

## **Inspector of Mental Health Services 2013 and 2014 Inspection Reports**

This eleventh batch of inspections reports contains the following from the 2013 and 2014 inspection process:

### **1. Approved Centre Inspection Reports 2013/2014**

1. St. Finbarr's Hospital 2013
2. Selskar House 2013
3. St. Aloysius Ward, Mater Misericordiae University Hospital 2014
4. Joyce Rooms 2014
5. Kilkenny night inspection 2014
6. Lois Bridges 2014

### **2. Catchment Area Meeting Reports 2013**

1. Roscommon, Catchment Area Report 2013
2. Limerick, Clare and North Tipperary Catchment Area Report 2013
3. North Lee, Catchment Area Report 2013
4. South County Dublin, Catchment Area Report 2013
5. North Dublin, Catchment Area Report 2013
6. South Lee, Catchment Area Report 2013
7. Sligo Leitrim, Catchment Area Report 2013

### **3. National Overview Meeting Reports 2013**

1. National Overview Meeting Report –Executive Clinical Directors 2013
2. National Overview Meeting Report –Directors of Nursing 2013
3. National Overview Meeting Report –Service User, Carer/Family Representative, Consumer Panels and Advocacy Groups 2013

### **4. Inspectorate of Mental Health Services -Themed Reports 2013**

1. A review of 24-hour supervised residences 2009-2013
2. Complaints in approved centres 2013
3. Child and Adolescent Mental Health Services 2013-Admission of Children to Adult Units in 2013
4. 19<sup>th</sup> Century Public Psychiatric Hospitals Due for Closure 2013
5. Audit of Risk Assessment in Approved Centres 2013

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.

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:

- 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) inspection reports are sent by the Inspectorate to the service.
- Factually corrected draft (version 2) inspection reports are sent by the Inspectorate to the Standards and Quality Assurance Division of the Mental Health Commission for appropriate action.
- Before publication, a final screen takes place by the Inspectorate at their Quality, Proof Reading and Editing Committee.

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.

The main summary points for this batch of inspection reports are as follows:

## Approved Centre Reports 2013/2014

### 1. St. Finbarr's Hospital 2013

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

<b>COMPLIANCE RATING</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>	<b>ARTICLE NUMBERS 2013</b>
Fully Compliant	27	26	27	
Substantial Compliance	0	2	2	22, 27
Minimal Compliance	2	1	0	
Not Compliant	0	0	0	
Not Applicable	2	2	2	17, 25

#### **Summary**

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- The care and treatment provided in St. Finbarr's approved centre were of a high standard and had a strong recovery focus.
- Staff had transformed the unit into a bright, homely environment, nonetheless, the premises, in its present form, was not suitable as an approved centre. Sleeping accommodation was in old fashioned dormitories and the dining room could not accommodate all residents.
- The admission, discharge and transfer processes were very good.
- There was an excellent therapeutic programme provided and this incorporated many community based activities. Interaction between staff and residents was excellent and this ensured a client centred delivery of care.
- Risk assessment was of a high standard.

## 2. Selskar House, 2013

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

COMPLIANCE RATING	2011	2012	2013	ARTICLE NUMBERS 2013
Fully Compliant	N/A	N/A	17	
Substantial Compliance	N/A	N/A	8	7,20,22,25,27, 29,31,32
Minimal Compliance	N/A	N/A	3	9,24,26
Not Compliant	N/A	N/A	2	15,16
Not Applicable	N/A	N/A	1	17

#### Summary

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- The physical environment was very attractive and provided individual bedrooms for residents, but there was limited space in the dining room area.
- Residents did not have individual care plans in accordance with the Regulations.
- The psychiatry of old age team was very poorly resourced with only one consultant psychiatrist and one 0.2 whole time equivalent (WTE) social worker. There was no occupational therapy input in the unit.
- The physical health care needs of the residents were very well attended to by a general practitioner (GP) who provided a seven-day per week service.
- There were limited recreational activities available for residents.
- An episode of physical restraint which was documented in the clinical file was not recorded as such in the Clinical Practice Form book for physical restraint.

### 3. St. Aloysius Ward, Mater Misericordiae University Hospital 2014

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

<b>COMPLIANCE RATING</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>ARTICLE NUMBERS 2014</b>
Fully Compliant	23	28	23	
Substantial Compliance	4	2	5	22, 23, 26, 27, 29
Minimal Compliance	3	0	2	15, 16
Not Compliant	1	0	0	
Not Applicable	0	1	1	

#### **Summary**

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- St. Aloysius was a small 15-bed unit, which was clean and well maintained. A new unit will be built over the next number of years. In the meantime, access to outside space would be facilitated with access to a garden.
- Individual care plans were of poor quality and did not comply with Article 15 of the Regulations, in that goals were not specified and there was no evidence of service user involvement in their own care plan.
- Occupational therapy input to the approved centre was inadequate and must be increased to meet the needs of the residents. There was no ward-based occupational therapist.

#### 4. Joyce Rooms 2014

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

COMPLIANCE RATING	2012	2013	2014	ARTICLE NUMBERS 2014
Fully Compliant	22	23	24	
Substantial Compliance	6	7	7	15, 16, 21, 22, 26, 27, 31
Minimal Compliance	2	1	0	
Not Compliant	0	0	0	
Not Applicable	0	0	0	

#### Summary

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- Joyce Rooms were soon to close and a new unit in Beaumont Hospital is to be opened in May 2014.
- There was a good individual care plan which showed active service user involvement. The review section of the care plans required attention and the format used for this may need to be improved.
- Service users were transferred to other units, some at considerable distance, when beds in Joyce Rooms were not available. This was not in the best interests of the service user.
- There was very limited access to psychology despite having 0.5 whole time equivalent post dedicated to the approved centre. This was unsatisfactory and required attention.

## 5. Kilkenny night inspection 2014

### Summary

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- The Department of Psychiatry was well managed on the night of inspection.
- The unit was quiet, with low lighting and was conducive to sleep.
- A bedroom and sitting room in the unit was noticeably cold compared with the rest of the unit.

## 6. Lois Bridges 2014

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

COMPLIANCE RATING	2012	2013	2014	ARTICLE NUMBERS 2014
Fully Compliant	27	25	22	
Substantial Compliance	1	1	4	21,22,31,32
Minimal Compliance	0	1	1	23
Not Compliant	0	1	1	26
Not Applicable	3	3	3	17,25,30

#### Summary

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- Lois Bridges, located in a north Dublin suburb, was an Independent provider of in-patient care for adults with an eating disorder.
- All residents had an individual care plan.
- Inspectors did not consider that the number of nursing staff on duty was appropriate to meet the requirements of Article 26 of the Regulations.
- The space allocated to the nurses' office was inadequate.
- The complaints procedure on display was inappropriate for an Independent provider.
- All nursing staff were psychiatrically trained nurses.



## **Catchment Area Reports 2013**

### **1. Roscommon, Catchment Area Report 2013**

#### **Summary**

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- The Roscommon catchment area had recently been amalgamated with Galway and the entire catchment area was in the process of being re-configured.
- There was uncertainty regarding the future of the approved centre at Roscommon General Hospital.
- There were no specialist teams within the Roscommon area.
- There was one day hospital and six day centres in the area.
- The service had recently introduced a single referral form for general practitioners to use when referring a patient.
- No service user representative sat on the management committee.

### **2. Limerick, Clare and North Tipperary Catchment Area Report 2013**

#### **Summary**

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- The three former catchment areas of Limerick, Clare and North Tipperary had successfully combined to form a functioning super catchment area, with one Executive Clinical Director and one Area Director of Nursing.
- The number of nurses working in in-patient units had decreased from 190 in 2008 to 117 in 2013.
- The number of occupational therapists and social workers had increased, whilst the number of psychologists had decreased.
- There were no community residences or day hospitals in the North Tipperary area of the catchment area.
- The Forensic Service, as provided by the Limerick sector, was poorly resourced in terms of staffing levels.
- The Child and Adolescent Mental Health Service had received 17 additional members of staff for their community teams.
- There was a consumer panel of service users and carers, but there was no service user representation on the senior management team as yet.

### **3. North Lee, Catchment Area Report 2013**

#### **Summary**

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- The service had successfully managed the amalgamation of the North Lee and North Cork catchment areas with the service being called Cork North Mental Health Service.
- There was some disquiet about the proposed closure of the admission wards in St. Stephen's Hospital and their proposed move to St. Michael's Unit in the Mercy Hospital.
- There was a need for a clear pathway of referral and communication between the general adult and the Child and Adolescent Mental Health Services (CAMHS) teams regarding access to in-patient beds in Eist Linn.
- In 2012, the adult service had been allocated 35 additional posts for health and social care professionals and 20 posts for the Child and Adolescent Mental Health Services (CAMHS).
- All community mental health teams (CMHTs) had at least some members of all health and social care professionals.
- The service had a Home Based treatment teams (HBTT) which had dealt with 120 referrals in 2012.

### **4. South County Dublin, Catchment Area Report 2013**

#### **Summary**

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- Cluain Mhuire Services (CMS) were provided by the St. John of God Order under a section 38 grant funding and service level agreement. The CMS provided comprehensive and innovative community based mental health services.
- There had been a cumulative reduction in the grant funding to the CMS of 17% over a three year period and this had compelled a pruning of service delivery. This included a reduction in the resourcing of the liaison team.
- The DETECT consultant psychiatrist was the lead in the national clinical programme for early intervention in psychosis.
- The CMS had developed an excellent service user research programme (SOURCE) and also service user input to the development of therapeutic services.
- The CMS's Mental Health Information System (MHIS) included the facility for same day transfer of laboratory results and a discharge summary being sent to GPs within 4 days of discharge, all of which supported timely and integrated care pathways across the service.

## **5. North Dublin, Catchment Area Report 2013**

### **Summary**

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- The service was in the process of developing a unified mental health catchment area management team and realigning seven sector teams into four to align with the primary care networks. The size of the sector populations was very variable, ranging from 77,000 in Swords to 14,000 in Darndale. The planned realignment should help rationalise this.
- The space available for clinical/therapeutic and office use was inadequate in many parts of the catchment area.
- There was no Day Hospital for Older Persons and the lack of a team base for the Psychiatry of Old Age team made team working and file management difficult.
- Most of the wards in the approved centre St Ita's Hospital had been closed and the final two wards were due for closure by December 2013.
- A new Acute Psychiatric Unit is due to open in Beaumont Hospital in 2014.

## **6. South Lee, Catchment Area Report 2013**

### **Summary**

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- At the time of the inspection meeting, Cork Mental Health Services were organised into four catchment areas and plans were underway to amalgamate the service into a single extended catchment area for all of Cork.
- Plans were underway to reorganise the community based mental health services into ten sectors each of which would be aligned with Primary Care teams. Several community mental health teams were due to move into more suitable accommodation in premises shared with Primary Care services. This would involve the reconfiguring of 980 whole time-equivalent posts.
- An Area Management Team was being reconfigured and comprised medical, nursing and administrative staff. Health and social care professionals and service user membership was to be put in place.
- It was planned to reduce acute in-patient beds from 140 to 114. Community mental health services needed to develop quickly to ensure a safe and quality mental health service. It was imperative that community mental health teams be adequately resourced and that there be a clear vision of the role of Home Base Treatment Teams and the role of crisis beds within this context.
- There was also a need for a clear pathway of referral and communication between the general adult and the CAMHS teams regarding access to in-patient beds in Eist Linn.

## 7. Sligo Leitrim, Catchment Area Report 2013

### Summary

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- Considerable reorganisation of this service had taken place since the 2008 Catchment Area meeting, so that new areas were in keeping with the requirements of *A Vision for Change*.
- The community mental health team staffing had been enhanced with the recruitment of health and social care professionals. This process had yet to be completed.
- Serious deficiencies were identified by staff in the quality of premises used by the service.
- Plans for the building of a new acute unit in Sligo were being advanced, with a provisional opening date of 2016.