

Inspector of Mental Health Services 2014 Reports

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

This batch of reports contains nine approved centre inspection reports.

The Approved Centres reported on are:

Approved Centre Reports 2014

1. St. Finan's Hospital – O'Connor Unit
2. Department of Psychiatry, University Hospital Waterford
3. St. Stephen's Hospital, Glanmire
4. St. Michael's Unit, Mercy University Hospital
5. Clonfert Ward, St. Brigid's Hospital, Ballinasloe
6. Linn Dara Child & Adolescent In-patient Unit
7. Sycamore Unit, Connolly Hospital
8. Admission Unit & St. Edna's Ward, St. Loman's Hospital, Mullingar
9. Avonmore & Glenree Units, Newcastle 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/

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. St. Finan's Hospital – O'Connor Unit

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

COMPLIANCE RATING	2012	2013	2014	ARTICLE NUMBERS 2014
Fully Compliant	24	19	20	
Substantial Compliance	5	9	7	8,13,21,24,26,29, 31
Minimal Compliance	0	1	1	22
Not Compliant	0	0	1	23
Not Applicable	2	2	2	17, 25

Summary

- The approved centre did not have appropriate and suitable practices relating to the ordering, prescribing, storing and administration of medicines to residents.
- The building was outdated and not suitable as a modern mental health facility. A new unit was due to open in 2015.
- All residents whose clinical files were examined had individual care plans and there was evidence of good multidisciplinary working in the interests of residents.
- There was little evidence of staff training in the staff training log. Continuing professional development needs of staff must be addressed.

2. Department of Psychiatry, University Hospital Waterford

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

COMPLIANCE RATING	2012	2013	2014	ARTICLE NUMBERS 2014
Fully Compliant	17	25	21	
Substantial Compliance	7	2	7	6,15,16,21,27,31,32
Minimal Compliance	3	4	3	9,11,22
Not Compliant	4	0	0	
Not Applicable	0	0	0	

Summary

- The Department of Psychiatry (DOP) provided acute in-patient psychiatric care for a population of 279,115 in the Waterford, Wexford and South Kilkenny catchment areas.
- The DOP was a busy unit and comprised a sub-acute and an acute unit. Staff reported a 90 to 95% bed occupancy rate. The acuity of illness in residents was typical for a city hospital. Homelessness and other discharge placement needs were actively managed by the service. There was good clinical leadership and bed management practice in place.
- Each resident had an individual care plan (ICP). The quality varied across teams. The management team was cognisant of this and in the process of addressing the quality of ICPs.
- The acute unit, following a 1.2 million euro building programme, remained an unsuitable space, in terms of design, layout and facilities for the care of ten acutely unwell residents. Residents had no seating area, no dining facility and limited walkabout space.
- Risk assessment was well completed for each resident at the time of admission. Risk assessment should, however, be dynamic and reassessed, particularly at stages of transition in care.
- Management reported that €200,000 was required to complete work on mitigating ligature anchor point risks.
- There was an excellent core therapeutic programme in the sub-acute unit.
- Eight children had been admitted to the DOP in 2014 up to the time of inspection. A busy adult approved centre is not suitable for children. Most child admissions were from Wexford. There is an urgent need for community child and adolescent mental health services (CAMHS) which include an out of hours service and access to acute CAMHS beds.

3. St. Stephen's Hospital, Glanmire

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

COMPLIANCE RATING	2012	2013	2014	ARTICLE NUMBERS 2014
Fully Compliant	22	28	23	
Substantial Compliance	5	0	6	8, 15, 16, 21, 22, 24
Minimal Compliance	0	0	0	
Not Compliant	2	0	0	
Not Applicable	2	2	2	

Summary

- The approved centre was situated on a large rural site in Glanmire several miles north of Cork city with extensive views over the city.
- The centre had four wards providing acute and continuing care for residents in a number of airy and pleasant independent units.
- While individual care plans (ICPs) were for the most part good, one ICP inspected did not identify all health care professionals with responsibility for certain aspects of the plan and others did not delineate explicitly the goals and outcomes of the plan. This was also reflected in the provision of therapeutic services and programmes.
- There was a suite of therapeutic activities for residents, some of which took place in the Valley View day centre on the St Stephen's Hospital campus.
- The approved centre was not fully compliant with the Codes of Practice on Physical Restraint and Admission, Transfer and Discharge.

4. St. Michael's Unit, Mercy University Hospital

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

COMPLIANCE RATING	2012	2013	2014	ARTICLE NUMBERS 2014
Fully Compliant	27	30	23	
Substantial Compliance	3	0	5	9, 15, 22, 29, 31
Minimal Compliance	1	0	2	19, 23
Not Compliant	0	0	1	21
Not Applicable	0	1	0	

Summary

- Staff worked hard to provide recovery focussed care and treatment for residents. There was strong multidisciplinary working and excellent therapeutic services and programmes.
- A change from the 2013 format of the individual care plans meant that goals were no longer documented as part of the care plan, thereby resulting in lack of full compliance with Article 15 of the Regulations.
- The information available for residents was particularly good, especially the information about therapeutic activities.
- The medication Kardexes were very unsatisfactory. There was carelessness evident in the prescriptions, to the point that one prescription was unsigned and undated. It appeared that nursing staff were unaware of how to fill in the administration record.
- Regular six-monthly physical examinations of residents in hospital for more than six months were not being completed.
- St. Michael's Unit is not suitable as a mental health unit in its layout, size and the fact that it has no outdoor space. Local management were awaiting submission of a report from the Estates Department of the Health Service Executive with regard to the layout of the approved centre.
- There were a number of ligature anchor points throughout the unit, which needed addressing.
- The inspectors were concerned at the lack of privacy given to residents in their bedrooms. There was a shortage of curtains in many of the bedrooms and the blinds on the windows were completely inadequate. The privacy and dignity of one resident was seriously compromised and the senior management team were urged by the inspectors to address this immediately.

5. Clonfert Ward, St. Brigid's Hospital, Ballinasloe

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

COMPLIANCE RATING	2012	2013	2014	ARTICLE NUMBERS 2014
Fully Compliant	22	13	23	
Substantial Compliance	6	18	4	15, 22, 26,31
Minimal Compliance	1	0	1	20
Not Compliant	2	0	1	28
Not Applicable	0	0	2	17,25

Summary

- Clonfert was an elderly care facility with 16 beds. It was due to move to refurbished premises in spring 2015.
- The information provided for residents and families was insufficient, both in details about the unit and in information about diagnoses and medication.
- There was no nominated complaints person available for the approved centre.
- There was no psychologist on the Psychiatry of Old Age Team.
- Care and treatment of the residents was observed to be very good.

6. Linn Dara Child & Adolescent 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	17	24	25	
Substantial Compliance	10	5	5	15,20,21,23,26
Minimal Compliance	1	1	0	
Not Compliant	2	0	0	
Not Applicable	1	1	1	30

Summary

- The approved centre was an in-patient unit for the admission of children and adolescents. At the time of inspection, only six of the 14 beds were operational due to re-furbishment works being carried out.
- There was a very good range of therapeutic services available to the residents, provided by a full multidisciplinary team.
- Due to the management and care of some residents who displayed behaviour that was difficult to manage in the setting of a generic child and adolescent in-patient unit, security personnel had been involved in physical restraint on two occasions.
- The construction of a new Child and Adolescent In-patient Unit was well under way in Cherry Orchard and the service expected to take possession of the premises in the autumn of 2015.

7. Sycamore 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	20	22	28	
Substantial Compliance	5	5	0	
Minimal Compliance	4	1	0	
Not Compliant	0	0	0	
Not Applicable	2	3	3	13, 17, 25

Summary

- Sycamore Unit was a tertiary care approved centre providing care and treatment for residents with dementia. A specialist Psychiatry of Old Age team had responsibility for the approved centre.
- Sycamore Unit was a stand-alone building located to the rear of the Connolly Hospital campus. Residents had access to selected services from Connolly Hospital, such as dietetics, speech and language therapy and physiotherapy. An occupational therapist had been appointed to the team and was in the process of completing assessments and therapy plans for residents.
- The building was dated in design but was clean and well kept. All sleeping accommodation, except two beds, was in dormitory rooms. The décor in the day room was quite sparse and jaded and the environment would benefit from additional age and culturally appropriate décor.
- Care and treatment was of a good standard. All residents appeared comfortable and were well groomed and attired at the time of the inspection visit. Residents received regular drinks throughout the day. Many residents required assistance with feeding and self-care. Inspectors observed healthcare attendants and nursing staff providing assistance in an unrushed respectful manner and interacting with residents throughout.
- The admission policy required consent to a Do Not Resuscitate protocol.

8. Admission Unit & St. Edna's Ward, St. Loman's Hospital, Mullingar

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

COMPLIANCE RATING	2012	2013	2014	ARTICLE NUMBERS 2014
Fully Compliant	27	27	28	
Substantial Compliance	3	1	3	15, 22, 24
Minimal Compliance	0	0	0	
Not Compliant	1	3	0	
Not Applicable	0	0	0	

Summary

- The approved centre comprised the Admission Ward and St. Edna's Ward, both of which were located in a single building which had been refurbished and extended. Accommodation was bright and spacious with good-sized garden spaces.
- Each resident had an individual care plan (ICP). In some instances the ICPs did not meet the standard specified in the Regulations. It was evident that staff were keen to improve the ICP process and were actively engaged in auditing and reviewing the ICPs.
- An occupational therapist (OT) was now assigned to the approved centre. The quality of the OT focus of care and clinical records was excellent. Residents were well served in both wards by the activities schedule which was nurse-led.
- One of the seclusion rooms was not fully functional due to inadequate CCTV coverage which was required for resident safety and the facilitation of continuous observation of a resident in seclusion.
- The approved centre was not compliant with section 60 of the Mental Health Act 2001, which provides for consent to the continued administration of medication in excess of three months to a detained patient.
- Discussion with staff at the inspection feedback meeting, and the clinical and administrative records examined all pointed to robust governance.
- There were no approved centre rehabilitation beds for females. In these circumstances, the admission ward accommodated such residents who required in-patient care and this was incompatible with the focus of care in an acute unit, and was not an appropriate environment for the rehabilitation residents. A number of beds in the admission ward were occupied on a long term basis.

9. Avonmore & Glenree Units, Newcastle Hospital

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

COMPLIANCE RATING	2012	2013	2014	ARTICLE NUMBERS 2014
Fully Compliant	20	23	26	
Substantial Compliance	9	8	5	20, 21, 22, 27, 32
Minimal Compliance	1	0	0	
Not Compliant	1	0	0	
Not Applicable	0	0	0	

Summary

- Newcastle Hospital provided the in-patient psychiatric service for East Wicklow with a population of 146,796 and the population of 28,254 in the Electoral Divisions of the Gorey area of the former catchment area of Wexford Mental Health Services. The hospital was well signposted in the locality and was served by public transport.
- The approved centre comprised Glenree, an acute admissions unit and Avonmore, a Psychiatry of Old Age (POA) unit. Five General Adult sector teams and a POA team admitted residents to the approved centre.
- The standard of the admission assessment was good and it was well recorded in the clinical files. Risk assessment took place at the time of admission and was updated regularly as clinically indicated. The risk assessments informed clear risk management plans for each individual. The entrance door to the Glenree was open during both days of the inspection visit. This door was only closed during the day if required as a safety precaution for residents based on assessed risk and the individual care plan (ICP).
- A new admission consultation suite had been developed in Glenree. This provided a direct access entrance door, consulting room, lavatory and waiting area. These facilities allowed for admission assessments in a quiet environment.
- The clinical records showed good interdisciplinary team working, clear discharge planning and evidence of a community based service. There was good consultation with families.
- The approved centre maintained good records in relation to complaints and incidents which was an indication of robust governance.