

## Report of the Inspector of Mental Health Services 2011

<b>EXECUTIVE CATCHMENT AREA</b>	South Lee, West Cork, Kerry
<b>HSE AREA</b>	HSE South
<b>MENTAL HEALTH SERVICE</b>	South Lee
<b>APPROVED CENTRE</b>	South Lee Mental Health Unit
<b>NUMBER OF WARDS</b>	1
<b>NAMES OF UNITS OR WARDS INSPECTED</b>	South Lee Mental Health Unit
<b>TOTAL NUMBER OF BEDS</b>	46
<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 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 2010 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 2010. Information was gathered from self-assessments, service user interviews, staff interviews and photographic evidence collected on the day of the inspection.

## DESCRIPTION

South Lee Mental Health Unit was located in Cork University Hospital. It was unsuitable as an acute admission unit due to its layout, poor observation and cramped conditions. It was served by a reception area which was staffed just two and a half days a week; the remainder of the time access to the approved centre was via a circuitous route through the main hospital. A new unit was planned and was awaiting funding from the Department of Finance.

On the day of inspection there were 41 residents; 14 were detained patients.

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

COMPLIANCE RATING	2009	2010	2011
Fully Compliant	26	24	27
Substantial Compliance	2	1	0
Minimal Compliance	2	4	1
Not Compliant	1	2	3
Not Applicable	0	0	0

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

### DETAILS OF WARDS IN THE APPROVED CENTRE

WARD	NUMBER OF BEDS	NUMBER OF RESIDENTS	TEAM RESPONSIBLE
South Lee Mental Health Unit	46	41	General Adult Teams

### QUALITY INITIATIVES

- An assertive outreach team was about to be established with four nursing staff. This will cover all sectors. It was resourced through the closure of St. Monica's ward in St. Finbarr's Hospital.
- The Prevention and Management of Aggression and Violence (PMAV) course had commenced with the trainers having completed training, and training of the staff was ongoing.
- The management of South Lee Mental Health Services had moved to St. Finbarr's Hospital.
- Planning permission for the new unit had been obtained and the project was awaiting funding.
- Nursing Practice Development supported a number of initiatives, including: a nurse research post in early intervention in psychosis; nurse prescribing practitioner; dialectical behaviour therapy training; masters research on advanced directives; masters research on the needs of carers in the community; postgraduate education in acute and enduring mental health nursing; diploma in drugs and alcohol; and the assertive outreach team induction course.
- The approved centre had introduced an excellent transfer process documentation template.

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

1. The approved centre should be adequately maintained and cleaned, notwithstanding the plans to construct a new approved centre.

Outcome: The unit was clean throughout and had been freshly painted.

2. An occupational therapist should be appointed to the approved centre.

Outcome: This had not been achieved. There were two occupational therapists to cover seven sector teams and the psychiatry of old age team.

3. Staff should be trained in the Prevention and Management of Aggression and Violence or equivalent training in physical restraint.

Outcome: This was now ongoing.

4. All individual care plans should be adequately completed and with an emphasis on identifying goals and needs of residents.

Outcome: There were a number of residents who did not have individual care plans. Other care plans were minimal and did not reflect the definition of an individual care plan as defined in the Regulations for approved centres.

5. Individual risk assessments should be recorded and specify risk management as appropriate.

Outcome: Risk assessments were in use.

6. The designated ECT nurse should be trained in ECT.

Outcome: This had not been achieved. Training for the ECT nurse was scheduled for September 2011.

**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:**

Inspection of this Article was based on self-assessment.

**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>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:**

Inspection of this Article was based on self-assessment.

**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:**

Inspection of this Article was based on self-assessment.

**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>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:**

Inspection of this Article was based on self-assessment. There was a policy regarding residents' clothing.

**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:**

Inspection of this Article was based on self-assessment. There was a policy regarding personal possessions and property.

**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:**

There were a number of recreational activities for the residents including a pool table, table tennis and gym equipment in a large activity room.

**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>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:**

Inspection of this Article was based on self-assessment. There was a policy regarding religion.

**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:**

Inspection of this Article was based on self-assessment. There was a policy regarding visiting.

**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:**

Inspection of this Article was based on self-assessment. There was a policy regarding communication.

**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:**

Inspection of this Article was based on self-assessment. There was a policy regarding searching residents both with and without consent and on the finding of illicit substances.

**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:**

Inspection of this Article was based on self-assessment. There was a policy regarding the care of persons who are dying.

## 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>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>			<b>X</b>

### Justification for this rating:

Article 15 of the Regulations requires that each resident has an individual care plan. This was not the case. A total of 21 clinical files were inspected. Eight did not have any individual care plan. A number of the remainder had individual care plans that were very minimal and did not meet the definition of an individual care plan as defined in the Regulations. The lack of adequate care plans were reflected in the progress notes which largely recorded physical and psychiatric status, general demeanour, participation in activities or art therapy and planned leave.

**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>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>			<b>X</b>

### Justification for this rating:

Of the clinical files inspected, eight residents did not have individual care plans so therapeutic services and programmes were not linked to individual care plans as required by this Article. Other individual care plans were minimal and did not specify therapeutic services and programmes for the resident.

An Art Therapist was available and offered a comprehensive programme both for individuals and for groups and this was recorded in the individual clinical files. There was an activity nurse. Music sessions were held regularly in the unit. No occupational therapy input was available for residents while they were in the unit.

**Breach: 16**

## Article 17: Children's Education

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 policy on children's education which stated that educational arrangements would be made where applicable for a child resident. There was no child resident on the day of Inspection.

## 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:

There was a policy on the transfer of residents. Clinical files were shared with the main hospital if a resident was transferred there. A referral letter accompanied the resident. The approved centre had developed an excellent transfer protocol that was clear, captured all relevant data and supported the transfer process.

**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>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:**

One resident had been hospitalised in the approved centre for a period of six months or more. The care provided to this individual addressed complex physical needs and physical reviews were ongoing as required.

**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>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 had access to an information booklet. Details of the multidisciplinary team were given. Staff downloaded information on diagnosis and medication as required for residents. Information was available on advocacy and rights.

**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>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:**

On the day of inspection residents privacy and dignity were being respected. There were curtains around each bed and there were a number of single rooms.

## Article 22: Premises

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>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>	<b>X</b>	<b>X</b>	<b>X</b>

### Justification for this rating:

<p>The unit was unsuitable as an acute admission unit. The physical environment made for issues with: supervision of residents; access and ease of circulation for residents; and comfortable and appropriate communal accommodation.</p> <p>There was a large impersonal dayroom which consisted of an open space directly in front of the nursing station, with institutional style chairs arranged around the periphery. The day room was also used for the administration of medication. Essentially the day room was a thoroughfare and did not afford residents a relaxing environment. There was an activity room annexed at the end of the unit which was used by residents during the day. This area was relatively isolated from a supervision perspective.</p> <p>The male sleeping area was located upstairs and had no lift and thus could not accommodate disabled residents. Staff did not provide a continuous day-time presence in the upstairs sleeping area which was open during the day. There was insufficient day-time observation of male residents. During the inspection a number of male residents were either lying on their beds or wandering around unsupervised upstairs. This had been highlighted as a potential risk by the Inspectorate in previous reports on this acute admission unit. The first floor was not wheelchair accessible.</p> <p>There was a vast improvement in cleanliness of the unit compared with the inspection of 2010. All areas were clean. The unit had been freshly painted and appeared brighter. The garden was a pleasant area. A number of toilet areas had been refurbished but some remained in poor condition</p>
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and required renovation.

There was no wheelchair access to what was designated a disabled toilet.

**Breach:** 22(1)(c),(3)

**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>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:**

Inspection of this Article was based on self-assessment. There was a policy on the ordering, prescribing, storing and administration of medication.

## 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:

Inspection of this Article was based on self-assessment. A Health and Safety Statement was available.

**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>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:**

CCTV now only overlooked the boundary wall of the garden and did not cover residents in the garden area as had been the case previously. There was CCTV signage displayed.

## Article 26: Staffing

WARD OR UNIT	STAFF TYPE	DAY	NIGHT
South Lee Mental Health Unit	CNM3	1	0
	CNM2/CNM1	2	1
	RPN	9	5
	Night Superintendent	0	1

*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>	X	X	X
<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 did not have access to a sufficient range and number of health and social care professionals appropriate to assessed need.

There was no occupational therapist to provide input to the residents in the acute unit. The community mental health teams were greatly understaffed and this limited residents' access to multidisciplinary team input. In the clinical files inspected there were few, if any, entries from health and social care professionals.

Nursing and medical staff resources were reported to be under pressure. 3.5 NCHD posts were

vacant. Nursing posts were down 10 whole-time equivalent posts, and a number of nursing staff were on extended sick leave. Two nursing staff were on sick leave following physical assaults within the unit. Two nursing staff assigned to special individual residents had been a steady requirement since the beginning of 2011 up to the time of inspection. The HSE recruitment embargo continued to apply.

Staff training was ongoing and scheduled. The training log was inspected and was satisfactory.

Health Service Executive (HSE) policies were in place on the recruitment, selection and vetting of staff.

**Breach:** 26(2)

## 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>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:

Inspection of this Article was based on self-assessment. The approved centre had a policy on the creation of, access to, retention of and destruction of records.

**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>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:**

Inspection of this Article was based on self-assessment.

**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>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:**

Inspection of this Article was based on self-assessment.

**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:**

Inspection of this Article was based on self-assessment.
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## 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>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:

Information about the making of complaints was prominently displayed. The nominated complaints officer was based within the approved centre and complaints were logged and reviewed in a timely manner.

**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>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:**

Risk management policies were in place and met the requirements of this Article. A risk assessment took place at admission and was signed by the admitting doctor and key worker. The risk assessment was reviewed and documented at the multidisciplinary team meeting. The service planned to audit the risk assessment tool and process in the near future.

**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:**

Inspection of this Article was based on self-assessment.

**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:**

Inspection of this Article was based on self-assessment.

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

### **SECLUSION**

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Seclusion was not used in the approved centre.

### **ECT (DETAINED PATIENTS)**

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As there was no nurse trained in ECT, it was not administered in the approved centre.

### **MECHANICAL RESTRAINT**

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Mechanical Restraint was not used in the approved centre.

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

### PHYSICAL RESTRAINT

**Use:** Physical Restraint was used in the approved centre. There had been 23 episodes of physical restraint since January 2011 to the date of inspection.

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:

There was a policy on physical restraint. Three clinical practice forms were unsigned by the consultant psychiatrist. Not all staff had been trained in management of aggression although training in Prevention and Management of Aggression and Violence (PMAV) had commenced and was scheduled for all relevant staff.

**Breach:** 5.7 (c), 10.1 (b)

## ADMISSION OF CHILDREN

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**Description:** No child had been admitted to the approved centre in 2011 up to the time of inspection.

## NOTIFICATION OF DEATHS AND INCIDENT REPORTING

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**Description:** There had been one death of a resident who had been transferred from the approved centre to Cork University Hospital.

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:**

Deaths were notified to the Mental Health Commission as required in the relevant Code of Practice. A record of incidents was kept on the wards and these were notified to the Mental Health Commission every six months. The service had an up-to-date policy on risk management.

## **ECT FOR VOLUNTARY PATIENTS**

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As there was no nurse trained in ECT, it was not administered in the approved centre.

## ADMISSION, TRANSFER AND DISCHARGE

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**Description:** The approved centre admitted, transferred and discharged residents.

### Part 2 Enabling Good Practice through Effective Governance

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

**Level of compliance:**

FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	MINIMAL COMPLIANCE	NOT COMPLIANT
X			

**Justification for this rating:**

The service had policies on Admission, Transfer and Discharge of residents. A key worker system was in operation and there were policies on individual care plans, medication and personal property and possessions. There was documentation that staff had read the policies.

The approved centre was compliant with Articles 8 (Residents' Personal Property and Possessions), 23 (Ordering, Prescribing, Storing and Administration of Medicines), 29 (Operating Policies and Procedures) and 32 (Risk Management Procedures) of the Regulations.

### Part 3 Admission Process

*The following aspects were considered: 10. pre-admission process, 11. unplanned referral to an Approved Centre, 12. admission criteria, 13. decision to admit, 14. decision not to admit, 15. assessment following admission, 16. rights and information, 17. individual care and treatment plan, 18. resident and family/carer/advocate involvement, 19. multidisciplinary team involvement, 20. key-worker, 21. collaboration with primary health care community mental health services, relevant outside agencies and information transfer, 22. record-keeping and documentation, 23. day of admission, 24. specific groups.*

Level of compliance:

FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	MINIMAL COMPLIANCE	NOT COMPLIANT
	X		

Justification for this rating:

The approved centre was not compliant with Article 15 of the Regulations and thus did not meet the requirements of section 17 of the Code of Practice on Admission, Transfer and Discharge to and from an Approved Centre.

Twenty one individual clinical files were inspected and the admission assessment and documentation was of a high standard. Admission included an initial 72 hours individual care plan. This had been completed in the files inspected, however, this was not necessarily reviewed by the multidisciplinary team as required by Article 15. The approved centre used a special observation care plan and this was of a good standard also.

The approved centre was compliant with Articles 7, 8, 20 and 27 of the Regulations.

**Breach: 17**

## Part 4 Transfer Process

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

**Level of compliance:**

FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	MINIMAL COMPLIANCE	NOT COMPLIANT
X			

**Justification for this rating:**

A number of residents had been transferred in 2011 up to the date of Inspection. Some residents had been transferred to St. Finbarr's Hospital and to Cork University Hospital for the purpose of rehabilitation. Two individual clinical files of transferred residents were subsequently inspected in St. Finbarr's Hospital. The consultant psychiatrist made the decisions to transfer. The approved centre had introduced an excellent transfer protocol and documentation. Nursing staff had accompanied the residents on the day of transfer. There was documented evidence that transfer decisions were based on assessed need and relevant clinical documentation accompanied the resident on transfer.

## Part 5 Discharge Process

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

Level of compliance:

FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	MINIMAL COMPLIANCE	NOT COMPLIANT
X			

Justification for this rating:

There was excellent documentation in relation to a discharge protocol and checklist. A discharge clinical summary to community mental health care and primary care was dispatched at time of discharge, and follow-up and appointment provided in written form to the discharged resident. The ongoing lack of administrative support was an issue for the Psychiatry of Old Age team and the Liaison team.

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

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**Description:** No resident had an intellectual disability and mental illness.

*The following aspects were considered: 5. policies, 6. education and training, 7. inter-agency collaboration, 8. individual care and treatment plan, 9. communication issues, 10. environmental considerations, 11. considering the use of restrictive practices, 12. main recommendations, 13. assessing capacity.*

**Level of compliance:**

FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	MINIMAL COMPLIANCE	NOT COMPLIANT
			X

**Justification for this rating:**

The approved centre did not have a policy in relation to the care of persons with intellectual disability and mental illness. Staff had not received training in this regard.

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

### SECTION 60 – ADMINISTRATION OF MEDICINE

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**Description:** One patient had been detained in the approved centre for approximately three months and the individual clinical file was inspected.

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:**

In the absence of the patient's consent to the continued administration of medication a Form 17 had been completed by the treating consultant psychiatrist and another consultant psychiatrist.

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

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**Description:** No child had been admitted to the approved centre in 2011 up to the time of inspection.

## **SECTION THREE: OTHER ASPECTS OF THE APPROVED CENTRE**

### **SERVICE USER INTERVIEWS**

Residents were greeted by Inspectors throughout the course of the inspection. One resident wished to speak with an Inspector and the issue of concern was addressed with both the resident and staff.

### **OVERALL CONCLUSIONS**

The South Lee Mental Health Unit was housed in accommodation unsuited to the day-time observation needs of acutely unwell residents. Some refurbishment had been undertaken in the unit and it was bright and clean, however, wheelchair access and some toileting facilities needed upgrading. A new acute unit was required and planning was well advanced but awaited funding approval.

There was some improvement in compliance with the Regulations in 2011. There was a good risk assessment carried out on all residents but a number of residents had no individual care plan and some individual care plans that were present were of poor quality.

There were insufficient health and social care professionals. No sector team was fully resourced. Administrative staffing was limited. A number of NCHD posts were unfilled at the time of inspection. There had been a consistent need for two nursing staff to special individual residents from January 2011 up to the time of inspection. Overall, the service, with the attendant demands of an inner city acute mental health service, was poorly resourced.

### **RECOMMENDATIONS 2011**

1. Each resident must have an individual care plan that meets the requirements of the Regulations.
2. The therapeutic services and programmes provided to residents must be aimed at maintaining or restoring optimal physical and psychosocial function, and must be specified in the individual care plan.
3. Multidisciplinary teams should be adequately resourced with health and social care professionals.
4. The Physical Restraint Clinical Practice Form book should be completed by the consultant psychiatrist.
5. The scheduled staff training in the Prevention and Management of Aggression and Violence (PMAV) should be completed.
6. The observation needs of residents should be reviewed and adequately provided for.
7. The approved centre should develop a policy and training on the management of persons with intellectual disability and mental illness.