

Inspector of Mental Health Services 2012 Reports

This is the first batch of the 2012 reports of the Inspector of Mental Health Services. Inspection reports will be released at intervals over the coming year.

No conclusions can be drawn regarding the overall state of mental health services at a national level from these initial batches. However, the reports show that improvements are required in all four services/facilities.

The services reported on are:

1. Elm Mount Unit, St. Vincent's University Hospital
2. Department of Psychiatry, Letterkenny General Hospital
3. Bloomfield Care Centre-Donnybrook, Kylemore, Owendoher and Swanbrook Wings
4. Cappahard Lodge

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 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:

- At the start of the inspection cycle an initial self-assessment by the service.
- 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) Approved Centre inspection reports are sent 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 the current batch of reports are as follows:

Elm Mount Unit, St. Vincent's University Hospital

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

COMPLIANCE RATING	2010	2011	2012
Fully Compliant	26	30	24
Substantial Compliance	3	0	6
Minimal Compliance	1	0	0
Not Compliant	0	0	0
Not Applicable	1	1	1

Summary

- The ECT service provided to residents was ECTAS (ECT Accreditation Service) approved and was excellent.
- There was slippage in compliance rating to Substantial Compliance for Article 15 (Individual Care Plans) and Article 16 (Therapeutic Services and programmes).
- The service still had no access to an occupational therapist.
- Training register of all staff of the approved centre (apart from nursing staff) was unavailable to inspectors.
- Risk Management Policy was not compliant with Article 32 of the Regulations.

Department of Psychiatry, Letterkenny General Hospital

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

COMPLIANCE RATING	2010*	2011*	2012
Fully Compliant			22
Substantial Compliance			8
Minimal Compliance			1
Not Compliant			0
Not Applicable			0

***This is a new approved centre since 2012.**

Summary

- A number of policies and procedures were out of date which resulted in slippage to Substantial Compliance for a number of Articles of the Regulations.
- There was slippage in the compliance rating to Substantial Compliance for Article 15 (Individual Care Plans) and Article 16 (Therapeutic Services and Programmes).
- Individual care plans were completed by nursing and medical staff only in the majority of instances.
- The service must recruit health and social care professionals.
- Minimal compliance was achieved for Article 20 (Provision of Information to Residents).
- There were issues with compliance regarding Codes of Practice on Physical Restraint and on Admission, Transfer and Discharge.

Bloomfield Care Centre-Donnybrook, Kylemore, Owendoher and Swanbrook Wings

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

COMPLIANCE RATING	2010	2011	2012
Fully Compliant	24	26	21
Substantial Compliance	3	2	5
Minimal Compliance	2	0	2
Not Compliant	1	2	2
Not Applicable	1	1	1

Summary

- Bloomfield provided care and treatment in an excellent environment.
- Individual care plans were not provided for each resident.
- The key worker system was not operating in any meaningful way in relation to individual care planning.
- The service user voice was not adequately supported or captured except in relation to the making of complaints. Service users were not provided with adequate written information in relation to diagnosis and treatments.
- There were excellent recreational programmes in place, however the provision and specification of therapeutic interventions was inadequate in relation to assessed need. The range and number of health and social care professionals was inadequate.
- A clinical governance committee had been established.

Cappahard Lodge

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

COMPLIANCE RATING	2010	2011	2012
Fully Compliant	24	22	20
Substantial Compliance	4	6	7
Minimal Compliance	0	1	1
Not Compliant	0	0	1
Not Applicable	3	2	2

Summary

- Individual care plans examined did not meet the requirements of the Regulations.
- Therapeutic services and programmes were not linked to individual care plans.
- The premises required redecoration.
- A Register of Residents had not been established so as to satisfy Schedule 1 to the Regulations.
- The policy on complaints was not available to inspectors on the day of inspection.