

Inspector of Mental Health Services 2014 Reports

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

This batch of reports contains seven approved centre inspection reports and two other mental health service reports.

The Approved Centres reported on are:

Approved Centre Reports 2014

1. Acute Mental Health Unit, Mayo General Hospital
2. St. John of God Hospital Limited
3. Department of Psychiatry, Roscommon
4. Lakeview Unit, Naas General Hospital
5. Hawthorn Unit, Connolly Hospital
6. Phoenix Care Centre
7. Eist Linn

Other Mental Health Services Reports 2014

1. Cypress Lodge, Sligo, 24 hour nurse staffed community residence
2. Inch Community Residence, North Dublin, 24 hour nurse staffed community residence

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/

Link below to other mental health service inspection report documents on the Mental Health Commission website:

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

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 Centre Reports 2014

1. Acute Mental Health Unit, Mayo General Hospital

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

COMPLIANCE RATING	2012	2013	2014	ARTICLE NUMBERS 2014
Fully Compliant	23	26	26	
Substantial Compliance	6	5	5	21, 22, 23, 26, 31
Minimal Compliance	2	0	0	
Not Compliant	0	0	0	
Not Applicable	0	0	0	

Summary

- There was evidence of good care and treatment of residents in the approved centre. All residents had an active individual care plan and there were good therapeutic services and programmes.
- The addition of two occupational therapy assistants in the approved centre had improved the availability of activities.
- Maintenance of the approved centre was not good. There were a number of deficits such as a leaking roof, faulty windows, broken toilet, broken laundry and kitchen appliances and plumbing difficulties. In order to make toilet doors safe, the maintenance department had cut so much from the doors that it was now possible to view someone inside the cubicle. Also the toilet doors did not have locks.
- The approved centre had an average of 92% occupancy which was putting great strain on the service. This had resulted in residents being transferred to another approved centre for the purposes of freeing a bed for incoming residents. This was not in the best interests of the resident. An extra bed had also been put up in the sitting room of the high observation area.
- The improvement in compliance with the Rules Governing the Use of Seclusion was excellent and staff were to be commended for such quality improvement in a short timeframe.

2. St. John of God Hospital Limited

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

COMPLIANCE RATING	2012	2013	2014	ARTICLE NUMBERS 2014
Fully Compliant	30	29	26	
Substantial Compliance	1	2	5	15, 22, 23, 27, 32
Minimal Compliance	0	0	0	
Not Compliant	0	0	0	
Not Applicable	0	0	0	

Summary

- The approved centre provided good care and treatment of residents in well maintained buildings.
- There was good access to therapeutic services and programmes.
- All residents had an individual care plan but some did not fully meet the requirements of the Regulations.
- Doctors' prescriptions were not always of a good standard. A number of doctors did not use their Medical Council numbers (MCNs), as required by law. Some prescriptions and signatures were illegible and, in one case, the MCN was illegible. The prescriptions were untidy and sometimes hard to decipher. Generic medication names were not often used and the pharmacist had to write generic names under the prescriptions.
- The service was not fully compliant with the Code of Practice on Admission.
- The policy of insisting that assisted admissions of private patients must first be admitted to their local approved centre and then transferred to St. John of God Hospital is unacceptable. It has the potential to cause unnecessary hardship and distress to patients and is not in their best interests.

3. Department of Psychiatry, Roscommon

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

COMPLIANCE RATING	2012	2013	2014	ARTICLE NUMBERS 2014
Fully Compliant	24	25	22	
Substantial Compliance	5	3	7	9, 19, 22, 23, 24, 27, 32
Minimal Compliance	1	1	1	31
Not Compliant	0	0	0	
Not Applicable	1	2	1	25

Summary

- The approved centre was well managed at the time of inspection and the staff were knowledgeable, focussed and caring.
- Each resident had a good individual multidisciplinary care plan.
- There was no complaints record maintained in the approved centre.
- The outside area was unfit for purpose, deeply stigmatising and did not respect the dignity of the residents. However, there were plans to remedy this.
- The current medication sheets were unsafe. This was to be addressed in the near future. Doctors did not always use their Medical Council registration numbers on prescriptions, legal documents or clinical notes.

4. Lakeview Unit, Naas General Hospital

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

COMPLIANCE RATING	2012	2013	2014	ARTICLE NUMBERS 2014
Fully Compliant	23	26	30	
Substantial Compliance	8	4	1	22
Minimal Compliance	0	1	0	
Not Compliant	0	0	0	
Not Applicable	0	0	0	

Summary

- Lakeview provided acute in-patient psychiatric care for a population of 228,410 in Kildare and West Wicklow.
- Several areas within Lakeview had been repainted and fitted out with new, brightly coloured modern seating. Residents had access throughout the day to the upper floor, which featured sitting rooms, recreational space and an attractive garden. The garden area was accessible only when staff were available to supervise residents and every effort had been made to ensure adequate access.
- There was an individual care plan, which met the standard of Article 15 Individual Care Plans, in each of the clinical files inspected. Residents were offered a copy of their individual care plan and, where a resident declined to receive a copy, this was documented. The records showed good communication with families.
- A number of residents required ongoing support and treatment in an appropriate community setting to ensure successful discharge. The catchment area did not have such resources and were actively pursuing appropriate placements with voluntary and independent agencies. This meant that the acute psychiatric unit accommodated a number of long term residents.
- The seclusion room facilities were unsuitable and did not afford appropriate privacy in toileting activities.
- Lakeview was a busy unit, with bed management a core aspect of each day. Inspectors observed good communication between staff and good clinical leadership.

5. Hawthorn Unit, Connolly Hospital

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

COMPLIANCE RATING	2012	2013	2014	ARTICLE NUMBERS 2014
Fully Compliant	29	24	24	
Substantial Compliance	0	3	4	6,26,31,32
Minimal Compliance	0	0	1	22
Not Compliant	0	2	0	
Not Applicable	2	2	2	17,25

Summary

- The approved centre provided a high quality of care to a small number of elderly residents. The staff were proactive and caring in their approach. A multidisciplinary approach to care was evident.
- There was just one toilet for all residents, which was inadequate. The building was due to be vacated when a purpose built facility in Beaumont Hospital opened later in 2014.
- Staff training in some areas needed to be addressed.
- Arrangements in relation to clinical incident reporting should be reviewed.

6. Phoenix Care Centre

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

COMPLIANCE RATING	2012	2013	2014	ARTICLE NUMBERS 2014
Fully Compliant	Not Applicable	28	24	
Substantial Compliance	Not Applicable	2	6	13,15,19,21,22, 23
Minimal Compliance	Not Applicable	0	0	
Not Compliant	Not Applicable	0	0	
Not Applicable	Not Applicable	1	1	17

Summary

- The approved centre was situated on the campus of St. Brendan's Hospital, on the north side of Dublin in a modern, attractive building.
- The service provided care and treatment for residents referred from other approved centres, in two Psychiatric Intensive Care Units (PICU) situated on the ground floor of the unit.
- One patient did not have an individual care plan.
- Mobile phones were not permitted in the PICUs and there was no privacy for residents using a hospital phone, which was located in the open corridor.
- All bedroom, sitting room and dining room doors of the approved centre, including those of the PICU, could be locked from inside by residents, posing a potential hazard.

7. Eist Linn

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

COMPLIANCE RATING	2012	2013	2014	ARTICLE NUMBERS 2014
Fully Compliant	28	29	21	
Substantial Compliance	1	1	9	13, 20, 21, 22, 23, 24, 25, 27, 29
Minimal Compliance	1	0	0	
Not Compliant	0	0	0	
Not Applicable	1	1	1	

Summary

- The approved centre provided a good quality service for young people in a bright and modern facility.
- There were some problems with the building which resulted in a less than optimal experience for residents.
- Staff reported that three beds were decommissioned at the time of inspection because of staff shortages.
- All residents had individual care plans and there was a wide range of therapeutic and recreational facilities.

Other Mental Health Services Reports 2014

1. Cypress Lodge, Sligo, 24 hour nurse staffed community residence

Summary

- The care of residents of this facility had improved since the inspection of 2013.
- There was greater involvement of the multidisciplinary team in the care of residents.
- All residents whose clinical files were examined had individual care plans which were regularly reviewed.
- The residence was poorly maintained; the facilities were inadequate for a modern health care facility and should be closed or refurbished as soon as possible.

2. Inch Community Residence, North Dublin, 24 hour nurse staffed community residence

Summary

- The supervised residential unit, opened for approximately ten years, provided a high standard of rehabilitation and recovery services for residents.
- Needs, goals and outcomes were identified in individual care plans.
- The staff were proactively involved in meeting the needs of residents and made good use of available resources.
- The premises suffered from dampness and poor decor in places and some furniture should be replaced.