

## **Inspector of Mental Health Services 2012 Reports**

This is the seventh batch of the 2012 reports of the Inspector of Mental Health Services. Inspection reports are being released at intervals during 2012.

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 Willow Grove, St. Patrick's University Hospital achieved full compliance with the Mental Health Act 2001 (Approved Centres) Regulations 2006 and three approved centres required further improvements.

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

1. Willow Grove, Adolescent Unit, St. Patrick's University Hospital
2. O'Connor Unit East and West Wings, Killarney
3. Central Mental Hospital
4. St. Brigid's Hospital, Ballinasloe-revisit inspection

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. Riverview 24 Hour Nurse Staffed Community Residence Ballinasloe
2. Inisgile 24 Hour Nurse Staffed Community Residence, Limerick (part of Whole Service Evaluation (WSE) Limerick)
3. Crannog Day Hospital (part of WSE St. Vincent's Hospital, Fairview)
4. Iona Day Hospital (part of WSE St. Vincent's Hospital, Fairview)
5. Sector Team Marino Tolka (part of WSE St. Vincent's Hospital, Fairview)
6. Sector Team Marino Clontarf (part of WSE St. Vincent's Hospital, Fairview)
7. Newport Outpatients Services, Waterford (part of WSE Waterford)
8. Unit 9A, Merlin Park, Galway

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:

1. Willow Grove, Adolescent Unit, St. Patrick's University Hospital

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

<b>COMPLIANCE RATING</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>
Fully Compliant	30	30	30
Substantial Compliance	0	0	0
Minimal Compliance	0	0	0
Not Compliant	0	0	0
Not Applicable	1	1	1

**Summary**

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- Willow Grove was compliant on inspection with all applicable Articles of the Regulations and all applicable Codes of Practice.
- Each resident had a good individual care plan into which they had input.
- All policies were available and up to date and the standard of documentation was high.
- There was a wide range of therapeutic services and programmes, recreational activities and education offered to residents.

## 2. O'Connor Unit East and West Wings, Killarney

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

COMPLIANCE RATING	2010	2011	2012
Fully Compliant	18	16	24
Substantial Compliance	4	2	5
Minimal Compliance	3	5	0
Not Compliant	4	6	0
Not Applicable	2	2	2

#### Summary

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- There was a significant improvement in compliance with the Regulations since the inspection in 2011.
- The main building of St. Finan's Hospital had now closed. There were no admissions or transfers to the approved centre.
- The Rehabilitation and Recovery Team lacked multidisciplinary staffing. In particular the service required an occupational therapist.

### 3. Central Mental Hospital

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

<b>COMPLIANCE RATING</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>
Fully Compliant	24	26	21
Substantial Compliance	5	4	5
Minimal Compliance	0	0	2
Not Compliant	1	1	3
Not Applicable	1	0	0

#### **Summary**

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- Plans were in progress to re-locate the hospital in a new build in north Co. Dublin.
- A number of residents in one ward did not have an individual care plan.
- There were very good therapeutic services for residents which covered a range of therapies.
- The cleanliness of the building had improved since the inspection of 2011.
- The teams were not fully resourced in terms of allied healthcare professionals.

#### 4. St. Brigid's Hospital, Ballinasloe-revisit inspection, 26 November 2012

##### **Summary**

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- There was improvement in individual care plans, physical restraint and mechanical restraint since the previous inspection in August 2012.
- Issues of privacy, seclusion facilities and the condition of medical records required attention.
- St. Luke's Ward and St. Dymphna's Ward would be extensively refurbished as two separate acute wards, including a seclusion suite in each, in the near future. However the service required only one of these acute wards. Nobody in the senior management team was aware of the future use of St. Luke's ward. It appeared that this expensively refurbished acute ward had no definite purpose.
- One tentative plan put to the inspectors was to move intellectually disabled service users, who had been in a community setting for many years, back to a hospital ward setting, complete with seclusion suite, in St. Luke's Ward. St. Luke's Ward would then be de-registered as an approved centre. This was unacceptable and not in line with national mental health policy.

## **Other Mental Health Services**

### **1. Riverview 24 Hour Nurse Staffed Community Residence Ballinasloe**

#### **Summary**

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- Residents of Riverview 24 hour nurse staffed community residence signed their own care plan and there was evidence that residents were involved in their care plans.
- The use of twin bedrooms and a three-bed room afforded the residents concerned little privacy.

### **2. Inisgile 24 Hour Nurse Staffed Community Residence, Limerick (part of Whole Service Evaluation (WSE) Limerick)**

#### **Summary**

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- Multidisciplinary care planning was not used.
- The residence accommodated 27 residents whereas *A Vision For Change* guidelines advocate no more than ten places per community residence in order to foster a non-institutional environment.
- The physical environment had a more clinical feel to it than a homely one.

### **3. Crannog Day Hospital (part of WSE St. Vincent's Hospital, Fairview)**

#### **Summary**

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- Crannog Day Hospital provided a good community service as an alternative to admission.
- The day hospital offered a seven day service and was open from 0800h to 2000h.
- The emphasis on providing psychotherapy was excellent.
- All service users had a working individual care plan drawn up by the multidisciplinary team. It was recommended that the service user have a more formal input into their care plan and this should be documented.
- The staff were knowledgeable and were keen to improve the service.

#### **4. Iona Day Hospital (part of WSE St. Vincent's Hospital, Fairview)**

##### **Summary**

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- There was an excellent care pathway and each service user had an individual care plan.
- Each service user had access to appropriate psychotherapy.
- There was a wide range of training programmes available to staff.
- The day hospital was open seven days a week from 0830h to 2000h.
- The premises were not suitable for a day hospital.

#### **5. Sector Team Marino Tolka (part of WSE St. Vincent's Hospital, Fairview)**

#### **6. Sector Team Marino Clontarf (part of WSE St. Vincent's Hospital, Fairview)**

## **7. Newport Outpatients Services, Waterford (part of WSE Waterford)**

### **Summary**

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- Multidisciplinary individual care planning was not used by the service.
- There was good evidence in the clinical files of shared care between the consultant psychiatrist and the general practitioner.

## **8. Unit 9A, Merlin Park, Galway**

### **Summary**

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- The 24 hour staffed community residence, although institutional in appearance, was clean and generally well maintained.
- A number of residents attended the Training Centre on campus and Mental Health Day Centres.
- Day trips for residents were restricted due to insufficient staff.
- Medication kardexes/booklets were not maintained in the residence.
- Residents no longer had access to an Art teacher due to a reduction in available funding.