

Report of the Inspector of Mental Health Services 2010

EXECUTIVE CATCHMENT AREA	South Lee, West Cork, Kerry
HSE AREA	South
CATCHMENT AREA	West Cork
MENTAL HEALTH SERVICE	West Cork
APPROVED CENTRE	Centre for Mental Health Care and Recovery, Bantry General Hospital
NUMBER OF WARDS	1
NAMES OF UNITS OR WARDS INSPECTED	1
TOTAL NUMBER OF BEDS	18
CONDITIONS ATTACHED TO REGISTRATION	No
TYPE OF INSPECTION	Unannounced
DATE OF INSPECTION	24 June 2010

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

INTRODUCTION

In 2010, the Inspectorate paid particular attention to Articles 15 to 22 and 26 of the Mental Health Act 2001 (Approved Centres) Regulations 2006 and all areas of non-compliance with the Regulations in 2009 and any other Article where applicable. The Inspectorate was keen to highlight improvements and initiatives carried out in the past year and track progress on the implementation of recommendations made in 2009. Information was gathered from self-assessments, service user interviews, staff interviews and photographic evidence collected on the day of the inspection.

DESCRIPTION

The approved centre was located in Bantry General Hospital and occupied a separate two storey building adjacent to the general hospital. The unit opened as a psychiatric unit in 1996 and had 18 beds. There were seven residents on the day of Inspection, one of whom was detained. The unit had bedroom accommodation and sitting rooms on the upper floor, whilst the dining room and administration and doctors' offices were on the ground floor.

DETAILS OF WARDS IN THE APPROVED CENTRE

WARD	NUMBER OF BEDS	NUMBER OF RESIDENTS	TEAM RESPONSIBLE
Acute Psychiatric Unit	18	7	General Adult

QUALITY INITIATIVES

- The psychology department and an advocate developed a “Moving Towards Recovery Group” for young adults aged between 18 and 35 years. This programme provided skill building in a wide variety of age appropriate community based activities.
- A “Home Focus” assertive outreach programme had been developed to provide a person centred, recovery oriented support to individuals at home.
- A telephone support service “24 hour Listening Service” was provided by mental health staff.
- The service had developed a “Bridging the Gap” mental health awareness and promotion programme for transition year students in local schools.
- A “Healing Hands” horticultural programme had been established by the nursing and occupational therapy staff and a horticulturist.
- The occupational therapy staff had piloted a bi-weekly recovery values project which was presented at the International Initiative for Mental Health Leadership Conference 2010 and would form the basis of a structured approach to recovery within the approved centre.
- The “West Cork Co-operative Learning Leadership” had completed its second course. An outcome was an active dialogue and partnership between service providers, carers and service users.

PROGRESS ON RECOMMENDATIONS IN THE 2009 APPROVED CENTRE REPORT

1. The individual care planning system should be audited on a regular basis.

Outcome: The service did not have multidisciplinary individual care plans as described in the Regulations.

2. All staff should have access to physical restraint training on a regular basis.

Outcome: Staff had received training in physical restraint.

3. The recommendations of the external review should be completed in full.

Outcome: The service had implemented most of the recommendations of the review group with the exception of those requiring capital funding.

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 4: Identification of Residents

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>	X	X
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		

Article 5: Food and Nutrition

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>	X	X
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		

Article 6 (1-2): Food Safety

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>	X	X
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		

Article 7: Clothing

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>	X	X
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		

Article 8: Residents' Personal Property and Possessions

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>	X	X
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		

Article 9: Recreational Activities

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>	X	X
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		

Article 10: Religion

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>	X	X
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		

Article 11 (1-6): Visits

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>	X	X
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		

Article 12 (1-4): Communication

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>	X	X
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		

Article 13: Searches

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>	X	X
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		

Article 14 (1-5): Care of the Dying

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>	X	X
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		

Article 15: Individual Care Plan

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>	X	
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		X

Justification for this rating:

Although multidisciplinary team meetings were held and minuted, there were no multidisciplinary individual care plans in operation as described in the Regulations. There were plans which were entitled 'MDT Care Plans', but these were not in fact multidisciplinary and were completed by and signed by a member of the nursing staff. In the case of two residents, there was evidence in the clinical file that a multidisciplinary team meeting had been held, but there was no record of what disciplines attended and no individual care plan documenting goals were described. It was reported that residents did not attend team meetings and there was no evidence that residents had been apprised of or signed their individual care plan.

Breach: 15

Article 16: Therapeutic Services and Programmes

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>	X	
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		X
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		

Justification for this rating:

It was reported that there was a very active occupational therapy (OT) service in the unit and there was collaborative communication between the OT and nursing staff. On the day of Inspection, there was no activity mid-morning in the OT area. An OT session was scheduled for later in the morning and the OT was engaged in preparatory work. Recent OT entries in individual clinical files were regular and detailed.

Mid-morning, at the time of Inspection, a number of residents remained in bed asleep, this was not specified as part of individual treatment plans. Therapeutic services and programmes were not linked to individual care plans.

Breach: 16 (1)

Article 17: Children's Education

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>	X	
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		X
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		

Justification for this rating:

The service had a policy on children's education which stated that arrangements were made to continue children's education. The Inspectorate was informed that no arrangements had been made to facilitate continuing education for children who were resident.

Breach: 17

Article 18: Transfer of Residents

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>	X	X
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		

Justification for this rating:

The service had a policy on the transfer of residents. Residents were accompanied by two nurses on transfer and a letter of referral was written by medical staff. Staff remained with the resident until the transfer was complete.

Article 19 (1-2): General Health

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>	X	
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		X
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		

Justification for this rating:

One patient had been resident for longer than six months. There was evidence in the clinical file that blood tests had been carried out for the purpose of commencing new medication, however, this was insufficient to meet the requirements in relation to general health in the Regulations. There was no record in the clinical file that a physical examination had been carried out at the end of this time. The service had a written policy on responding to medical emergencies.

Breach: 19 (1) (b)

Article 20 (1-2): Provision of Information to Residents

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>	X	X
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		

Justification for this rating:

The service had a policy on providing information on medication and diagnosis to residents. An information booklet was available on the ward. Information leaflets were available in the day room.

Article 21: Privacy

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>	X	X
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		

Justification for this rating:

There were three single bedrooms in the unit and the remainder of rooms contained two, three or four beds. Partition curtains were in place. The single rooms had a glass panel in the door which in one case was covered with a piece of paper to ensure privacy.

Article 22: Premises

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>		X
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>	X	
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		

Justification for this rating:

The premises were clean, bright and well maintained. There was a very pleasant garden for residents' use. The unit was laid out over two floors but there was a lift in the unit to facilitate access to both floors.

Article 23 (1-2): Ordering, Prescribing, Storing and Administration of Medicines

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>	X	X
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		

Article 24 (1-2): Health and Safety

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>	X	X
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		

Article 25: Use of Closed Circuit Television (CCTV)

There was no CCTV in use in the unit.

Article 26: Staffing

WARD OR UNIT	STAFF TYPE	DAY	NIGHT
Acute Psychiatric Unit	Nurses	4	3

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>	X	X
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		

Justification for this rating:

There were 1.8 whole-time-equivalent occupational therapists based in the approved centre. Access to a psychologist and social worker was available as required.

Article 27: Maintenance of Records

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>	X	X
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		

Article 28: Register of Residents

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>	X	X
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		

Article 29: Operating policies and procedures

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>	X	X
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		

Article 30: Mental Health Tribunals

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>	X	X
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		

Article 31: Complaint Procedures

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>	X	X
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		

Article 32: Risk Management Procedures

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>		
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>	X	
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		X
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		

Justification for this rating:

The service had developed a risk management policy in April 2009. However, this policy did not describe the precautions in place to minimise and prevent the risks as required in the Regulations: resident absent without leave, suicide and self-harm. In two of three clinical files examined, no formal risk assessment had been carried out.

Breach: 32 (2) (c)

Article 33: Insurance

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>	X	X
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		

Article 34: Certificate of Registration

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>	X	X
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		

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

SECLUSION

Use: The service did not have seclusion facilities.

ECT (DETAINED PATIENTS)

Use: ECT was not provided in the approved centre.

MECHANICAL RESTRAINT

Use: The service had a policy which stated that mechanical restraint was not used in the approved centre.

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

PHYSICAL RESTRAINT

Use: Physical restraint was used in the approved centre. The Clinical Practice Form Book for physical restraint 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:

Two Clinical Practice Forms were incomplete and had not been placed in the resident's clinical file. The service had a policy on the use of physical restraint and staff had undergone training.

Breach: 5.7 (b), (c), 8.3

ADMISSION OF CHILDREN

Description: No child was resident in the approved centre at the time of Inspection, but one child had been resident for a four-week period in the previous month. This child's clinical file was not available for Inspection. The child had been accommodated in a single room and had one-to-one special care while resident. Staff reported that the team caring for the child had been unable to arrange admission to the Aisling Unit for Children and Adolescents in St. Stephen's Hospital, Cork.

SECTION	DESCRIPTION	FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	COMPLIANCE INITIATED	NOT COMPLIANT
2	Admission				X
3	Treatment	NOT APPLICABLE			
4	Leave provisions	NOT APPLICABLE			

Justification for this rating:

No child was resident at the time of Inspection. The approved centre was unsuitable for the admission of children.

Breach: 2.5

NOTIFICATION OF DEATHS AND INCIDENT REPORTING

Description: No deaths had occurred in the past year.

SECTION	DESCRIPTION	FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	COMPLIANCE INITIATED	NOT COMPLIANT
2	Notification of deaths	NOT APPLICABLE			
3	Incident reporting	X			
4	Clinical governance	X			

Justification for this rating:

The risk management group had implemented an audit and review process of incidents. Incidents were recorded in the ward and in the day and night reports. An Assistant Director of Nursing reviewed incidents and recorded them on the STARS Web tracking system (an incident recording system).

ECT FOR VOLUNTARY PATIENTS

Use: ECT was not provided in the approved centre.

ADMISSION, TRANSFER AND DISCHARGE

Description: There were regular admissions to the approved centre.

Part 2 Enabling Good Practice through Effective Governance

The following aspects were considered: 4. policies and protocols, 5. privacy confidentiality and consent, 6. staff roles and responsibility, 7. risk management, 8. information transfer, 9. staff information and training.

Level of compliance:

FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	COMPLIANCE INITIATED	NOT COMPLIANT
	X		

Justification for this rating:

The service had developed a number of policies relating to the Code of Practice. Protocols and procedures were in place for admissions and discharges. The risk management policy was not fully compliant with Article 32 of the Regulations.

Breach: 7.1

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
	X		

Justification for this rating:

The service had a clear policy and procedure for the admission of residents to the approved centre. A key-worker system was in operation. Staff used a checklist at admission to ensure residents were informed about the unit and their multidisciplinary team. Residents did not have a multidisciplinary individual care plan as described in the Regulations.

Breach: 17

Part 4 Transfer Process

The following aspects were considered: 25. Transfer criteria, 26. decision to transfer, 27. assessment before transfer, 28. resident involvement, 29. multi-disciplinary team involvement, 30. communication between Approved Centre and receiving facility and information transfer, 31. record-keeping and documentation, 32. day of transfer.

Level of compliance:

FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	COMPLIANCE INITIATED	NOT COMPLIANT
X			

Justification for this rating:

There was a written policy on transfer of residents to other approved centres or general hospitals. Residents were accompanied by staff on transfer and written information was provided by the staff.

Part 5 Discharge Process

The following aspects were considered: 33. Decision to discharge, 34. discharge planning, 35. pre-discharge assessment, 36. multi-disciplinary team involvement, 37. key-worker, 38. collaboration with primary health care, community mental health services, relevant outside agencies and information transfer, 39. resident and family/carer/advocate involvement and information provision, 40. notice of discharge, 41. follow-up and aftercare, 42. record-keeping and documentation, 43. day of discharge, 44. specific groups.

Level of compliance:

FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	COMPLIANCE INITIATED	NOT COMPLIANT
X			

Justification for this rating:

The service had a comprehensive policy on the discharge of residents. This included arrangements for follow-up and for discharge to another facility, e.g. nursing home and arrangements for those residents with social needs.

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

Description: One resident in the approved centre had an intellectual disability in addition to a mental health illness. The clinical file of this resident was 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
		X	

Justification for this rating:

The service did not have specific admission or discharge policies for people with an intellectual disability and mental health illness. It was reported that no training had been provided for staff in dealing with people with an intellectual disability and mental health illness. The service reported they had developed good inter-agency collaboration and there was evidence of interagency liaison in individual case file reviewed by the Inspectorate.

Breach: 5, 6,

2.5 EVIDENCE OF COMPLIANCE WITH SECTIONS 60/61 MENTAL HEALTH ACT (MEDICATION)

SECTION 60 – ADMINISTRATION OF MEDICINE

Description: One patient had been resident in the approved centre for longer than three months and was receiving medication.

SECTION	FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	COMPLIANCE INITIATED	NOT COMPLIANT
Section 60 (a)	X			
Section 60 (b)(i)	NOT APPLICABLE			
Section 60 (b)(ii)	NOT APPLICABLE			

Justification for this rating:

One person was detained for more than three months and the clinical file was inspected. Neither the Inspectorate or nursing staff were able to locate the resident's written consent to the continued administration of medication; however, this was subsequently forwarded to the Inspectorate.

SECTION 61 – TREATMENT OF CHILDREN WITH SECTION 25 ORDER IN FORCE

Description: There was no child admitted under Section 25 on the day of Inspection.

SECTION THREE: OTHER ASPECTS OF THE APPROVED CENTRE

SERVICE USER INTERVIEWS

Residents were greeted as the Inspectorate carried out the Inspection, but no resident requested to speak formally with the Inspectorate.

MEDICATION

Prescription sheets were in booklet format. The prescriptions were clear and easy to follow. Most signatures were legible. Indications for as required (PRN) medication were given in most cases.

MEDICATION ACUTE

NUMBER OF PRESCRIPTIONS:	8
Number on benzodiazepines	5
Number on more than one benzodiazepine	1
Number on regular benzodiazepines	2
Number on PRN benzodiazepines	4
Number on hypnotics	5
Number on Non benzodiazepine hypnotics	4
Number on antipsychotic medication	7
Number on high dose antipsychotic medication	0
Number on more than one antipsychotic medication	2
Number on PRN antipsychotic medication	2

Number on antidepressant medication	4
Number on more than one antidepressant	0
Number on antiepileptic medication	1
Number on Lithium	0

OVERALL CONCLUSIONS

The unit in Bantry General Hospital was well maintained and had a pleasant atmosphere. There were seven residents on the day of Inspection and staff reported that the average occupancy was around ten residents. The occupational therapy service was well developed and provided a number of facilities for out-patients which enabled staff to maintain good contact with them. Likewise, the unit hosted a weekly musical evening, amongst other activities, and service users who had previously been resident, attended and stayed in touch. Overall, the unit provided a comprehensive range of therapeutic services and programmes, many of which provided linkage with the community. These included a book club, pet therapy, creative writing, an allotment at Bantry House, Alcoholics Anonymous meeting and an AWARE meeting. Therapeutic interventions were not linked in to individual care plans in the clinical files.

It was disappointing to note that, although the service had been fully compliant with individual care planning last year, the service was not compliant this year. Multidisciplinary individual care plans were not in use; a plan which was entitled 'MDT Care Plan' was in fact, a plan developed by nursing staff and completed by nurses and it appeared to the Inspectorate that the nursing staff had been assigned the role of devising a multidisciplinary care plan. In the individual clinical files examined there was no evident risk assessment. The service had developed good policies for admission, transfers, and discharges in relation to the new Code of Practice.

RECOMMENDATIONS 2010

1. Multidisciplinary care plans as described in the Regulations should be used.
2. Physical health needs for residents admitted for longer than six months should be assessed at least six monthly.
3. The risk management policy should make reference to precautions to control the risk of absence without leave, suicide and self-harm. Risk assessment should be recorded in the individual clinical files as appropriate.
5. Policies, education and training for staff working with people with an intellectual disability and mental health illness should be developed.