

Inspector of Mental Health Services 2012 Reports

This is the ninth batch of the 2012 reports of the Inspector of Mental Health Services. Inspection reports were released at intervals during 2012/2013.

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

In this batch of approved centre reports one approved centre St. Patrick's University Hospital was compliant with all Rules and Articles of the Regulations that were applicable. Ten approved centres required further improvements.

The Approved Centres reported on are:

- 1. Linn Dara Child and Adolescent Mental Health Services**
- 2. Eist Linn Child and Adolescent In-Patient Unit**
- 3. Adolescent In-Patient Unit, St. Vincent's Hospital**
- 4. Jonathan Swift Clinic**
- 5. O'Casey Rooms, Fairview Community Unit**
- 6. Acute Mental Health Admission Unit, Kerry General Hospital**
- 7. Department of Psychiatry, Waterford Regional Hospital, re-inspection**
- 8. St. Finbarr's Hospital**
- 9. Acute Psychiatric Unit, Midwestern Regional Hospital, Ennis, re-inspection**
- 10. An Coillín, re-inspection**
- 11. St. Patrick's University Hospital**

Approved Centres

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.

The following other mental health services were visited by the Inspectorate:

Other Mental Health Services

- 1. Glenavon House-24 hour nurse staffed community residence**
- 2. Ashford House-24 hour nurse staffed community residence**
- 3. Edgewater House-24 hour nurse staffed community residence**
- 4. Bramble Lodge-24 hour nurse staffed community residence**
- 5. Child and Adolescent Mental Health Services (CAMHS) Team Kildare**
- 6. Solas Nua-24 hour nurse staffed community residence**
- 7. Cherryfield House-24 hour nurse staffed community residence**
- 8. Child and Adolescent Mental Health Services Team Waterford**
- 9. City Sector Outpatient Department Waterford**
- 10. Psychiatry of Old Age (POA) Team Waterford**

- 11. Psychiatry of Old Age Outpatient Department Waterford**
- 12. Hazel Heights, 24 hour nurse staffed community residence**
- 13. Avonree, 24 hour nurse staffed community residence**
- 14. Sector B, Limerick**
- 15. Forensic Team Limerick**
- 16. Child and Adolescent Mental Health Services Team Limerick**

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:

- 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:

Approved Centres

1. Linn Dara Child and Adolescent Mental Health Services

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

COMPLIANCE RATING	2010	2011	2012
Fully Compliant	Not Applicable	Not Applicable	17
Substantial Compliance	Not Applicable	Not Applicable	10
Minimal Compliance	Not Applicable	Not Applicable	1
Not Compliant	Not Applicable	Not Applicable	2
Not Applicable	Not Applicable	Not Applicable	1

Summary

- The approved centre was opened in May 2012 pending the opening of a purpose built unit in Cherry Orchard Hospital in 2015. It replaced the in-patient unit at Warrenstown House.
- Whilst the premises was an improvement on Warrenstown House, it was not decorated in an age appropriate way and had limited outdoor space for the children.
- All residents had an individual care plan as described in the Regulations.
- Documentation relating to the intrusive search of one child was not easily retrieved by inspectors or staff during the course of the inspection.
- A secondary level teacher had been appointed to the school in the unit.

2. Eist Linn Child and Adolescent In-Patient Unit

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

COMPLIANCE RATING	2010	2011	2012
Fully Compliant	Not Applicable	24	28
Substantial Compliance	Not Applicable	4	1
Minimal Compliance	Not Applicable	2	1
Not Compliant	Not Applicable	0	0
Not Applicable	Not Applicable	1	1

Summary

- Twelve of the 20 beds in this approved centre were operational. Management reported that significant additional multidisciplinary posts were required to be filled to enable the opening of the remaining beds. On the day of inspection there were 15 children on the admission waiting list.
- Referrals were accepted from the 12 Child and Adolescent Mental Health Teams (CAMHS) in the Health Service Executive South Region and from Adult Sector Teams. National CAMHS teams also made referrals.
- Inspection of individual clinical files highlighted the longstanding involvement of state agencies in the lives of some children and gaps in service which may have led ultimately to admission to a tertiary service such as Eist Linn. Staff reported that a number of referrals came from children's residential services and that 50% of all children referred for admission went on to be admitted.
- The admission and discharge processes were excellent. Each child had an individual care plan.
- Attention needs to be paid to the maintenance of clinical files, documentation, identification of clinicians in the files and ease of retrieval of important information, as required by the Regulations.

3. Adolescent In-Patient Unit, St. Vincent's Hospital

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

COMPLIANCE RATING	2010	2011	2012
Fully Compliant	30	24	26
Substantial Compliance	0	3	1
Minimal Compliance	0	2	0
Not Compliant	0	0	2
Not Applicable	1	2	2

Summary

- The Adolescent In-patient Unit admitted young persons from the ages of 16 to 18 years.
- The unit had been remodelled and refurbished to make it a 12-bedded unit. Only six beds were commissioned on the day of inspection.
- All admissions were planned and there was a waiting list of five young persons waiting for admission.
- Accommodation was in single ensuite rooms.
- Referrals for admission were required to have either a Child and Adolescent Mental Health Services (CAMHS) or a General Adult treatment team, who would assume clinical responsibility for the young person once discharged. All residents in the approved centre were looked after by the in-patient CAMHS team for the duration of their stay.

4. Jonathan Swift Clinic

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

COMPLIANCE RATING	2010	2011	2012
Fully Compliant	19	25	18
Substantial Compliance	9	2	8
Minimal Compliance	0	0	0
Not Compliant	1	2	4
Not Applicable	2	2	1

Summary

- The approved centre was not compliant with Section 60 of the Mental Health Act 2001.
- ECT had been prescribed for a voluntary patient without informed consent.
- It was evident that staff were committed to providing a good standard of care and were observed by inspectors to have good interaction with residents, however, tardiness in professional knowledge of key legislation meant that staff were not adequately exercising their professional responsibility. The inspection report of 2011 similarly identified such gaps in knowledge.
- The individual care plans were generally well documented and multidisciplinary teamwork was evident, including the joint provision of groups and programmes.

5. O'Casey Rooms, Fairview Community Unit

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

COMPLIANCE RATING	2010	2011	2012
Fully Compliant	Not Applicable	23	23
Substantial Compliance	Not Applicable	2	5
Minimal Compliance	Not Applicable	3	0
Not Compliant	Not Applicable	0	1
Not Applicable	Not Applicable	3	2

Summary

- The O'Casey Rooms provided the in-patient care and treatment for Dublin North East residents under the care of the Psychiatry of Old Age team. All residents were voluntary on the day of inspection and were diagnosed with dementia or functional illness.
- The unit was bright, clean and well maintained. Staff had furnished the walls with photographs and pictures chosen to reflect the interests of residents.
- There was good multidisciplinary care and residents had access to a range of therapeutic interventions. Each resident had a well-crafted individual care plan.
- The post of activities nurse was vacant and on the day of inspection the majority of residents were seated unoccupied in the cramped day room.
- Any plans for the future location of this approved centre should give consideration to the provision of ample and functional communal spaces for social interaction, including day room, dining area and garden space.
- Staff reported that residents enjoyed and valued the activity of preparing food and baking. There was no facility to cook what had been prepared and an activities of daily living kitchen facility would be beneficial from both an assessment and recovery perspective.

6. Acute Mental Health Admission Unit, Kerry General Hospital

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

COMPLIANCE RATING	2010	2011	2012
Fully Compliant	20	15	18
Substantial Compliance	5	9	9
Minimal Compliance	2	4	3
Not Compliant	3	2	0
Not Applicable	1	1	1

Summary

- The Acute Psychiatric Unit (APU) was the 43 bed inpatient acute admission unit for a population of approximately 145,502 in County Kerry.
- Five General Adult sector Teams admitted patients to this unit. None of these five multidisciplinary teams were adequately resourced and this made it difficult to provide adequate therapeutic services for the inpatient unit and also in the community.
- The APU was not fully compliant with the Rules Governing Seclusion and Mechanical Means of Bodily Restraint and the seclusion room was not fit for purpose. Neither was it fully compliant with the Code of Practice on the Use of Physical Restraint.
- Staff reported that a new four-bed high observation area was scheduled to be built in January 2013 and the general refurbishment of the APU would be included in this programme.
- Individual care plans did not fully meet the requirements of the Regulations.

7. Department of Psychiatry, Waterford Regional Hospital, re-inspection

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

COMPLIANCE RATING	2010	2011	2012
Fully Compliant	25	26	17
Substantial Compliance	5	5	7
Minimal Compliance	1	0	3
Not Compliant	0	0	4
Not Applicable	0	0	0

Summary

- On re-inspection of the approved centre, the inspectors determined that all residents had an individual care plan.

8. St. Finbarr's Hospital

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

COMPLIANCE RATING	2010	2011	2012
Fully Compliant	25	27	26
Substantial Compliance	2	0	2
Minimal Compliance	2	2	1
Not Compliant	0	0	0
Not Applicable	2	2	2

Summary

- Extensive work to redecorate and refurbish the downstairs sleeping quarters had been undertaken. Further work was planned for the day unit upstairs by enthusiastic staff.
- Creative and imaginative decoration of the day unit had resulted in the creation of intimate spaces in what could have been a large soulless area. Nevertheless, some areas were in need of redecoration.
- There was evidence of an excellent programme of activities which was run by the activities nurse and staff employed by the Vocational Education Committee (VEC).

9. Acute Psychiatric Unit, Midwestern Regional Hospital, Ennis, re-inspection

Summary

- The APU continued to be a busy acute unit and staff reported that bed occupancy generally ran at 113%. This meant that residents were frequently required to sleep in inappropriate accommodation. On the day of inspection, one resident's bed was located on a corridor space with no provision for safe storage of personal belongings or privacy, and another resident was rummaging through these personal belongings.
- The practice of transferring residents to Unit 5B, Limerick Regional Hospital, due to over-crowding, continued. This was not in the best interests of the residents.
- There was an improvement in the documentation in individual clinical files, each resident had an individual care plan, risk assessments had been completed and discharge planning, including collaboration with families, was evident.
- The sector teams were not adequately resourced and health and social care professionals were stretched. This limited the range of therapeutic services and programmes available to in-patients.
- There was a consultant psychiatrist post and a non consultant hospital doctor post dedicated to the care of North Tipperary residents. A nurse from the North Tipperary mental health service attended a weekly review meeting in the APU. Inspection of individual clinical files indicated good family liaison and discharge planning.

10. An Coillín, re-inspection

Summary

- The purpose of this re-inspection was to inspect the section 60 Mental Health Act 2001 rights of any patient in the approved centre where applicable and to ensure that each resident's general health needs were assessed not less than every six months.
- In the sample of clinical files examined by inspectors there was evidence of six-monthly physical examinations having been completed.
- Section 60 Mental Health Act 2001 did not apply.

11. St. Patrick's University Hospital

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

COMPLIANCE RATING	2010	2011	2012
Fully Compliant	30	30	29
Substantial Compliance	0	0	0
Minimal Compliance	0	0	0
Not Compliant	0	0	0
Not Applicable	1	1	2

Summary

- St. Patrick's University Hospital was compliant with all Rules and Articles of the Regulations that were applicable. In this they maintained the high standard of care that was evident in 2010 and 2011.
- There were a number of excellent initiatives including a beautifully designed family visiting room, nursing intervention process and the therapeutic leave treatment plan.
- The quality and extensive range of information and education for service users and carers is a very good example of good practice.
- The individual care plans, admission and discharge process and the wide range of therapeutic services and programmes were excellent. This was borne out in what service users stated to the inspectors.

Other Mental Health Services

1. Glenavon House-24 hour nurse staffed community residence

Summary

- The standard of documentation was excellent.
- Residents in the three twin bedrooms had little privacy.
- The shower panels in the male bathroom needed to be resealed and the ceiling in the upstairs single bedroom in the female side needed urgent attention due.

2. Ashford House-24 hour nurse staffed community residence

Summary

- Documentation in the clinical files was of a high standard.
- Although multidisciplinary team (MDT) care plans were present in the clinical files, they were not contributed to by all members of the MDT. Nursing care plans were still in operation.
- The majority of residents slept in twin bedrooms with no privacy from each other.
- One of the upstairs bathrooms was in need of refurbishment.
- The internal walls of the entire premises were in need of redecoration.

3. Edgewater House-24 hour nurse staffed community residence

Summary

- Staff of the community residence were proactive, enthusiastic and innovative.
- The physical environment rendered Edgewater House unsuitable as a community residence.
- The building of the new high support hostel should proceed expeditiously.

4. Bramble Lodge-24 hour nurse staffed community residence

Summary

- Multidisciplinary care plans were recovery focused and regularly reviewed by the multidisciplinary team.
- Residents were occupied in various therapeutic programmes and activities and participated in community events.
- Twin bedrooms afforded little privacy to residents.

5. CAMHS Team Kildare

Summary

- The South Kildare Child and Adolescent Mental Health Service (CAMHS) was located in an old Victorian house in a central location in Athy. It was the only service in this building.
- It provided a very comprehensive service to the children and adolescents in their catchment area, presenting with moderate to severe mental health disorders.
- There was a high standard of team work and clinical governance in place.
- Individual care plans and service user involvement initiatives were good.
- The service would benefit from improved access to child and adolescent in-patient beds, day hospital facilities and to occupational therapy and dietician services.
- There were 47 children on the waiting list.

6. Solas Nua-24 hour nurse staffed community residence

Summary

- Solas Nua, a social housing residence owned by the Cork Mental Health Association was run by the North Cork Mental Health Services as a 24-hour nurse staffed community residence. The residence had been in operation for 13 years.
- The residence was located in an attractive residential area on the outskirts of Mallow town. The purpose built house provided an excellent living environment for up to 14 residents and was homely, accessible and welcoming.
- Each resident had an individual care plan (ICP) and signed his/her own ICP. Each resident was actively engaged in a daily routine and activities that reflected their individual functional capacity, values and interests. Most residents were involved in community activities. Family were actively encouraged to be involved in care and planning.

7. Cherryfield House-24 hour nurse staffed community residence

Summary

- Cherryfield House an architect-designed residence was opened in 2012, with greatly improved facilities for residents who had previously lived in an older residence which was in poor condition.
- The complaints system was not on display and no record of complaints was kept.
- Although CCTV was in use there was no signage. Consideration should be given to discontinuing its use.
- The multidisciplinary team was under-resourced and should be completed in accordance with A Vision for Change. There were no occupational therapists attached to the rehabilitation team and only limited access to social work and psychology. As a result existing staff were inhibited in the range and extent of the rehabilitative services they could provide.

8. CAMHS Team Waterford

Summary

- The Waterford Child and Adolescent Mental Health Service (CAMHS) offered an outpatient service with good input from the multidisciplinary team.
- A second consultant psychiatrist was required in the Waterford CAMHS.
- Despite the provision of twenty child and adolescent in-patient beds in the region there was difficulty of access, especially in an emergency situation.
- There was no day hospital provision in the Waterford Child and Adolescent Mental Health Service.

9. City Sector Outpatient Department Waterford

Summary

- Waiting time from referral to appointment was five to ten days.
- The outpatient clinic was situated in a recently renovated building.
- The clinic was accessible by public transport.
- There was no separate new-patient clinic.
- Many patients were referred to the day centre located on site, but in most of the clinical files inspected, there was no specified intervention of programme.

10. Psychiatry of Old Age Team Waterford

11. Psychiatry of Old Age Outpatient Department Waterford

Summary

- The POA team provided a comprehensive range of community based services and had robust liaison with primary care, public health nurses, medicine for the elderly and voluntary groups.
- About 400 persons over 65 years were referred to the POA team each year and the average age of patients was 80 years.
- The POA team was multidisciplinary in its focus, however, clinical psychology and social work posts were not adequately resourced.
- The post of clinical nurse specialist in dementia care had become vacant and this impacted significantly on the service available to carers, families and patients.

12. Hazel Heights, 24 hour nurse staffed community residence

Summary

- Hazel Heights was a 24-hour nurse staffed community residence which provided comfortable accommodation for four residents in a modern house near Ballinasloe.
- All residents attended a programme of activities on a daily basis.
- There were some outstanding structural works to be completed in the house.
- There was a high level of antipsychotic medication prescribing.
- One member of staff had recently completed a 3rd level course in an area of particular relevance to the needs of the residents.

13. Avonree, 24 hour nurse staffed community residence

Summary

- This was a residential service for an ageing population of people with dual diagnoses most of whom were discharged from acute care twelve years ago.
- The building on two floors lacked space, had a very steep stairs and was poorly maintained in places. It was due to be closed in 2013 when residents were due to move to alternative accommodation.
- A locum consultant psychiatrist had been appointed in 2012 with responsibility for the North and West Sectors. Prior to that some residents had been reviewed infrequently.
- Multidisciplinary team meetings were not held and multidisciplinary care plans were generally not used. Staff reported that residents were sometimes frustrated and bored.

14. Sector B, Limerick

15. Forensic Team Limerick

16. CAMHS Team Limerick

Summary

- This inspection focused on the East Limerick CAMHS community mental health team which was located in rented premises in the centre of Limerick city. The building was not suitable for a child and adolescent mental health service and was not family friendly from an accommodation, parking and access point of view. A new and more suitable premises for the service was needed now.
- The CAMHS community team provided a very comprehensive service to children and adults from 0 to 18 years of age.
- Despite a lack of staff resources on the team, there was a high standard of team work and clinical governance in place. The service provided assessment, care and treatment in a collaborative and child-centred manner and actively sought family feedback with a view to developing services.
- The team impressed as being motivated, reflective in practice and having a commitment to promoting education and training for all members of the multidisciplinary team.
- Access to acute in-patient and crisis CAMHS beds was the main priority and challenge for the service. The average length of time waiting for a bed was three months. At the time of the inspection visit two children were on a waiting list for six months.