

## **Inspector of Mental Health Services 2014 Reports**

This is the second batch of 2014 inspection reports of the Inspector of Mental Health Services.

This batch of reports contains three approved centre inspection reports including one night visit report. The approved centres in this batch required further improvements.

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

1. Department of Psychiatry, St. Luke's Hospital, Kilkenny
2. St. Gabriels Ward, St. Canices Hospital, Kilkenny
3. Joyce Rooms Night Inspection Report

### **Other Mental Health Services**

1. Cois Ceim
2. Le Brun
3. Whitethorn

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.
- Before publication, a final screen takes place by the Inspectorate at their Quality, Proof Reading and Editing Committee.

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.

The main points for this current batch of reports are as follows:

## Approved Centres

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

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

COMPLIANCE RATING	2012	2013	2014	ARTICLE NUMBERS 2014
Fully Compliant	24	25	23	
Substantial Compliance	5	4	6	16,22,23,24,26, 27
Minimal Compliance	0	1	0	
Not Compliant	2	0	2	15,21
Not Applicable	0	1	0	

#### **Summary**

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- The approved centre was in breach of the condition on Registration imposed by the Mental Health Commission in relation to Individual Care Plans.
- The premises had been re-painted and were well maintained with a very pleasant garden for residents' use.
- Two residents were required to wear refractory clothing in the unit despite not being secluded.
- Although the sector and specialist teams had been resourced with additional health and social care professionals, three sector teams did not have a psychologist.
- The ligature points noted in the inspection of 2013 had been removed.

## 2.St. Gabriels Ward, St. Canices Hospital

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

COMPLIANCE RATING	2012	2013	2014	ARTICLE NUMBERS 2014
Fully Compliant	23	27	25	
Substantial Compliance	3	3	4	15, 16, 26, 28
Minimal Compliance	2	0	0	
Not Compliant	1	0	0	
Not Applicable	2	1	2	17, 25

#### Summary

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- The choice of food was excellent and was exceptionally presentable and appetising. Inspectors were impressed with staff's endeavours towards making an environment with an ambience at mealtimes to create an enjoyable experience for residents.
- The approved centre was clean, warm, well-ventilated and maintained in good structural and decorative condition. All rooms had been recently painted in different colours.
- All residents had individual care plans. However, no goals were specified, as required by the Regulations.
- In general, there was poor documentation of therapeutic activities in the individual care plans. Where documentation was present, it consisted of stock phrases such as "get involved" which did not reflect the work being done on the ground in the area of therapeutic provision.

## 3.Joyce Rooms, Night Inspection

#### Summary

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- The approved centre was quiet and the environment was conducive to sleep at the time of inspection.
- No restrictive practices were in use at the time of inspection.
- Patients who self-presented to the unit were seen and assessed by the non consultant hospital doctor (NCHD) throughout the night.
- The observation policy was not adhered to at the time of inspection.
- Inspectors were concerned that, due to the unavailability of beds in the approved centre, the patient presenting for assessment would have to be accommodated in another approved centre some 70 km away, should admission be indicated.
- Inspectors were unable to gain direct entrance to the approved centre as security personnel on duty at the reception seemed to be unaware of the rights of the Inspectorate in this regard.

## Other Mental Health Services

### 1. Cois Ceim

#### Summary

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- Cois Ceim was a residence for elderly people with mental illness located in Clonskeagh Hospital complex.
- While there were some good therapeutic activities, the amount of time allocated was insufficient for the needs of the residents.
- There were good nursing care plans but individual multidisciplinary care plans were not in place. A multidisciplinary group had been put in place to introduce individual care plans.
- An occupational therapist had been appointed to provide extra activities.

### 2. Le Brun

#### Summary

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- Le Brun House was located in a hospital complex and provided care to 26 residents with dementia under the care of Psychiatry of Old Age (POA) team. It functioned as a hospital unit rather than a community residence.
- The care and treatment provided by all disciplines was excellent.
- Nursing care plans were good but there were no multidisciplinary care plans.
- There was an excellent but limited programme of activities. More activity staff were required to meet the needs of the residents. A new occupational therapist had been appointed to provide extra activities.

### 3. Whitethorn

#### Summary

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- Whitethorn House provided care and treatment for residents with severe dementia or enduring mental illness. It was under the care of two consultant psychiatrists and the multidisciplinary teams. The care and treatment it provided was more akin to a hospital rather than a community residence.
- There was excellent care and treatment provided by all staff.
- Individual multidisciplinary care plans were not in place at the time of inspection but a multidisciplinary working group was in place to introduce individual care plans.
- There was no policy on managing residents' money at the time of inspection but such a policy was made available at a later date.
- The unit was in breach of the Health Service Executive's (HSE) *Patients' Private Property Guidelines* in using residents' funds to provide items for the wider group of residents.
- Therapeutic activities provided by the activities nurse were excellent. However, the time allocated to such activities was limited. A new occupational therapist had been employed to provide extra activities.