

Report of the Inspector of Mental Health Services 2012

EXECUTIVE CATCHMENT AREA/INTEGRATED SERVICE AREA	Galway, Mayo, Roscommon
HSE AREA	West
MENTAL HEALTH SERVICE	East Galway
APPROVED CENTRE	St. Brigid's Hospital, Ballinasloe
NUMBER OF WARDS	2
NAMES OF UNITS OR WARDS INSPECTED	St. Dympna's Ward Clonfert Suite
TOTAL NUMBER OF BEDS	38
CONDITIONS ATTACHED TO REGISTRATION	No
TYPE OF INSPECTION	Unannounced Re-inspection
DATE OF INSPECTION	26 November 2012

Summary

- 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. Dympna'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.

OVERVIEW

In 2012, the Inspectorate inspected this Approved Centre against all of the Mental Health Act 2001 (Approved Centres) Regulations 2006. Following this inspection the Inspectorate undertook a re-inspection of the approved centre.

DESCRIPTION

St. Brigid's Hospital, Ballinasloe, was an approved centre under the Mental Health Act 2001. St. Dympna's Ward was the acute admission ward housed in a stand alone facility dating to the 1930s. Our Lady's Ward had closed. St Luke's Ward was undergoing capital refurbishment. The latest plan was that the residents would now be transferring to St. Luke's Ward in early 2013 as a temporary measure while St. Dympna's Ward was undergoing major capital refurbishment to make it suitable as an acute admission ward. This was contrary to what was reported to inspectors during the June 2012 inspection.

Clonfert Suite was situated some two hundred metres from this site and provided continuing care for elderly residents with mental illness. The total number of beds open on the day of inspection was 38. On the day of inspection there were 17 residents on St. Dympna's Ward, of whom four were detained under the Mental Health Act 2001 and 15 residents in Clonfert Suite.

On the day of this re-inspection capital refurbishment work was underway in St. Luke's Ward. The short term plan was for residents of St. Dympna's Ward to be transferred to St. Luke's Ward while a capital refurbishment programme was to be continued in St. Dympna's Ward, as the premises was in need of major refurbishment. In its current state, St. Dympna's Ward was not suitable as an acute admissions ward. Following the planned capital refurbishment of St. Dympna's Ward, it was planned that residents would transfer back to this ward.

This would leave St. Luke's Ward, due to be completed in January 2013, as a modern admission unit complete with state of the art seclusion suite and high observation facilities with no definite purpose.

It was unclear to inspectors and to the senior management team what the future plans were for St. Luke's Ward. One plan put forward to the inspectors was that residents with intellectual disability and mental illness who had been living in a community setting for many years would be moved back into St. Luke's Ward. It would be unacceptable for community residents to move back into an institutionalised hospital ward setting complete with a seclusion suite. Removing St. Luke's Ward from registration as an approved centre does not negate the responsibility of the Health Service Executive to ensure against re-institutionalising citizens who have already spent many years in the community.

Another plan put forward due to the presence of a seclusion suite in the newly re-furbished St. Luke's Ward indicated that this may be intended for a psychiatric intensive care unit or an intensive care rehabilitation unit.

PART ONE: QUALITY OF CARE AND TREATMENT SECTION 51 (1)(b)(i) MENTAL HEALTH ACT 2001

DETAILS OF WARDS IN THE APPROVED CENTRE

WARD	NUMBER OF BEDS	NUMBER OF RESIDENTS	TEAM RESPONSIBLE
St. Dympna's	22	17	General Adult Teams
Clonfert Suite	16	15	Psychiatry of Old Age

PART TWO: EVIDENCE OF COMPLIANCE WITH REGULATIONS, RULES AND CODES OF PRACTICE, AND SECTION 60, MHA 2001

2.2 EVIDENCE OF COMPLIANCE WITH REGULATIONS UNDER MENTAL HEALTH ACT 2001 SECTION 52 (d)

Article 5: Food and Nutrition

There was still no menu system available and both staff and residents did not know what was on the menu for main meal on any given day.

Article 8: Residents' Personal Property and Possessions

There continued to be lack of adequate storage space on St. Dympna's Ward for residents' personal property and possessions. There was a small store room available and it was reported that a toilet on St. Dympna's Ward had been closed to store residents' property. Black bags were used for this purpose.

Article 15: Individual Care Plan

In the clinical files inspected by inspectors there was evidence that all residents had an individual care plan as defined in the Regulations.

Article 21: Privacy

There were no privacy curtains attached to the windows of the doors of two single rooms in St. Dympna's Ward. There were still no privacy locks on the doors in the showers in St. Dympna's Ward.

Article 22: Premises

St. Dympna's Ward was grim, pokey and dated. Ligation points were still noted by inspectors. St. Dympna's Ward was not suited as an acute admission ward.

Article 27: Maintenance of Records

Many clinical files in St. Dymphna's Ward were crammed with documentation and bulging. Loose clinical sheets were still noted by inspectors. It was difficult to navigate through a number of clinical files and to retrieve information.

2.3 EVIDENCE OF COMPLIANCE WITH RULES – MENTAL HEALTH ACT 2001 SECTION 52 (d)

SECLUSION

Seclusion was not currently being used. The seclusion room in St. Dympna's Ward was closed and was under repair. Inspectors informed staff of the approved centre that following the work outlined to inspectors, the seclusion room would remain non compliant with the Rules Governing the Use of Seclusion due to the location of the seclusion room and lack of toilet and shower facilities.

MECHANICAL RESTRAINT

A new prescription for Mechanical Restraint under Part 5 of the Rules Governing the Use of Mechanical Means of Bodily Restraint entitled "Prescription for the Use of Safety/Restraint Equipment" was shown to inspectors. After recommending a number of adjustments to this prescription form, inspectors advised senior members of the management team that this prescription form should be introduced immediately.

**2.4 EVIDENCE OF COMPLIANCE WITH CODES OF PRACTICE – MENTAL HEALTH ACT
2001 SECTION 51 (iii)**

PHYSICAL RESTRAINT

A copy of the Clinical Practice Form had been placed in the clinical files of all residents who had been physically restrained in all instances of physical restraint.

SECTION THREE: OTHER ASPECTS OF THE APPROVED CENTRE

OVERALL CONCLUSIONS

There were still a number of issues in St. Dymphna's Ward that required attention such as seclusion, medical records and privacy. However the refurbishment of the ward should go some way to addressing these. Individual care plans were in place, the service had addressed the issue of mechanical restraint in Clonfert and physical restraint was in order.

The inspectors were puzzled by the expensive state of the art ongoing refurbishment of St. Luke's Ward where no definite plan for its use was evident. The tentative plan to relocate vulnerable community residents, who would have difficulty in articulating their wishes, back to St. Luke's in a hospital ward setting was outlandish and is in direct contravention of national mental health policy. The act of de-registering a building as an approved centre does not take away from the fact that this unit is a fully equipped acute hospital ward.

Alternatively, the presence of a seclusion suite in the newly re-furbished St. Luke's Ward indicated that this may be intended for a psychiatric intensive care unit or an intensive care rehabilitation unit. It certainly was not required as a second admission unit. However even though the refurbishment had almost been completed the senior management team had no idea as to its intended purpose and there seemed to be no involvement of the local senior management team in assessing needs and planning of services. It appeared most strange to have this extensive and expensive re-refurbishment going on in the hospital and nobody in the service having any idea as to its purpose.

Staff expressed frustration because of the lack of certainty as to the future plans of the service and the lack of communication from the Health Service Executive (HSE) thereof. Indeed, this was explicitly ventilated to inspectors by a number of staff. Although frontline staff should have reasonable information about the future plans of their service, the fact that members of the senior management team had no idea as to what was happening within their own service was unfathomable.

RECOMMENDATIONS 2012

1. Medical records must be ordered and tidy and allow for easy retrieval of documents.
2. The new refurbishment of St. Dymphna's Ward must ensure that privacy is complied with, both in the unit and in the seclusion area.
3. Relocation of community residents back into a hospital environment must not take place.
4. Senior management should be aware of the plans for their service.