

Inspector of Mental Health Services 2012 Reports

This is the sixth 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 initial batches.

In this batch of approved centre reports, one approved centre St. Edmundsbury Hospital achieved full compliance with the Mental Health Act 2001 (Approved Centres) Regulations 2006 and four approved centres required further improvements.

The Approved Centres reported on are:

1. St. Brigid's Hospital, Ballinasloe
2. St. Edmundsbury Hospital, Dublin
3. Centre for Mental Health Care and Recovery, Bantry
4. St. Michael's Unit, Mercy University Hospital, Cork
5. St. Otteran's Hospital, Waterford

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 service was visited by the Inspectorate:

Other Mental Health Services

1. Brook House, Day Hospital, Waterford

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. St. Brigid's Hospital, Ballinasloe

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

COMPLIANCE RATING	2010	2011	2012
Fully Compliant	22	28	22
Substantial Compliance	5	3	6
Minimal Compliance	2	0	1
Not Compliant	1	0	2
Not Applicable	1	0	0

Summary

- The approved centre had an excellent resident information booklet. The booklet was attractively laid out and illustrated and contained excellent information.
- St. Dymphna's Ward, in its current state, was not suitable as an acute admissions ward.
- Use of Mechanical Means of Bodily Restraint for Enduring Risk of Harm to Self or Others was not ordered in accordance with Part 5 of the Rules.
- Seclusion facilities in St. Dymphna's Ward were not of the standard as set in the Rules Governing the Use of Seclusion.
- One resident did not have an individual care plan as defined in the Regulations.
- Individual clinical files were not maintained to the standard required by the Regulations.

2. St. Edmundsbury Hospital

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

COMPLIANCE RATING	2010	2011	2012
Fully Compliant	29	28	28
Substantial Compliance	0	0	0
Minimal Compliance	0	0	0
Not Compliant	0	0	0
Not Applicable	2	3	3

Summary

- The approved centre was fully compliant with all applicable Articles of the Regulations. They were also compliant with the Codes of Practice with the exception of the Code of Practice on Admission. Subsequent to the inspection, the Inspectorate received comprehensive additional documentation outlining how staff and management had taken a number of actions to address the issue with respect to admissions.
- There was a comprehensive system in place throughout the approved centre to ensure good service user participation and feedback.
- There was evidence of therapeutic programmes and recreational facilities matching individual needs.
- The physical environment was maintained to a high standard.
- The psychiatric assessment of residents presenting for admission required attention in order to meet the requirements of the Code of Practice on Admissions, Transfers and Discharges to and from an Approved Centre.

3. Centre for Mental Health Care and Recovery

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

COMPLIANCE RATING	2010	2011	2012
Fully Compliant	23	29	28
Substantial Compliance	4	1	2
Minimal Compliance	2	0	0
Not Compliant	1	0	1
Not Applicable	1	1	0

Summary

- The Centre for Mental Health Care and Recovery provided acute inpatient care as part of a continuum of largely community based mental health care. The number of admissions on the day of inspection was low and all were short term.
- The ordering and recording of episodes of physical restraint did not fully comply with the standards of the Code of Practice on the Use of Physical Restraint in Approved Centres.
- There was a strong recovery ethos evident in the range of therapeutic interventions and in the individual care plan records.

4. St. Michael's Unit, Mercy University Hospital

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

COMPLIANCE RATING	2010	2011	2012
Fully Compliant	29	25	27
Substantial Compliance	1	4	3
Minimal Compliance	1	0	1
Not Compliant	0	2	0
Not Applicable	0	0	0

Summary

- There was evidence of excellent recovery orientated care of residents. Each resident had an individual care plan and a wide range of therapeutic services and programmes available to them. Staff impressed as being enthusiastic and knowledgeable.
- The provision of dedicated family support was excellent. The assessment and admission process was of a high standard.
- The current provision of CCTV monitoring was unacceptable and was in clear contravention of Article 25 of the Regulations. The images were being recorded and stored. The CCTV was monitored by a non-health professional and the monitor was visible to passers-by.
- The approved centre was not fully compliant with the Code of Practice on the Use of Physical Restraint.
- Training was required for staff in intellectual disability and mental illness.
- The lack of provision of a place in the local child and adolescent in-patient unit (Eist Linn) for a seriously ill, vulnerable child currently a resident in St. Michael's Unit was unacceptable. St. Michael's Unit was unsuitable for admission of the child and staff were becoming increasingly frustrated in trying to obtain a place for the child in Eist Linn. It was the opinion of the inspectors that placement of the child in St. Michael's Unit was counter-therapeutic.

5. St. Otteran's Hospital

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

COMPLIANCE RATING	2010	2011	2012
Fully Compliant	24	19	23
Substantial Compliance	5	6	5
Minimal Compliance	0	3	1
Not Compliant	0	1	0
Not Applicable	2	2	2

Summary

- St. Monica's ward was in the process of being closed and most of the residents had been transferred to appropriate nursing homes.
- All residents had an individual care plan, but not all care plans met the requirements specified in the Regulations.
- Documentation in respect of mechanical restraint was excellent.
- Newspapers were no longer provided to each ward as a cost-saving measure.
- Physical health examinations were carried out on a regular basis for residents who were admitted for periods longer than six months.

Other Mental Health Service

Brook House, Waterford

Summary

- The service's literature described it as a day centre rather than a day hospital.
- The service provided more diversional therapies rather than more meaningful therapies based on individual assessed need as would be expected from a day hospital service.
- There were no admission and discharge policies specific to the service.
- Multidisciplinary care planning was not used by the service.