

Report of the Inspector of Mental Health Services 2010

EXECUTIVE CATCHMENT AREA	North Lee, North Cork
HSE AREA	South
CATCHMENT AREA	North Lee
MENTAL HEALTH SERVICE	Carraig Mór Centre
APPROVED CENTRE	Carraig Mór Centre
NUMBER OF WARDS	2
NAMES OF UNITS OR WARDS INSPECTED	Ground Floor First Floor
TOTAL NUMBER OF BEDS	38
CONDITIONS ATTACHED TO REGISTRATION	No
TYPE OF INSPECTION	Announced
DATE OF INSPECTION	22 September 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

Carraig Mór Centre was a two storey stand-alone unit in Shanakiel, Cork City. It was once part of the buildings of the now closed Our Lady's Hospital. It had its own neatly kept garden and it backed onto a pitch and putt course. The first floor was a unit for continuing care for residents who had once been patients in Our Lady's Hospital. It provided 21 beds. All residents were voluntary and their ages ranged from 30 to 78 years. The most recent admission had been in the early 1990's.

The ground floor operated as a secure psychiatric intensive care unit and many of the residents had severe behavioural problems associated with their mental illness and were detained patients. The forensic rehabilitation team operated a tertiary service and admissions were from other mental health facilities in Cork. The team responsible ran an Outreach service which was multidisciplinary and had approximately ten service users who were outpatients. This had allowed earlier discharge and a decrease in re-admissions and had enabled the ground floor unit to reduce beds from 23 to 18 beds. The forensic rehabilitation team also provided an in-reach service to other mental health facilities. There was a clinical nurse specialist providing a prison in-reach service. There was no specialised rehabilitation input to the approved centre and the service was hampered by the fact that there were no step-down facilities which resulted in residents staying in Carraig Mór Centre longer than necessary. There were no psychology services.

DETAILS OF WARDS IN THE APPROVED CENTRE

WARD	NUMBER OF BEDS	NUMBER OF RESIDENTS	TEAM RESPONSIBLE
Ground Floor	18	16	Forensic team
First Floor	21	21	General adult

QUALITY INITIATIVES

- The Outreach team provided an excellent service to people who had been discharged from the approved centre.
- There was an excellent individual care plan to which a section for therapeutic services and programmes had been added.
- The nurse therapy programme had an excellent information leaflet.

- Three staff were undergoing training in Dundalk Institute of Technology in Professional Management of Aggression and Violence. Training would then be extended to all staff.
- On the First Floor the nurse therapy activities had been expanded with more activities occurring on the unit and at weekends.
- The Camberwell assessment of needs had been completed on all first floor residents.
- Falls risk assessments had been introduced on the first floor.
- A new sheet for recording six-monthly general physical reviews had been introduced on both floors.

PROGRESS ON RECOMMENDATIONS IN THE 2009 APPROVED CENTRE REPORT

First Floor

1. Individual care plans must be put in place immediately on the first floor

Outcome: Individual care plans had been implemented.

2. All six monthly physical reviews should be completed.

Outcome: Six monthly physical reviews had been completed and were up to date. A new sheet for recording physical examinations had been introduced.

3. There should be no use of communal clothing. All residents should have individual clothing.

Outcome: A system had been initiated to ensure all residents had their own personalised clothing at all times.

Ground Floor

4. Policies for staff training in relation to Seclusion and Physical Restraint must be implemented.

Outcome: Plans are underway to train staff in Professional Management of Aggression and Violence.

5. The facilities used for Seclusion must meet the requirements of the Rules.

Outcome: Seclusion had not been used in the approved centre in the previous year.

6. Therapeutic services and programmes must be linked to the individual care plans. The individual care plan or clinical files could be enhanced by recording the multidisciplinary team members present at the team meetings.

Outcome: Therapeutic services and programmes were now linked to individual care plans. There was a record kept of team members attending the team meetings.

7. The multidisciplinary team should include a psychologist.

Outcome: This has not been achieved.

8. A rehabilitation team should be appointed

Outcome: This has not been achieved.

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
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:

Ground Floor: There was fresh water available. Alternatives were available to the main meal if requested.

First Floor: Water was available and a choice of food was provided. Special diets were catered for as were individual food preferences.

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
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:

Ground Floor: Residents wore their own clothing. Night clothes were not worn.

First floor: A new shelving system had been put into residents wardrobes to make it easier to find items of clothing. The same idea was due to extend to the laundry area to make it easier to provide residents with individualised clothing.

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	
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:

The Roman Catholic chaplain had retired and at the time of inspection there was no Roman Catholic chaplain. Mass was no longer held in the approved centre. A resident complained about this on the day of the inspection. There was a Church of Ireland chaplain.

Breach: 10

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>	X	
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		

Justification for this rating:

Ground Floor: There was an excellent individual care plan in use. Residents signed their individual care plan. There was a risk assessment carried out on all residents. The individual care plan had identified goals and review dates.

First Floor: An individual care plan had been implemented.

Article 16: Therapeutic Services and Programmes

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>		
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>	X	X
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		

Justification for this rating:

Ground Floor: There was a wide range of therapeutic services and programmes available and an extensive nurse therapy programme. The therapeutic services and programmes were linked to individual care plans and had a separate sheet within the individual care plan. There was no clinical psychology service which limited the services available to residents based on their needs.

First Floor: There was no occupational therapy service to the first floor despite the needs of residents.

Breach: 16 (1)

Article 17: Children's Education

Children were not admitted to the approved centre. There was a policy to reflect this.

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:

A transfer policy was available. All transfers were accompanied by a nurse. Medication and a referral letter were sent with the resident.

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:

Ground Floor: All six monthly physical reviews were up-to-date and a system to ensure this was in place.

First Floor: All six monthly physical reviews had been completed. A new sheet had been introduced to record six monthly physical reviews.

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	
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:

Ground Floor: There was a separate information booklet for the Ground Floor unit. This was well presented and included a layout of the floor as well as house-keeping information. Information about residents' multidisciplinary team and key worker was not included. Advocacy information was displayed.

First Floor: A range of information was provided for residents.

Breach: 20 (a)

Article 21: Privacy

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:

Ground Floor: Privacy was ensured throughout the unit. There were curtains around the beds and three single rooms. There were individual toilets.

First Floor: The privacy of residents was respected.

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>		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:

Ground Floor: The unit was clean and well maintained apart from the toilets. Due to the behaviour of one resident there were no soap dispensers or hand driers. The approved centre had attempted a number of strategies and different toilet designs to overcome this problem but none had been successful.

First Floor: The unit was clean and well maintained on the day of inspection.

Breach: 22 (2)

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)

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:

Ground Floor: CCTV was in use in the unit. There was adequate signage.

First Floor: CCTV was not used.

Article 26: Staffing

WARD OR UNIT	STAFF TYPE	DAY	NIGHT
Ground Floor	Nursing staff	9	6
	Occupational therapist	0.8	0
	Social worker	1	0
	Clinical psychologist	0	0
First Floor	Nursing staff	3	2
	Occupational therapist	0	0
	Social worker	Shared with Ground Floor	0
	Clinical psychologist	0	0

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>		
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>	X	X
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		

Justification for this rating:

Ground Floor: The approved centre had no psychologist. This was a serious deficit in a forensic service and psychiatric intensive care unit.

First Floor: The continuing care unit had no occupational therapy service.

Breach: 26 (2)

Article 27: Maintenance of Records

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:

Ground Floor: Clinical records were in good condition.

First Floor: Clinical records were in good condition.

A fire inspection, food inspection and environmental health officer's report were available.

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
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:

A complaints policy was available. Complaints were made in the first instance to nursing staff. There was a named complaints officer.

Article 32: Risk Management 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 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: Seclusion was not used in the approved centre in the previous year.

ECT (DETAINED PATIENTS)

Use: ECT was not used in the 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 infrequently on the Ground Floor and had not been used on the First Floor in 2010.

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 Physical Restraint Clinical Practice Forms were in order. Physical restraint was documented in the resident's clinical file. Staff training in restraint had not yet taken place although a number of staff were due to start training in Dundalk Institute of Technology in Prevention of Aggression and Violence. It was planned that these staff would then train other staff.

Breach: 10

ADMISSION OF CHILDREN

Description: Children were not admitted to the approved centre.

NOTIFICATION OF DEATHS AND INCIDENT REPORTING

Description: There had been no deaths in Carraig Mór Centre in 2010 at the time of the inspection.

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

Justification for this rating:

There was a policy on reporting deaths. Incidents were recorded and audited. There was a policy on risk management.

ECT FOR VOLUNTARY PATIENTS

Use: ECT was not used in the approved centre.

ADMISSION, TRANSFER AND DISCHARGE

Description: There had been no new admissions to the First Floor.

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:

There were no policies on admission or discharge made available to the Inspectorate. There was a policy on discharge. There was a protocol for admission to the Ground Floor. Risk assessment was carried out on all residents. Children were not admitted to the first floor.

Breach: 4.1

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:

There was a protocol and criteria for admission to the Ground Floor. All admissions were from tertiary referrals. All admissions were discussed with the referring team. Admissions were assessed by the multidisciplinary team and a risk assessment carried out. An individual care plan was drawn up for each admission and a key worker appointed. An information leaflet was available.

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:

A transfer policy was available. Medication and a referral letter accompanied the resident. A copy of the risk assessment was also sent with the resident. Decisions to transfer were made, as far as possible through the multidisciplinary team.

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 decision to discharge was made by the multidisciplinary team. Discharge planning was part of the overall individual care plan. After discharge the residents were followed up by the Outreach team. Other discharges were to the referring mental health team following discussion. Appropriate documentation accompanied the discharge. Family and carers were involved in the discharge as far as possible.

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

Description: Two clinical files were reviewed on the First Floor.

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:

There was no policy for people with intellectual disability and mental illness. There was no training for staff in intellectual disability and mental illness. Each resident had an individual care plan. The use of restrictive practices was minimal in the unit.

Breach: 5.1, 6.2

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

SECTION 60 – ADMINISTRATION OF MEDICINE

Description: Section 60 applied to a number of patients.

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

Justification for this rating:

Patients signed consent forms for medication given after three months. Those that did not give consent were assessed by a second consultant psychiatrist and the appropriate form completed.

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

Description: Children were not admitted to the approved centre.

SECTION THREE: OTHER ASPECTS OF THE APPROVED CENTRE

SERVICE USER INTERVIEWS

Ground Floor: A number of residents spoke with the Inspectorate. All were happy with their care and treatment but expressed a preference to be discharged.

MEDICATION

The medication sheets were in Kardex format. PRN (as required) medication was mixed in with regular medication although efforts were made to separate them when writing up the prescriptions. Most signatures were illegible. The use of benzodiazepines was high in both first floor and ground floor units. Polypharmacy was common and on the ground floor a significant number of residents were on high dose antipsychotics.

MEDICATION ACUTE (Ground Floor)

NUMBER OF PRESCRIPTIONS:	17
Number on benzodiazepines	16
Number on more than one benzodiazepine	5
Number on regular benzodiazepines	10
Number on PRN benzodiazepines	13
Number on hypnotics	5
Number on Non benzodiazepine hypnotics	3
Number on antipsychotic medication	15
Number on high dose antipsychotic medication	10
Number on more than one antipsychotic medication	9
Number on PRN antipsychotic medication	14
Number on antidepressant medication	7

Number on more than one antidepressant	3
Number on antiepileptic medication	7
Number on Lithium	3

MEDICATION LONG STAY (First Floor)

NUMBER OF PRESCRIPTIONS:	21
Number on benzodiazepines	16 (76%)
Number on more than one benzodiazepine	12 (57%)
Number on regular benzodiazepines	14 (67%)
Number on PRN benzodiazepines	11 (33%)
Number on hypnotics	8 (38%)
Number on Non benzodiazepine hypnotics	1 (5%)
Number on antipsychotic medication	20 (95%)
Number on high dose antipsychotic medication	6 (28%)
Number on more than one antipsychotic medication	10 (48%)
Number on PRN antipsychotic medication	8 (38%)
Number on antidepressant medication	8 (38%)
Number on more than one antidepressant	1 (5%)

Number on antiepileptic medication	8 (38%)
Number on Lithium	0

OVERALL CONCLUSIONS

The ground floor section of Carraig Mór Centre operated as a Psychiatric Intensive Care Unit (PICU) and offered a valuable service through its forensic team to the county of Cork. The Outreach team was excellent and was provided in a multidisciplinary way. The provision of Outreach services extended the service to its limits and staff were to be congratulated in continuing to provide this service. The range of therapeutic services and programmes provided was good, apart from the absence of a clinical psychology service to the Ground floor and the absence of an occupational therapy service to the First Floor. The nurse therapy unit provided an excellent service. It was obvious that residents were remaining for too long in the PICU due to the lack of a step-down unit and adequate rehabilitation. This was despite best efforts of staff to provide rehabilitation. The decision by the Health Service Executive not to have a psychologist on a forensic team and in a PICU where behavioural problems are common is incomprehensible and short sighted and was not in keeping with best practice.

The First Floor provided continuing care. Individual care plans had been introduced and these were discussed with residents, along with information about their diagnosis and medication. Where residents declined to be involved in this process, this was clearly documented. Despite the range of therapeutic and recreational services and programmes provided to residents the absence of an occupational therapy service was a significant gap.

RECOMMENDATIONS 2010

1. A clinical psychologist must be appointed to the forensic team.
2. A Roman Catholic chaplain should be appointed as soon as possible.
3. The issue of lack of toilet rolls, soap dispenser and hand driers should be solved.
4. A high observation suite should be built to provide special observation for those residents who are acutely disturbed.
5. A rehabilitation service including provision for a step down facility should be provided to allow appropriate discharge.
6. A review of the use of benzodiazepine medication should take place.
7. An occupational therapy service should be provided to the first floor.
8. The new shelving system should be implemented in the laundry area to facilitate individualised clothing for residents.