

## **Inspector of Mental Health Services 2013 Reports**

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

This batch of reports contains seven approved centre inspection reports inclusive of one revisit report, two other mental health service reports and two catchment area meeting reports. Six approved centres in this batch required further improvements.

### **The Approved Centres reported on are:**

1. Tearmann Ward, St. Camillus' Hospital
2. St. Joseph's Hospital, Limerick
3. Sligo/Leitrim Mental Health In-Patient Unit
4. Department of Psychiatry, Letterkenny General Hospital
5. Phoenix Care Centre
6. Adult Mental Health Unit, Mayo General Hospital
7. Department of Psychiatry, University Hospital Galway –revisit inspection report

### **Other Mental Health Services**

1. Cois Mara, Spanish Point
2. Linden House

### **Catchment Area meeting**

1. Kilkenny Catchment Area
2. Waterford/Wexford 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.
- 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

Tearmann Ward, St. Camillus' Hospital

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

COMPLIANCE RATING	2011	2012	2013	ARTICLE NUMBERS 2013
Fully Compliant	19	24	17	
Substantial Compliance	7	4	11	7,11,15,16,20,21,22,23,26,31,32
Minimal Compliance	2	0	1	29
Not Compliant	1	1	0	
Not Applicable	2	2	2	17,25

### Summary

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- The approved centre provided acute and medium term assessment for residents under the care of the psychiatry of old age team.
- The building was old, but clean, on the day of inspection. Maintenance work in St. Camillus' Hospital had resulted in interruption in the water supply so that the approved centre had no water on the day prior to the inspection.
- Some progress had been made with regard to governance structures since the last inspection, but issues remained.
- The skill mix of nursing staff should be examined to ensure the focus of the approved centre on mental health care.

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

<b>COMPLIANCE RATING</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>	<b>ARTICLE NUMBERS 2013</b>
Fully Compliant	20	13	21	
Substantial Compliance	1	8	4	6, 26, 29, 31
Minimal Compliance	5	2	3	21, 22, 27
Not Compliant	3	6	1	24
Not Applicable	2	2	2	17, 25

**Summary**

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- Although clean and nicely decorated, the structure of the ward was not suitable for residents.
- No time frame had been agreed for the closure of the hospital.
- Each resident had an excellent individual care plan that was multidisciplinary and showed service user involvement.
- The range of therapeutic services and programmes was impressive.
- There were some deficits in the area of privacy for residents.

## Sligo/Leitrim Mental Health In-Patient Unit

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

COMPLIANCE RATING	2011	2012	2013	ARTICLE NUMBERS 2013
Fully Compliant	23	24	28	
Substantial Compliance	6	3	2	22,27
Minimal Compliance	2	2	1	26
Not Compliant	0	2	0	
Not Applicable	0	0	0	

#### Summary

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- Improvements had been made to the provision of therapeutic inputs in the approved centre due to the filling of vacant community occupational therapy and social work posts. However, there was still a shortage of psychology, nursing and medical staff.
- The special care unit had been due to close at the end of 2011 with the majority of the residents moving to Benbulbin Lodge. This had not happened and acute admissions continued to be cared for alongside long term continuing care residents which is unacceptable.
- The Inspectorate had made a recommendation in 2010, 2011, 2012 and again now in this 2013 inspection report, that staff be released for mandatory training, but this had not happened.

## Department of Psychiatry, Letterkenny General Hospital

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

COMPLIANCE RATING	2011	2012	2013	ARTICLE NUMBERS 2013
Fully Compliant	Not applicable	22	26	
Substantial Compliance	Not applicable	8	4	15, 16, 26, 27
Minimal Compliance	Not applicable	1	0	
Not Compliant	Not applicable	0	0	
Not Applicable	Not applicable	0	1	25

#### Summary

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- The approved centre was clean, bright, well-ventilated and warm. The decor was of a high standard. A number of non-essential rooms remained closed off due to the flooding in July 2013.
- Each resident had an individual care plan however, the individual care plans did not meet all the requirements of this Article of the Regulations.
- Although all sector teams were now reported to be adequately staffed with health and social care professionals, from examination of the clinical files, there was very little documentary evidence of involvement by these health and social care professionals in the care of residents.

## Phoenix Care Centre

### 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	28	
Substantial Compliance	Not applicable	Not applicable	2	22,31
Minimal Compliance	Not applicable	Not applicable	0	
Not Compliant	Not applicable	Not applicable	0	
Not Applicable	Not applicable	Not applicable	1	17

#### Summary

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- The 54-bed Phoenix Care Centre opened in May 2013 and replaced the remaining wards of the old St. Brendan's Hospital. This modern, purpose-built unit provided spacious accommodation for residents in male and female psychiatric intensive care units, a rehabilitation ward and a continuing care ward.
- The multidisciplinary (MDT) team staff delivered evidence-based therapeutic programme provision. Individual clinical files indicated excellent MDT input and collaboration.
- The complaints procedure within the approved centre needed to be more robust, including the maintenance of a record of all complaints received, response and outcome.
- The design and setting of the new building, and a new entrance on the North Circular Road, made for a welcome and open aspect.

## Adult Mental Health Unit, Mayo General Hospital

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

COMPLIANCE RATING	2011	2012	2013	ARTICLE NUMBERS 2013
Fully Compliant	26	23	26	
Substantial Compliance	2	6	5	15,16,22,26,31
Minimal Compliance	1	2	0	
Not Compliant	1	0	0	
Not Applicable	1	0	0	

#### Summary

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- The AMHU was a busy acute in-patient unit and was one of four approved centres in Castlebar town.
- On the day of inspection, half of the residents were detained.
- The care and treatment provided was of a good standard, and whilst each resident had an individual care plan (ICP), the ICP documentation fell well short of the required standard.
- The approved centre met the requirements of the condition attached to its registration by the Mental Health Commission and was fully compliant with the Rules Governing the Use of Seclusion and Mechanical Means of Bodily Restraint.
- An interdisciplinary committee was reviewing and developing the therapeutic programme provision within the AMHU. Positive developments had already been made in this regard with the delivery of occupational therapy programmes to in-patients.



## Department of Psychiatry, University Hospital Galway –revisit report

### Summary

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- The Department of Psychiatry (DOP), Galway University Hospital, was re-inspected in 2013 to evaluate the provision of individual care plans (ICPs) to all residents. Article 15 of the Regulations requires that each resident have an ICP and the DOP had failed to provide this key element of care over three consecutive years. The re-inspection in 2013 found that there was an ICP in place for each resident and that the standard was good with excellent resident input recorded.

## Other Mental Health Services

### Cois Mara, Spanish Point

#### Summary

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- All residents had an intellectual disability and were under the care of a general adult psychiatry team.
- Refurbishment works were ongoing at the time of inspection.
- Despite the fact that all residents had an intellectual disability ranging in severity from mild to profound, only one nurse had training in this area of expertise.
- Some residents had not been reviewed by any member of the team in 2013 to the date of the inspection.
- Bedrooms were comfortable and many were highly personalised.

### Linden House

#### Summary

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- This supervised residential unit which had been totally refurbished eighteen months previously, provided high quality care to 11 residents aged 60-75 years.
- Residents were encouraged to actively engage with their local community and a Recovery ethos was apparent.
- Written history summaries and risk assessments were not provided by referrers.

## Catchment Area Reports 2013

### Kilkenny Catchment Area

#### Summary

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- The Kilkenny service now provided in-patient facilities for residents of South Tipperary at the Department of Psychiatry (DOP), St. Luke's Hospital, Kilkenny.
- The number of health and social care professionals was less than in 2008 with no team having a Whole Time Equivalent (WTE) post for social work.
- There was only one psychologist in the general adult service.
- The service had established a Home Based Treatment Team (HBTT) which allowed some service users to be treated in their own home, thereby reducing the need for admission to hospital.
- Since the development of an Integrated Governance structure for the Kilkenny area, there were difficulties in its operation due to the reluctance to engage in the process by the consultant psychiatrist group.
- The rehabilitation team was currently operating without a social worker, psychologist or occupational therapist.

### Waterford/Wexford catchment area report

#### Summary

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- The Wexford and Waterford catchment areas had successfully merged and were functioning as one unit.
- The approved centre at St. Senan's Hospital had closed.
- Additional health and social care professionals had been added to the community mental health teams (CMHTs).
- In-patient beds in the regional CAMHS In-Patient unit in Eist Linn in Cork were difficult to access, with the result that children were still being admitted to the adult in-patient unit in the Department of Psychiatry (DOP) in Waterford.
- Although recommended in the catchment area report for Waterford in 2008, sector teams had not been amalgamated in line with *A Vision for Change*.
- There was no day hospital in the Waterford region.