

Inspector of Mental Health Services 2013 Reports

This is the seventh batch of the 2013 reports of the Inspector of Mental Health Services. Inspection reports were released at intervals during 2013 and remaining batches will be released in 2014.

No conclusions can be drawn regarding the overall state of mental health services at a national level from these batches.

This batch of reports contains ten approved centre inspection reports and three other mental health service reports. Of the ten approved centre inspection reports St. Patricks University Hospital achieved full compliance with the Mental Health Act, 2001 (Approved Centres) Regulations 2006. Nine approved centres required further improvements.

The Approved Centres reported on are:

1. Eist Linn
2. St. Bridget's Ward and St. Marie Goretti's Ward, Cluain Lir Care Centre
3. Blackwater House
4. St. Patrick's University Hospital
5. Teach Aisling
6. St. Loman's Hospital Mullingar
7. St. Anne's Sacred Heart Hospital, Castlebar
8. St. John of God Hospital Limited
9. An Coillín
10. Acute Psychiatric Unit, Midwestern Regional Hospital, Ennis

Other Mental Health Services

1. Garryshane
2. Lorica
3. Tithe na gCarad

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.

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.

Attempts are made by the Inspectorate to identify patterns and trends on an end of year basis.

The main points for this current batch of reports are as follows:

Approved Centres

1. Eist Linn

Summary

- Eist Linn was an age-appropriate facility which was nicely decorated and furnished. Each child had their own single bedroom.
- There was a significant improvement in record keeping in the clinical files compared to the inspection in 2012.
- There was a good improvement in the documentation of physical restraint compared to 2012.
- Individual care plans were excellent as was the range of therapeutic services and programmes and recreational activities.
- Information for young people was excellent, especially the staff's own designed medication leaflets.

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

COMPLIANCE RATING	2011	2012	2013	ARTICLE NUMBERS 2013
Fully Compliant	24	28	29	
Substantial Compliance	4	1	1	Article 20
Minimal Compliance	2	1	0	
Not Compliant	0	0	0	
Not Applicable	1	1	1	

2. St. Bridget's Ward and St. Marie Goretti's Ward, Cluain Lir Care Centre

Summary

- This was the first inspection of Cluain Lir which opened in July 2013.
- The two units in Cluain Lir had been built and decorated to a very high standard. The bedrooms were en suite and quite large with many personalised items. The units were bright and well-ventilated and the outside space pleasant.
- The nursing staff provided a number of activities including art and the Sonas programme.
- Individual care plans were not of an acceptable standard and one resident did not have any individual care plan.
- Not all residents had a physical review every six months and in one case a resident had no psychiatric review for eight months.

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

COMPLIANCE RATING	2011	2012	2013	ARTICLE NUMBERS 2013
Fully Compliant	Not Applicable	Not Applicable	23	
Substantial Compliance	Not Applicable	Not Applicable	4	Articles 20, 26, 27, 31
Minimal Compliance	Not Applicable	Not Applicable	0	
Not Compliant	Not Applicable	Not Applicable	3	Articles 15, 16, 19
Not Applicable	Not Applicable	Not Applicable	1	Article 25

3. Blackwater House, St. Davnet's Hospital

Summary

- The level of care that the residents received in this unit was very good. The residents appeared well looked after and clinical files showed evidence of individual care plans and excellent record keeping. There was access to a full multidisciplinary team, physiotherapy, general practitioners, dietician and speech and language therapy. Two sessions of occupational therapy took place each week.
- The building was Victorian, and although nicely decorated and very clean was unsuitable for the provision of a mental health service.
- The deduction of €15 from residents' funds, without consent, for a kitty system and which was used on occasions to purchase items that should have been provided by the Health Service Executive (HSE) was not in accordance with HSE Patient Private Property Guidelines. The service undertook to discontinue this practice and refund monies to the residents following inspection.

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

COMPLIANCE RATING	2011	2012	2013	ARTICLE NUMBERS 2013
Fully Compliant	28	29	28	
Substantial Compliance	1	0	1	Article 22
Minimal Compliance	0	0	0	
Not Compliant	0	0	0	
Not Applicable	2	2	2	Articles 17, 25

4. St. Patrick's University Hospital

Summary

- St. Patrick's University Hospital was compliant with all Regulations, Rules and Codes of Practice.
- There was a wide range of therapeutic programmes and excellent multidisciplinary input with good individual care planning.
- There was a new pharmacy premises and the pharmacists were involved in monitoring the use of benzodiazepines and assisting residents in discontinuing this medication.
- There was a dedication by all staff to continuous quality improvement.

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

COMPLIANCE RATING	2011	2012	2013	ARTICLE NUMBERS 2013
Fully Compliant	30	29	29	
Substantial Compliance	0	0	0	
Minimal Compliance	0	0	0	
Not Compliant	0	0	0	
Not Applicable	1	2	2	Article 17 and 25

5. Teach Aisling

Summary

- There was good evidence of a high standard of care. Individual care plans were of a high standard and showed good multidisciplinary input.
- The maintenance of records and clinical files was excellent.
- There was evidence that the service user was at the centre of their care package and that their views were taken into account about daily life in the unit.
- The complaints procedure needed to be far more robust and a formal local complaints process put in place.

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

COMPLIANCE RATING	2011	2012	2013	ARTICLE NUMBERS 2013
Fully Compliant	28	22	25	
Substantial Compliance	2	2	4	5(2), 16(1), 22(1)(a), 26(2)
Minimal Compliance	0	2	1	31(2)(3)(4)
Not Compliant	0	4	0	
Not Applicable	1	1	1	

6. St. Loman's Hospital Mullingar

Summary

- The physical environment of the admissions unit was clean, bright, airy and spacious.
- One resident did not have an individual care plan.
- The individual care plans did not reflect the range of therapeutic services and programmes required by the residents based on need.
- St. Edna's Ward was not suitable for the accommodation of residents and facilities to replace this ward were progressing as planned.

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

COMPLIANCE RATING	2011	2012	2013	ARTICLE NUMBERS 2013
Fully Compliant	24	27	27	
Substantial Compliance	3	3	1	26
Minimal Compliance	1	0	0	
Not Compliant	3	1	3	15, 16, 22
Not Applicable	0	0	0	

7. St. Anne's Sacred Heart Hospital, Castlebar

Summary

- The choice of meals was excellent and the quality of the food was reported to be very good by the majority of residents.
- There was a good range of recreational and therapeutic activities available to residents.
- The approved centre had a large garden area to its rear for which funding had been acquired to develop it to make it more suitable for use by residents.
- The individual care plans require attention by the multidisciplinary team in order to ensure their full compliance with Article 15 of the Regulations.
- Attention to documentation is required to ensure compliance with Part 5 of the Rules Governing the Use of Mechanical Means of Bodily Restraint.

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

COMPLIANCE RATING	2011	2012	2013	ARTICLE NUMBERS 2013
Fully Compliant	29	26	27	
Substantial Compliance	0	3	2	15, 22
Minimal Compliance	0	0	0	
Not Compliant	0	0	0	
Not Applicable	2	2	2	17, 25

8. St. John of God Hospital Limited

Summary

- The approved centre was now compliant with the condition attached to its registration that the Mental Health Commission requires full compliance with the Rules Governing the Use of Seclusion and Mechanical means of Bodily Restraint.
- St. John of God Hospital provided excellent care and treatment for residents. Each resident had an individual care plan and there was a wide range of therapeutic activities.
- The pharmacy services stood out as being innovative and providing an excellent service to residents.
- The addiction services provided an excellent programme and staff were very enthusiastic.
- The provision of ECT was excellent and the service was hopeful of receiving ECT Accreditation Service (ECTAS) approval in the near future.
- The service was conducting a ligature point review at the time of the inspection. It had also arranged an external review of deaths of residents of the approved centre.

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

COMPLIANCE RATING	2011	2012	2013	ARTICLE NUMBERS 2013
Fully Compliant	27	30	29	
Substantial Compliance	2	1	2	19(1)(b), 22(3)
Minimal Compliance	0	0	0	
Not Compliant	2	0	0	
Not Applicable	0	0	0	

9. An Coillín

Summary

- All residents had an individual care plan which was comprehensive and regularly reviewed.
- Residents who had been admitted for longer than six months had a physical examination carried out.
- Several beds did not have any or insufficient privacy curtains around them.
- Recent initiatives had resulted in a more homely, personalised appearance to the unit.
- Some maintenance issues, including a broken bedroom window had not been addressed by the maintenance department.
- The complaints procedure was not in compliance with the Regulations.

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

COMPLIANCE RATING	2011	2012	2013	ARTICLE NUMBERS 2013
Fully Compliant	23	26	24	
Substantial Compliance	4	2	4	20,21,22,26
Minimal Compliance	0	0	1	31
Not Compliant	2	1	0	
Not Applicable	2	2	2	17,25

10. Acute Psychiatric Unit, Midwestern Regional Hospital, Ennis

Summary

- Registration of the approved centre was subject to two conditions imposed by the Mental Health Commission and the approved centre was compliant with both these conditions at the time of inspection.
- The service had a good multidisciplinary care plan template but residents' individual care plans did not meet the requirements of the Regulations.
- Due to the extended length of stay of one patient, the use of the high observation area of the approved centre was restricted.
- The unit was in need of re-decorating and it was reported that this would take place in the near future.
- Six children had been admitted to the approved centre in 2013 up to the time of inspection.
- Risk assessment was not adequately recorded and the service did not make use of standardised risk assessment forms.

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

COMPLIANCE RATING	2011	2012	2013	ARTICLE NUMBERS 2013
Fully Compliant	26	24	16	-
Substantial Compliance	3	4	10	13,20,21,23,24,25,26,27,31
Minimal Compliance	1	1	4	15,16,29,32
Not Compliant	0	1	1	17
Not Applicable	1	1	0	-

Other Mental Health Services

1. Garryshane

Summary

- Garryshane House was a modern newly opened high support facility for residents of St. Luke's Hospital which had been closed.
- There was a strong Rehabilitation and Recovery ethos attached to the service.
- There was evidence of multidisciplinary working and all residents had individual care plans.
- There was no social worker the Rehabilitation and Recovery Team.

2. Lorica

Summary

- The building was a modern, purpose-built house for ten residents in an excellent location in Cashel.
- There were vacancies due to the recent discharge of two residents to more independent living and staff of the residence were involved in the follow-up of these residents in the community.
- There was an emphasis on encouraging residents to be actively involved in activities of daily living such as shopping and cooking.
- The arrangements for paying rent were somewhat cumbersome.
- Residents known to the service were accepted for respite.

3. Tithe na gCarad

Summary

- The community residence was in good decorative order and each room, including the residents' bedrooms, were painted in different colours which made the environment homely and personal.
- The individual care and treatment plans for residents were excellent.
- There was an excellent programme of therapeutic activities available for each resident based on need and these were in accordance with each individual's care and treatment plan.
- The residents were actively involved in their own community.
- The old kardex prescription system was still in use.