

## Report of the Inspector of Mental Health Services 2010

<b>EXECUTIVE CATCHMENT AREA</b>	Galway, Mayo and Roscommon
<b>HSE AREA</b>	West
<b>CATCHMENT AREA</b>	Mayo
<b>MENTAL HEALTH SERVICE</b>	Mayo
<b>APPROVED CENTRE</b>	Adult Mental Health Unit, Mayo General Hospital
<b>NUMBER OF WARDS</b>	1
<b>NAMES OF UNITS OR WARDS INSPECTED</b>	Adult Mental Health Unit
<b>TOTAL NUMBER OF BEDS</b>	32
<b>CONDITIONS ATTACHED TO REGISTRATION</b>	No
<b>TYPE OF INSPECTION</b>	Unannounced Re-inspection
<b>DATE OF INSPECTION</b>	2 June 2010

**PART ONE: QUALITY OF CARE AND TREATMENT SECTION 51 (1) (b) (i) MENTAL HEALTH ACT 2001**

**DESCRIPTION**

This was an unannounced re-inspection of the approved centre following an unannounced Inspection on 24 February 2010. During the first Inspection the Inspectorate discovered serious breaches of the Rules Governing the Use of Seclusion and compliance issues with regard to a number of Articles of the Regulations (S.I. No.551 of 2006), in particular, Article 15 of the Regulations (Individual Care Plans). On the day of this unannounced re-inspection, there were 30 residents in the centre: 13 male and 17 female. Nine patients were detained under the Mental Health Act (2001).

**DETAILS OF WARDS IN THE APPROVED CENTRE**

WARD	NUMBER OF BEDS	NUMBER OF RESIDENTS	TEAM RESPONSIBLE
Adult Mental Health Unit	32	30	5 Sector Teams  Rehabilitation and Recovery  Psychiatry of Old Age  Mental Health with Intellectual Disability

**PART TWO: EVIDENCE OF COMPLIANCE WITH REGULATIONS, RULES AND CODES OF PRACTICE, AND SECTION 60, MHA 2001**

**2.2 EVIDENCE OF COMPLIANCE WITH REGULATIONS UNDER MENTAL HEALTH ACT 2001 SECTION 52 (d)**

**Article 15: Individual Care Plan**

LEVEL OF COMPLIANCE	DESCRIPTION	FEBRUARY 2010	JUNE 2010
<b>Fully compliant</b>	<i>Evidence of full compliance with this Regulation.</i>		
<b>Substantial compliance</b>	<i>Evidence of substantial compliance but improvement needed.</i>		
<b>Compliance initiated</b>	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		<b>X</b>
<b>Not compliant</b>	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>	<b>X</b>	

**Justification for this rating:**

Six clinical files were reviewed. Each file had an individual care plan and each individual care plan had a documented set of goals but these were only reviewed by doctors and nursing staff. There was no evidence of any health and social care staff input to the individual care plan. Some residents spoken to by the Inspectorate stated that they had no opportunity to review or sign their individual care plan.

**Breach: 15**

**Article 16: Therapeutic Services and Programmes**

LEVEL OF COMPLIANCE	DESCRIPTION	FEBRUARY 2010	JUNE 2010
<b>Fully compliant</b>	<i>Evidence of full compliance with this Regulation.</i>		
<b>Substantial compliance</b>	<i>Evidence of substantial compliance but improvement needed.</i>		
<b>Compliance initiated</b>	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>	<b>X</b>	<b>X</b>
<b>Not compliant</b>	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		

**Justification for this rating:**

Therapeutic services and programmes were provided for residents but these were not in accordance with each resident's individual care plan.

**Breach: 16 (1)**

**Article 21: Privacy**

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LEVEL OF COMPLIANCE	DESCRIPTION	FEBRUARY 2010	JUNE 2010
<b>Fully compliant</b>	<i>Evidence of full compliance with this Regulation.</i>		<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance but improvement needed.</i>	<b>X</b>	
<b>Compliance initiated</b>	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
<b>Not compliant</b>	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		

**Justification for this rating:**

A quiet room had now been made available to facilitate patients as they waited to go to the Mental Health Tribunals. Although it was stated that this room was sometimes occupied, the Inspectorate was satisfied that every effort was now being made to ensure the privacy of patients waiting to attend their Tribunal.

**Article 26: Staffing**

WARD OR UNIT	STAFF TYPE	DAY	NIGHT
Adult Mental Health Unit	Nursing (on the day of this inspection)	6 RPNs, one nursing student intern, 3 first year nursing students	5
	Multitask attendants	2	0

LEVEL OF COMPLIANCE	DESCRIPTION	FEBRUARY 2010	JUNE 2010
<b>Fully compliant</b>	<i>Evidence of full compliance with this Regulation.</i>		
<b>Substantial compliance</b>	<i>Evidence of substantial compliance but improvement needed.</i>	<b>X</b>	<b>X</b>
<b>Compliance initiated</b>	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
<b>Not compliant</b>	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		

**Justification for this rating:**

Access to health and social care professionals remained limited. The staff training register was examined and was satisfactory.

**Breach:** 26 (2)

**Article 27: Maintenance of Records**

LEVEL OF COMPLIANCE	DESCRIPTION	FEBRUARY 2010	JUNE 2010
<b>Fully compliant</b>	<i>Evidence of full compliance with this Regulation.</i>		
<b>Substantial compliance</b>	<i>Evidence of substantial compliance but improvement needed.</i>	<b>X</b>	<b>X</b>
<b>Compliance initiated</b>	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
<b>Not compliant</b>	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		

**Justification for this rating:**

No improvement had been made to the method by which information was filed in the clinical files and they remained difficult to navigate and information was difficult to retrieve. Correspondence continued to be stored in the front pocket of the clinical files in random order.

**Breach:** 27 (1)

**Article 31: Complaint Procedures**

LEVEL OF COMPLIANCE	DESCRIPTION	FEBRUARY 2010	JUNE 2010
<b>Fully compliant</b>	<i>Evidence of full compliance with this Regulation.</i>	<b>X</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance but improvement needed.</i>		
<b>Compliance initiated</b>	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
<b>Not compliant</b>	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		

**Justification for this rating:**

The approved centre had been requested to forward a record of complaints following the February 2010 Inspection. This had not been forwarded up to the time of this re-inspection. This was submitted at a later date. The record of complaints was examined and found to be compliant with this Article.

**Article 33: Insurance**

LEVEL OF COMPLIANCE	DESCRIPTION	FEBRUARY 2010	JUNE 2010
<b>Fully compliant</b>	<i>Evidence of full compliance with this Regulation.</i>	<b>X</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance but improvement needed.</i>		
<b>Compliance initiated</b>	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
<b>Not compliant</b>	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		

**Justification for this rating:**

The centre had been requested to forward a copy of its insurance certificate following the February 2010 Inspection. This had not been forwarded up to the time of this re-inspection. This was submitted at a later date. The insurance certificate was examined and found to be compliant with this Article.

**2.3 EVIDENCE OF COMPLIANCE WITH RULES – MENTAL HEALTH ACT 2001 SECTION 52 (d)**

**SECLUSION**

**Use:** The approved centre used seclusion. The clinical file of one resident who had been placed in seclusion was examined. The seclusion register was examined.

SECTION	DESCRIPTION	FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	COMPLIANCE INITIATED	NOT COMPLIANT
3	Orders	X			
4	Patient dignity and safety	X			
5	Monitoring of the patient	X			
6	Renewal of seclusion orders	X			
7	Ending seclusion	X			
8	Facilities	X			
9	Recording	X			
10	Clinical governance	X			
11	Staff training	X			
12	CCTV	X			
13	Child patients	NOT APPLICABLE			

**Justification for this rating:**

The seclusion register was completed satisfactorily. The clinical notes of both nursing and medical staff, pertaining to this episode of seclusion, were of a high standard. There was evidence of medical review. There was evidence that the resident's next-of-kin had been informed of the episode of seclusion or written records explaining why this had not occurred. There was evidence that the patient had been afforded the opportunity to discuss the episode of seclusion. A record of attendance at training was maintained.

**2.4 EVIDENCE OF COMPLIANCE WITH CODES OF PRACTICE – MENTAL HEALTH ACT 2001 SECTION 51 (iii)**

**PHYSICAL RESTRAINT**

**Use:** The centre used physical restraint. The clinical file of one resident was examined.

SECTION	DESCRIPTION	FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	COMPLIANCE INITIATED	NOT COMPLIANT
5	Orders	X			
6	Resident dignity and safety	X			
7	Ending physical restraint	X			
8	Recording use of physical restraint		X		
9	Clinical governance	X			
10	Staff training	X			
11	Child residents	NOT APPLICABLE			

**Justification for this rating:**

The resident's clinical file was examined. All documentation was satisfactory. A record of attendance at training was maintained. The Clinical Practice Form Book was examined. The completed forms (white form) of the previous 12 episodes of physical restraint over the six-week period to the day of re-inspection had not been placed in the residents' individual clinical files.

**Breach:** 8.3

## **ADMISSION OF CHILDREN**

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**Description:** One child had been admitted since the February 2010 Inspection. It was reported that it had been a brief admission. The child had been discharged for some time. The clinical file was requested by the Inspectorate. The Inspectorate was subsequently informed that it was not on the premises. While staff located the whereabouts of the clinical file immediately, and offered to retrieve it from community mental health services, this was deemed by the Inspectorate to be unnecessary.

**ADMISSION, TRANSFER AND DISCHARGE**

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**Part 3 Admission Process**

*The following aspects were considered: 10. pre-admission process, 11. unplanned referral to an Approved Centre, 12. admission criteria, 13. decision to admit, 14. decision not to admit, 15. assessment following admission, 16. rights and information, 17. individual care and treatment plan, 18. resident and family/carer/advocate involvement, 19. multidisciplinary team involvement, 20. key-worker, 21. collaboration with primary health care community mental health services, relevant outside agencies and information transfer, 22. record-keeping and documentation, 23. day of admission, 24. specific groups.*

**Level of compliance:**

FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	COMPLIANCE INITIATED	NOT COMPLIANT
	<b>X</b>		

**Justification for this rating:**

The clinical files of six residents were reviewed. All residents had an admission letter in their files. It was clear in the notes that there was family involvement in the admission process. All residents had an individual care plan in their notes but many residents said they were not involved in the setting up or review of their individual care plan.

**Breach: 17**

**HOW MENTAL HEALTH SERVICES SHOULD WORK WITH PEOPLE WITH AN INTELLECTUAL DISABILITY AND MENTAL ILLNESS**

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**Description:** Two residents had an intellectual disability and mental illness. The clinical files of these two residents were examined.

*The following aspects were considered: 5. policies, 6. education and training, 7. inter-agency collaboration, 8. individual care and treatment plan, 9. communication issues, 10. environmental considerations, 11. considering the use of restrictive practices, 12. main recommendations, 13. assessing capacity*

**Level of compliance:**

FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	COMPLIANCE INITIATED	NOT COMPLIANT
	<b>X</b>		

**Justification for this rating:**

One resident had an individual care plan as defined in the Regulations, the second resident had only been admitted within a twenty-four hour period and there was evidence of on-going assessment. There was evidence of inter-agency collaboration with regard to these residents. It was reported that staff did not receive appropriate education and training on working with people with an intellectual disability and mental illness.

**Breach: 6**

## **SECTION THREE: OTHER ASPECTS OF THE APPROVED CENTRE**

### **SERVICE USER INTERVIEWS**

The Inspectorate spoke with several residents on the day of Inspection. All stated that they were happy with their care and treatment. When residents were asked about their individual care plan, many stated that they were not involved in the setting up, or review of, their individual care plan and were not asked to sign it. No resident who spoke with the Inspectorate had received a copy of their individual care plan.

### **OVERALL CONCLUSIONS**

This was an unannounced re-inspection of the approved centre which focused on areas of non-compliance following the unannounced Inspection on 24 February 2010. There was full compliance with the Rules Governing the Use of Seclusion. Although it was evident that work had commenced on achieving compliance with Article 15 (Individual Care Plan), there was no evidence to suggest adequate engagement by staff with service users in achieving this goal.

### **RECOMMENDATIONS 2010**

1. All doctors and nurses involved in Seclusion must be cognisant of their professional duties and responsibilities under the Rules Governing the Use of Seclusion.
2. Staff, of all professional disciplines, must take responsibility for their respective duties and responsibilities in ensuring compliance with the Regulations, Rules and Codes of Practice.
3. All residents must have an individual care plan as defined in the Regulations. All residents should be involved in the review of their individual care plan, should sign it and receive a copy of it.
4. The clinical files must be maintained in a manner so as to ensure ease of retrieval of information.
5. The approved centre should comply fully with the Code of Practice on the Use of Physical Restraint in Approved Centres.