

Report of the Inspector of Mental Health Services 2012

EXECUTIVE CATCHMENT AREA/INTEGRATED SERVICE AREA	South Lee, West Cork, Kerry
HSE AREA	HSE South
MENTAL HEALTH SERVICE	South Lee
APPROVED CENTRE	St. Finbarr's Hospital, Cork
NUMBER OF WARDS	1
NAMES OF UNITS OR WARDS INSPECTED	St. Catherine's Ward
TOTAL NUMBER OF BEDS	21
CONDITIONS ATTACHED TO REGISTRATION	No
TYPE OF INSPECTION	Unannounced
DATE OF INSPECTION	30 August 2012

Summary

- Extensive work to redecorate and refurbish the downstairs sleeping quarters had been undertaken. Further work was planned for the day unit upstairs by enthusiastic staff.
- Creative and imaginative decoration of the day unit had resulted in the creation of intimate spaces in what could have been a large soulless area. Nevertheless, some areas were in need of redecoration.
- There was evidence of an excellent programme of activities which was run by the activities nurse and staff employed by the Vocational Education Committee (VEC).

OVERVIEW

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

The Inspectorate was keen to highlight improvements and initiatives carried out in the past year and track progress on the implementation of recommendations made in 2011. In addition to the core inspection process information was also gathered from self-assessments, service user interviews, staff interviews and photographic evidence collected on the day of the inspection.

DESCRIPTION

St. Catherine's Ward was in a stand-alone building situated in the grounds of St. Finbarr's Hospital. The approved centre was located on two floors. The upper floor housed the day unit and the sleeping quarters were on the ground floor. During the year extensive refurbishment had taken place on the ground floor and plans were at an advanced stage for similar work to be done upstairs. All referrals came to the approved centre from the acute unit in Cork University Hospital. There was one admission and one discharge in the year to date in the approved centre. The nearby St. Monica's Ward had closed in 2011 and four residents had been transferred into St. Catherine's ward. Staff reported that a number of high support hostels would be required in order to facilitate the closure of St. Catherine's Ward.

On the day of inspection there were 21 residents and two were on leave. Two residents were Wards of Court and the remainder were there on a voluntary basis.

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

COMPLIANCE RATING	2010	2011	2012
Fully Compliant	25	27	26
Substantial Compliance	2	0	2
Minimal Compliance	2	2	1
Not Compliant	0	0	0
Not Applicable	2	2	2

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
St. Catherine's	21	21	City South West General Adult Team

QUALITY INITIATIVES 2011/2012

- The downstairs sleeping quarters had been extensively renovated and refurbished during the year.

PROGRESS ON RECOMMENDATIONS IN THE 2011 APPROVED CENTRE REPORT

1. Redecoration of the ward should take place.

Outcome: Extensive work had taken place downstairs to improve safety and comfort levels. Ceilings had been lowered, doors widened to facilitate easy access in case of emergency. All bedrooms had been refurbished. A water leak in the relaxation room was being repaired and the room redecorated on the day of inspection. A sitting room was available. A kitchen was available for training in activities of daily living and drinks were facilitated for residents during the night.

2. There should be a rehabilitation team appointed.

Outcome: This had not been done.

3. There should be occupational therapy input for the residents.

Outcome: This had not happened.

4. More suitable accommodation based on assessed need should be sought.

Outcome: An assessment form had been developed by the social work department and housing applications for all residents had been made to the City Council.

PART TWO: EVIDENCE OF COMPLIANCE WITH REGULATIONS, RULES AND CODES OF PRACTICE, AND SECTION 60, MHA 2001

2.2 EVIDENCE OF COMPLIANCE WITH REGULATIONS UNDER MENTAL HEALTH ACT 2001 SECTION 52 (d)

Article 4: Identification of Residents

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

Justification for this rating:

Two nurses administered medication. A key worker system operated.

Article 5: Food and Nutrition

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

Justification for this rating:

A menu was available and there was a good choice in meals and salads were available as an option also. Special dietary requirements were catered for. Fresh drinking water was available via water coolers. Tea and snacks, fresh fruit was provided also. Residents had access to the hospital shop and cafeteria. There was access to a dietician.

Article 6 (1-2): Food Safety

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

Justification for this rating:

The most recent Environmental Health Officer's report was available for inspection.

Article 7: Clothing

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

Justification for this rating:

Residents were dressed in day clothes on the day of inspection. Clothes were tagged and laundry facilities were provided in the approved centre. Residents were encouraged to wash their own clothes. On the day of inspection, the washing machine was broken and clothes were being sent to a private laundry.

Article 8: Residents' Personal Property and Possessions

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

Justification for this rating:

Staff reported that residents' valuables were kept in a named purse in a safe on the ward. There was a system in place for residents signing when items or money was deposited or withdrawn. This was checked and balanced each week. Some residents had their own bank or post office accounts and were encouraged to manage their financial affairs independently. There was an up-to-date policy in relation to residents' personal property and possessions.

Article 9: Recreational Activities

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

Justification for this rating:

A Clinical Nurse Manager 2 (CNM2) provided a range of activities for residents on a daily basis. Residents were accompanied on walks, trips to the beach and coffee outings. Residents were also encouraged to go to the shops or into the city independently. A sitting room with TV and board games was available. There was gym equipment in the activities room. A new minibus had been obtained by the service during the year to facilitate outdoor activities.

The activities nurse organised the collection of €5 weekly for a social fund within the ward. This facilitated group activities e.g. a barbeque which had taken place in the garden during August and which was open to families and carers.

Funding from the VEC facilitated the employment of a cook and an art teacher on one day per week each. Resident's art was displayed on the walls of the approved centre and on the approach stairway. Two large murals in the sitting area upstairs helped personalise what could have been a large institutional space. The strategic provision of electric fireplaces and domestic style furniture, also helped create an intimate feel in the room

The cook facilitated the development of activities of daily living by the residents and staff reported they were enthusiastic about it and they prepared their main meal for themselves one day per week. Residents were encouraged to shop for the ingredients themselves. Residents cooked and baked desserts themselves for the barbeque.

Residents had access to a lovely meadow-like enclosed garden and vegetable tunnel. Because the gardener's post had been withdrawn it was somewhat overgrown. A small staff group had been established to facilitate application of GENIO Trust funding to help address this issue and to help develop swimming access for residents. In addition some residents attended the local Mahon Family Centre, weekly and developed further cookery skills there.

Article 10: Religion

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

Justification for this rating:

Residents were facilitated in the practice of their religion.

Article 11 (1-6): Visits

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

Justification for this rating:

There was no dedicated visitor room in the approved centre and as a result visitors used the various seating areas that had been created in the main sitting room or accompanied the resident to external facilities. There was an up-to-date policy on visits.

Article 12 (1-4): Communication

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

Justification for this rating:

There was an up-to-date policy in relation to communication. Residents had access to mailing, telephone and faxing facilities within the ward. Where there was a concern that incoming or outgoing mail might cause harm to a resident, this was detailed in the individual care plan and the resident was requested to open their mail in the presence of staff. There was a public telephone within the ward and also in the main hospital. Residents could use their own mobile phones in designated areas within the ward.

Article 13: Searches

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

Justification for this rating:

There was an up-to-date policy in relation to the carrying out of searches with and without consent and on the finding of illicit substances. No searches had been done in 2012 up to the time of inspection.

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

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

Justification for this rating:

There was an up-to-date policy on the care of residents who are dying. There as a large single room to accommodate the resident and family. One resident had died during the year, after transfer to Cork University Hospital.

Article 15: Individual Care Plan

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

Justification for this rating:

All residents whose clinical files were examined had an individual care plan (ICP) in accordance with the Regulations. There was evidence that residents had been involved in developing their ICPs. Needs and goals were clearly identified and reviewed on a six-monthly basis.

Article 16: Therapeutic Services and Programmes

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

Justification for this rating:

Notes in the clinical files examined were linked to individual need as assessed in the individual care plan.

A rota of activities was displayed on the notice board. Newspapers were delivered to the ward on a daily basis and reading groups were held as well as a Solution for Wellness group.

Article 17: Children's Education

Children were not admitted to the approved centre.

Article 18: Transfer of Residents

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

Justification for this rating:

There was an up-to-date policy on transfers and the transfer of clinical information. No resident had been transferred to another treatment centre in 2012 up to the time of inspection.

Article 19 (1-2): General Health

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

Justification for this rating:

Six-monthly physical health assessments were done by a GP and this was noted in the clinical files examined. Staff reported that residents had access to specialised services through referral to Cork University Hospital. There was evidence of such referrals in the clinical files examined. The service had an up-to-date policy on responding to medical emergencies.

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

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

Justification for this rating:

A housekeeping booklet was available which provided information on housekeeping and details of the resident's treating team. Information on the daily schedule was displayed on the notice board. Staff reported that information on illnesses and treatments could be downloaded from a CD and given to residents or families on an individual basis. A member of the Irish Advocacy Network visited on a six-monthly basis. The approved centre had an up-to-date policy and procedures relating to the provision of information to residents.

Article 21: Privacy

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

Justification for this rating:

Accommodation was provided in a combination of two, three and four-bedded rooms. Windows were frosted to protect privacy. All rooms were bright and modern. Electric beds were new and had been obtained in recognition of the increasing age of the residents. Curtains surrounded the individual beds although in some instances this arrangement was incomplete. In one such room, which had a glass panel on the door, there was no curtain to protect privacy. All residents had their own wardrobes and most had lockers. In two rooms, one two-bed and one three-bed, lockers were not provided to all occupants because of space restrictions. One three-bed male room was clearly too small for the number of residents.

Article 22: Premises

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

Justification for this rating:

This building was old. The upstairs was dated. There was a smoking room in the unit and it was in need of repainting. A powerful fan removed some but not all of the smell of smoke. Staff encouraged residents to go outside to smoke by closing the room for some hours during the day. Permission to have an outside smoking shelter had been refused as the grounds were shared with other wards of the hospital which was a no smoking area.

The clinical room looked small and cluttered while the sluice room next door was too large, according to staff. The dining area was pleasant, but had seats for just 18 residents, although there were 21 residents. Staff reported that as many residents were out during the day, they were not always effected by this. Nevertheless, the dining area was such that if it were fully occupied, it would be overcrowded.

The large sitting area had been developed in such a way as to develop smaller seating areas, using electric fires as focal points. A large rural mural had been painted on one wall and a streetscape had been painted on the outside of the office. The effect was to reduce the scale of the room and facilitate socialisation.

The old windows had been replaced with PVC windows, which staff reported reduced the heat loss common in older buildings.

The downstairs accommodation had been totally refurbished during the year. Doors had been widened, ceilings raised, beds replaced and decor improved. A leak was being repaired at the time of inspection and the room in question redecorated. The quality of toilets and showers was excellent.

Breach: 22(3)

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

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

Justification for this rating:

Medication was ordered through a community pharmacy and supplied in blister packs for each resident. Staff reported they were in daily contact with the pharmacy whose staff were responsive to any additional requests made to them. There was an-up-to-date policy on the ordering, prescribing, storing and administration of medication.

Article 24 (1-2): Health and Safety

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

Justification for this rating:

There was a Health and Safety Statement for the ward.

Article 25: Use of Closed Circuit Television (CCTV)

CCTV was not in use in the approved centre.

Article 26: Staffing

WARD OR UNIT	STAFF TYPE	DAY	NIGHT
St. Catherine's Ward	ADON	On call	Cover for 2 catchment area
	CNM2	2 CNM2+2Staff nurses (Including activities nurse Mon-Fri)	0
	Staff nurses	2	2
	HCA's	3	0

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

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

Justification for this rating:

There was no rehabilitation team for this service. As a result there were no dedicated multidisciplinary staff. The community mental health team for City South West covered this approved centre. That team had a social worker, but little access to psychology and no occupational therapist. The HSE recruitment policies applied. The staff training log was available and up to date

Breach: 26(2)

Article 27: Maintenance of Records

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

Justification for this rating:

The service had introduced an integrated system of clinical records which had resulted in some of the clinical files being very bulky. In order to ensure good maintenance of the files, they were being volumised. Clerical staff had been requested to help with this. There was an up-to-date policy on records. The food safety, health and safety, and fire inspection records were available within the ward. In the case of one clinical file, the GP record was not signed and the medical council number (MCN) was not used.

Article 28: Register of Residents

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

Justification for this rating:

The Register of Residents was available to the Inspectorate. One PPS number was missing.

Breach: 28(2)

Article 29: Operating policies and procedures

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

Justification for this rating:

All policies were reviewed and updated at least every three years.

Article 30: Mental Health Tribunals

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

Justification for this rating:

Patients were facilitated and supported in attending Mental Health Tribunals as required.

Article 31: Complaint Procedures

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

Justification for this rating:

The service had a policy and procedures on complaints. The HSE complaints procedure was displayed at the entrance to the approved centre. Staff reported that the CNM2 was the complaints officer.

Article 32: Risk Management Procedures

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

Justification for this rating:

There was an up-to-date policy on risk management which met the requirements of the Regulations. The risk register for the ward summarised and communicated all known risks to the executive management team.

Article 33: Insurance

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

Justification for this rating:

The approved centre was insured by the State Claims Agency and the insurance certificate was displayed within the unit.

Article 34: Certificate of Registration

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

Justification for this rating:

The Certificate of Registration was on display at the entrance to the approved centre.

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

SECLUSION

Use: Seclusion was not used in the approved centre.

Electroconvulsive Therapy (ECT) (DETAINED PATIENTS)

Use: ECT was not used in the approved centre.

MECHANICAL RESTRAINT

Use: Mechanical restraint was not used in the approved centre.

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

PHYSICAL RESTRAINT

Use: Physical restraint was not used in the approved centre.

ADMISSION OF CHILDREN

Description: Children were not admitted to the approved centre.

NOTIFICATION OF DEATHS AND INCIDENT REPORTING

Description: No deaths had occurred in the approved centre in 2012 to the date of inspection.

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

Justification for this rating:

An incident book was maintained and the ADON was identified as the clinical risk manager. Incidents were reported to the Mental Health Commission.

Electroconvulsive Therapy (ECT) FOR VOLUNTARY PATIENTS

Use: ECT was not used in the approved centre. No resident from the approved centre was receiving ECT elsewhere on the day of inspection.

ADMISSION, TRANSFER AND DISCHARGE

Part 2 Enabling Good Practice through Effective Governance

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

Level of compliance:

FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	MINIMAL COMPLIANCE	NOT COMPLIANT
X			

Justification for this rating:

The approved centre had comprehensive policies on admission, transfer and discharge of residents. Residents were assigned a key worker. Policies were in place in relation to the discharge of older persons and homeless persons. Staff responsibilities were described in the admission policy. The approved centre was fully compliant with Article 32 of the Regulations which dealt with Risk Management and individual clinical files inspected recorded risk assessment at time of admission. The approved centre was fully compliant with Article 18 on the Transfer of Residents. A copy of policies was available in the unit office and there was a record of staff training in this regard.

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:

There were no direct referrals to the approved centre. All residents came from the acute unit in Cork University Hospital. There was one admission to the approved centre in 2012 to the date of inspection. The patient was known to the staff of the approved centre and the community mental health team who provided extensive services to the patient prior to admission. A physical examination was conducted on the patient at point of admission.

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
NOT APPLICABLE			

Justification for this rating:

No resident had been transferred in 2012 up to the time of inspection.

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 had been one discharge from the approved centre in 2012 to the date of inspection. There was evidence in the clinical file of extensive pre-discharge assessments, involvement of next of kin, GP, Assertive Outreach team and social work and occupational therapy services.

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

Description: No resident had an intellectual disability and a 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 had a policy on the care and management of an individual with intellectual disability and a mental illness. A training programme for staff on the care and management of persons with intellectual disability and mental illness had been scheduled.

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

SECTION 60 – ADMINISTRATION OF MEDICINE

Description: There was no patient detained for a period in excess of three months, and so Section 60 did not apply.

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

Description: The approved centre did not admit children so Section 61 did not apply.

SECTION THREE: OTHER ASPECTS OF THE APPROVED CENTRE

SERVICE USER INTERVIEWS

Inspectors greeted residents during the course of the inspection. No resident sought to speak on an individual basis with inspectors.

OVERALL CONCLUSIONS

The ward had an open, calm and welcoming atmosphere. At the time of the unannounced inspection staff were chatting and engaged with residents throughout the unit. A dynamic programme of activities was provided which responded to the needs of those currently resident at any particular time. There was good multidisciplinary collaboration in relation to programmes and training.

Extensive work had taken place on the ground level to improve safety and comfort levels. Ceilings had been lowered, doors widened to facilitate easy access in case of emergency. All bedrooms had been refurbished. A water leak in the relaxation room was being repaired and the room redecorated on the day of inspection. A sitting room was available. A kitchen was available for social skills training and drinks were facilitated for residents during the night.

Overall, in-patient treatment incorporated a collaborative ethos and was delivered with a client centred resident focus.

RECOMMENDATIONS 2012

1. A fully staffed rehabilitation team should be appointed.
2. Plans for the closure of St. Catherine's ward should be initiated.