

## Report of the Inspector of Mental Health Services 2011

<b>EXECUTIVE CATCHMENT AREA</b>	Integrated Service Area Cork
<b>HSE AREA</b>	South
<b>MENTAL HEALTH SERVICE</b>	North Lee
<b>APPROVED CENTRE</b>	Carraig Mór Centre
<b>NUMBER OF WARDS</b>	2
<b>NAMES OF UNITS OR WARDS INSPECTED</b>	Psychiatric Intensive Care Unit (PICU) Enduring Mental Illness
<b>TOTAL NUMBER OF BEDS</b>	39
<b>CONDITIONS ATTACHED TO REGISTRATION</b>	No
<b>TYPE OF INSPECTION</b>	Unannounced
<b>DATE OF INSPECTION</b>	9 August 2011

## OVERVIEW

In 2011, 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 2010. 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 located in Shanakiel in Cork city. It was a two storey stand-alone building built in 1962 with two enclosed and private garden areas. The Enduring Mental Illness unit on the first floor had 21 beds and provided continuing care for residents who had once been patients in Our Lady's Hospital. There were 14 male and five female residents at the time of inspection; all residents were voluntary.

The ground floor operated as a secure psychiatric intensive care unit (PICU) and many of the residents had severe behavioural problems associated with their mental illness. The forensic rehabilitation team operated a tertiary service and admissions to the PICU came from other mental health facilities in Cork. The team ran a multidisciplinary outreach service that catered for 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 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 clinical psychology services provided in the centre.

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

COMPLIANCE RATING	2009	2010	2011
Fully Compliant	20	25	21
Substantial Compliance	4	3	5
Minimal Compliance	6	2	1
Not Compliant	0	0	2
Not Applicable	1	1	1

**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
PICU	18	18	Forensic rehabilitation
Enduring Mental Health	21	19	General Adult

**QUALITY INITIATIVES**

- New medication charts had been developed and were due to be implemented.
- A new property book had been developed and introduced.
- A series of extractor fans had been installed in the corridor of the first floor ward.

**PROGRESS ON RECOMMENDATIONS IN THE 2010 APPROVED CENTRE REPORT**

1. A clinical psychologist must be appointed to the forensic team.  
Outcome: This had not been achieved.
2. A Roman Catholic chaplain should be appointed as soon as possible.  
Outcome: This had been achieved.
3. The issue of lack of toilet rolls, soap dispenser and hand driers should be solved.  
Outcome: New toilet roll holders and soap dispensers had been sourced.
4. A high observation suite should be built to provide special observation for those residents who are acutely disturbed.  
Outcome: This had not been achieved.
5. A rehabilitation service including provision for a step-down facility should be provided to allow appropriate discharge.  
Outcome: This had not been achieved.
6. A review of the use of benzodiazepine medication should take place.  
Outcome: This had been completed.
7. An occupational therapy service should be provided to the first floor.

Outcome: This had not been achieved.

8. The new shelving system should be implemented in the laundry area to facilitate individualised clothing for residents.

Outcome: This had been installed.

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

**Justification for this rating:**

All residents were known to staff. Two nurses administered medication and double checked the residents name.

**Article 5: Food and Nutrition**

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>		<b>X</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>	<b>X</b>		
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

**Justification for this rating:**

There was a water dispenser on the corridor. Catering was done on site and a choice of food was available. Special diets and the preferences of residents could be accommodated.

**Article 6 (1-2): Food Safety**

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>X</b>	<b>X</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

**Justification for this rating:**

At the time of the inspection, the most recent Environmental Health Officers report available was dated November 2010 and was satisfactory.

**Article 7: Clothing**

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>		<b>X</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>	<b>X</b>		
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

**Justification for this rating:**

PICU: All residents had their own clothing and spare individualised clothes were available if required. None of the residents were nursed in night clothes.

First Floor: All residents had their own clothes which were stored in individual wardrobes.



**Article 8: Residents' Personal Property and Possessions**

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>X</b>	<b>X</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

**Justification for this rating:**

A new property book had been introduced. It had triplicate pages to allow one copy to remain in the property book, one copy to be given to the resident and the other copy to be stored in the clinical file. The book had been introduced recently and residents had not yet received their respective copies. There was an up-to-date policy relating to residents' personal property and possessions.

**Article 9: Recreational Activities**

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>X</b>	<b>X</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

**Justification for this rating:**

Residents had access to the therapies department. There were outings approximately every fortnight as well as a range of activities in the community such as swimming, basketball and soccer. There were books, a T.V. and DVDs available on the unit. There was access to a treadmill and an exercise bicycle.

**Article 10: Religion**

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>X</b>		<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>		<b>X</b>	
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

**Justification for this rating:**

Mass was available every Sunday at the centre. A Roman Catholic priest visited the unit. There was access to a Church of Ireland minister and an Islamic Imam.

**Article 11 (1-6): Visits**

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>X</b>	<b>X</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

**Justification for this rating:**

There was a dedicated visiting room and children were facilitated to visit. Visiting hours were flexible. Written policies and procedures were in place for visits.

**Article 12 (1-4): Communication**

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>X</b>	<b>X</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

**Justification for this rating:**

PICU: A telephone was provided for residents to make and receive calls. Post for residents was given directly to them. Staff facilitated residents to send post. There was some supervised access to Internet and email in the library if required. Some residents received correspondence from relatives abroad via fax.

First Floor: There was no public phone on the ward but residents were permitted to use the office phone if required.

Written policies and procedures were in place. Mobile phones were not permitted in the unit and this was stated in the policy.

**Article 13: Searches**

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>X</b>	<b>X</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

**Justification for this rating:**

PICU: Staff reported that no searches had been conducted in 2011 at the time of the inspection. A policy was in place regarding searches and searches with and without consent and the finding of illicit substances.

First Floor: No searches had been conducted in the past year.

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

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>X</b>	<b>X</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

**Justification for this rating:**

The Mental Health Commission had been notified of deaths that had occurred in the centre. Written policies and protocols were in place.

**Article 15: Individual Care Plan**

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>		<b>X</b>	
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>	<b>X</b>		
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			<b>X</b>

**Justification for this rating:**

PICU: Not all residents had individual care plans. The Inspectorate was informed that this was due to a delay in processing dictated individual care plans arising from annual leave. The team inputting to the individual care plan had separate clinical notes, contrary to the specification in the Regulations for one composite set of notes. The individual care plan was stored in the nursing notes. The multidisciplinary and psychiatric reviews were recorded in the clinical files, while the health and social care professionals kept their own separate files.

First Floor: Residents did not have individual multidisciplinary care plans, as described in the Regulations. The nursing notes were recorded in a file separate from the clinical file.

**Breach: 15**



**Article 16: Therapeutic Services and Programmes**

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>			
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>	<b>X</b>	<b>X</b>	
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			<b>X</b>

**Justification for this rating:**

PICU: There was a range of therapeutic programmes and services provided and these were linked to the residents individual care plan where applicable. However as a number of residents did not have an individual care plan, therapeutic services and programmes were not specified as required by this Article. There was no access to a clinical psychologist which restricted the range of appropriate services for residents.

First Floor: No resident had an individual care plan so therapeutic services and programmes were not specified in the individual care plans as required by this Article. There was no input from an occupational therapist. Some residents attended the programme run by the nurse therapist, and clinical notes on their participation were recorded. There was no evidence in a number of clinical files that the resident had a psychiatric review in the previous 11 months.

**Breach: 16 (1)**

**Article 17: Children's Education**

---

Children were not admitted to the approved centre.

**Article 18: Transfer of Residents**

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>X</b>	<b>X</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

**Justification for this rating:**

The clinical files and a member of staff accompanied residents who were transferred to another approved centre in Cork. There was a transfer form in the individual care plan that was sent with a resident who was being transferred and indicated diagnosis, medication and risk issues. Written policy and procedures were in place.

**Article 19 (1-2): General Health**

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>		<b>X</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>	<b>X</b>		
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

**Justification for this rating:**

Residents had access to a range of general medical services. All residents who were in the centre for more than six months had had their general health needs assessed. The service had a policy on responding to medical emergencies.

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

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>X</b>		
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>		<b>X</b>	<b>X</b>
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

**Justification for this rating:**

PICU: A new information booklet for residents had been developed to include details of the multidisciplinary team. It was a comprehensive booklet giving details about the services provided and practical aspects of the service.

First Floor: The information booklet recently introduced was common to both wards, but it contained little information specific to the needs of residents of the first floor. Information on advocacy services and key-worker was displayed in the ward. Information on diagnosis was available if requested.

There was a written policy on provision of information.

**Breach:** 20 (1)

**Article 21: Privacy**

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>		<b>X</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>	<b>X</b>		
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

**Justification for this rating:**

PICU: The bedrooms were not overlooked and each bed had a curtain around it. The service was in the process of purchasing new curtain rails as the existing ones had fallen down on numerous occasions due to the weight of the curtains.

First Floor: All beds had privacy curtains around them.

**Article 22: Premises**

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>X</b>		
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>		<b>X</b>	<b>X</b>
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

**Justification for this rating:**

PICU: The unit was clean and well maintained. Some painting work had been completed on the unit and new flooring was being laid in some areas at the time of the inspection. New soap holders and toilet roll dispensers had been acquired for the bathroom areas.

First Floor: A system of ongoing maintenance was in operation. New extractor fans had been installed in the main corridor and chairs had been re-upholstered. Individual wardrobes had been installed for each resident. There was a strong odour of urine in one bedroom. The dining room had furniture for only 14 residents. Female residents had to eat in their day room where there was one table for four, and residents had to eat while sitting on armchairs. One resident had to eat from a low coffee table due to lack of dining table space.

**Breach:** 22 (2)

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

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>X</b>	<b>X</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

**Justification for this rating:**

A written policy was in place.



**Article 24 (1-2): Health and Safety**

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>X</b>	<b>X</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
<b>Not compliant</b>	<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 operational policies and procedures relating to the health and safety of residents, staff and visitors.

**Article 25: Use of Closed Circuit Television (CCTV)**

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>		<b>X</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>	<b>X</b>		
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

**Justification for this rating:**

PICU: CCTV was used in the female smoking room and the visitors' room. There was adequate signage indicating that CCTV was used in the areas concerned. The monitors for CCTV were in the main nurses' station. The approved centre had a written policy and protocols for the use of CCTV.

First Floor: CCTV was not used in this ward.

**Article 26: Staffing**

WARD OR UNIT	STAFF TYPE	DAY	NIGHT
PICU	CNM	1	0
	RPNs	8	4
Enduring Mental Illness	RPN	4	4

*Clinical Nurse Manager (CNM), Registered Psychiatric Nurse (RPN), Non Consultant Hospital Doctor (NCHD).*

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>			
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>	<b>X</b>	<b>X</b>	<b>X</b>
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

**Justification for this rating:**

PICU: There was no clinical psychologist on the team. The occupational therapist's time had reduced from one whole time equivalent (W.T.E) to 0.8 W.T.E. Staff had not been trained in using physical restraint.

First Floor: There was no occupational therapy service in this ward.

**Breach:** 26(2),(4)

**Article 27: Maintenance of Records**

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>		<b>X</b>	
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			<b>X</b>
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>	<b>X</b>		
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

**Justification for this rating:**

PICU: Many of the clinical files were bulky and pages of the continuation notes had become separated from the charts. Separate clinical notes held by the professionals involved on the team made it difficult to find and access clinical information.

First Floor: Many clinical files were untidy and had loose pages.

The approved centre had a written policy and procedures relating to the creation of, access to, retention of and destruction of records.

**Breach:** 27(1)

**Article 28: Register of Residents**

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>X</b>	<b>X</b>	
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			<b>X</b>
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

**Justification for this rating:**

A register of residents was maintained that recorded all the details required in Schedule 1 of the Mental Health Act 2001 (Approved Centres) Regulations 2006, apart from recording of the resident's next of kin.

**Breach:** 28(2)

**Article 29: Operating policies and procedures**

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>X</b>	<b>X</b>	
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			<b>X</b>
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

**Justification for this rating:**

The policies had implementation dates and review dates included. The seclusion and physical restraint policies were out of date and are required to be reviewed every year.

**Breach: 29**

**Article 30: Mental Health Tribunals**

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>X</b>	<b>X</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

**Justification for this rating:**

A room was available for the purposes of tribunals. Residents were accompanied to tribunals by staff.

**Article 31: Complaint Procedures**

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>		<b>X</b>	
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>	<b>X</b>		<b>X</b>
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

**Justification for this rating:**

PICU: The complaints procedure was displayed on the unit.

First Floor: The complaints procedure was displayed in the ward.

There was no-one in the approved centre nominated to deal with all complaints. The HSE complaints policy was used. A record of complaints was available to the Inspectorate.

**Breach:** 31(4)



**Article 32: Risk Management Procedures**

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>X</b>	<b>X</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

**Justification for this rating:**

The service had a comprehensive policy on risk management which was compliant with Article 32 of the Regulations. Incidents were notified to the Mental Health Commission.

**Article 33: Insurance**

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>X</b>	<b>X</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

**Justification for this rating:**

Up-to-date details of insurance were provided to the Inspectorate.

**Article 34: Certificate of Registration**

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>X</b>	<b>X</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
<b>Not compliant</b>	<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 a prominent position inside the front door of the centre.

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

**SECLUSION**

**Use:** Seclusion was used in the PICU. Two clinical files and the Seclusion Register were reviewed. Seclusion was not used on the first floor.

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

**Justification for this rating:**

Staff using seclusion had not received regular or recent training in this area to ensure its usage was based on best available evidence and contemporary practice.

In the clinical files examined, there was no record that a consultant psychiatrist had been notified about the seclusion and there was no reason recorded as to why next of kin had not been informed about the episode of seclusion. One form in the Register indicated that seclusion had been extended but there were no further details of this in the Seclusion Register and as the resident had been discharged the clinical file was no longer in the approved centre.

The time-out room was used for seclusion. It was not purpose built and required substantial work to bring it up to acceptable and appropriate standards for residents in the secure PICU. There was no easy access to adequate toilet/washing facilities. CCTV was not used for seclusion. The seclusion policy was out of date.

The service indicated that it was seeking resources for a purpose built seclusion suite.

**Breach:** 1.7, 3.2, 3.7, 8.1, 9.2, 10.2(d), 11.1

**ECT (DETAINED PATIENTS)**

---

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

**MECHANICAL RESTRAINT**

---

**Use:** Mechanical restraint was not used in the approved centre and there was a policy which stated this.

**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 PICU. Two clinical files and the Clinical Practice Book were examined. No resident on the first floor had been restrained.

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:**

Staff using physical restraint had not received regular and recent training in the area to ensure its usage was based on best practice and contemporary practice. There were no current procedures for training staff in relation to physical restraint.

There was no note in the clinical file that a consultant psychiatrist had been notified about the physical restraint. One of the clinical practice forms had not been signed by the consultant psychiatrist. Many of the white copies of the clinical practice forms were still in the Clinical Practice Form Book and should have been filed in the resident's clinical file. The reasons for not informing next-of-kin were not recorded in the clinical files reviewed.

The policy and procedures relating to the use of physical restraint were out of date and it is a requirement that these were reviewed annually.

No resident on the first floor had been physically restrained in the past year.



**Breach:** 1.8, 5.3, 5.7(c), 5.9, 8.3, 9.2(d), 10.1

**ADMISSION OF CHILDREN**

---

**Description:** The approved centre did not admit children.

**NOTIFICATION OF DEATHS AND INCIDENT REPORTING**

---

**Description:** There were three deaths in the past year and the service had notified the Mental Health Commission.

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

**Justification for this rating:**

The approved centre notified the Mental Health Commission of deaths and incidents. The service had a risk management policy but this policy did not identify the risk manager.

**Breach:** 4.2

**ECT FOR VOLUNTARY PATIENTS**

---

**Use:** None of the residents were receiving ECT.

**ADMISSION, TRANSFER AND DISCHARGE**

---

**Description:** PICU: There had been a number of admissions, transfers and discharges and six clinical files were reviewed.

First Floor: Admissions to the first floor were infrequent.

**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
<b>X</b>			

**Justification for this rating:**

The service had policies on admission, transfer and discharge of residents and operated a key-worker system. The approved centre was compliant with Article 32 on 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
		<b>X</b>	

**Justification for this rating:**

PICU: Admissions had a psychiatric and nursing assessment, including risk assessment and a general physical examination; in addition, assessments by a social worker and an occupational therapist were carried out. There was evidence in the clinical files reviewed that family and carers were involved and an Irish Advocacy Network advocate was available weekly on the unit.

First Floor: The clinical file of the resident most recently admitted to the first floor was reviewed. An initial assessment was carried out but the resident did not have a physical examination until five weeks later.

The approved centre was not fully compliant with Article 20 regarding the provision of information to residents, Article 15 regarding care plans nor Article 27 regarding maintenance of records. Signature banks were held for nurses but not for psychiatrists or health and social care professionals.

**Breach:** 15.3, 16.3, 17, 22.6, 22.7

**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
		<b>X</b>	

**Justification for this rating:**

PICU: A number of transfers both to another approved centre and within the approved centre had taken place and the clinical files indicated that this was to ameliorate bed shortages. There was no evidence that these transfers were in the best interests of the residents concerned. The clinical files accompanied residents who were transferred upstairs to the Enduring Mental Illness ward or to St Michael's unit, Mercy University Hospital. A transfer form was used to indicate diagnosis, current medication and risk issues.

First Floor: In the clinical file of one resident who had been transferred to a general hospital, there was no entry in the file relating to the transfer.

**Breach:** 25.1, 33.1

## 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
<b>X</b>			

### Justification for this rating:

In the clinical files examined the decision to discharge was well documented and the discharges had been planned in collaboration with the residents and families and with the service the residents were being discharged to. A brief discharge summary sheet was used on the day of discharge that indicated diagnosis, current medications and risk issues. Follow-up appointments were documented. There was liaison with homeless agencies for those without accommodation. No resident from the first floor had been discharged in the previous year.



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

---

**Description::** There were two residents with documented intellectual disability resident in the first floor. There was no resident with an intellectual disability and mental illness in the PICU.

*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
			<b>X</b>

**Justification for this rating:**

The service did not have a policy on working with residents with intellectual disability and mental illness and staff had not received training in this area. Not all residents had an individual care plan.

**Breach:** 5, 6, 8.1

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

**SECTION 60 – ADMINISTRATION OF MEDICINE**

---

**Description:** Three clinical files of patients detained in the PICU were reviewed. There were no patients detained under the Mental Health Act 2001 on the first floor.

SECTION	FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	MINIMAL COMPLIANCE	NOT COMPLIANT
Section 60 (a)	<b>NOT APPLICABLE</b>			
Section 60 (b)(i)	<b>X</b>			
Section 60 (b)(ii)	<b>X</b>			

**Justification for this rating:**

All clinical files reviewed had up-to-date Form 17s 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**

None of the residents in the approved centre spoke formally to the Inspectorate.

### **OVERALL CONCLUSIONS**

Carraig Mór was well kept and was set in a peaceful location in Cork city. The forensic team had developed an outreach service to help support residents who were moving towards discharge and to provide support for service users following discharge. However, the service was hampered by a lack of step-down facilities appropriate to this population with complex needs and was adversely impacting on bed availability. In the 2010 inspection report it was noted that seclusion was not used and unfortunately this year, the use of seclusion had begun to be used again. Last year, the Inspectorate recommended that a high observation suite be built to provide special observation and care to residents when they are acutely disturbed. This may alleviate the need for the use of seclusion and would be less restrictive for residents.

The continued lack of occupational therapy for residents in the enduring mental illness group was disappointing as was the lack of a psychologist in the PICU. Failure to provide mandatory training in physical restraint for nursing staff who operated in a PICU was untenable as Carraig Mor was a unit to where residents could be referred because of difficult behaviours associated with their mental illness. Residents on the first floor did not have individual care plans which clearly impacted on a recovery approach to their management. The Inspectorate was particularly concerned about the practice at the approved centre of transferring residents to another approved centre to facilitate a bed shortage. This had occurred in the case of one resident on three separate occasions within the previous four months and was contrary to both the Code of Practice on Transfer of Residents and the approved centre's own policy on transfers.

### **RECOMMENDATIONS 2011**

1. Each resident must have an individual care plan as described in the Regulations.
2. A clinical psychologist should be appointed to the forensic team.
3. All staff must have training in physical restraint.
4. Residents must not be transferred to another approved centre for the purposes of facilitating the admission of another patient.
5. One composite set of clinical notes must be used for each resident.
6. If the approved centre continues to use seclusion, adequate and appropriate facilities must be provided and the relevant documentation completed in full in line with the Rules Governing the Use of seclusion.
7. A high observation suite should be built for providing special observation and care to residents who are acutely disturbed.
8. There should be sufficient dining room facilities to properly accommodate all residents.