

Report of the Inspector of Mental Health Services 2012

EXECUTIVE CATCHMENT AREA/INTEGRATED SERVICE AREA	South Lee, West Cork, Kerry
HSE AREA	South
MENTAL HEALTH SERVICE	West Cork
APPROVED CENTRE	Centre for Mental Health Care and Recovery
NUMBER OF WARDS	1
NAMES OF UNITS OR WARDS INSPECTED	Centre for Mental Health Care and Recovery
TOTAL NUMBER OF BEDS	18
CONDITIONS ATTACHED TO REGISTRATION	No
TYPE OF INSPECTION	Unannounced
DATE OF INSPECTION	14 August 2012

Summary

- The Centre for Mental Health Care and Recovery provided acute inpatient care as part of a continuum of largely community based mental health care. The number of admissions on the day of inspection was low and all were short term.
- The ordering and recording of episodes of physical restraint did not fully comply with the standards of the Code of Practice on the Use of Physical Restraint in Approved Centres.
- There was a strong recovery ethos evident in the range of therapeutic interventions and in the individual care plan records.

OVERVIEW

In 2012, the Inspectorate inspected this Approved Centre against all of the Mental Health Act 2001 (Approved Centres) Regulations 2006.

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 2011. In addition to the core inspection process information was also gathered from self-assessments, service user interviews, staff interviews and photographic evidence collected on the day of the inspection.

DESCRIPTION

The Centre for Mental Health Care and Recovery was located at Bantry General Hospital and served as the acute admission unit for the West Cork Catchment Area of 53,445 population. The approved centre was laid out over three floors with sleeping accommodation and a day room on the upper floor, reception, offices and dining room on the ground floor and occupational therapy and garden on the lower ground floor. Whilst the entrance door to the unit was generally open, the door was locked at the time of inspection in response to assessed needs of current residents. The acute unit had eight residents on the day of inspection, one of whom was detained.

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

COMPLIANCE RATING	2010	2011	2012
Fully Compliant	23	29	28
Substantial Compliance	4	1	2
Minimal Compliance	2	0	0
Not Compliant	1	0	1
Not Applicable	1	1	0

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

DETAILS OF WARDS IN THE APPROVED CENTRE

WARD	NUMBER OF BEDS	NUMBER OF RESIDENTS	TEAM RESPONSIBLE
Centre for Mental Health and Recovery	18	8	General Adult Sector teams

QUALITY INITIATIVES 2011/2012

- The window panels in the doors of the single rooms had been fitted with integrated blinds.

PROGRESS ON RECOMMENDATIONS IN THE 2011 APPROVED CENTRE REPORT

1. The Clinical Practice Form Book for Physical Restraint should be completed adequately. Incidents of physical restraint should be recorded in the clinical file, reviewed by the multidisciplinary team and the resident afforded an opportunity to discuss, including consent for notification of next of kin.

Outcome: The Clinical Practice Form Book for Physical Restraint was completed, but forms were not placed in the clinical files.

2. Staff training in the management of persons with intellectual disability and mental illness should proceed.

Outcome: Staff had received training in one specific area of intellectual disability

3. The door windows for the single rooms should be fitted with a privacy screen.

Outcome: This had been done.

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	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

Two nursing staff administered medication and the nursing handover procedures addressed the identification of each resident by staff. Neither photographs nor wrist bracelets were used for identification.

Article 5: Food and Nutrition

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

There was a menu available for residents and an adequate choice of meal was provided, including catering for any specific dietary needs. There was fresh drinking water available throughout the unit.

Article 6 (1-2): Food Safety

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

The most recent environmental health officer's report of the 14/12/2011 was available for inspection and all was in order.

Article 7: Clothing

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

There was a contingency in place for the provision of clothing where a resident might not have a personal supply of clothing. Residents did not routinely wear night attire during the day unless specified in the individual care plan.

Article 8: Residents' Personal Property and Possessions

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

A countersigned property checklist was completed at the time of admission. There was provision for the safe storage of personal property and belongings. There was a written policy on residents' personal property and possessions.

Article 9: Recreational Activities

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

There was good provision of recreational activities. Television, music players, books, DVDs, newspapers and magazines were available. There was a table tennis table, garden and arts and crafts available as recreational pursuits. A participative music group was held weekly on a Monday evening and was reported to be popular.

Article 10: Religion

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

Residents were facilitated in the practice of their religion insofar as was practicable.

Article 11 (1-6): Visits

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

There was an up-to-date policy on visits. Reasonable flexibility applied to visiting arrangements and times. The day room, the entrance hallway and an additional room were used for visits.

Article 12 (1-4): Communication

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

There was a policy on communication. Residents sent and received post unopened and used personal mobile telephones or the public telephone within the unit. The public telephone was not well situated as it was unscreened and located on a busy part of the main corridor where conversation might be overheard.

Article 13: Searches

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

The approved centre had a policy on the carrying out of searches with and without consent and on the finding of illicit substances. Staff reported that no searches had taken place in 2012 to date.

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

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

There was a written policy on the care of residents who are dying. Single room accommodation was available.

Article 15: Individual Care Plan

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>		X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>	X		

Justification for this rating:

All residents had an individual care plan (ICP) as described in the Regulations.

Article 16: Therapeutic Services and Programmes

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>		X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>	X		
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

Individual care plans specified the therapeutic interventions required to meet assessed need. A range of therapeutic services was available in the approved centre and outcomes were recorded in the ICP in a timely manner. Documentation in the clinical files included entries from the occupational therapist and social worker.

Article 17: Children's Education

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>		X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>	X		
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

No child had been admitted to the approved centre in 2012 up to the time of inspection. The approved centre made provision for a child's education and liaised with schools where required.

Article 18: Transfer of Residents

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

The approved centre had written policies on the transfer of residents. Staff reported that all relevant clinical information accompanied a resident on transfer as was the stated policy. There was an excellent transfer form completed by nursing staff to facilitate the transfer of a resident. The inspectors suggested to staff that section 4.6 of the transfer policy might be amended to ensure that a copy of the relevant medical letter and transfer form be kept in the individual clinical file. Inspectors also suggested that the transfer form be in duplicate for ease of maintaining a record. In two individual clinical files inspected copies of the information reported to have been sent with the resident on transfer was not available for inspection.

Article 19 (1-2): General Health

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>		X	
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>	X		X
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

There was no record of a physical examination having been carried out in the case of two residents who had been admitted in the previous two weeks. There was a policy on responding to medical emergencies. No resident had been in the approved centre for a period in excess of six months and the requirement for a six-month physical review did not apply.

Breach: 19(1)(b)

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

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

There was excellent provision of information to residents, including, diagnosis, medication, self-help organisations, treatment and therapies, community services and advocacy. The booklet for the unit provided details of housekeeping and living arrangements within the approved centre. The approved centre used the Health Service Executive's publication "*The Journey Together*" an excellent information booklet for families and friends supporting individuals with mental health problems.

Article 21: Privacy

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X		X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>		X	
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

Residents' dignity and privacy was respected throughout the unit. Bedroom windows had been fitted with integral blinds.

Article 22: Premises

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

The approved centre was well maintained throughout. Decor and furnishings were bright and modern and there was an evident effort to make the unit welcoming and homely.

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

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

The approved centre had up-to-date policies on medication.

Article 24 (1-2): Health and Safety

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

There was a health and safety statement for the approved centre. There was a record of staff training in fire drill and a log of equipment checks and service. There were up-to-date policies relating to the health and safety of residents, staff and visitors.

Article 25: Use of Closed Circuit Television (CCTV)

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>	NOT APPLICABLE	NOT APPLICABLE	
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			X

Justification for this rating:

At the time of inspection CCTV was in operation on a corridor within the approved centre and in the residents' garden. Inspectors examined the monitor within the nursing office and the camera was not used to record. There was no signage posted to alert residents and visitors to the use of CCTV. Inspection of the Article was based on self assessment in 2010 and 2011 and rated as not applicable.

Breach: 25(1) b,(2).

Article 26: Staffing

WARD OR UNIT	STAFF TYPE	DAY	NIGHT
Centre for Mental Health Care & Recovery	CNM	1	0
	RPN	3	3
	HCA	2	0

Clinical Nurse Manager (CNM), Registered Psychiatric Nurse (RPN), Health Care Assistant (HCA), Non Consultant Hospital Doctor (NCHD), Director of Nursing, (DON), Assistant Director of Nursing (ADON).

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

The number and skill mix of staff was adequate to meet the assessed needs of residents. The staff training log was up to date. There was a policy on the recruitment and vetting of staff. A rota of CNM3 grade staff operated across the integrated service area to provide the person in charge cover at night time.

Article 27: Maintenance of Records

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			X
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

There was a detailed policy on the creation, access to and retention of records. Clinical files were maintained in good order.

A fire inspection report was not held within the approved centre. The inspectors requested that a copy be forwarded, however, this was not forthcoming.

The policy on records did not address the destruction of records.

Breach: 27 (2), (3)

Article 28: Register of Residents

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

The Register of Residents met the requirements of the Regulations.

Article 29: Operating policies and procedures

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

Policies and procedures were in place and updated regularly.

Article 30: Mental Health Tribunals

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

Mental Health Tribunals were facilitated and an appropriate room was available. Individual patients were supported to participate and attend as required.

Article 31: Complaint Procedures

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

Residents were apprised of the complaints procedure in the information leaflet and notices posted within the unit. There was a named person identified to deal with complaints and a complaints log was maintained.

Article 32: Risk Management Procedures

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>		X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>	X		
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

There was a risk management policy which met the requirements of the Regulations. Risk assessment was completed on admission and reviewed by the multidisciplinary team. A record of incidents was maintained by the approved centre and the Mental Health Commission was notified as required. The risk manager was identified.

Article 33: Insurance

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

The approved centre was indemnified under the HSE and the State Claims Agency scheme.

Article 34: Certificate of Registration

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

The Certificate of Registration was displayed in the entrance hallway.

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

SECLUSION

Use: Seclusion was not used in the approved centre.

Electroconvulsive Therapy (ECT) (DETAINED PATIENTS)

Use: ECT was not provided in the approved centre and no patient was receiving ECT in another approved centre.

MECHANICAL RESTRAINT

Use: 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.

SECTION	DESCRIPTION	FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	MINIMAL COMPLIANCE	NOT COMPLIANT
1	General principles	X			
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 Clinical Practice Form Book for Physical Restraint and the clinical files of three residents who had been restrained were inspected. In the case of one resident who was being admitted, the Clinical Practice Form Book recorded that the episode of physical restraint was initiated by a member of An Garda Síochána in the approved centre; this resident was also restrained at a later time during the admission. There was no evidence in two of the clinical files that the resident had been afforded the opportunity to discuss the episode of restraint with the multidisciplinary team following the episode. It was reported by staff that the clinical practice forms were not placed in the residents' files but were kept in a separate folder in the office of an administrator. This was found to be the case in two of the clinical files inspected.

Staff had received training in the prevention and management of aggression and violence (PMAV). The service had an up-to-date policy relating to the use of physical restraint.

Breach: 5.1, 7.2, 8.3

ADMISSION OF CHILDREN

Description: No child had been admitted in 2012 up to the time of inspection.

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

Justification for this rating:

The approved centre was not suitable for the admission of children.

Breach: 2.5

NOTIFICATION OF DEATHS AND INCIDENT REPORTING

Description: There had been one death of a resident in 2012 up to the time of inspection.

SECTION	DESCRIPTION	FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	MINIMAL COMPLIANCE	NOT COMPLIANT
2	Notification of deaths	X			
3	Incident reporting	X			
4	Clinical governance (identified risk manager)	X			

Justification for this rating:

The approved centre notified deaths and incidents to the Mental Health Commission as required and in a timely manner. There was an identified risk manager with responsibility for mental health services.

Electroconvulsive Therapy (ECT) FOR VOLUNTARY PATIENTS

Use: ECT was not provided in the approved centre and no resident was receiving ECT in another approved centre.

ADMISSION, TRANSFER AND DISCHARGE

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	MINIMAL COMPLIANCE	NOT COMPLIANT
X			

Justification for this rating:

The service had policies and procedures relating to admission, transfer and discharge of residents. The approved centre was compliant with Article 8 relating to Personal Property and Possessions and Article 32 relating to Risk Management.

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	MINIMAL COMPLIANCE	NOT COMPLIANT
	X		

Justification for this rating:

A number of clinical files were inspected with regard to admission procedures. The decision to admit was made by the consultant psychiatrist. Admission procedures included a mental state and physical health examination, but in the case of two residents whose clinical files were inspected, no physical examination had been carried out. In the case of a third resident, the reason why the examination had been deferred was documented; risk assessment was carried out in all cases. An excellent information booklet was available for residents. All residents had an individual care plan and a key worker system was in place. The approved centre was compliant with Article 7 relating to Clothing, Article 8 relating to Personal Property and Possessions and Article 15 relating to Individual Care Plans.

Breach: 15.3

Part 4 Transfer Process

The following aspects were considered: 25. Transfer criteria, 26. decision to transfer, 27. assessment before transfer, 28. resident involvement, 29. multidisciplinary 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	MINIMAL COMPLIANCE	NOT COMPLIANT
	X		

Justification for this rating:

There was evidence in some of the clinical files that residents were transferred from the approved centre to the Emergency Department in Bantry General Hospital. Although it was reported that such transfers were recorded in a duplicate book entitled Consultations, transfers in relation to three residents were not so recorded. There was no evidence that a referral letter had been written in the case of any resident, and no copy of a referral letter was retained in any clinical file. Clinical files were not transferred with a resident on transfer as there were separate clinical files for the approved centre and the General Hospital; it was thus very difficult to see how clear and accurate information could be transferred with a resident on transfer. The Centre for Mental Health Care and Recovery had a specific policy in relation to the transfer of a patient to Carraig Mór approved centre located in north Cork city. The individual clinical file of one resident who had been transferred and had since returned was inspected and the clinical information transferred in both directions was excellent.

Breach: 30.3, 31.2

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	MINIMAL COMPLIANCE	NOT COMPLIANT
X			

Justification for this rating:

The decision to discharge a resident was made by the consultant psychiatrist. There was a very good discharge form in use, a copy of which was sent to the resident's General Practitioner (GP) and a copy was retained in the clinical file. This detailed medications, diagnosis and follow-up plans for the resident.

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

Description: There was no resident with an intellectual disability and mental illness in the approved centre at the time of inspection.

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	MINIMAL COMPLIANCE	NOT COMPLIANT
	X		

Justification for this rating:

The service had a written policy relating to working with people with mental illness and intellectual disabilities. Staff had received some training specifically in relation to autism but this had not encompassed the broader range of disabilities.

Breach: 6.1

2.5 EVIDENCE OF COMPLIANCE WITH SECTIONS 60/61 MENTAL HEALTH ACT 2001 (MEDICATION)

SECTION 60 – ADMINISTRATION OF MEDICINE

Description: No patient had been detained for longer than three months and therefore Section 60 did not apply.

SECTION 61 – TREATMENT OF CHILDREN WITH SECTION 25 MENTAL HEALTH ACT 2001 ORDER IN FORCE

Description: No child was detained in the approved centre at the time of inspection and therefore Section 61 did not apply.

SECTION THREE: OTHER ASPECTS OF THE APPROVED CENTRE

SERVICE USER INTERVIEWS

Inspectors greeted residents throughout the course of the inspection. One resident spoke individually with inspectors and stated their satisfaction with care and conditions within the unit.

The independent advocate visited the approved centre weekly and provided a written report on residents' views of the approved centre. Residents were reported to be positive in their comments on the music, relaxation and art sessions provided, on the range of occupational therapy provision and on the garden amenity. Residents were reportedly unhappy with the door to the unit being locked.

OVERALL CONCLUSIONS

The Centre for Mental Health Care and Recovery provided acute inpatient care as part of a continuum of well developed community based mental health services. Inspection of individual clinical files evidenced clear care pathways and there were no long term admissions at the time of inspection. The multidisciplinary teams operated in an integrated manner and provided several interdisciplinary therapeutic services in the community. This facilitated clear and robust communication across inpatient and outpatient services, active case management and a seamless spectrum of mental health services. The approved centre maintained its commitment to recovery principles and service user voice and input.

RECOMMENDATIONS 2012

1. Clinical Practice Forms for Physical Restraint should be placed in a resident's clinical file. The order for physical restraint should only be initiated and made by medical practitioners, registered nurses or other members of the multidisciplinary team.
2. Transfers of residents from the approved centre should be documented in the individual clinical file so as to be in compliance with the Code of Practice on Transfers.
3. All residents admitted to the approved centre should have a physical examination carried out on admission.
4. The use of CCTV must be clearly labelled and signposted.