

Inspector of Mental Health Services 2012 Reports

This is the fourth 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 16 of the following Approved Centres.

The Approved Centres reported on are:

1. Department of Psychiatry, Midland Regional Hospital, Portlaoise (night inspection)
2. Lakeview Unit, Naas General Hospital (part of WSE)
3. Newcastle Hospital
4. St. Loman's Hospital, Mullingar
5. Acute Psychiatric Unit, AMNCH, (Tallaght) Hospital
6. Department of Psychiatry, Our Lady's Hospital, Navan
7. Blackwater House, St. Davnet's Hospital, Monaghan
8. St. Brendan's Hospital
9. Unit One and St. Ita's Ward, St. Brigid's Hospital, Ardee
10. St. Gabriel's Ward, St. Canices Hospital, Kilkenny
11. Department of Psychiatry, St. Luke's Hospital, Kilkenny
12. Adult Mental Health Unit, Mayo General Hospital (day inspection)
13. Acute Psychiatric Unit, Midwestern Regional Hospital, Ennis
14. Sligo/Leitrim Mental Health In-Patient Unit
15. Department of Psychiatry, County Hospital, Roscommon
16. Department of Psychiatry, University College Hospital, Galway
17. St. Joseph's Hospital, Limerick (part of WSE)

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:

Limerick

Iniscara Day Centre, Limerick

Naas

Whitestown House, Day Centre, Kilcock

Larine House, 24 Hour Nurse Staffed Community Residence

Drogheda

St. Mary's Residence –Drogheda

The Moorings -Dundalk

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:

Department of Psychiatry, Midland Regional Hospital, Portlaoise (night inspection)

Summary

The Department of Psychiatry (DOP) was quiet and calm during the time of the night time inspection. Most residents had retired to bed and nursing staff were engaged in chatting with some residents, providing one-to-one care and observation throughout the unit.

The approved centre operated a policy of providing on-site assessment, by an on call non consultant hospital doctor and a senior nurse, for any person presenting to the DOP at any time. This practice impacted on the demands placed on unit resources and the admission rate at night time. It also raised issues with regard to clinical responsibility and duty of care, resources, and appropriate care pathways for individuals with significant social and substance misuse issues.

The DOP was located within the Midlands Regional Hospital, Portlaoise. DOP staff reported that the Emergency Department in the hospital were unwilling to triage persons presenting with mental health issues.

Lakeview Unit, Naas General Hospital (part of WSE)

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

COMPLIANCE RATING	2010	2011	2012
Fully Compliant	25	22	23
Substantial Compliance	4	8	8
Minimal Compliance	2	1	0
Not Compliant	0	0	0
Not Applicable	0	0	0

Summary

All residents had an individual care plan.

There was no occupational therapist in the approved centre.

A good programme of therapeutic interventions was provided by a dedicated clinical nurse manager (CNM1) and a staff nurse.

The seating area on the lower floor comprised a through-corridor and the sitting room on the upper level was closed from 2000h.

Single rooms did not have a curtain or blind on the glass panel of the doors which limited privacy for these residents. These were provided following the inspection.

Newcastle Hospital

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

COMPLIANCE RATING	2010	2011	2012
Fully Compliant	26	28	20
Substantial Compliance	4	2	9
Minimal Compliance	1	1	1
Not Compliant	0	0	1
Not Applicable	0	0	0

Summary

Although all residents had an individual care plan, they did not meet the requirements of the Regulations.

The continued lack of an occupational therapist limited the scope of therapeutic services available.

The quality of information leaflets on medication and illnesses was of a very good standard.

Although the unit was outdated, it was clean and reasonably well maintained.

The provision of ECT treatment had resumed following the training of a nurse in ECT.

St. Loman's Hospital, Mullingar

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

COMPLIANCE RATING	2010	2011	2012
Fully Compliant	26	24	27
Substantial Compliance	3	3	3
Minimal Compliance	1	1	0
Not Compliant	1	3	1
Not Applicable	0	0	0

Summary

New premises were currently being constructed which would result in the closure of St. Loman's Hospital old building by November 2012.

Each resident had an individual care plan which was compliant with Article 15 of the Regulations.

Staff training was a priority within the service. However training in intellectual disability and mental illness had yet to take place.

The inspectors were impressed with the enthusiasm and care of the nursing staff.

Acute Psychiatric Unit, AMNCH, (Tallaght) Hospital

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

COMPLIANCE RATING	2010	2011	2012
Fully Compliant	22	29	29
Substantial Compliance	7	2	2
Minimal Compliance	2	0	0
Not Compliant	0	0	0
Not Applicable	0	0	0

Summary

The service had well developed therapeutic and recreational services and had a Recovery ethos.

Maintenance work identified by the Inspectorate in its 2011 Report had not yet been undertaken.

Problems identified with the maintenance of the clinical files in the 2011 Report of the Inspectorate had not been addressed.

This approved centre was a very busy acute unit with a considerable diversity in the case mix.

The Inspectorate was impressed by the in-depth knowledge staff displayed of the residents' histories and conditions.

Department of Psychiatry, Our Lady's Hospital, Navan

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

COMPLIANCE RATING	2010	2011	2012
Fully Compliant	26	25	29
Substantial Compliance	5	4	2
Minimal Compliance	0	0	0
Not Compliant	0	2	0
Not Applicable	0	0	0

Summary

The 25-bed Department of Psychiatry, Our Lady's Hospital, Navan, was a calm, open and welcoming unit.

In-patient treatment and care were recovery oriented with a strong community focus. Family and carer input was welcomed. Each resident had an individual care plan which built upon individual strengths and supports.

An active audit cycle was ongoing. This included service user feedback, individual care planning and episodes of seclusion. The use of seclusion had reduced significantly in 2012 up to the time of inspection.

There were insufficient health and social care professionals on the sector teams. This impacted negatively on in-patient care and needed to be addressed immediately to ensure a community focused continuum of care.

Blackwater House, St. Davnet's Hospital, Monaghan

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

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

Summary

The care and treatment of residents in Blackwater House was of a high standard. Their physical care was excellent and each resident had an active individual care plan and programme of therapeutic activities.

The approved centre achieved full compliance in all applicable Articles of the Regulations. They were also fully compliant in all Codes of Practice. Full compliance was not achieved in Part 5 of the Rules Governing the Use of Mechanical Restraint.

The infrastructure of the unit was old-fashioned with large dormitories and day areas and long corridors. It belonged to a previous era of mental health care and had no place in a modern mental health service.

St. Brendan's Hospital

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

COMPLIANCE RATING	2010	2011	2012
Fully Compliant	21	25	19
Substantial Compliance	7	4	8
Minimal Compliance	2	1	1
Not Compliant	0	0	2
Not Applicable	1	1	1

Summary

A number of residents did not have an individual care plan.

The approved centre was not compliant with Article 16 (Therapeutic Services and Programmes) of the Regulations.

Full compliance was not attained by the approved centre in relation to the Code of Practice on Admission, Transfer and Discharge to and from an Approved Centre.

The Certificate of Registration, with its attached conditions, was not displayed in a prominent position in the approved centre.

The approved centre was unsuitable for the accommodation and for the care of residents. A new purpose-built premises to replace all four units was at an advanced stage of construction and was due to open at the end of 2012.

Unit One and St. Ita's Ward, St. Brigid's Hospital, Ardee

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

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

Summary

It is of concern that the layout of the admission unit (Unit 1) is totally unsuitable for the care of elderly residents with dementia. It had resulted in an increase in physical restraint of elderly residents which was not acceptable. This was evidenced from examination by inspectors of the physical restraint clinical practice form book and the service's completion of an audit on physical restraint. This situation was discussed between inspectors and the clinical director of the approved centre on the day of inspection.

The individual care plans in Unit 1 were good. The quality of individual care plans in St. Ita's was not as high. A number of residents had no individual care plans. This resulted in a "Not Compliant" rating for Article 15 Individual Care Plan and Article 16 Therapeutic Services and Programmes.

The quality of documentation in seclusion, physical restraint, admission and discharge was good.

Six-monthly physical reviews were not carried out in all cases in St. Ita's Ward. Nursing staff had made representations to the medical staff to no avail.

St. Gabriel's Ward, St. Canices Hospital, Kilkenny

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

COMPLIANCE RATING	2010	2011	2012
Fully Compliant	27	26	23
Substantial Compliance	1	2	3
Minimal Compliance	1	0	2
Not Compliant	0	1	1
Not Applicable	2	2	2

Summary

Documentation in relation to Mechanical Means of Bodily Restraint under Part 5 of the Rules was excellent.

With the absence of protected time for activities, there was no guarantee of therapeutic activity provision.

Not all residents received six-monthly physical examinations. The approved centre did not have a clinical room.

Department of Psychiatry, St. Luke's Hospital, Kilkenny

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

COMPLIANCE RATING	2010	2011	2012
Fully Compliant	28	28	24
Substantial Compliance	3	2	5
Minimal Compliance	0	0	0
Not Compliant	0	0	2
Not Applicable	0	1	0

Summary

Individual care plans did not meet the requirements of Article 15 of the Regulations.

The service did not notify the Inspector of Mental Health Services of all incidents of 72 hr seclusion.

The unit had a very pleasant garden for the use of residents.

Therapeutic interventions provided by the occupational therapist were good. A number of residents who had been resident for longer than six months had not had a physical health examination carried out.

Adult Mental Health Unit, Mayo General Hospital (day inspection)

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

COMPLIANCE RATING	2010	2011	2012
Fully Compliant	26	26	23
Substantial Compliance	2	2	6
Minimal Compliance	2	1	2
Not Compliant	0	1	0
Not Applicable	1	1	0

Summary

There was a repeated failure by the approved centre to have due regard for the safeguards provided for by the Rules Governing the Use of Seclusion. There was little evidence that residents were involved in care planning. Because therapeutic services and programmes were not specified in each resident's Individual Care Plan, the conditions of Article 16 Therapeutic Services and Programmes were not met.

Acute Psychiatric Unit, Midwestern Regional Hospital, Ennis

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

COMPLIANCE RATING	2010	2011	2012
Fully Compliant	23	26	24
Substantial Compliance	7	3	4
Minimal Compliance	1	1	1
Not Compliant	0	0	1
Not Applicable	0	1	1

Summary

The Acute Psychiatric Unit (APU), Ennis was a busy acute unit. The APU had commenced admitting residents from North Tipperary. The input of health and social care professionals to these in-patients was insufficient to meet identified need. At the time of inspection, medical care for North Tipperary residents was being provided on an on-call basis for a three week period because the designated consultant psychiatrist was on leave. This was not a satisfactory arrangement.

The APU was overcrowded on thirty occasions between January and April 2012 to the extent that residents were required to sleep in an activities therapy room. On these occasions the beds were wheeled onto the main corridor during the day whilst activities continued. Several residents had been required to share this space with another person as sleeping accommodation. Residents' privacy was seriously compromised.

The quality of nursing documentation was excellent and evidenced professionalism and commitment to care.

The 2011 Inspection and Re-inspection reports made ten recommendations. Six of these recommendations had not been acted upon.

The provision of therapeutic services and programmes needed to be linked to individual care plans.

Sligo/Leitrim Mental Health In-Patient Unit

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

COMPLIANCE RATING	2010	2011	2012
Fully Compliant	28	23	24
Substantial Compliance	3	6	3
Minimal Compliance	0	2	2
Not Compliant	0	0	2
Not Applicable	0	0	0

Summary

The approved centre was a 1930s building that was outdated and institutional in appearance.

At the time of inspection all the ward areas were locked and some rooms, including bedrooms within these areas were also locked.

The special care unit was due to close at the end of 2011 with the majority of residents moving to Benbulbin Lodge. This had not happened and the placement of acute new admissions with long term continuing care residents was unacceptable in a modern day mental health service.

The Inspectorate had made a recommendation in both 2010 and 2011 that staff be released for mandatory training but this had not happened.

Not all residents had an individual care plan as defined in the Regulations.

Department of Psychiatry, County Hospital, Roscommon

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

COMPLIANCE RATING	2010	2011	2012
Fully Compliant	27	27	24
Substantial Compliance	2	2	5
Minimal Compliance	1	1	1
Not Compliant	0	0	0
Not Applicable	1	1	1

Summary

The approved centre was not fully compliant with the Rules Governing the Use of Seclusion.

The complaints procedure was not displayed in a prominent position in the approved centre.

The approved centre was not fully compliant with the Code of Practice on Physical Restraint.

Sector teams were not sufficiently well resourced to enable the provision of an adequate skill mix of staff.

Department of Psychiatry, University College Hospital, Galway

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

COMPLIANCE RATING	2010	2011	2012
Fully Compliant	25	24	22
Substantial Compliance	2	2	4
Minimal Compliance	2	2	1
Not Compliant	1	1	3
Not Applicable	1	1	1

Summary

Many residents did not have individual care plans as required by the Regulations. This was the fourth year in a row that the Department of Psychiatry, University College Hospital, Galway failed to meet the standard. Nursing staff provided therapeutic activities for residents in the activity centre. The seclusion room had been used as a bedroom on occasion and there was evidence that staff were uncertain about applying the Rules for Seclusion at times.

Electroconvulsive therapy (ECT) was used in the approved centre but the ECT nurse had not been specifically trained in ECT in contravention of the Rules and Code of Practice governing the use of ECT.

St. Joseph's Hospital, Limerick (part of WSE)

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

COMPLIANCE RATING	2010	2011	2012
Fully Compliant	25	20	13
Substantial Compliance	0	1	8
Minimal Compliance	1	5	2
Not Compliant	3	3	6
Not Applicable	2	2	2

Summary

The kitchen and toilets in the approved centre were not clean.

Most residents did not have an individual care plan as described in the Regulations.

There was a lack of therapeutic programmes available to residents.

Clinical documentation did not reflect risk assessment and risk management, essential to support successful transfer of residents to the community.

Training in physical restraint had not been provided. This was a recommendation in the 2011 Inspector of Mental Health Services Report.

Other Mental Health Services

Iniscara Day Centre, Limerick

Summary

Inis Cara House provided a rehabilitation day centre for people with enduring mental illness.

Service users attended for specific interventions according to assessed need. There was evidence of multidisciplinary involvement in care, although there was no psychologist on the Rehabilitation team.

Comprehensive risk assessments were not routinely provided by referrers. Service users were encouraged to attend further training with the National Training and Development Institute or FAS, but this did not necessarily result in them being able to access employment opportunities.

Whitestown House, Day Centre, Kilcock

Summary

Staff provided a mix of mental and physical health care for attendees.

Due to the mobility and accessibility needs of some attendees, the layout of the house was unsuitable in parts.

Toilet facilities were unsuitable for those requiring assistance.

Service users expressed themselves very satisfied with the care being given.

Larine House, 24 Hour Nurse Staffed Community Residence

Summary

There was a strong ethos of Recovery in the operation of the residence. The house was in the process of being repainted.
Sleeping accommodation was quite cramped.
Residents were engaged in a variety of activities outside the residence and many residents participated in activities in the local community.
All residents had an individual care plan.

St. Mary's Residence –Drogheda

Summary

There was only one member of staff on duty in the house at night.
Multidisciplinary care planning was not used.
Residents were reviewed regularly by the community mental health team and local general practitioners carried out regular physical health reviews.

The Moorings –Dundalk

Summary

There was only one member of staff on duty in the house at night. Residents attended a day centre on at least two days each week. Whilst nurses maintained nursing care plans, there were no individual multidisciplinary care plans.

Residents were reviewed regularly by the psychiatric team and local GPs carried out regular physical health reviews.

Some of the practices were more reminiscent of an institution rather than a home.