

Inspector of Mental Health Services 2013 Reports

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

This batch of reports contains four approved centre inspection reports, five other mental health service reports and one catchment area meeting report. All four approved centres required further improvements.

The Approved Centres reported on are:

1. Acute Psychiatric Unit, Cavan General Hospital
2. Unit 5B, Midwestern Regional Hospital, Limerick
3. Cappahard Lodge
4. St. Otteran's Hospital

Other Mental Health Services

1. Courtview Hostel, Carlow
2. Sacred Heart Hostel, Carlow
3. Kincora, Kilkenny
4. Alacantha, Kilkenny
5. Elm Park, Carlow

Catchment Area Report

1. Longford/Westmeath Catchment Area report

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.

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

Approved Centres

1.Acute Psychiatric Unit, Cavan General Hospital

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

| COMPLIANCE RATING | 2011 | 2012 | 2013 | ARTICLE NUMBERS 2013 |
|--------------------------|-------------|-------------|-------------|-----------------------------|
| Fully Compliant | 18 | 28 | 20 | |
| Substantial Compliance | 6 | 1 | 8 | 9,11,13,15,16, 21,22,27 |
| Minimal Compliance | 1 | 0 | 1 | 20 |
| Not Compliant | 3 | 0 | 1 | 31 |
| Not Applicable | 3 | 2 | 1 | 17 |

Summary

- There was an individual care plan for each resident and the domains of care addressed in the care plans were excellent. Residents were not sufficiently included in the care planning process.
- Risk assessment and risk management were well recorded in the individual clinical files.
- There was a need for interdisciplinary review and development of a core therapeutic day and the provision of therapeutic services based on assessed needs.
- The occupational therapy kitchen and the adjacent group/recreation room remained out of use for the second year running. The commissioning of these rooms would enhance therapeutic and recreational provision.
- Resident privacy was not given due regard by hospital management. The single small outdoor space provided for residents was overlooked on all sides. Where visitors, including children, wished to go to the bathroom they were obliged to go into an en suite in the bedroom area.

2. Unit 5B, Midwestern Regional Hospital, Limerick

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

| COMPLIANCE RATING | 2011 | 2012 | 2013 | ARTICLE NUMBERS 2013 |
|--------------------------|-------------|-------------|-------------|-----------------------------|
| Fully Compliant | 24 | 23 | 19 | |
| Substantial Compliance | 3 | 4 | 8 | 9,21,24,27,29,31,32,34 |
| Minimal Compliance | 2 | 2 | 1 | 22 |
| Not Compliant | 1 | 1 | 2 | 15,16 |
| Not Applicable | 1 | 1 | 1 | 25 |

Summary

- Building works were ongoing in the approved centre, with one phase completed and in use.
- The service was not compliant with Article 15 in relation to Individual Care Plans and, therefore, was in breach of the condition imposed by the Mental Health Commission on its Registration.
- A number of nursing staff had completed training in the Prevention and Management of Aggression and Violence (PMAV) and would act as lead in any episode of physical restraint.
- Privacy for five residents was affected as their beds did not have surround curtains.
- The Code of Practice in respect of Transfer and Discharge of residents was excellent.

3. Cappahard Lodge

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

| COMPLIANCE RATING | 2011 | 2012 | 2013 | ARTICLE NUMBERS 2013 |
|--------------------------|-------------|-------------|-------------|-----------------------------|
| Fully Compliant | 22 | 20 | 20 | - |
| Substantial Compliance | 6 | 7 | 2 | 9, 32 |
| Minimal Compliance | 1 | 1 | 5 | 11, 15, 16, 27, 31 |
| Not Compliant | 0 | 1 | 2 | 20, 29 |
| Not Applicable | 2 | 2 | 2 | 17, 25 |

Summary

- Individual care plans did not meet the requirements of the Regulations. In this regard the approved centre was in breach of the condition of its registration which required full compliance with Article 15 of the Regulations with regard to individual care plans.
- An occupational therapist and a psychologist had been appointed to the Psychiatry of Old Age team.
- The premises had been decorated.
- A number of policies – including the policy on complaints which had not been available for inspection in 2012 – were not available to inspectors despite a recommendation in the 2012 inspection report.
- The approved centre was not compliant with the Code of Practice on Admission, Transfer and Discharge to and from an Approved Centre and also not compliant with the Code of Practice – Guidance for Persons working in Mental Health Services with People with Intellectual Disabilities.

4.St. Otteran's Hospital, Waterford

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

| COMPLIANCE RATING | 2011 | 2012 | 2013 | ARTICLE NUMBERS 2013 |
|------------------------|------|------|------|----------------------|
| Fully Compliant | 19 | 23 | 28 | |
| Substantial Compliance | 6 | 5 | 2 | 22, 26 |
| Minimal Compliance | 3 | 1 | 0 | |
| Not Compliant | 1 | 0 | 0 | |
| Not Applicable | 2 | 2 | 2 | 17, 25 |

Summary

- St. Otteran's Hospital now comprised a 40-bed approved centre, with a rehabilitation ward Grangemore and a psychiatry of old age ward St. Aidan's. Both wards were free standing units on the campus. St. Monica's ward which had been housed in the old 18th century hospital building had closed in 2012. The current units were not purpose built and sleeping accommodation was largely in institutional style dormitories.
- Each resident had an individual care plan and resident input to this process was well recorded.
- Residents of Grangemore participated in a wide range of rehabilitation activities in the activation unit on the campus grounds. Nursing and occupational therapy staff provided therapeutic interventions for St. Aidan's residents. Physical healthcare needs were especially important for residents in this ward. This included specialist seating essential to support residents' quality of life, however, staff reported that equity of access to community care services was an issue.
- There was good partnership between clinical and management staff with robust governance. Staff impressed as being enthusiastic and professional in approach.

Other Mental Health Services

1. Courtview Hostel, Carlow

Summary

- Multidisciplinary care plans were used and these were signed by residents who were able or willing to do so.
- Each resident had a dynamic recreational activity plan.
- The residence was due to close on 28 October 2013.

2. Sacred Hearth Hostel, Carlow

Summary

- The community residence was clean, bright and each resident had their own bedroom.
- Multidisciplinary care plans were used and these were signed by those residents who were able or willing to do so.
- There was very good and happy interaction between the residents and staff as noted by the inspector.
- The showers were not fit for purpose as most residents required assistance from staff for showering purposes and both showers were too small and narrow to be ergonomically suitable for such purposes.

3. Kincora, Kilkenny

Summary

- Kincora residence was located in a residential area on the outskirts of Kilkenny city. The residence was difficult to identify as it was situated on a roadway behind bollards and had no nameplate or signage.
- The Rehabilitation team had responsibility for Kincora residence. Each resident had an individual care plan that was rehabilitation focussed and reviewed regularly. The Rehabilitation team was very poorly resourced with health and social care professionals and this undermined the rehabilitation process. At the time of inspection, there was no occupational therapist, no clinical psychologist and no social worker on the rehabilitation team. In essence the team comprised a single handed consultant psychiatrist and nursing staff who were to be commended for the service delivered to residents.
- The residence was well maintained and was bright and cheerful. Residents should be accommodated in single rooms rather than twin-bedded rooms.

4. Alacantra, Kilkenny

Summary

- Alacantra was a large house on its own grounds and was located on the outskirts of Kilkenny city.
- All residents had an intellectual disability and a mental illness and had been residents of the Kilkenny mental health services for a long time. Consequently, the residents had little evident contact with disability services and the daily lifestyle of residents was centred around activities within the house and local mental health day centres.
- All residents were under the care of a general adult sector team. Staff reported that the consultant psychiatrist visited annually to complete a psychiatric review. On the day of inspection, annual psychiatric reviews remained outstanding despite repeat requests by nursing staff. There was no Mental Health Intellectual Disability (MHID) team in the catchment area.
- There was a well structured daily routine within the house and the interior was homely and comfortable. Interaction between staff and residents was observed to be warm and open.

5. Elm Park, Carlow

Summary

- This 24-hour community staffed residence opened five years ago and was located in a housing estate approximately a half mile from Carlow town. Originally a family home, the house had five bedrooms with sleeping accommodation laid out in three two-bedded and two single-bedded rooms.
- Residents ranged in age from the mid 50s to 80 years of age. Mobility was an issue for some residents and the house was not suitable in this regard as there was a steep staircase.
- The rehabilitation team looked after the residents. Each resident had an individual care plan and residents were reviewed by the responsible consultant psychiatrist at least every quarter or more frequently if required. Physical health reviews had been completed every six months for each resident.
- Residents chatted with the inspector and appeared very much at home in the residence. Bedrooms were personalised with residents' belongings.

Catchment Area Report

1. Longford/Westmeath Catchment Area report

Summary

- Despite the current economic climate, the mental health service in Longford/Westmeath was continuing to develop.
- A new 24-hour nurse staffed community residence for the catchment area was currently under construction.
- Replacement facilities to accommodate the residents from St. Edna's ward were nearing completion.
- Renovations were being completed on a building on the St. Mary's Hospital campus to house the Department of Later Life Psychiatry, including its Day Centre/Day Hospital.
- The Rehabilitation team continued to remain inadequately resourced and staffed.