

## **Inspector of Mental Health Services 2014 Reports**

This is the seventh batch of 2014 inspection reports of the Inspector of Mental Health Services.

This batch of reports contains eleven approved centre inspection reports and one other mental health service report.

### **The Approved Centres reported on are:**

#### **Approved Centre Reports 2014**

1. Bloomfield Hospital
2. Acute Psychiatric Unit, Cavan General Hospital
3. St. Edmundsbury
4. Central Mental Hospital
5. St. Joseph's Intellectual Disability Services
6. Teach Aisling
7. St. Brigid's Ward and St. Marie Goretti, Cluain Lir Care Centre
8. Department of Psychiatry, Portlaoise
9. Blackwater House
10. St. Anne's Sacred Heart Hospital
11. An Coilin

#### **Other Mental Health Services Reports 2014**

1. Tus Nua

Link below to approved centre inspection report documents on the Mental Health Commission website:

[http://www.mhcirl.ie/Inspectorate\\_of\\_Mental\\_Health\\_Services/AC\\_IRs/](http://www.mhcirl.ie/Inspectorate_of_Mental_Health_Services/AC_IRs/)

Link below to other mental health service inspection report documents on the Mental Health Commission website:

[http://www.mhcirl.ie/Inspectorate\\_of\\_Mental\\_Health\\_Services/Other\\_MHS\\_Inspection\\_Reports/](http://www.mhcirl.ie/Inspectorate_of_Mental_Health_Services/Other_MHS_Inspection_Reports/)

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 points for this current batch of reports are as follows:

### Approved Centres

#### 1. Bloomfield Hospital

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

COMPLIANCE RATING	2012	2013	2014	ARTICLE NUMBERS 2014
Fully Compliant	21	30	30	
Substantial Compliance	5	0	0	
Minimal Compliance	2	0	0	
Not Compliant	2	0	0	
Not Applicable	1	1	1	17

#### Summary

- Bloomfield Hospital provided excellent care and treatment. Each individual had an individual care plan. Residents and family were involved in the individual care plan (ICP) process and offered a written copy of the ICP for their own retention.
- The multidisciplinary team now included full time posts in neuropsychology, occupational therapy, social work and physiotherapy.
- Staff continuously strove to develop therapeutic programmes. Programmes were informed by evidence and outcomes were evaluated. Staff training was directly linked to the provision of care.
- The approved centre was not fully compliant with the Code of Practice on the Use of Physical Restraint.
- Clinical and corporate governance were robust and showed evidence of good leadership.
- The approved centre was fully compliant with all applicable Regulations.

## 2. Acute Psychiatric Unit, Cavan General Hospital

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

COMPLIANCE RATING	2012	2013	2014	ARTICLE NUMBERS 2014
Fully Compliant	28	20	20	
Substantial Compliance	1	8	8	9,11,16,21,22, 23,26,27
Minimal Compliance	0	1	1	32
Not Compliant	0	1	1	15
Not Applicable	2	1	1	25

#### **Summary**

- Inspection of one individual clinical file identified an adverse event in relation to the administration of electroconvulsive therapy (ECT). A detained patient had consented to a course of ECT treatment. The anaesthetist had failed to administer the required muscle relaxant medication prior to one treatment session. There was no record in the approved centre of this event having been entered in the incident log or reviewed by all relevant clinical personnel and the risk manager. The responsible consultant psychiatrist recorded in the clinical file that the adverse event would be discussed with the patient. There was, however, no further record to state that the discussion had taken place and the outcome of such discussion. The clinical governance response to this incident appeared to be lax.

The Inspectorate immediately requested a report on this event from the Clinical Director and notified the Mental Health Commission of this matter of serious concern.

It is clear that ECT was administered on an infrequent basis in Cavan General Hospital. One course of ECT treatment was administered in 2013 and one to date in 2014. ECT was administered in a theatre in Cavan General Hospital. The infrequency underscores the importance of maintaining acceptable practice standards in this area.

- The service had completed a ligature anchor point audit within the approved centre and stated that there was a plan in place to mitigate identified hazards.
- The approved centre was located within the general hospital and the design and fit-out was not ideal for psychiatric care. The day room had been designed as a dormitory ward and featured sockets and panels for medical equipment. The armchairs and television did little to create a social communal environment. The dining room had 14 chairs for the 23 persons who were resident at the time of inspection.
- All but one resident had an individual care plan (ICP). The quality of the ICPs was variable.
- Residents had access to the full range of multidisciplinary team members and there were good initiatives underway to enhance therapeutic provision. These were supported by the management team.
- The occupational therapy kitchen and mini gym room remained inaccessible for residents for the third successive year. No progress had been made to resource access.

### 3. St. Edmundsbury

#### **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	28	28	28	
Substantial Compliance	0	0	0	
Minimal Compliance	0	0	0	
Not Compliant	0	0	0	
Not Applicable	3	3	3	

#### **Summary**

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- All residents had an individual care plan as described in the Regulations.
- There was a wide range of therapeutic services and programmes which were tailored to meet the individually assessed needs of residents.
- There was an excellent choice of meals at all meal times. A menu was available. Special dietary requirements were catered for.
- The premises were decorated to a very high standard

#### 4. Central Mental Hospital

### **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	21	26	23	
Substantial Compliance	5	3	4	15,21,22,26
Minimal Compliance	2	0	1	6
Not Compliant	3	1	2	22,23
Not Applicable	0	1	1	

#### **Summary**

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- The Central Mental Hospital provided care and treatment for residents and patients as part of the National Forensic Service.
- The building was outdated and unsuitable as a mental health facility for the 21<sup>st</sup> century.
- CCTV cameras had been introduced in the seclusion rooms and in two bedrooms, but the monitors for these cameras were located in the corridors outside the rooms and were visible to other patients and household staff.
- The provision of primary health care was excellent and all residents had a physical examination within the previous six months. However, access to dental care within the approved centre had been discontinued following the termination of an arrangement with the Health Service Executive (HSE). This had led to a situation whereby patients without a medical card had to fund their own dental care.
- Plans for a new building were due to submitted to the planning authorities in September 2014.

## 5. St. Joseph's Intellectual Disability Services

### **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	19	23	25	
Substantial Compliance	9	5	3	21, 24, 26
Minimal Compliance	1	1	2	22, 23
Not Compliant	0	0	0	
Not Applicable	2	2	1	17

#### **Summary**

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- The food was noted by inspectors to be of good quality and variety. A good choice of main meal was available to residents.
- Each resident had an Individual Care Plan as described in the Regulations.
- A number of doctors continued not to document their Medical Council Registration numbers (MCN) when prescribing medicine. A recommendation had been made in the 2013 inspection report in relation to this serious matter which appeared not to have been addressed.
- A number of Health and Safety issues under Article 24 of the Regulations needed to be addressed.

## 6. Teach Aisling

### **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	22	25	23	
Substantial Compliance	2	4	5	19, 21, 23, 24, 27
Minimal Compliance	2	1	0	
Not Compliant	4	0	2	22, 26
Not Applicable	1	1	1	17

#### **Summary**

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- The approved centre had been painted internally and externally.
- Despite the fact that Teach Aisling was a unit for residents with challenging behaviour, there was no psychological input for close on three years. This is unacceptable and it was obvious to inspectors that urgent ongoing psychological input for residents and support for staff was required. If the HSE is unable to provide ongoing psychological input, then another arrangement must be made immediately.
- The courtyard was in such a condition with clumpy weeds that it posed a trip and fall hazard.
- A number of medical entries in the clinical files were almost completely illegible. As these entries contained important clinical information and management plans, this was of concern to inspectors.
- Two residents had been referred to a dietician. However, in both cases the dietician manager stated there was no dietician service to adult mental health. This was unsatisfactory as it excluded residents with mental health problems from an essential service.



## 7. St. Brigid's Ward and St. Marie Goretti, Cluain Lir Care Centre

### **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	Not applicable	23	17	
Substantial Compliance	Not applicable	4	9	12,16,19,20,22, 28,29,31,32
Minimal Compliance	Not applicable	0	3	9,15,26
Not Compliant	Not applicable	3	0	0
Not Applicable	Not applicable	1	2	17,25

#### **Summary**

- The approved centre was recently opened and the building and furnishings were modern, made good use of light and were of a high standard.
- The rehabilitation and recovery team was under resourced.
- A new individual care plan template was introduced during the year. Staff reported this was helpful, but that there was insufficient multidisciplinary discussion about decisions taken regarding individual care plans.
- Residents on the upper floor did not have access to fresh air because of the absence of a roof garden and the reported unavailability of staff to bring residents to the downstairs garden.

## 8. Department of Psychiatry, Portlaoise

### **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	26	22	24	
Substantial Compliance	5	7	6	15,16,19,21,22, 32
Minimal Compliance	0	1	1	23
Not Compliant	0	1	0	
Not Applicable	0	0	0	

#### **Summary**

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- The approved centre was not compliant with the condition on Individual Care Plans attached to its registration.
- All sector teams were resourced with medical, nursing, social work, occupational therapy and psychology members.
- There was poor recording of medications kept on the ward with some medications not being recorded at all.
- Despite the fact that this purpose-built unit was a relatively recent construction (2004), there were a number of ligature anchor points evident.
- The unit was bright and clean and had a pleasant garden for residents' use. A second garden was rarely used as it was directly overlooked by other wards in the hospital. It was reported to inspectors that these wards had declined to apply opaque adhesive to the lower part of the windows so as to afford the residents in the approved centre privacy.

## 9. Blackwater House

### **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	29	28	24	
Substantial Compliance	0	1	4	16,21,22,26
Minimal Compliance	0	0	0	
Not Compliant	0	0	1	15
Not Applicable	2	2	2	17,25

#### **Summary**

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- Long term care for elderly residents was provided in an old institutional building which has been deemed unsuitable as a modern health facility.
- Staff had put considerable effort into making the building warm and welcoming.
- The teams were under-resourced.
- One resident, admitted briefly, had little admission documentation in their clinical file

## 10. St. Anne's Sacred Heart Hospital

### **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	26	27	22	
Substantial Compliance	3	2	4	20, 21, 24, 29
Minimal Compliance	0	0	1	22
Not Compliant	0	0	1	15
Not Applicable	2	2	2	17, 25

#### **Summary**

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- The Psychiatry of Old Age team provided a specialised service to elderly residents of the approved centre.
- There was evidence of a holistic approach to care, which was not always reflected in the individual care plans.
- The building was old and institutionalised. Decor and facilities were poor. There were structural difficulties which resulted in recurring plumbing problems.
- The multidisciplinary team had been enhanced during 2014.

## 11. An Coilin

### **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	26	24	22	
Substantial Compliance	2	4	7	8,11,16,20,21,26 32
Minimal Compliance	0	1	1	22
Not Compliant	1	0	0	
Not Applicable	2	2	1	17

#### **Summary**

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- Each resident had an individual care plan which was of an excellent standard.
- The number of beds in the unit was in excess of the number for which the approved centre was registered.
- The approved centre had been re-painted recently and was homely and comfortable.
- The nurse staffing levels by day had been reduced from four nurses in 2013 to three nurses and one healthcare assistant in 2014.
- All residents had a physical examination carried out within the previous six months

## Other Mental Health Services

### 1. Tus Nua

#### Summary

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- Tus Nua opened as a high support community residence in 2011. Located in a purpose-built premises, the residence was modern and bright, and had an open aspect with feature windows throughout.
- Care and treatment was provided by the rehabilitation team. Each resident had an excellent multidisciplinary individual care plan (ICP). ICPs were well crafted, highly individualistic and reviewed on a weekly basis. Clear and dynamic care pathways were notable and there was good evidence of family input.
- Nursing staff had good knowledge of each resident's clinical and psychosocial needs. There was regular and focussed input from occupational therapy, clinical psychology and social work.
- There was good collaboration between clinical and management staff and a proactive approach to both the operation and development of services.