

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

This is the fifth 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.

This batch of reports contains fourteen approved centre inspection reports and 5 other mental health services reports. Of the fourteen approved centre inspection reports 13 approved centres required further improvements.

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

1. Hawthorn Unit, Connolly Hospital
2. Acute Psychiatric Unit, AMNCH (Tallaght Hospital)
3. St. Aloysius Ward, Mater Misericordiae University Hospital
4. Department of Psychiatry, St. Luke's Hospital, Kilkenny
5. St. Gabriel's Ward, St. Canices Hospital, Kilkenny
6. Highfield Hospital
7. Newcastle Hospital
8. Department of Psychiatry, Waterford Regional Hospital
9. Department of Psychiatry, Midland Regional Hospital, Portlaoise
10. St. Fintan's Hospital, Portlaoise
11. Linn Dara, Child and Adolescent In-Patient Unit
12. St. Finan's Hospital
13. St. Edmundsbury Hospital
14. Joyce Rooms

### **Other Mental Health Services**

1. Sycamore House, Clifden, 24 hour nurse staffed community residence
2. Grove House, Gort, 24 hour nurse staffed community residence
3. Writers Grove, Listowel, 24 hour nurse staffed community residence
4. Park Lodge, Carlow, 24 hour nurse staffed community residence
5. Kelvin Court, Carlow, 24 hour nurse staffed community residence

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 this current batch of reports are as follows:

## 1. Hawthorn 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	<b>Not Applicable</b>	29	24	-
Substantial Compliance	<b>Not Applicable</b>	0	3	23, 26, 27
Minimal Compliance	<b>Not Applicable</b>	0	0	-
Not Compliant	<b>Not Applicable</b>	0	2	15,16
Not Applicable	<b>Not Applicable</b>	2	2	17,25

### Summary

- The six-bed Hawthorn Unit provided care for residents under the care of the Psychiatry of Old Age (POA) Team. This accommodation was temporary pending the opening of a new purpose built in-patient unit on the Beaumont Hospital campus.
- There were six persons resident on the day of inspection, four of whom had been transferred from the Joyce Rooms for the purpose of alleviating a bed shortage rather than for the purpose of providing appropriate treatment to the individuals concerned. This meant that the POA Team's focus of care was being diverted to address needs which might have been better met by a General Adult Team. This raised the issue of bed management and care pathways within the Dublin North East Mental Health Service.
- The care and treatment was comprehensive and in the main the individual care plans were excellent. Staff were caring and knew the residents well and accommodated personal preferences and needs.
- Multidisciplinary team working was well developed and recorded in the individual clinical files.
- The admission process and record for those transferred from the Joyce Rooms was inadequate as it relied on the clinical record from the previous approved centre.

## 2. Acute Psychiatric Unit, AMNCH (Tallaght Hospital)

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

COMPLIANCE RATING	2011	2012	2013	ARTICLE NUMBERS 2013
Fully Compliant	29	29	30	-
Substantial Compliance	2	2	1	22
Minimal Compliance	0	0	0	-
Not Compliant	0	0	0	-
Not Applicable	0	0	0	-

#### Summary

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- This was a busy acute unit. Nursing staff impressed as being professional, committed and having good knowledge of and good communication with individual residents.
- Residents were generally up and dressed and engaged in the day's activities and programmes at the time of inspection. The unit was ordered and calm.
- Inspection of individual clinical files showed that each resident had an individual care plan and that hospital admission constituted part of a well developed, community focused mental health service.
- The admission pathway was clear and the admission assessment was excellent and was well documented in each clinical file.
- The approved centre had introduced a concise discharge information booklet for residents which was exemplary in the clarity of follow-up support and relapse prevention plan for each individual.

### 3. St. Aloysius Ward, Mater Misericordiae 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	24	23	28	-
Substantial Compliance	4	4	2	16, 22
Minimal Compliance	2	3	0	-
Not Compliant	1	1	0	-
Not Applicable	0	0	1	25

#### **Summary**

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- St. Aloysius Ward provided acute in-patient care for the Dublin North City catchment area. The admission pathway was well managed. All residents were actively engaged in daily activities at the time of the inspection visit.
- Health and social care professionals had been recently appointed and the multidisciplinary teams were functioning as such. Each resident had an individual care plan.
- The ward directly overlooked a beautiful garden but residents had no access to this garden. Residents did not have direct access to fresh air within the confines of the ward area, except those residents who had unaccompanied leave or who were accompanied outdoors by a member of staff.
- There were plans to build a new approved centre on the hospital campus.

#### 4. Department of Psychiatry, St. Luke's Hospital, Kilkenny

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

COMPLIANCE RATING	2011	2012	2013	ARTICLE NUMBERS 2013
Fully Compliant	28	24	25	-
Substantial Compliance	2	5	4	16, 21, 22, 26
Minimal Compliance	0	0	1	15
Not Compliant	0	2	0	-
Not Applicable	1	0	1	25

#### Summary

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- The DOP Kilkenny a 44-bed acute unit provided mental health care for the Carlow, Kilkenny and South Tipperary catchment area.
- There had been two fatal incidents within the approved centre in 2012 and both involved ligature points. On the day of inspection the two ligature points remained unchanged. On inquiry by inspectors, management subsequently advised that post incidents reviews had taken place and where recommendations were made processes had been put in place to address those recommendations. A ligature audit in relation to these two areas was completed and management reported that both ligature points were removed.
- The admission assessments done by the non consultant hospital doctors were not of a good standard. A number of key areas of assessment were missing and documentation was poor. This was the second successive year that the standards of the Code of Practice on Admission, Transfer and Discharge were not met by the approved centre.
- The individual care plans did not meet the requirements of Article 15 of the Regulations.
- Overall, the DOP sought to provide Recovery oriented care and treatment with a strong community care-pathway.

## 5. St. Gabriel's Ward, St. Canices Hospital, Kilkenny

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

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

#### Summary

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- St Gabriel's Ward was a pleasant bright welcoming building with wide corridors, large day areas, four-bedded bedrooms and one single room and an enclosed garden.
- There was an excellent programme of activities. This was not always reflected in the individual care plan.
- The documentation of Part 5 of Mechanical Restraint was excellent and it was evident that a policy of least restrictive practice was used.
- The inspectors were most impressed with the nursing staff that presented as knowledgeable about the residents' needs and were working to bring about further improvements in the service.

## 6. Highfield Hospital

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

COMPLIANCE RATING	2011	2012	2013	ARTICLE NUMBERS 2013
Fully Compliant	Not Applicable	22	28	-
Substantial Compliance	Not Applicable	7	2	15, 16
Minimal Compliance	Not Applicable	1	0	-
Not Compliant	Not Applicable	0	0	-
Not Applicable	Not Applicable	1	1	17

#### Summary

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- Highfield Hospital provided a high standard of accommodation.
- The positive attitude of staff and the active involvement of family members were apparent throughout.
- All residents had individual care plans (ICPs) but in some instances these were only signed by nursing staff and there was no evidence of direct linkage between the ICP and the individualised therapeutic programme. In other instances this was done very well.
- Section 60 of the Mental Health Act 2001 was not complied with in respect of one detained patient.
- One death had been notified to the Mental Health Commission outside the specified timeframe.

## 7. Newcastle Hospital

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

COMPLIANCE RATING	2011	2012	2013	ARTICLE NUMBERS 2013
Fully Compliant	28	20	23	-
Substantial Compliance	2	9	8	15, 16, 21, 22, 25, 26, 27, 30
Minimal Compliance	1	1	0	-
Not Compliant	0	1	0	-
Not Applicable	0	0	0	-

#### Summary

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- The grounds of Newcastle Hospital campus were very pleasant.
- A number of ligature hazards were identified by inspectors during the course of the inspection. These were pointed out to staff.
- In a sizeable sample of individual care plans inspected, these had been formulated by nursing staff and not by a multidisciplinary team following multidisciplinary team review. These care plans therefore did not meet the requirements of Article 15 of the Regulations.
- A number of residents did not have a physical examination on admission.
- An episode of seclusion had not been recorded in the Register for Seclusion.
- Toilet doors and shower room doors had no locks to afford privacy for residents.

## 8. Department of Psychiatry, Waterford Regional Hospital

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

COMPLIANCE RATING	2011	2012	2013	ARTICLE NUMBERS 2013
Fully Compliant	26	17	25	-
Substantial Compliance	5	7	2	7, 27
Minimal Compliance	0	3	4	9, 11, 16, 22
Not Compliant	0	4	0	-
Not Applicable	0	0	0	-

#### Summary

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- There was a beautiful garden available to residents of the sub-acute area of the unit. An outdoor enclosed yard area was available to residents of the acute area of the unit. Both were neat, clean and tidy.
- In the sample of clinical files examined, each resident had an individual care plan as described in the Regulations.
- Despite the completion of building works to the approved centre the two TVs in the acute area of the unit were located in the two four-bed rooms. There was no communal area for residents to watch TV. There was also no communal sitting room or seating area for residents and there was no dining room available to residents of the acute area of the unit.
- There were no visiting areas in the acute area of the approved centre, the only space being at the bedside and because eight of the ten beds were situated in two four-bed rooms, this afforded little or no privacy during visits.
- There was no evidence of parent/guardian consent to the admission and treatment of a child in the approved centre.
- During the factual correction stage of this report, the approved centre failed to comply with a request on the action to be taken following the identification of ligature hazards pointed out by inspectors during the inspection. As a consequence of this, a formal letter was written to the approved centre requesting it to respond in writing within a set time frame. The approved centre responded to the Inspectorate within this time frame that the works required on the ligature hazards would be completed as a matter of priority and not later than the end September 2013.

## 9. Department of Psychiatry, Midland Regional Hospital, Portlaoise

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

COMPLIANCE RATING	2011	2012	2013	ARTICLE NUMBERS 2013
Fully Compliant	28	26	22	-
Substantial Compliance	1	5	7	15, 19, 21, 22, 25, 27, 32
Minimal Compliance	0	0	1	16
Not Compliant	2	0	1	13
Not Applicable	0	0	0	-

#### Summary

- The 39-bed Department of Psychiatry (DOP) provided in-patient treatment for the Laois/Offaly catchment area and six of these beds were designated for the Kildare/West Wicklow catchment area. Residents had been transferred from the DOP to St. Fintan's Hospital in 2013 due to bed shortages. Residents had been transferred to the DOP from Lakeview Unit, Naas due to bed shortages. Transfers such as these were not in the best interests of residents.
- The DOP was bright and airy and generally well maintained and fitted out with good provision of sitting rooms and garden spaces. The dining room was spacious and offered a good choice of meals.
- Each resident had an individual care plan (ICP), however, the multidisciplinary input was not evident. The ICP template made provision for a resident's signature but the content of the ICPs inspected did not capture the nature of the involvement of a resident in their own ICP process.
- Seclusion and physical restraint were used to protect patient safety and the documentation was completed to a good standard. The approved centre must ensure that any searches carried out are documented as required by the Regulations.
- The admission records were not always complete and care was required to ensure that all relevant documentation was in the file and was completed.

## 10. St. Fintan's Hospital, Portlaoise

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

COMPLIANCE RATING	2011	2012	2013	ARTICLE NUMBERS 2013
Fully Compliant	21	20	21	-
Substantial Compliance	3	4	6	16,20,25,26,27,28
Minimal Compliance	2	6	3	7,21,22
Not Compliant	2	0	0	-
Not Applicable	3	1	1	17

#### Summary

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- Only one ward remained in operation in the approved centre, and there was a plan for the construction of a new 40-bed unit in the grounds of St. Fintan's Hospital.
- All residents had an individual care plan which met the requirements of the Regulations.
- An incident, witnessed by a staff member, where a resident had fallen and sustained an injury had not been recorded as an incident.
- The accommodation was mainly in an old fashioned dormitory style which did not afford much privacy for residents.
- Whilst many clothes were labelled, underwear was not, and was communal in use.

## 11. Linn Dara, Child and Adolescent In-Patient Unit

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

COMPLIANCE RATING	2011	2012	2013	ARTICLE NUMBERS 2013
Fully Compliant	Not Applicable	17	24	24
Substantial Compliance	Not Applicable	10	5	5
Minimal Compliance	Not Applicable	1	1	1
Not Compliant	Not Applicable	2	0	0
Not Applicable	Not Applicable	1	1	1

#### Summary

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- Linn Dara was not suitable as an in-patient child and adolescent unit. However this was a temporary arrangement and the new unit would open in Cherry Orchard in 2015.
- There was a significant improvement in compliance with Regulations compared with 2012. It was obvious that staff had worked hard to effect this improvement.
- There was very good access to assessments and therapies based on assessed need. There was evidence of effective multidisciplinary team working and each resident had an individual care plan.
- The continued existence of a significant number of ligature points in toilets and showers was of concern. The ligature audit carried out by the service and the documented control measures put in place were inadequate. A more comprehensive risk assessment of ligature points in the entire unit must be undertaken by the Risk Manager and appropriate actions for each ligature risk must be outlined. Clear procedures to minimise each ligature risk must be drawn up and enacted. Monitoring of residents while in showers and toilets with ligature points should be documented. All staff must be aware of the location of ligature points.

## 12. St. Finan's Hospital

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

COMPLIANCE RATING	2011	2012	2013	ARTICLE NUMBERS 2013
Fully Compliant	16	24	19	-
Substantial Compliance	2	5	9	5,6,8,16,19,23,27,29
Minimal Compliance	5	0	1	22
Not Compliant	6	0	0	-
Not Applicable	2	2	2	17,27

#### Summary

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- Residents had individual care plans which were excellent.
- Residents of the female ward did not have access to an outdoor area.
- The physical health needs of the residents were cared for by a GP who visited the unit daily.
- Direct admission to the unit had ceased and residents were admitted only from the Acute Mental Health Unit in Kerry General Hospital.
- Plans developed some years ago to build a new 40-bed unit on the grounds of St. Finan's Hospital, had progressed very slowly.

### 13. St. Edmundsbury 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	28	28	28	-
Substantial Compliance	0	0	0	-
Minimal Compliance	0	0	0	-
Not Compliant	0	0	0	-
Not Applicable	3	3	3	17,25,30

#### **Summary**

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- Staff were proactive and enthusiastic. A number of new initiatives had been undertaken during the year.
- The hospital group had a robust system of clinical governance which included an active service user component.
- Plans were progressing to extend the building for the development of the day hospital.
- The building and surrounding grounds were well maintained.

## 14. Joyce Rooms

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

COMPLIANCE RATING	2011	2012	2013	ARTICLE NUMBERS 2013
Fully Compliant	Not Applicable	22	23	-
Substantial Compliance	Not Applicable	6	7	15, 16, 21, 22, 23, 26, 27
Minimal Compliance	Not Applicable	2	1	17
Not Compliant	Not Applicable	0	0	-
Not Applicable	Not Applicable	1	0	17

#### Summary

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- The Joyce Rooms frequently transferred residents to other approved centres owing to bed shortages and not for the purpose of accessing additional specialist care and treatment. This was not in the best interests of residents and should cease.
- A new approved centre for the catchment area was due to open at Beaumont Hospital in late 2013.
- Staff reported that resource issues hampered the role of sector teams in the admission pathway.
- Each resident had an individual care plan (ICP). The quality of the ICPs varied across multidisciplinary teams from excellent to sketchy.

## **Other Mental Health Services**

### **1. Sycamore House, Clifden, 24 hour nurse staffed community residence**

#### **Summary**

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- Sycamore House was built and owned by the Connemara Sheltered Housing Association. Residents had a tenancy agreement with this voluntary group. The Health Service Executive staffed and managed the hostel. All residents had lived in the community residence since it opened in 2005.
- Sycamore House was closely involved with the adjacent Elm Tree Day Care Centre. Residents participated in Elm Tree activities on a daily basis and staff split their time between the two facilities. Elm Tree was awarded a National Service User's Executive award in 2012 for being an innovative service. A Recovery ethos and culture was notable on entering the hostel and meeting residents and staff.
- Being the only high support hostel in Connemara meant that some residents were a long distance from home and this made it more difficult to integrate back into one's own locality.

### **2. Grove House, Gort, 24 hour nurse staffed community residence**

#### **Summary**

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- The service used multidisciplinary care plans and these were signed by residents.
- The clinical care and treatment provided by staff was of a high standard.
- The physical environment was in a very poor state of repair and as such, was not suitable for the accommodation of residents.
- The premises were not suitable as a drop in centre.

### **3. Writers Grove, Listowel, 24 hour nurse staffed community residence**

#### **Summary**

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- Writer's Grove was a pleasant environment of modern design.
- Multidisciplinary team care planning was used and residents signed their own care plan.
- The twin bedrooms did not afford privacy to residents accommodated within.

### **4. Park Lodge, Carlow, 24 hour nurse staffed community residence**

#### **Summary**

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- Multidisciplinary care plans were used and these were signed by residents who were able or willing to do so.
- A daily activity programme had been recently established by staff.
- The financial arrangements involving residents' monies were outdated and were in need of updating.

### **5. Kelvin Court, Carlow, 24 hour nurse staffed community residence**

#### **Summary**

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- The premises were bright, modern and clean. All residents had their own bedroom and so privacy and dignity were maintained.
- Multidisciplinary care plans were used and were regularly reviewed and updated and were recovery oriented. In many instances, the resident had signed their own care plan.
- There was an excellent programme of therapeutic activities which were individualised to suit the needs of all residents.
- The financial arrangements involving residents' monies were outdated and were in need of updating.