

Inspector of Mental Health Services 2014 Reports

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

This batch of reports contains thirteen approved centre inspection reports. The approved centres in this batch required further improvements.

The Approved Centres reported on are:

1. St. Vincent's Hospital, Fairview
2. Acute Psychiatric Unit 5B, Midwestern University Hospital, Limerick (Focused Visit)
3. Child and Adolescent Mental Health In-Patient Unit, Merlin Park
4. Department of Psychiatry, Connolly Hospital
5. Highfield Hospital
6. St. Fintan's Hospital, Ward 6, Portlaoise
7. St. Ita's Ward and Unit One, St. Brigid's Hospital, Ardee
8. O'Casey Rooms, Fairview Community Unit
9. Selskar House
10. Acute Psychiatric Unit, Tallaght Hospital
11. St. Joseph's Hospital, Aurora Unit
12. Jonathan Swift Clinic
13. St. Otteran's Hospital

Link below to approved centre inspection report documents on the Mental Health Commission website:

http://www.mhcirl.ie/Inspectorate_of_Mental_Health_Services/AC_IRs/

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. St. Vincent's Hospital, Fairview

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

COMPLIANCE RATING	2012	2013	2014	ARTICLE NUMBERS 2014
Fully Compliant	22	28	27	
Substantial Compliance	8	3	2	22, 23
Minimal Compliance	1	0	2	15, 16
Not Compliant	0	0	0	
Not Applicable	0	0	0	

Summary

- The clinical files were in good order and it was easy to retrieve relevant clinical information from them.
- Each resident had an individual care plan (ICP), but they did not meet the requirements of the Regulations.
- The menu had a good choice of food for the main meal, but also revealed that fried food was served four out of seven times at evening time and an element of choice was not clearly portrayed on the menu in this regard.
- The administration of medicines must be in keeping with the approved centre's own policies and procedures.

2. Acute Psychiatric Unit 5B, Midwestern University Hospital, Limerick (Focused Visit)

Unit 5B, Mid-Western University Hospital, was re-inspected in 2014 to evaluate the provision of individual care plans (ICPs) to all residents. Article 15 of the Regulations requires that each resident has an ICP and Unit 5B had failed to provide this over three consecutive years. The re-inspection in 2014 found that there was an ICP in place for each resident but that the ICPs did not meet the definition of an ICP as defined by the Regulations. The approved centre was therefore in breach of the condition of its registration.

Since this focused inspection in January 2014 a full inspection of the Acute Psychiatric Unit 5B, Midwestern University Hospital, Limerick took place in April 2014. The service was deemed fully compliant with Article 15, Individual Care Plans and was no longer in breach of the condition of its registration.

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

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

COMPLIANCE RATING	2012	2013	2014	ARTICLE NUMBERS 2014
Fully Compliant	10	15	28	
Substantial Compliance	14	11	2	20, 22
Minimal Compliance	3	3	0	
Not Compliant	3	1	0	
Not Applicable	1	1	1	

Summary

- There was a significant improvement in compliance with the Regulations compared with the inspection in 2013.
- Staff impressed as being interested and keen to oversee quality improvement.
- There were a number of issues with the premises that required addressing: tiling in a bathroom, fencing to prevent blind spots in the grounds behind buildings and a complete refurbishment of the seclusion room.
- The individual care plans were excellent and showed good service user and family involvement.
- The approved centre was a twenty bed unit. However, it was not possible to use the special care unit for its intended purpose due to its size and positioning, and the inability to staff it as a separate unit. The service stated that these three beds were used as pre-discharge beds.

4. Department of Psychiatry, Connolly Hospital

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

COMPLIANCE RATING	2012	2013	2014	ARTICLE NUMBERS 2014
Fully Compliant	24	22	26	
Substantial Compliance	4	7	3	9,11,27
Minimal Compliance	1	2	1	22
Not Compliant	2	0	1	21
Not Applicable	0	0	0	

Summary

- The Department of Psychiatry, Connolly Hospital was a busy acute psychiatric unit. There were clear admission criteria and care pathways. Each individual clinical file inspected contained an individual care plan (ICP). Each resident was assigned a key nurse and resident input to the ICP process was evident. Less evident in the records was family input and consultation.
- There was good provision of therapeutic services.
- There was disregard for the procedures and documentation of physical restraint and the approved centre was in breach of a number of sections of the Code of Practice on the Use of Physical Restraint in Approved Centres.
- Resident privacy was not assured in several of the bedrooms owing to broken window blinds. The provision of communal seating areas and visitors' facilities were inadequate. The courtyard area where residents could access fresh air was shabby and dirty.
- The approved centre had been obliged to admit acutely ill children on numerous occasions because no bed was available in a child and adolescent approved centre. The DOP was not a suitable environment for a child nor could it deliver optimal care and treatment. A number of beds in child and adolescent mental health units were still not fully operational.

5. Highfield Hospital

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

COMPLIANCE RATING	2012	2013	2014	ARTICLE NUMBERS 2014
Fully Compliant	22	28	27	
Substantial Compliance	7	2	2	15,16
Minimal Compliance	1	0	1	23
Not Compliant	0	0	0	
Not Applicable	1	1	1	17

Summary

- Highfield Hospital approved centre comprised a 10-bed acute psychiatric unit and five 20-bed units dedicated to the care of older persons. This independent sector hospital was a new purpose built modern building featuring bright and spacious accommodation.
- There was an individual care plan (ICP) for each resident, however, the standard was variable across the units. The ICPs in the psychiatry of old age units were excellent. The ICPs in the acute unit, Hampstead Clinic, fell short of the standard required by the Regulations.
- There was good provision of recreational and therapeutic activities for residents.
- Staff were knowledgeable about individual residents, their care and treatment and residents' interests and preferences. Interaction between staff and residents was observed to be relaxed, friendly and respectful.
- Individual clinical files showed that there was good liaison and communication with families and carers.

6. St. Fintan's Hospital, Ward 6, Portlaoise

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

COMPLIANCE RATING	2012	2013	2014	ARTICLE NUMBERS 2014
Fully Compliant	20	21	29	
Substantial Compliance	4	6	0	
Minimal Compliance	6	3	2	21, 22
Not Compliant	0	0	0	
Not Applicable	1	1	0	

Summary

- The approved centre is one of the last remaining 19th century mental hospitals still open and has all the features of such a building: large dormitory, long empty corridors, high ceilings and lack of privacy.
- Residents continue to be admitted to this approved centre and 30 beds remain. As beds become vacant, they are filled with new admissions.
- Residents were admitted to St. Fintan's Hospital from the Department of Psychiatry, Midland Regional Hospital, Portlaoise when there were bed shortages in that facility.
- A new 40-bed unit will open in 2016 to accommodate residents from Unit 6.
- One female resident, recently admitted, was sleeping in the male dormitory. The dormitory itself was a thoroughfare, and the dignity and privacy of this resident was compromised.
- All residents had an individual care plan.
- The therapeutic activities were excellent and residents benefited from them.

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

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

COMPLIANCE RATING	2012	2013	2014	ARTICLE NUMBERS 2014
Fully Compliant	24	27	24	
Substantial Compliance	3	2	3	23, 26, 32
Minimal Compliance	0	1	3	15, 16, 22
Not Compliant	3	0	0	
Not Applicable	1	1	1	17

Summary

- The majority of the individual care plans were very poor and did not meet the requirements of Article 15. It was clear that there was little understanding among staff of the care planning process. However, in contrast, the individual care plans of the residents of the Psychiatry of Old Age (POA) team were excellent.
- The dormitory-style bedrooms in Unit 1 did not lend themselves to providing appropriate privacy of residents. On the day of inspection, the privacy and dignity of residents in St. Ita's Unit were appropriately respected.
- The overall environment of Unit 1 was not what one would expect of an in-patient mental health service unit of the 21st century. Inspectors were informed that the new department of psychiatry was currently under construction in Our Lady of Lourdes Hospital, Drogheda.
- There was limited provision of therapeutic activities. Senior clinical management stated that a new multidisciplinary therapeutic programme was due to commence.
- There was a good choice of main meal available to residents which included a choice of healthy options at all meal times.

8. O'Casey Rooms, Fairview Community Unit

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

COMPLIANCE RATING	2012	2013	2014	ARTICLE NUMBERS 2014
Fully Compliant	23	24	28	
Substantial Compliance	5	4	2	22,27
Minimal Compliance	0	1	0	
Not Compliant	1	0	0	
Not Applicable	2	2	1	25

Summary

- O'Casey Rooms opened in 2011 in order to provide accommodation for elderly residents who transferred from St. Ita's Hospital, Portrane. The building, which housed O'Casey Rooms, had been designed as a community nursing unit for older persons with physical health needs. Consequently, the environment did not adequately meet the needs of mental health residents. The layout did not promote socialisation.
- There was no access to a garden space. This made for an impoverished environment and diminished quality of life for the residents, some of whom would ultimately see out their days in this service.
- The psychiatry of old age (POA) team was responsible for the care and treatment of residents. The exception to this was a small number of residents, recently admitted following the closure of St. Ita's Hospital, who remained under the care of the rehabilitation team.
- The standard of care and treatment was excellent. Residents had access to a range of health and social care professionals and the provision of care was based on comprehensive multidisciplinary assessment of needs.
- It was evident that family input, with the consent of the resident, was welcomed and was integral to the care process.
- Some bedrooms had been personalised and the decor enhanced through the use of applique wall stickers.
- For the fourth year in a row, the approved centre was not fully compliant with Article 27 Maintenance of Records.

9. Selskar House

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

COMPLIANCE RATING	2012	2013	2014	ARTICLE NUMBERS 2014
Fully Compliant	N/A	17	22	
Substantial Compliance	N/A	8	5	7,20,26,27,28
Minimal Compliance	N/A	3	2	15,16,
Not Compliant	N/A	2	1	34
Not Applicable	N/A	1	1	17

Summary

- Selskar House, an approved centre dedicated to the treatment of older persons, was located in the Farnogue Residential Healthcare Unit on the outskirts of Wexford town. There was no sign post for Selskar House either at the entrance gateway or on the main road.
- The modern and bright premises provided a good care environment, including easy access to a court-yard.
- Individual care plans did not meet the standard of the Regulations.
- The Psychiatry of Old Age (POA) team had responsibility for the care and treatment of all residents. There was a clinical psychologist (0.4 whole-time equivalent) and a social worker on the POA team. There was no occupational therapist on the team.
- Two sessional staff had been recently appointed to provide an activity programme three days per week.
- A GP visited the approved centre on a daily basis and the clinical records evidenced an excellent standard of care.
- Clinical records were not well maintained in a number of instances.

10. Acute Psychiatric Unit, Tallaght Hospital

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

COMPLIANCE RATING	2012	2013	2014	ARTICLE NUMBERS 2014
Fully Compliant	29	30	25	
Substantial Compliance	2	1	8	6, 13, 15, 21, 22, 25, 27, 31
Minimal Compliance	0	0	0	
Not Compliant	0	0	0	
Not Applicable	0	0	0	

Summary

- Overall, the approved centre was a pleasant bright space with a nice central garden. There was available space for therapies and activities. However, there were a number of issues in the environment that required attention.
- Privacy and dignity were compromised by the absence of a number of curtains surrounding some of the beds.
- All residents had an individual care plan and many were very comprehensive. However, a significant number were not reviewed in a timely manner and some showed evidence of carelessness or lack of knowledge in completing them.
- Therapeutic services and programmes were excellent with a dedicated occupational therapist providing a comprehensive activity and therapy programme. The psychologist also provided dedicated sessions in the approved centre. There was a music therapist and an art therapist.
- The presence of a pharmacist in the unit, who was an integral part of the clinical team, provided education for residents, which was excellent.
- A drug detection dog and An Garda Síochána were brought into the approved centre garden at irregular intervals, in a response to the increasing quantities of illicit substances being brought into the approved centre. These searches were directed at the physical environment only. The absence of a policy, protocols and information about the practice for residents was not good practice and breached Article 13 of the Regulations on Searches.

11. St. Joseph's Hospital, Aurora Unit

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

COMPLIANCE RATING	2012	2013	2014	ARTICLE NUMBERS 2014
Fully Compliant	13	21	19	
Substantial Compliance	8	4	6	7, 21, 26, 27, 29, 31
Minimal Compliance	2	3	3	13, 20, 22
Not Compliant	6	1	1	24
Not Applicable	2	2	2	17, 25

Summary

- Aurora was the one remaining ward in a large Victorian psychiatric hospital and had only six residents. The premises was not suitable, with its large dormitory, large day room and lack of privacy, and belonged to an era of psychiatric care long gone. The approved centre must close in December 2014 under a condition to its Registration.
- All residents' needs had been fully assessed and each resident had a Recovery focused individual care plan which met Condition 1 of the approved centre's Registration.
- The therapeutic services and programmes were impressive. They were Recovery-focussed, took place in community settings as far as possible and were an integral part of the residents' individual care plans.
- Of concern, was the lack of education and training for staff. No nursing staff had been trained in the prevention and management of aggression and violence despite the fact that this was a ward for residents with challenging behaviour. This posed a safety risk for both residents and staff. Other training requirements were also not completed. A lack of knowledge by staff about the provisions of the Regulations was evident during the inspection.
- A number of policies required by the Regulations were not available.

12. Jonathan Swift Clinic

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

COMPLIANCE RATING	2012	2013	2014	ARTICLE NUMBERS 2014
Fully Compliant	18	25	25	
Substantial Compliance	8	4	4	16, 20, 22, 28
Minimal Compliance	0	1	1	26
Not Compliant	4	0	0	
Not Applicable	1	1	1	25

Summary

- It was evident that care and treatment of residents in the approved centre was of a high standard. Staff were well trained, motivated and knowledgeable. Each resident had an individual care plan of a good standard, which was regularly reviewed.
- There was strong evidence of multidisciplinary input in the care plans, in the clinical files and in the therapeutic programmes and services provided.
- It was obvious from the clinical files that non consultant hospital doctors were well trained and competent.
- The approved centre was compliant with the majority of the Regulations, Rules and Codes of Practice.
- There was appropriate signage around the centre concerning the complaints procedure, the role of the care coordinator/key worker and the relevance of individual care plans (ICPs).
- The premises was unsuitable as a mental health unit. The acute unit (William Fownes ward) was upstairs with limited access to an outside space. The lines of observation were not good and it was cramped and somewhat claustrophobic.
- The layout of Beckett ward downstairs was not suitable. There was a day hospital and clozapine clinic in the middle of the day areas. The nurses' station was some distance from the day area and as there was only one nurse on duty, observation was potentially a problem.
- During the day there was only one nurse in Beckett ward, which was an open ward, had 16 beds, and accepted detained patients. It also meant that only one nurse administered medication. Therefore, there was insufficient staffing in Beckett ward.

- At night there was one CNM2 in charge of the approved centre but that person was part of the nurse complement in William Fownes ward with two other staff and not available at all times to be in charge of all areas in the approved centre. There was only one staff nurse on duty in Beckett ward at night.

13. St. Otteran's 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	20	
Substantial Compliance	5	2	8	15,16,22,26,27, 29,31,32
Minimal Compliance	1	0	1	21
Not Compliant	0	0	0	
Not Applicable	2	2	2	17,25

Summary

- The approved centre provided care for two different populations of residents under the care of the Rehabilitation and Psychiatry of Old Age teams.
- A number of residents in the rehabilitation ward had high physical dependence needs and many had been resident in the approved centre for several years.
- All residents who had been admitted for longer than six months had a physical examination carried out.
- Staff had assisted residents to personalise their bedroom areas, resulting in a more homely environment.
- The approved centre was found to be in breach of section 60 Mental Health Act 2001 in respect of administration of medication to detained patients.
- The Rehabilitation team did not have a clinical psychologist.