

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

This is the second 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 four approved centres required further improvements.

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

- 1. Child and Adolescent Mental Health In-Patient Unit, Merlin Park University Hospital**
- 2. Department of Psychiatry, County Hospital, Roscommon**
- 3. St. Joseph's Intellectual Disability Service**
- 4. South Lee Mental Health Unit, Cork University Hospital**

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 reported on are:**

- 1. Hillcrest, 24 hour nurse staffed community residence, Longford**
- 2. Rath na Riogh, 24 hour nurse staffed community residence, Navan**

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. Child and Adolescent Mental Health In-Patient Unit, Merlin Park University Hospital

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

COMPLIANCE RATING	2011	2012	2013	ARTICLE NUMBERS 2013
Fully Compliant	29	10	15	-
Substantial Compliance	1	14	11	8, 12, 13, 14, 17, 19, 22, 26, 27, 28, 31.
Minimal Compliance	0	3	3	15, 20, 29.
Not Compliant	0	3	1	23
Not Applicable	1	1	1	30

### Summary

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- The premises were decorated to a high standard. They were clean and well-ventilated.
- The frequency and duration of seclusion of children appeared to be excessive and was of concern. A clinical audit was underway and efforts were being made to address this by the service.
- A number of medication administration errors were discovered by inspectors from examination of the prescription booklets. These errors were significant in nature given that similar errors had been discovered by inspectors during the 2012 inspection and had been brought to the attention of medical and nursing staff during that inspection. It appeared to inspectors on this inspection that no learning had taken place since the time medication errors were discovered during the 2012 inspection.
- Most policies in relation to the Articles of the Regulations were out of date. All policies now referred to the approved centre. The service presented inspectors with a "Work Schedule (Revised February 2013)" from the CAMHS Policy & Procedure Committee which indicated that all policies and procedures required by the Regulations would be in place on 13 March 2013.

## 2. Department of Psychiatry, County Hospital, Roscommon

### **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	27	24	25	-
Substantial Compliance	2	5	3	21, 26, 27
Minimal Compliance	1	1	1	20
Not Compliant	0	0	0	-
Not Applicable	1	1	2	-

#### **Summary**

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- The Department of Psychiatry in Roscommon was a pleasant well run unit and provided a good standard of care to residents.
- Written information on medication and diagnosis was not available.
- Access to services such as psychiatry of old age and rehabilitation was not available. Psychology and social work were also under-provided.

### 3. St. Joseph's Intellectual Disability Services

#### **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	26	19	23	
Substantial Compliance	3	9	5	8, 11, 21, 23, 26.
Minimal Compliance	0	1	1	22
Not Compliant	0	0	0	
Not Applicable	2	2	2	17, 30

#### **Summary**

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- Staff of the approved centre were caring, knowledgeable and enthusiastic.
- There was an excellent choice of food for residents.
- Residents had access to a range of therapeutic services including occupational therapy, speech and language therapy, psychology and social work and these were in accordance with each of their individual care plans.
- Ashlea Ward was not fit for purpose and was due to be closed in May 2013.
- Non consultant hospital doctors (NCHDs) should be more diligent when discontinuing prescriptions and cognisant of the Medical Council's guidelines.

#### 4. South Lee Mental Health Unit, Cork 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	27	26	25	
Substantial Compliance	0	2	4	23,26,27,29
Minimal Compliance	1	2	1	22
Not Compliant	3	1	0	
Not Applicable	0	0	1	17

#### **Summary**

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- All residents whose clinical files were inspected had an individual care plan.
- There was evidence in the clinical files of interventions by all health and social care professionals.
- There were insufficient showers for residents.
- Physical examinations had not been carried out on admission in the case of two residents recently admitted.
- Discharge procedures were poor in one of the clinical files examined.

## **Other Mental Health Services**

### **1. Hillcrest, 24 hour nurse staffed community residence, Longford**

#### **Summary**

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- The quality of care and treatment of residents was excellent.
- The entrance to, and egress from, the community residence, in a vehicle, was a hazard and was dangerous and needed to be rectified immediately.
- MDT care plans and nursing care plans were separate entities rather than having one true multidisciplinary (MDT) individual care plan.

### **2. Rath na Riogh, 24 hour nurse staffed community residence, Navan**

#### **Summary**

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- There was a strong Recovery ethos evident in the operation of the residence.
- Staff were positive and proactive in the running of the service.
- The 2-bed room afforded little privacy for the residents.
- All residents had individual care plans.
- Residents were involved in a variety of therapeutic programmes and community activities.