

Inspector of Mental Health Services 2012 Reports

This is the fifth 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 the following Approved Centres.

The Approved Centres reported on are:

1. Department of Psychiatry, Midland Regional Hospital, Portlaoise
2. Acute Psychiatric Unit, Cavan General Hospital
3. St. Ita's Hospital, Portrane
4. Carraig Mór Centre
5. Department of Psychiatry, Waterford Regional Hospital
6. St. Senan's Hospital, Enniscorthy
7. South Lee Mental Health Unit, Cork University Hospital
8. St. Stephen's Hospital, Cork
9. Adult Mental Health Unit, Mayo General Hospital (Night Inspection)
10. An Coillín, Mayo
11. St. Anne's Sacred Heart Hospital, Castlebar
12. Teach Aisling (night inspection)
13. Teach Aisling (day 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:

1. New Strand House, 24 Hour Nurse Staffed Community Residence (part of Limerick Whole Service Evaluation 2012)
2. St. Colman's 24 Hour Nurse Staffed Community Residence, Macroom

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 maximum 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.

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

COMPLIANCE RATING	2010	2011	2012
Fully Compliant	27	28	26
Substantial Compliance	3	1	5
Minimal Compliance	1	0	0
Not Compliant	0	2	0
Not Applicable	0	0	0

Summary

- There was a good activities unit providing therapeutic services for residents.
- Individual care plans did not meet the full requirements of the Regulations.
- The unit was clean, comfortable and provided spacious sitting and dining room areas.
- People who presented at the unit at any time of day or night, either referred by their GP or self-presenting, were seen by approved centre staff. In addition to increasing the demands made on unit resources, staff also reported that this led to an increase in admissions. Staff stated that this situation arose due to a reluctance by staff in the Emergency Department to assess people with psychiatric presentations.
- Following the recent move of staff from the ECT suite, the approved centre no longer had nursing staff trained in ECT.

Acute Psychiatric Unit, Cavan General Hospital

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

COMPLIANCE RATING	2010	2011	2012
Fully Compliant	24	18	28
Substantial Compliance	2	6	1
Minimal Compliance	0	1	0
Not Compliant	4	3	0
Not Applicable	1	3	2

Summary

- The Acute Psychiatric Unit (APU), Cavan General Hospital, had been refurbished and extended in 2011 and now operated as the single acute admission unit for the counties Cavan and Monaghan.
- In-patient care was provided by two consultant led teams who liaised with the sector teams and this had resulted in a cohesive and integrated therapeutic environment within the APU and a community focused care pathway. The mental health service continued to maintain a low admission rate.
- The approved centre was not compliant with the Code of Practice on the Use of Physical Restraint.
- Staff were professional and motivated.

St. Ita's Hospital, Portrane

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

COMPLIANCE RATING	2010	2011	2012
Fully Compliant	21	23	22
Substantial Compliance	4	3	4
Minimal Compliance	3	3	0
Not Compliant	2	1	3
Not Applicable	1	1	2

Summary

- There was an excellent rehabilitation and recovery ethos in the approved centre.
- Conditions 1 and 2 imposed by the Mental Health Commission had been met. There was definite progress towards meeting Conditions 3 and 4.
- There was no individual care plan for one resident as required by the Regulations. An individual care plan for this resident was subsequently put in place and updated. All other individual care plans for other residents were excellent and showed comprehensive service user involvement.
- The premises of both units remained unsuitable for residents. However both units were due to close in December 2013.

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

COMPLIANCE RATING	2010	2011	2012
Fully Compliant	25	22	26
Substantial Compliance	3	4	3
Minimal Compliance	2	3	1
Not Compliant	0	0	0
Not Applicable	1	1	1

Summary

- Despite poor multidisciplinary team membership the forensic rehabilitation team offered psychiatric intensive care, a service for those with enduring mental illness, an outreach service and a prison in-reach service.
- The approved centre had addressed most of the deficiencies in the 2011 report.
- There was no psychology service, which was unacceptable in a forensic team.
- There was inadequate social work, occupational therapy and non-consultant hospital doctors on the forensic rehabilitation team. Nursing staff cover was maintained through the use of overtime.
- There was an excellent activation service provided by nursing staff.
- Each resident had an individual care plan.
- The quality and quantity of the information available for residents and the provision of advocacy services was excellent.
- The seclusion room was unsatisfactory. A seclusion suite that meets the requirements of the Rules Governing the Use of Seclusion must be provided.

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

- The DOP, Waterford Regional Hospital, was a busy acute unit providing in-patient care for the counties Waterford, South Wexford and South Kilkenny.
- Building work was underway in the DOP to provide an expanded unit with enhanced facilities. This was to be welcomed, especially in relation to those residents accommodated in the acute section, where current facilities were unsuitable and counter-therapeutic.
- There had been significant slippage in the provision of individual care plans since the previous inspection.
- The seclusion room had been used as a bedroom due to overcrowding.
- The DOP continued to provide a high standard of care in ECT treatment.
- Mental health teams were under-resourced with allied health professionals and this impacted on the scope of care provided.

St. Senan's Hospital, Enniscorthy

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

COMPLIANCE RATING	2010	2011	2012
Fully Compliant	24	18	21
Substantial Compliance	3	3	3
Minimal Compliance	2	4	2
Not Compliant	1	4	3
Not Applicable	1	2	2

Summary

- The expected closure of St. Senan's Hospital in March 2013 and the move of residents to purpose built appropriate accommodation is most welcome.
- The inspectors were extremely concerned about the lack of provision by the service of essential therapies for residents with intellectual disability in St. Christopher's Ward. Apart from one session a week from the recreational therapist there was no other therapeutic input. There was no social work, psychology or occupational therapy input. No sensory equipment was evident in the ward. There was no input from a specialist intellectual disability service. Nursing staff were not trained in intellectual disability and mental illness; only one nurse had started this training. Residents were noted to be engaging in severe institutionalised and maladaptive behaviour that was more than likely contributed to by lack of stimulation and needs based therapies. Medical care was good in St. Christopher's Ward with evidence of regular review and care planning.
- There was an absence of individual care plans in St. Elizabeth's Ward. All other residents had excellent individual care plans clearly incorporating the resident's perspective and a community focus.
- There was an impressive community mental health service in the South Wexford sector.

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

COMPLIANCE RATING	2010	2011	2012
Fully Compliant	25	27	26
Substantial Compliance	1	0	1
Minimal Compliance	4	1	3
Not Compliant	1	3	1
Not Applicable	0	0	0

Summary

- Each resident had an individual care plan.
- There had been refurbishment of several toileting areas, however, the female lavatory remained in poor condition.
- The activities nurse provided a daily programme of recreational and therapeutic activities.
- There continued to be little evidence of health and social care professional input to inpatient care.
- The service was engaged in ongoing audit of service delivery and there was an evident commitment to the provision of a quality service with a focus on developing community based care and treatment.

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

COMPLIANCE RATING	2010	2011	2012
Fully Compliant	29	28	22
Substantial Compliance	0	1	5
Minimal Compliance	0	0	0
Not Compliant	0	0	2
Not Applicable	2	2	2

Summary

- The approved centre provided acute and continuing care to residents from North Cork in spacious independent units which were generally bright and well maintained.
- Individual care plans were being used, but multidisciplinary (MDT) team members did not attend on a regular basis due to the limited number of MDT members, and individual needs and goals were not identified in accordance with the Regulations.
- The multidisciplinary teams were not fully resourced.
- The service provided was of a high standard, but compliance with the Regulations was reduced somewhat on last year.
- The service had undertaken a number of quality improvements during the year, including the formalisation of a team assessment system for urgent and routine GP referrals.

Adult Mental Health Unit, Mayo General Hospital (Night Inspection)

Summary

- The approved centre was well managed on the night of inspection.
- Documentation was excellent and observation was carried out as prescribed.
- Privacy curtains/blinds were missing on some of the observation panels on the doors of the single rooms.

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

COMPLIANCE RATING	2010	2011	2012
Fully Compliant	25	23	26
Substantial Compliance	2	4	2
Minimal Compliance	2	0	0
Not Compliant	0	2	1
Not Applicable	2	2	2

Summary

- There was evidence of good recovery orientated care for the residents provided by the Rehabilitation and Recovery Team and the nursing staff.
- The individual care plans were excellent and provided a good example of how care planning for continuing care residents should be carried out.
- Therapeutic services and programmes were based on assessed need and a good range of activities were provided.
- The approved centre was not compliant with Section 60 of the Mental Health Act 2001.
- The psychiatric admission recording by medical staff was poor and six-monthly physical reviews had not been completed in some cases.

St. Anne's Sacred Heart Hospital, Castlebar

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

COMPLIANCE RATING	2010	2011	2012
Fully Compliant	27	29	26
Substantial Compliance	1	0	3
Minimal Compliance	1	0	0
Not Compliant	0	0	0
Not Applicable	2	2	2

Summary

- St. Anne's Ward, Sacred Heart Hospital, provided assessment and long-term care for elderly residents under the care of the Psychiatry of Old Age team.
- All residents had an individual care plan.
- Recent collaboration with the Care of the Elderly section of the Sacred Heart Hospital had resulted in some residents of St. Anne's using the Day Hospital there.
- No advocate visited the unit.

Teach Aisling (night inspection)

Summary

- Residents slept in locked bedrooms that could be opened by the resident from the inside.
- The approved centre was calm and quiet on the night of inspection.
- There had been no admission on the night of the inspection.

Teach Aisling (day inspection)

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

COMPLIANCE RATING	2010	2011	2012
Fully Compliant	29	28	22
Substantial Compliance	0	2	2
Minimal Compliance	1	0	2
Not Compliant	0	0	4
Not Applicable	1	1	1

Summary

- Teach Aisling was a 10-bed approved centre although the service's own literature described it as a 'high support hostel'.
- Residents had severe and enduring mental illness and many had been transferred some years ago from a long-stay ward in St. Mary's Hospital, Castlebar.
- The door to this stand-alone hospital was routinely locked. A significant number of voluntary residents were not free to leave the unit unaccompanied and depended on the availability of staff to access the wider community.
- The physical care of residents required attention. The service has since addressed this issue.
- The culture of Teach Aisling did not facilitate a robust recovery approach which supported service user voice and autonomy. There was no provision of information to residents in an appropriate format on diagnoses and treatments. There had been no independent advocacy services available to residents for a long time. The complaints procedure was not effective. The information garnered in the Functional Analysis of Care Environments (FACE) assessment was not translated into an action

plan incorporating residents' strengths and values and supporting residents to be active partners in their own care.

- A re-inspection visit to this approved centre might be warranted in 2012 owing to the scope of the above findings.

Other mental health services were visited by the Inspectorate:

New Strand House, 24 Hour Nurse Staffed Community Residence (part of Limerick Whole Service Evaluation 2012)

Summary

- Residents were under the care of the rehabilitation team.
- Some residents had an individual care plan, whilst others did not.
- Access to the kitchen was restricted to staff only, with the result that residents could not engage in cooking activities.
- Many of the bedrooms were small and cramped.
- Residents had easy access to the city centre and could avail of public transport.

St. Colman's 24 Hour Nurse Staffed Community Residence, Macroom

Summary

- The residence was well maintained but sleeping accommodation was cramped.
- Residents were not reviewed regularly by the multidisciplinary team.
- Many residents attended a day centre.
- There was only one shower in the house for 15 residents.
- Nursing staff were endeavouring to engage in a recovery programme with residents.