

Inspector of Mental Health Services 2014 Reports

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

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

The Approved Centres reported on are:

1. South Lee Mental Health Unit, Cork University Hospital
2. Centre for Mental Health Care and Recovery, Bantry General Hospital
3. Cappahard Lodge
4. Acute Mental Health Admission Unit, Kerry General Hospital
5. Acute Psychiatric Unit, University Hospital, Ennis

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. South Lee Mental Health Unit, Cork University Hospital

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

| COMPLIANCE RATING | 2012 | 2013 | 2014 | ARTICLE NUMBERS 2014 |
|------------------------|------|------|------|----------------------|
| Fully Compliant | 26 | 25 | 21 | |
| Substantial Compliance | 2 | 4 | 6 | 6,15,27,29,31 |
| Minimal Compliance | 2 | 1 | 1 | 22 |
| Not Compliant | 1 | 0 | 3 | 17,19,23 |
| Not Applicable | 0 | 1 | 0 | |

Summary

- All residents had an individual care plan.
- There were insufficient showering facilities and some lavatories were in poor condition.
- The male accommodation area of the ward was unsupervised for periods and there was no system of alerting staff should a resident require assistance while in that area of the ward.
- There were a number of ligature anchor points in the male accommodation area.
- A new in-patient unit was well underway on the main hospital campus.
- One child resident had remained an in-patient in the ward for a number of weeks, despite the availability of a bed in the nearby Child and Adolescent in-patient unit in Cork. Staff of the adult unit had sought a bed in the regional child and adolescent mental health unit and were unaware of this vacancy.

2. Centre for Mental Health Care and Recovery, Bantry General Hospital

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

| COMPLIANCE RATING | 2012 | 2013 | 2014 | ARTICLE NUMBERS 2014 |
|------------------------|------|------|------|----------------------|
| Fully Compliant | 28 | 22 | 22 | |
| Substantial Compliance | 2 | 7 | 7 | 13,20,21,23,25,29,32 |
| Minimal Compliance | 0 | 2 | 2 | 22, 24 |
| Not Compliant | 1 | 0 | 0 | |
| Not Applicable | 0 | 0 | 0 | |

Summary

- The approved centre was fully compliant with Article 15 Individual Care Plans.
- Despite a ligature audit being carried out following the inspection of 2013, a number of ligature anchor points were identified during the course of this inspection.
- All sector teams admitting to the approved centre were fully resourced with medical, nursing and health and social care professionals.
- Security personnel staff were located within the approved centre during day time working hours and monitored CCTV cameras. After hours, security personnel continued to monitor the approved centre's CCTV cameras from the general hospital.
- The building was old fashioned, with limited privacy for residents.

3. Cappahard Lodge

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

| COMPLIANCE RATING | 2012 | 2013 | 2014 | ARTICLE NUMBERS 2014 |
|--------------------------|-------------|-------------|-------------|-----------------------------|
| Fully Compliant | 20 | 20 | 23 | |
| Substantial Compliance | 7 | 2 | 1 | 26 |
| Minimal Compliance | 1 | 5 | 3 | 14, 19, 32 |
| Not Compliant | 1 | 2 | 2 | 15, 16 |
| Not Applicable | 2 | 2 | 2 | 17, 25 |

Summary

- The approved centre was in breach of the condition of its registration which required that it be fully compliant with Article 15 of the Regulations Individual Care Plans.
- Adequate arrangements were not in place for access by residents to speech and language therapy services as required.
- A significant number of residents had not had a six-monthly physical examination carried out and in some instances this had been due for the past three months prior to the date of inspection.
- Deaths had been notified to the Mental Health Commission in a time frame well outside the required 48-hour period.
- Two residents had been admitted to the approved centre following the closure of a supervised residence in Ennis. It was unclear to inspectors why accommodation for these residents was required in an approved centre.
- The premises were clean, warm, adequately lit and well ventilated, and had been recently painted and decorated. The streetscape mural along the main corridor was very appealing and looked well.

4. Acute Mental Health Admission Unit, Kerry General Hospital

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

| COMPLIANCE RATING | 2012 | 2013 | 2014 | ARTICLE NUMBERS 2014 |
|------------------------|------|------|------|------------------------------|
| Fully Compliant | 18 | 25 | 19 | |
| Substantial Compliance | 9 | 2 | 8 | 8, 9, 11, 21, 24, 26, 31, 32 |
| Minimal Compliance | 3 | 3 | 1 | 16 |
| Not Compliant | 0 | 0 | 2 | 22, 23 |
| Not Applicable | 1 | 1 | 1 | 25 |

Summary

- All individual care plans inspected were fully compliant with Article 15 of the Regulations.
- The general physical environment of the approved centre was rundown, shabby and in places, such as the condition of the desk in the nurses' station in Valentia ward, dilapidated. Many of the wooden door frames throughout both wards were chipped and battered-looking. The entire interior of the approved centre needed to be painted and decorated. Numerous damp patches were evident in many parts of the ceilings of various rooms throughout the approved centre.
- Inspectors noted a number of individual sessions between residents and the unit-based occupational therapist (OT) and these interactions and programmes were documented in the individual care plans and clinical files. Inspectors, however, reported to the senior management team at the completion of this two-day inspection that they found many residents sitting around or lying in their beds at all hours during the day over the two days.
- A quality initiative to reduce the incidents of Medication Errors in Reask and Valentia wards had been initiated by the approved centre despite this, the approved centre was not compliant with Article 23 of the Regulations in respect of the Ordering, Prescribing, Storage and Administration of Medications.
- The service had the use of a 9-seater bus which facilitated trips for residents to such places as Banna, Dingle and Ballyheigue.

5. Acute Psychiatric Unit, University Hospital, Ennis

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

| COMPLIANCE RATING | 2012 | 2013 | 2014 | ARTICLE NUMBERS 2014 |
|------------------------|------|------|------|----------------------|
| Fully Compliant | 24 | 16 | 20 | |
| Substantial Compliance | 4 | 10 | 7 | 15,23,24,25,29,32 |
| Minimal Compliance | 1 | 4 | 3 | 16,21,22 |
| Not Compliant | 1 | 1 | 1 | 19 |
| Not Applicable | 1 | 0 | 0 | |

Summary

- The approved centre was in breach of a condition requiring full compliance with Article 15 of the Regulations Individual Care Plans.
- The unit was in need of re-painting and refurbishment of showers. The service had plans to refurbish the shower areas of the unit in the near future.
- Residents had access to a programme of activities including relaxation, exercise, art therapy, and discussion groups; the social worker and occupational therapist also provided some group and individual sessions.
- Residents under the care of the Psychiatry of Old Age team had a designated admission area separate from the acute area of the ward.
- There were three individual garden areas in the unit which were most attractive and well maintained.
- Two security personnel were on duty in the approved centre 24 hours a day. Whilst this practice was originally introduced for the management of one particular individual, the use of security personnel in the use of physical restraint had extended to engagement in restraint of other residents.