

Inspector of Mental Health Services 2014 Reports

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

This batch of reports contains nine approved centre inspection reports and one other mental health service report.

The Approved Centres reported on are:

Approved Centre Reports 2014

1. Department of Psychiatry, Our Lady's Hospital, Navan
2. Department of Psychiatry, Letterkenny General Hospital
3. Sligo/Leitrim Mental Health In-Patient Unit
4. St. Finbarr's Hospital – St. Catherine's Ward
5. Carraig Mor
6. Willow Grove
7. Cappahard Lodge Re-inspection

Other Mental Health Services Reports 2014

1. Perrott House, Community Hospital Skibbereen
2. O'Connell House Limerick

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 Centres

1. Department of Psychiatry, Our Lady's Hospital, Navan

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

COMPLIANCE RATING	2012	2013	2014	ARTICLE NUMBERS 2014
Fully Compliant	29	26	27	
Substantial Compliance	2	4	2	21, 27
Minimal Compliance	0	1	0	
Not Compliant	0	0	2	15, 16
Not Applicable	0	0	0	

Summary

- The DOP, Our Lady's Hospital, provided the acute in-patient psychiatric care for the Meath population of 184,034 persons. The DOP was well signposted within the hospital and the entrance door was open on both days of the inspection.
- There was an excellent information booklet and well stocked noticeboard, for residents and families, about care and treatment within the DOP. The nursing and occupational therapy staff had developed a structured therapeutic day for residents.
- The approved centre was not compliant with the regulations on individual care plans (ICPs). There was no ICP in six of the clinical files inspected. Where there were ICPs, the poor standard raised a number of questions. Did medical staff have knowledge and understanding of the Regulations in relation to ICPs? Was training and education a requirement? There was no medical representation at the feedback meeting of inspectors and staff and these questions remained unanswered.
- The individual clinical records did not convey a sense of effective multidisciplinary team (MDT) working. There were good records entered for nursing, occupational therapy and social work interventions in individual clinical files. In some instances, these entries did not fit well with the stated ICP. This suggested a pattern of parallel rather than interdisciplinary working on the MDTs.
- The admission assessments in the individual clinical files inspected varied in standard. No physical examination had been completed in some. The service had audited the admission process and found that in 52% of admissions there was no record of a physical examination. The service had implemented both a new pro forma template for admission assessment and training for non consultant hospital doctors.
- Physical restraint and seclusion were infrequent in the approved centre.

2. Department of Psychiatry, Letterkenny General Hospital

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

COMPLIANCE RATING	2012	2013	2014	ARTICLE NUMBERS 2014
Fully Compliant	22	26	21	
Substantial Compliance	8	4	8	13,16,21,22,23, 26,27,32
Minimal Compliance	1	0	1	15
Not Compliant	0	0	0	
Not Applicable	0	1	1	25

Summary

- The approved centre was a bright, recently constructed unit which was an attractive building with ready access to two pleasant gardens.
- For the third year in a row, the approved centre was not compliant with Article 15 Individual Care Plans and there was little evidence of multidisciplinary involvement in drawing up these care plans.
- There was a very good range of information on diagnoses and medications available to residents.
- Security personnel were involved in the approved centre in physical restraint, but the service did not have a policy on their involvement.
- Two of the four sector teams did not have a psychologist and there were only 2.3 Whole Time Equivalent (WTE) psychologists in the Donegal mental health services.

3. Sligo/Leitrim Mental Health In-Patient Unit

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

COMPLIANCE RATING	2012	2013	2014	ARTICLE NUMBERS 2014
Fully Compliant	24	28	18	
Substantial Compliance	3	2	10	15,16,20,21,22, 23,26,29,31,32
Minimal Compliance	2	1	1	25
Not Compliant	2	0	2	19,24
Not Applicable	0	0	0	

Summary

- The approved centre was compliant with the condition attached to its registration in relation to mandatory training.
- The approved centre had recently received Electro Convulsive Therapy Accreditation Service (ECTAS) approval.
- Long-term residents in the Special Care Unit of the approved centre had been re-located to more suitable accommodation in the community.
- A new high observation unit was opened in the approved centre.
- Policies relating to a number of Articles of the Regulations were not in place.
- Psychologists rarely participated in the development of individual care plans by the multidisciplinary team due to a lack of psychologists in the service.

4. St. Finbarr's Hospital – St. Catherine's Ward

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

COMPLIANCE RATING	2012	2013	2014	ARTICLE NUMBERS 2014
Fully Compliant	26	27	22	
Substantial Compliance	2	2	4	24,27,31,32
Minimal Compliance	1	0	3	21,22,23
Not Compliant	0	0	0	
Not Applicable	2	2	2	17,25

Summary

- All residents had an individual care plan (ICP) in which the resident participated and which was reviewed on a regular basis.
- Several residents were involved in therapeutic activities in day centres or community centres outside of the approved centre.
- The approved centre was situated in a 19th century building.
- All residents were accommodated in shared bedrooms and privacy was not respected in a number of bedrooms, due to the lack of privacy curtains surrounding beds.
- All residents had a six-monthly physical examination carried out by a general practitioner (GP).

5. Carraig Mor

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

COMPLIANCE RATING	2012	2013	2014	ARTICLE NUMBERS 2014
Fully Compliant	26	21	25	
Substantial Compliance	3	6	5	15, 16, 22, 23, 27
Minimal Compliance	1	1	0	
Not Compliant	0	2	0	
Not Applicable	1	1	1	17

Summary

- The first floor continuing care unit in Carraig Mor had closed on the 30 September 2014. Residents had transferred to St. Stephen's Hospital, Cork
- Carraig Mor now comprised an 18-bed psychiatric intensive care unit (PICU). Care and treatment were provided by a general adult team who had a particular interest in forensic psychiatry.
- Care and treatment were of a good standard. The individual clinical files showed coordinated multidisciplinary provision of care with good communication with residents and families.
- The individual care plan record, however, did not adequately capture the goals, interventions and resources required to implement care and treatment. Thus, the approved centre did not meet the standard required by Article 15 of the Regulations.
- The seclusion room had been refurbished and was operational. Several areas had been repainted and refurbished and all toileting facilities were now lockable to provide privacy. The dormitory bedrooms had been refurbished but remained unsuitable for a 21st century hospital.

6. Willow Grove

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

COMPLIANCE RATING	2012	2013	2014	ARTICLE NUMBERS 2014
Fully Compliant	30	30	30	
Substantial Compliance	0	0	0	
Minimal Compliance	0	0	0	
Not Compliant	0	0	0	
Not Applicable	1	1	1	30

Summary

- Willow Grove provided in-patient care for young persons between the ages of 13 and 18 years. Care and treatment was of a high standard and was provided by a full complement of well trained, multidisciplinary staff.
- Each resident had an individual care plan (ICP) which was fully compliant with Article 15 Individual Care Plans of the Regulations. The input and views of the young person and their parents or guardians were well recorded in the ICPs.
- There was a youth consumer panel and an advocacy service in place in Willow Grove, both of which informed service developments and promoted resident voice and autonomy.
- The premises was well designed, modern and attractively decorated with good facilities for treatment, recreation and education
- There was an excellent quality improvement system in place both in relation to clinical and corporate governance. A clinical audit programme provided information for this purpose. A consumer feedback process also informed this process.
- The approved centre was compliant with all applicable Regulations and Codes of Practice.

7. Cappahard Lodge Re-inspection

Summary

- At a re-inspection of the approved centre to inspect individual care plans, inspectors found that there was a breach of the condition attached to the registration of the approved centre which required full compliance with Article 15 Individual Care Plan.

Other Mental Health Services

1. Perrott House, Community Hospital Skibbereen

Summary

- Perrott House was a 24-hour nurse staffed residence, located on the grounds of the Community Hospital in Skibbereen. It comprised 23 beds and had originally been built as an acute psychiatric unit. The bed numbers, dormitory layout and location of Perrott House, all contributed to an institutional rather than a residential community environment. This was despite the good efforts of staff and residents to create an attractive garden and decorate the interior.
- The majority of residents had been in residential mental health services for many years. Palliative care was required on a more frequent basis as the age profile of residents was becoming more elderly. Several residents had limited mobility and used wheelchairs or walking frames. Assistance with self-care and physical health care was a significant part of the daily routine for most residents.
- A weekly schedule of activities, within Perrott House, provided residents with the opportunity to engage in cookery, music, art, poetry, gardening and yoga.
- One general practitioner provided the general medical services for all residents, and attended Perrott House on a weekly basis. The clinical records did not contain an adequate record in relation to physical health, including six-monthly reviews.
- In several instances, the clinical records were not well maintained and updated. Some individual care plans were dated a couple of years previously. Nursing progress notes were not always updated in a timely manner.

2. O'Connell House, Limerick

Summary

- This 24-hour staffed residence provided accommodation to residents under the care of the Rehabilitation and Recovery team. Many residents were long-stay and some had challenging behaviour.
- Considerable effort had been put into improving the physical environment of the residence since the last inspection in 2013. Maintenance work had been initiated and the premises were clean.
- All residents had individual care plans which were reviewed at monthly multidisciplinary team meetings.
- Staff presented as proactive and enthusiastic and plans were ongoing for the further improvement of the service.