

Inspector of Mental Health Services 2014 Reports

This is the tenth 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 services reports.

The Approved Centres reported on are:

Approved Centre Reports 2014

1. Department of Psychiatry, University Hospital Galway – Re-inspection
2. St. Patrick's University Hospital
3. Department of Psychiatry, Midlands Regional Hospital, Portlaoise – Re-inspection
4. St. Ita's Ward & Unit One, St. Brigid's Hospital, Ardee – Re-inspection
5. Adolescent In-patient Unit, St. Vincent's Hospital
6. Ashlin Centre
7. Tearmann Ward, St. Camillus' Hospital

Other Mental Health Services 2014

8. Grace Park
9. St. Elizabeth's Court

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, University Hospital Galway – Re-inspection

Summary

- During this re-inspection of the Department of Psychiatry, University Hospital Galway, the approved centre was found by inspectors to be in breach of Part (A) of the condition of its registration, which requires full compliance with Article 15 (Individual Care Plan) of S.I. No 551 of 2006; Mental Health Act 2001 (Approved Centres) Regulations 2006.
- Inspectors noted that much work had been done by staff of the approved centre in respect of attempting to achieve compliance with Article 15 of the Regulations.

2. Department of Psychiatry, Midlands Regional Hospital, Portlaoise – Re-inspection

Summary

- The approved centre was in breach of the condition attached to it by the Mental Health Commission because it was not fully compliant with Article 15 (Individual Care Plan) of the Regulations.

3. St. Ita's Ward & Unit One, St. Brigid's Hospital, Ardee – Re-inspection

Summary

- In August 2014, the Mental Health Commission attached a condition to the registration of the approved centre at Unit 1 and St. Ita's Ward, St. Brigid's Hospital, Ardee which required full compliance with Article 15 Individual Care Plan.
- Although the approved centre failed to achieve full compliance with the condition attached to its registration, there was a significant improvement in individual care plans since the inspection of April 2014.

4. St. Patrick's University Hospital

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

COMPLIANCE RATING	2012	2013	2014	ARTICLE NUMBERS 2014
Fully Compliant	29	29	28	
Substantial Compliance	0	0	1	15
Minimal Compliance	0	0	0	
Not Compliant	0	0	0	
Not Applicable	2	2	2	

Summary

- The range of therapeutic services and programmes was excellent. Care and treatment was provided on a flexible individual basis and generally comprised a combination of individual and group psychotherapy programmes. Therapeutic services and programmes were provided in accordance with individual care plans (ICPs) and were comprehensive in their scope and evidence-based.
- There was an excellent information centre inside the entrance of the approved centre in which books, booklets, information leaflets and web access were provided.
- It was evident that the service sought to create premises which welcomed residents, family and friends. There was a well-designed children's' room for family visits. The location of the restaurant, the shop, the information centre and the mini-gallery display space, all contributed to create a friendly health-promoting centre.
- There was an excellent choice at all mealtimes and a menu was displayed. The kitchen catered for special dietary requirements.
- The approved centre was not fully compliant with Article 15 Individual Care Plan in four cases because there was insufficient documentation of goals. In one ICP, no resources were identified and there was insufficient specification of the treatment and care required in two ICPs. However, the remainder of the files inspected demonstrated a good care planning process.

5. Adolescent In-patient Unit, St. Vincent's Hospital

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

COMPLIANCE RATING	2012	2013	2014	ARTICLE NUMBERS 2014
Fully Compliant	26	26	22	
Substantial Compliance	1	2	7	15,16,20,22,28, 29,32
Minimal Compliance	0	0	0	
Not Compliant	2	1	0	
Not Applicable	2	2	2	25,30

Summary

- The approved centre provided dedicated in-patient services for young people aged 16-17 years.
- The quality of care was very good with evidence of extensive multidisciplinary working, although this was not always documented in the individual care plans (ICPs).
- Just eight of the 12 beds in the approved centre were in use.
- Some structural issues remained to be addressed in the recently refurbished premises.

6. Ashlin 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	Not applicable	27	
Substantial Compliance	Not applicable	Not applicable	3	16, 23, 27
Minimal Compliance	Not applicable	Not applicable	0	
Not Compliant	Not applicable	Not applicable	1	15
Not Applicable	Not applicable	Not applicable	0	

Summary

- The Ashlin Centre opened in May 2014. The purpose- built approved centre was located on the Beaumont Hospital campus and provided in-patient care for the North Dublin catchment area. The centre was built on a narrow site and the outdoor spaces comprised internal courtyards.
- Individual care plans did not meet the standard required by the Regulations.
- There was good evidence of multidisciplinary working, including jointly run therapy groups. Residents had access to occupational therapy and social work. The activities nurse coordinated a programme of activities which ran six days per week.
- The storage of controlled drugs did not meet the standard of the Regulations.
- The standard of recording the use of seclusion did not meet the requirements of the Rules Governing the Use of Seclusion.

7. Tearmann Ward, St. Camillus' Hospital

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

COMPLIANCE RATING	2012	2013	2014	ARTICLE NUMBERS 2014
Fully Compliant	24	17	22	
Substantial Compliance	4	11	8	15, 16, 20, 21, 22, 23, 26, 32
Minimal Compliance	0	1	0	
Not Compliant	1	0	0	
Not Applicable	2	2	1	19

Summary

- Tearmann Ward provided acute and medium term assessment for older residents with dementia under the care of the Psychiatry of Old Age (POA) team.
- It was not clear that the HSE in-patient charges were applied in an equitable manner for residents in Tearmann Ward. This should be urgently reviewed by the responsible authority, the HSE.
- Residents had access to occupational therapy, social work and clinical psychology through the multidisciplinary POA team. Speech and language therapy, including swallow assessments, was available through the community care team, which was based on the hospital campus
- Each resident had an individual care plan (ICP). The quality of the ICPs was variable and there was a quality improvement initiative in place to address this issue.
- There was a good programme of activities provided for residents. Several members of nursing staff had completed post graduate training in dementia care.
- Overall, the premises and furnishings were not up to the required standard and a new unit was urgently needed.
- The procedures for laundry and maintaining a supply of clothing for residents was inadequate.
- Nursing staff within Tearmann Ward strove to provide good care and treatment for residents.

8. Grace Park

Summary

9. Grace Park was a 24-hour staffed community residence in the Drumcondra area which had been open for many years. It provided a supportive living environment for a group of residents suffering from long-term mental illness.
10. The physical maintenance and décor of the residence left much to be desired and could best be described as 'jaded.' Management were aware of this deficit and plans were in train to move to an alternative location in the vicinity subject to the allocation of finance to allow necessary alterations to the proposed location.
11. Staff were proactively involved with residents but integration with the responsible Community Mental Health Sector teams appeared to be lacking.
12. Individual Care Plans (ICPs) showed little evidence of multidisciplinary involvement and there was no clear pattern of review and revision.

9. St. Elizabeth's Court

Summary

- St. Elizabeth's Court provided long-term care in a large community residence on the north side of Dublin city to 23 residents, all of whom were mobile and some of whom required assistance with dressing and showering.
- All residents were under the care of either the rehabilitation team or the Cabra community mental health team, both of which were well staffed in terms of multidisciplinary team members and all residents had an individual care plan which was regularly reviewed by the team.
- The building was being re-painted over a period of time and there were plans to refurbish the shower rooms and lavatories.
- At the time of inspection, there was little evidence of activities taking place within the residence with many of the residents sitting around or in bed.