

Inspector of Mental Health Services 2013 Reports

This is the tenth batch of 2013 reports of the Inspector of Mental Health Services.

This batch of reports contains one 24 hour nurse staffed community residence report and one catchment area report. There are no Approved Centre reports in this current batch.

Mental Health Services

1. Cypress Lodge, Sligo

Catchment Area meeting

1. Laois Offaly

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:

Cypress Lodge

Summary

- This two-storey supervised residence was situated in a rural area and was in need of refurbishment. It was opened to facilitate the discharge of residents of the acute service in 22 years ago, some of whom were still there.
- There were few activities for residents who did not attend day services outside the house. Staff reported there had been no organised group outings for residents during the summer of 2013.
- Financial arrangements were not transparent. Considerable amounts of money were used by staff to buy items on a weekly basis for residents without receipts being signed or adequate records kept.
- Communal clothes, including unlabelled underwear, were in use. Staff reported this was for emergencies only.

Laois/Offaly Catchment

Summary

- Laois/Offaly Mental Health Services covered a population of 157,246. It had three adult community mental health teams in three sectors. It provided an old age psychiatry team, rehabilitation and recovery team, and a liaison team. There was also a child and adolescent mental health team and a minimally resourced mental health and intellectual disability team which were managed within the Disability Services.
- All teams were poorly staffed and fell far short of the recommended staffing for mental health teams as outlined in *A Vision for Change*.
- There was no consumer panel and further input from service users at management level was required.
- Despite the lack of resources there were some excellent developments within the service. There was engagement with the National Clinical Programmes at an intensive level.