

Report of the Inspector of Mental Health Services 2009

MENTAL HEALTH SERVICE	HSE South
APPROVED CENTRE	Carraig Mór Centre
CATCHMENT AREA	North Lee
NUMBER OF WARDS	2
NAMES OF UNITS OR WARDS INSPECTED	Ground Floor First Floor
TOTAL NUMBER OF BEDS	40
CONDITIONS ATTACHED TO REGISTRATION	No
TYPE OF INSPECTION	Unannounced
DATE OF INSPECTION	6 October 2009

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

DESCRIPTION

Carraig Mór was a two-storey unit in the grounds of the former Our Lady’s Hospital. It was surrounded by extensive grounds and a pitch-and-putt course. The Ground Floor unit functioned as a psychiatric intensive care unit (PICU), and had been open since 2002. It operated a tertiary service, accepting admissions from other catchments in Cork. There were 11 residents in the Ground Floor unit on the day of inspection, six of whom were detained. There was one consultant psychiatrist with a special interest in forensic psychiatry who had clinical responsibility for this unit and an additional consultant psychiatrist. Occupational therapy and social work were shared services from the North Lee Mental Health Services. Upstairs the First Floor unit was a continuing care unit with sessional input from four general adult psychiatrists. The residents in this unit were long stay. There was no rehabilitation input and the unit operated as a continuing care unit.

DETAILS OF WARDS IN THE APPROVED CENTRE

WARD	NUMBER OF BEDS	NUMBER OF RESIDENTS	TEAM RESPONSIBLE
Ground Floor PICU	18	11	General adult
First Floor	22	21	General adult

QUALITY INITIATIVES

- Painting of the First Floor unit had been completed.
- All nursing staff had received training in the use of the 20-item Historical, Clinical, Risk (HCR-20) assessment checklist.
- Risk analysis induction training had taken place.
- Motivational interview training had taken place.
- There had been instruction on the use of mental health assessment tools.

PROGRESS ON RECOMMENDATIONS IN THE 2008 APPROVED CENTRE REPORT

1. There should be a rehabilitation team appointed to the service. All residents on the First Floor should have needs assessment completed and appropriate accommodation provided in community-based settings.

Outcome: This had not been achieved.

2. Funding should be made available to recruit a clinical psychologist.

Outcome: No psychologist had been recruited.

3. Funding should be made available to ensure that ongoing maintenance and refurbishment of the approved centre was undertaken.

Outcome: This had been achieved

4. The plans to upgrade safety in relation to the visitors room should proceed without delay and the service needs to consider options in relation to possible future use of seclusion.

Outcome: The visitors room was now only used for visitors.

5. Integrated care plans for each resident containing the resident's multidisciplinary team care plan and where all disciplines can access and record their interventions need to be introduced.

Outcome: This had not been achieved on the First Floor. Residents on the Ground Floor had integrated care plans.

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	2008	2009
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>		
Not inspected	<i>Inspection did not cover this Article.</i>	X	

Justification for this rating:

First Floor: There were photographs on each care plan. Two nurses administered medication.

Ground Floor: Residents did not wear wristbands and there was no photographic record of residents. Residents were known to staff and two nursing staff administered medication.

Article 5: Food and Nutrition

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
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>		
Not inspected	<i>Inspection did not cover this Article.</i>		

Justification for this rating:

First Floor: There was a water dispenser in place. No choice of meal was given unless it was specifically requested beforehand. Special diets were facilitated

Ground Floor: A menu was produced daily. Residents were offered an alternative to the main dish if requested. There was a water fountain in the main corridor.

Breach: Article 5 (2)

Article 6 (1-2) Food Safety

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
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>		
Not inspected	<i>Inspection did not cover this Article.</i>	X	

Justification for this rating:

The most recent food inspection had been carried out in 2007. It was reported that issues from that report had been addressed.

Article 7: Clothing

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
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
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		
Not inspected	<i>Inspection did not cover this Article.</i>	X	

Justification for this rating:

First Floor: Communal clothing was in use for 3 or 4 residents who required frequent changing of clothes. These clothes were issued from the stores. No resident was in night clothes.

Ground Floor: Residents wore their own clothes and all were in day clothes at the time of inspection.

Breach: Article 7 (1)

Article 8: Residents' Personal Property and Possessions

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
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>		
Not inspected	<i>Inspection did not cover this Article.</i>		

Justification for this rating:

First Floor: A property book was in operation. Money was kept in a safe.

Ground Floor: Residents had their own lockers and wardrobes.

Article 9: Recreational Activities

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
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>		
Not inspected	<i>Inspection did not cover this Article.</i>	X	

Justification for this rating:

First Floor: Radio, DVDs, newspapers and board games were available. Residents had access to an exercise room and a computer.

Ground Floor: The male and female sections of the ward each had a TV set. There was a range of books available. Outings were arranged regularly in the hospital minibus, and residents had access to a DVD player. Residents on the Ground Floor also had access to a room with some gym equipment for exercise. There was access to a garden.

Article 10: Religion

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
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>		
Not inspected	<i>Inspection did not cover this Article.</i>	X	

Justification for this rating:

First Floor and Ground Floor: Roman Catholic mass was held in the unit twice a week. Church of Ireland residents had access to a minister. The service had access to clergy of other faiths as required.

Article 11 (1-6): Visits

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
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>		
Not inspected	<i>Inspection did not cover this Article.</i>		

Justification for this rating:

First Floor: There was a visitors room. Children were always accompanied. Visiting time was flexible but visitors were encouraged to use set times in the afternoon and evening.

Ground Floor: There was a visitors' room in the entrance area to the unit. It was functionally furnished. There was a CCTV camera in the room that was monitored in the security room at the main entrance but there was no sign indicating its use.

Article 12 (1-4): Communication

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
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>		
Not inspected	<i>Inspection did not cover this Article.</i>		

Justification for this rating:

First Floor: Mobile phones were allowed and post was not opened. There was a policy on communication.

Ground Floor: Mobile phones were not allowed in this area of the unit. There was no public phone in the unit but residents were facilitated in making and receiving calls on the nurses' office phones. Residents could receive and send post. There was a policy in place.

Article 13: Searches

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
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	
Not inspected	<i>Inspection did not cover this Article.</i>		

Justification for this rating:

First Floor: There was a policy on searches both with and without consent. It was reported that searching was not carried out on the unit.

Ground Floor: It was reported that no searches had been carried out in the past year. There was a policy in place.

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

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
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>		
Not inspected	<i>Inspection did not cover this Article.</i>	X	

Justification for this rating:

First Floor: There was a policy on care of the dying. Single rooms were available in the event of someone dying.

Ground Floor: There had been no deaths in this area of the unit.

Article 15: Individual Care Plan

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
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
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>	X	
Not inspected	<i>Inspection did not cover this Article.</i>		

Justification for this rating:

First Floor: There was no integrated care plan. There was a nursing care plan. The activity nurse documented in the clinical file. There were regular team meetings.

Ground Floor: Residents had integrated care plans that were reviewed frequently. It was not clear which multidisciplinary team members attended the meetings as there was no attendance record. Most of the plans reviewed had no written input from team members other than medical and nursing staff. There were also comprehensive nursing care plans.

Breach: Article 15

Article 16: Therapeutic Services and Programmes

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
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
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>	X	
Not inspected	<i>Inspection did not cover this Article.</i>		

Justification for this rating:

First Floor: Although there were therapeutic activities available, these were not linked to an integrated care plan.

Ground Floor: Residents had access to a therapeutic programme which was run by two activities nurses. There did not appear to be a documented link between an individual's care plan and a therapeutic programme.

Breach: Article 16

Article 17: Children's Education

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>	X	NOT APPLICABLE
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>		
Not inspected	<i>Inspection did not cover this Article.</i>		

Justification for this rating:

First Floor: This Article was not applicable in the First Floor unit.

Ground Floor: Children were not admitted to the unit. The unit had a policy reflecting this.

Article 18: Transfer of Residents

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
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	
Not inspected	<i>Inspection did not cover this Article.</i>		

Justification for this rating:

First Floor and Ground Floor: There was a policy on the transfer of residents to other centres and hospitals.

Article 19 (1-2): General Health

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
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>		
Not inspected	<i>Inspection did not cover this Article.</i>		

Justification for this rating:

First Floor: There was a system in place to ensure that six-monthly physical reviews took place. However one resident had had no physical review for over a year.

Ground Floor: Most of the residents in Ground Floor were resident for longer than six months. All the files reviewed indicated that a physical health review had taken place and was in date. There was no mechanism for facilitating national screening programmes as they applied to residents.

Breach: Article 19 (1)(b) and Article 19 (1)(c).

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

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
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	
Not inspected	<i>Inspection did not cover this Article.</i>		

Justification for this rating:

First Floor and Ground Floor: There was an information booklet available in the unit. There was access to information about diagnosis and medication.

Article 21: Privacy

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
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>		
Not inspected	<i>Inspection did not cover this Article.</i>		

Justification for this rating:

First Floor: Single rooms were available. There were curtains around beds and the toilets were lockable.

Ground Floor: There were no partition curtains in the male dormitory. This was a temporary situation as the curtains had been sent for alterations following a change in the railings. This was expected to be rectified within a week. Bathrooms did not have locks and a member of staff attended outside the room while residents bathed.

Breach: Article 21

Article 22: Premises

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
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>		
Not inspected	<i>Inspection did not cover this Article.</i>	X	

Justification for this rating:

First Floor: The unit had recently been painted. It was bright and well ventilated.

Ground Floor: The ward was clean and bright. The visitors' room had been refurbished to provide for visitors.

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

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
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>		
Not inspected	<i>Inspection did not cover this Article.</i>	X	

Justification for this rating:

There was a policy on the ordering, prescribing, storage and administration of medication. Medications were provided from St. Michael's Hospital and delivered weekly.

Article 24 (1-2): Health and Safety

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
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>		
Not inspected	<i>Inspection did not cover this Article.</i>	X	

Justification for this rating:

Ground Floor: A health and safety policy and health and safety statement were in place.

Article 25: Use of Closed Circuit Television (CCTV)

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
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>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>	X	
Not inspected	<i>Inspection did not cover this Article.</i>		

Justification for this rating:

First Floor: CCTV was not in operation.

Ground Floor: CCTV cameras were located in the visitors' room and in the female smoking room. There was no sign announcing its use in the visitors room. The monitor was located in the nurses' office. Other CCTV cameras were located on the outside of the building.

Breach: Article 25 (1)(b)

Article 26: Staffing

WARD OR UNIT	STAFF TYPE	DAY	NIGHT
First Floor	Nursing Occupational therapist Social worker Psychologist Consultant psychiatrist	5 2 days per week On leave 0 5	4-5 0
Ground Floor	Nursing Occupational therapist Social worker Psychologist Consultant psychiatrist	9 0.8 shared shared 0 Sessional by 4 consultants	7

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
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
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		
Not inspected	<i>Inspection did not cover this Article.</i>	X	

Justification for this rating:

The service had no psychologist. The social worker, who was on leave, had not been replaced.

Breach: Article 26 (2)

Article 27: Maintenance of Records

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
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
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		
Not inspected	<i>Inspection did not cover this Article.</i>	X	

Justification for this rating:

First Floor: The records were in good condition and were stored appropriately. There was a policy on the storage of records.

Ground Floor: Records were well maintained. The most recent record of a food inspection was in 2007. Copies of a health and safety inspection and fire inspection were unavailable.

Breach: Article 27 (3)

Article 28: Register of Residents

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
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>		
Not inspected	<i>Inspection did not cover this Article.</i>		

Justification for this rating:

There was a register of residents.

Article 29: Operating Policies and Procedures

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
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	
Not inspected	<i>Inspection did not cover this Article.</i>		

Justification for this rating:

All policies were up to date and a review date was indicated.

Article 30: Mental Health Tribunals

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
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>		
Not inspected	<i>Inspection did not cover this Article.</i>	X	

Justification for this rating:

Mental health tribunals were facilitated.

Article 31: Complaint Procedures

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
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>		
Not inspected	<i>Inspection did not cover this Article.</i>		

Justification for this rating:

First Floor: A complaints policy was available. The complaints procedure was displayed and leaflets available.

Ground Floor: There was no nominated complaints officer in the approved centre. No record of complaints was kept in the approved centre.

Breach: Article 31 (4) and Article 31 (6).

Article 32: Risk Management Procedures

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
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	
Not inspected	<i>Inspection did not cover this Article.</i>		

Justification for this rating:

Risk management policies were in place.

Article 33: Insurance

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
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>		
Not inspected	<i>Inspection did not cover this Article.</i>	X	

Justification for this rating:

An insurance certificate was provided.

Article 34: Certificate of Registration

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
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>		
Not inspected	<i>Inspection did not cover this Article.</i>	X	

Justification for this rating:

The certificate of registration was displayed.

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

SECLUSION

Use: *Ground Floor:* Seven episodes of seclusion had been recorded in the seclusion register since the beginning of the year. *First Floor:* seclusion was not used.

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

Justification for this rating:

Ground Floor: Two time-out rooms were used when seclusion was necessary. Access to toilet and washing facilities was through a locked door. The recording of seclusion was of a high standard. There were no policies for staff training in relation to seclusion.

Breach: Section 7.1 and Section 10.1.

ECT (DETAINED PATIENTS)

ECT was not provided in the approved centre and no residents were receiving ECT in an external hospital on the day of inspection.

MECHANICAL RESTRAINT

Mechanical restraint was not used and the unit had a statement reflecting this.

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

PHYSICAL RESTRAINT

Use: *First Floor:* Physical restraint was not in use. *Ground Floor:* Five episodes of physical restraint had been recorded in the clinical practice form register.

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

Justification for this rating:

There was no policy for training in relation to physical restraint training for staff. The recording of physical restraint was to a high standard.

Breach: Section 7.1

ADMISSION OF CHILDREN

The approved centre did not admit children and there was a statement in place reflecting this policy.

NOTIFICATION OF DEATHS AND INCIDENT REPORTING

Description: *Ground Floor:* There had been no deaths on this unit this year

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 system and policy in place for reporting, monitoring and reviewing incidents.

ECT FOR VOLUNTARY PATIENTS

ECT was not provided in the approved centre and no residents were receiving ECT in an external hospital on the day of inspection.

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

SECTION 60 – ADMINISTRATION OF MEDICINE

Description: *First Floor:* Section was not applicable. *Ground Floor:* The files of three residents who had been admitted involuntarily for longer than three months and who were in receipt of medication were examined. In each case, Form 17 had been completed as these patients were receiving medication without consent.

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

Justification for this rating:

The appropriate documentation was in order.

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

Section 61 did not apply as no child had been admitted under Section 25.

SECTION THREE: OTHER ASPECTS OF THE APPROVED CENTRE

SERVICE USER INTERVIEWS

The Inspectorate spoke to two service users on the First Floor. Both stated that they were happy with the service they received and liked living in Carraig Mór. One expressed a preference however to be transferred to another unit.

OVERALL CONCLUSIONS

The First Floor of Carraig Mór was a continuing care unit and many residents were quite disabled. There was no rehabilitation team and while there were some activities available for the residents there were no integrated care plans. The lack of individual clothing was surprising and should be addressed in an imaginative way where there were practical difficulties in the provision of individual clothes. The unit requires one rehabilitation team, an overview of the requirements of the residents and a plan to relocate residents to more appropriate settings.

Residents on the Ground Floor had access to a reasonably full therapeutic programme of activities under the direction of two activities nurses. Residents had integrated care plans that were reviewed frequently, but there was no clear documented link between the care plan and activities. The Ground Floor was well maintained and clean. The lack of a rehabilitation team was regrettable particularly in view of the fact that a number of residents had been resident for longer than six months.

RECOMMENDATIONS 2009

First Floor

1. Integrated care plans should be put in place immediately on the First Floor.
2. All six-monthly physical reviews should be completed
3. There should be no use of communal clothing. All residents should have individual clothing.

Ground Floor

4. Policies for staff training in relation to seclusion and physical restraint must be implemented.
5. The facilities used for seclusion must meet the requirements of the Rules.
6. Therapeutic activities must be linked to the individual care plan. The care plans or clinical files could be enhanced by recording the multidisciplinary team members present at team meetings.
7. The multidisciplinary team should include a psychologist.
8. A rehabilitation team should be appointed.