0	–
Not Compliant	0	2	1	19(1)
Not Applicable	2	2	2	–

#### **Summary**

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- St Joseph's Adolescent In-patient Unit presented as a bright and well-run adolescent facility.
- There was a good balance of group and individual therapeutic work and recreational and educational facilities.
- Only eight out of the twelve beds were commissioned on the day of inspection.
- There was evidence on the day of inspection that there were structural problems with some of the en suite bathrooms.
- The documentation and processes in relation to the use of seclusion and physical restraint were of a high standard.

## 2. Elm Mount Unit

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

COMPLIANCE RATING	2011	2012	2013	ARTICLE NUMBERS 2013
Fully Compliant	30	24	21	-
Substantial Compliance	0	6	9	5,13,16,23,24,26,29,30,31
Minimal Compliance	0	0	0	-
Not Compliant	0	0	0	-
Not Applicable	1	1	1	25

#### Summary

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- An occupational therapist had been recruited to the approved centre. However, the service did not have access to a psychologist.
- All residents had Individual Care Plans.
- The policy on the Use of Physical Restraint was out of date.
- The Electroconvulsive Therapy (ECT) service was approved by the ECT accreditation service (ECTAS) and was excellent.

### 3. Department of Psychiatry, Our Lady's Hospital, Navan

#### **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	25	29	26	-
Substantial Compliance	4	2	4	15, 26, 28, 31
Minimal Compliance	0	0	1	16
Not Compliant	2	0	0	-
Not Applicable	0	0	0	-

#### **Summary**

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- The choice of food, particularly for the main meal, was excellent.
- The Resident Information Book was excellent and very detailed.
- Documentation in relation to the Rules and Codes of Practice had not been completed in full.
- A number of residents had individual care plans which were not fully compliant with the definition of an individual care plan as described in the Regulations.
- Residents did not have access to an appropriate range of therapeutic services and programmes in accordance with their individual care plan. The lack of a structured day in relation to therapeutic activities was particularly noted by inspectors.

#### 4. St. Vincent's Hospital, Fairview

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

COMPLIANCE RATING	2011	2012	2013	ARTICLE NUMBERS 2013
Fully Compliant	25	22	28	-
Substantial Compliance	3	8	3	12,16,22
Minimal Compliance	1	1	0	-
Not Compliant	1	0	0	-
Not Applicable	1	0	0	-

#### Summary

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- The documentation in relation to the Rules and Codes of Practice was excellent.
- The service had a practice of transferring residents to other wards when the need for a vacancy arose in the acute admission ward.
- All residents whose clinical files were inspected had an individual care plan.
- St. Teresa's ward which was located in the older section of the hospital was in the process of being closed.
- Visiting hours had been extended to include an hour in the afternoon.

## 5. St. Michael's Unit, Mercy Hospital

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

COMPLIANCE RATING	2011	2012	2013	ARTICLE NUMBERS 2013
Fully Compliant	25	27	30	-
Substantial Compliance	4	3	0	-
Minimal Compliance	0	1	0	-
Not Compliant	2	0	0	-
Not Applicable	0	0	1	17

#### Summary

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- St. Michael's Unit was a busy in-patient facility providing acute care and treatment as part of a well developed community mental health service. The liaison psychiatry service had recently been reconfigured to provide a more comprehensive and flexible service to the general hospital, and the community mental health nursing staff provided a seven-day mental health service to the community. The care pathway provided by the North Lee Mental Health Services was excellent and staff were to be commended for their innovation and flexibility.
- Each resident had an individual care plan. The multidisciplinary team members worked together as co-therapists to provide a good range of talking and activities therapies. Staff training was ongoing and inclusive of all members of the clinical staff. Attention was paid to the identification of service needs and training was targeted accordingly.
- There was a trained family therapy nurse who provided both open groups and one-to-one family support within the approved centre and in the community. The availability of these sessions was well advertised and signposted within the unit, in a service user and family friendly way.
- Two children had been admitted to the approved centre in 2013 up to the time of inspection. Both children had been urgently in need of in-patient psychiatric care and the service was unable to obtain a bed in any of the Child and Adolescent Mental Health Services (CAMHS) in-patient units nationwide.
- A significant number of residents were out on overnight leave, some on extended leave, at the time of inspection.

## 6. St. Stephen's Hospital

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

COMPLIANCE RATING	2011	2012	2013	ARTICLE NUMBERS 2013
Fully Compliant	28	22	28	-
Substantial Compliance	1	5	0	-
Minimal Compliance	0	0	0	-
Not Compliant	0	2	0	-
Not Applicable	2	2	2	17, 25

#### Summary

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- The approved centre provided acute and continuing care for residents from North Cork in spacious independent units set in pleasant surroundings.
- The approved centre was compliant with all applicable Articles of the Regulations.
- The approved centre was compliant with all Codes of Practice and documentation was excellent.
- The physical care of residents was very good and each resident had an individual care plan and programme of therapeutic activities.

## 7. Department of Psychiatry, University College Hospital, Galway (26.2.2013)

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

COMPLIANCE RATING	2011	2012	2013	ARTICLE NUMBERS 2013
Fully Compliant	24	22	23	-
Substantial Compliance	2	4	2	29, 32
Minimal Compliance	1	1	1	27
Not Compliant	3	3	3	15, 16, 22
Not Applicable	1	1	2	17, 25

#### Summary

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- The DOP did not provide an individual care plan for each resident. This breached the condition attached by the Mental Health Commission to the Registration of the approved centre.
- The ante-room which comprised part of the seclusion room suite continued to be used intermittently as a bedroom. The seclusion suite must only be used for seclusion purposes and in accordance with the Rules. Staff must meet their professional and legal obligations in this respect.
- The purpose built high dependency unit located on the lower ground floor, which contained individual bedrooms and seclusion facilities, had never been opened despite the high costs of both the build and commissioning. The unit was now used to provide office accommodation to clinical staff.
- The standard of records maintenance was inadequate for the third year in a row.
- Plans to build a new DOP on the hospital campus were at an advanced stage.

## 8. Lois Bridges

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

COMPLIANCE RATING	2011	2012	2013	ARTICLE NUMBERS 2013
Fully Compliant	26	27	25	-
Substantial Compliance	2	1	1	32
Minimal Compliance	0	0	1	27
Not Compliant	0	0	1	26
Not Applicable	3	3	3	17, 25, 30

#### Summary

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- Lois Bridges, an independent six-bed healthcare facility, was located in a private residence in Sutton, Dublin 13 and specialised in the care and treatment of adults with eating disorders.
- Care and treatment were provided by the core team of clinical director, the director of clinical services, by nurses and also by a range of ten psychotherapists and counsellors who were contracted for services on a sessional basis. Inspection of individual clinical files did not evidence a robust process for information sharing and multidisciplinary care planning.
- There was an individual care plan (ICP) in place for each resident. The ICPs were recorded in broad generic terms.
- The approved centre on-call rota did not provide for an appropriately qualified person in charge at all times. The recruitment policy did not require clinical staff to be psychiatrically trained or have experience in the area of eating disorders.
- The treatment programme had been extended to include a day hospital programme in the community.

## 9. St. Brigid's Hospital, Ballinasloe

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

COMPLIANCE RATING	2011	2012	2013	ARTICLE NUMBERS 2013
Fully Compliant	28	22	13	-
Substantial Compliance	3	6	18	8,11,12,13,15,16 19, 20, 22, 23, 24, 25, 26,27,28
Minimal Compliance	0	1	0	-
Not Compliant	0	2	0	-
Not Applicable	0	0	0	-

#### Summary

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- All residents had an individual care plan.
- Documentation in relation to admission, transfer and discharge was excellent.
- The approved centre was in the process of being structurally re-configured, with one ward closed to allow for renovation.
- The newly constructed seclusion room had electric sockets and light switches which were hazardous to patients secluded in the room and the inspectors advised that the room should not be used until these hazards had been de-commissioned.
- The majority of policies were unsigned which resulted in a reduced compliance rating for most of the Articles of the Regulations.

## 10. Unit One and St. Ita's Ward, St. Brigid's Hospital, Ardee

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

COMPLIANCE RATING	2011	2012	2013	ARTICLE NUMBERS 2013
Fully Compliant	26	24	27	-
Substantial Compliance	2	3	2	21,22
Minimal Compliance	0	0	1	19
Not Compliant	2	3	0	-
Not Applicable	1	1	1	17

#### Summary

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- All residents had an individual care plan.
- Three patients were awaiting ECT in another approved centre which was delayed due to either funding difficulties or inability to achieve co-operation from another approved centre.
- Documentation in relation to seclusion and physical restraint was very good.
- All admitting teams were fully staffed with a range of health and social care professionals.
- One resident who required assessment by the Speech and Language Therapy (SLT) Service was unable to gain an appointment by virtue of the fact that the resident was residing in a Mental Health facility. A copy of the letter from the SLT department declining to offer an appointment was made by the inspectors at the time of inspection.