

Report of the Inspector of Mental Health Services 2012

EXECUTIVE CATCHMENT AREA/INTEGRATED SERVICE AREA	Integrated Service Area (ISA) Cork
HSE AREA	South
MENTAL HEALTH SERVICE	North Lee Mental Health Service
APPROVED CENTRE	St. Michael's Unit, Mercy University Hospital, Cork
NUMBER OF WARDS	2
NAMES OF UNITS OR WARDS INSPECTED	Acute Unit Sub-Acute Unit
TOTAL NUMBER OF BEDS	50
CONDITIONS ATTACHED TO REGISTRATION	Yes
TYPE OF INSPECTION	Unannounced
DATE OF INSPECTION	18 July 2012

Summary

- There was evidence of excellent recovery orientated care of residents. Each resident had an individual care plan and a wide range of therapeutic services and programmes available to them. Staff impressed as being enthusiastic and knowledgeable.
- The provision of dedicated family support was excellent. The assessment and admission process was of a high standard.
- The current provision of CCTV monitoring was unacceptable and was in clear contravention of Article 25 of the Regulations. The images were being recorded and stored. The CCTV was monitored by a non-health professional and the monitor was visible to passers-by.
- The approved centre was not fully compliant with the Code of Practice on the Use of Physical Restraint.
- Training was required for staff in intellectual disability and mental illness.
- The lack of provision of a place in the local child and adolescent in-patient unit (Eist Linn) for a seriously ill, vulnerable child currently a resident in St. Michael's Unit was unacceptable. St. Michael's Unit was unsuitable for admission of the child and staff were becoming increasingly frustrated in trying to obtain a place for the child in Eist Linn. It was the opinion of the inspectors that placement of the child in St. Michael's Unit was counter-therapeutic.

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. Michael's Unit provided acute in-patient care and was located in the Mercy University Hospital, Cork. It was on the first floor and had no access to an outside space, which was not satisfactory. Four sector teams admitted to the unit. There was no Psychiatry of Old Age team and no Rehabilitation team. There was a Liaison Psychiatry team.

There were seven detained patients in the unit at the time of inspection.

It was planned to amalgamate the admission unit in St. Stephen's Hospital in North Cork with St. Michael's Unit in the near future. All admissions from North County Cork and North Cork City would then be accommodated in St. Michael's Unit.

There was one Condition to Registration imposed by the Mental Health Commission as follows:

The Mental Health Commission requires full compliance with Article 15 (Individual Care Plan) of S.I. 551 of 2006 Mental Health Act 2001 (Approved Centres) Regulations 2006 by no later than 31st March 2012.

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

COMPLIANCE RATING	2010	2011	2012
Fully Compliant	29	25	27
Substantial Compliance	1	4	3
Minimal Compliance	1	0	1
Not Compliant	0	2	0
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
Acute Unit	18	17	General Adult
Sub-Acute Unit	32	27	General Adult

QUALITY INITIATIVES 2011/2012

- A new clinical file was in the process of being introduced which would vastly improve the standard of record-keeping.
- A new prescription system for both in-patients and outpatients had been introduced.
- An assessment nurse completed the initial assessments of service users presenting to the unit.
- Family therapy was now available within the unit.
- Dialectical Behavioural Therapy (DBT) was provided as part of the therapeutic programme.
- There was a multidisciplinary audit committee in operation.

PROGRESS ON RECOMMENDATIONS IN THE 2011 APPROVED CENTRE REPORT

1. Each resident must have an individual care plan

Outcome: This had been achieved.

2. The use of physical restraint should comply with the Code of Practice Governing the Use of Physical Restraint.

Outcome: This had not been achieved. There were significant deficits in the documenting of physical restraint in the clinical file.

3. Robust clinical files should be introduced.

Outcome: New clinical files were in the process of being introduced.

4. The premises should be adequately maintained and all leaks should be repaired.

Outcome: Maintenance was underway at the time of inspection.

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:

Identity bracelets were provided. Two registered psychiatric nurses (RPNs) administered medication.

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:

There was a good choice of meals. A menu was provided. Fresh drinking water was freely available. Residents stated that the quality of food was good.

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 Environmental Health Officer's report was made available. Deficits were being addressed at the time of 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:

If a resident was required to wear night clothes this was specified in the individual care plan. A supply of clothing was available if a resident required additional clothing.

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:

There was a policy on personal property and possessions. Valuables were safely stored. Large sums of money were lodged in the main office of the hospital. A property list was maintained in a property book.

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:

There were a number of recreational activities available. There was a nurse-led activation group which provided recreational activities as well as therapies. There was a table-tennis table. DVDs, TV, books and CDs were available in the unit.

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:

There was a chaplain who attended the unit regularly. A chapel was located in the main hospital. All 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 a policy on visiting. There were set visiting times but these could be flexible if necessary. Children were not allowed to visit without prior appointment and nursing staff supervised child visits. There was a private area for visiting.

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 a policy on communication. Mobile phones were not allowed in the unit but residents could have access to their phones for calls. There were two public phones. Mail was received and posted unopened.

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 a policy on searching with and without consent and on the finding of illicit substances. All searches were documented in the clinical file. Two staff carried out searches.

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 a policy on care of the dying. Residents who were dying were transferred to appropriate medical care.

Article 15: Individual Care Plan

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>			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>	X		
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>		X	

Justification for this rating:

A new individual care plan (ICP) had been introduced which met the requirements of this Article of the Regulations. All files inspected had a completed ICP. Residents attended the multidisciplinary team meetings where their ICP was drawn up and they had input into their ICPs. Some ICPs were not signed by the resident.

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>			
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>		X	

Justification for this rating:

There was an excellent range of therapeutic services and programmes provided by activation nurses, clinical psychology and the occupational therapy department. This was clearly timetabled. Therapeutic services and programmes were an integral part of each individual care plan. Family therapy was available and offered an excellent service.

Article 17: Children's Education

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 policy on children's education which outlined that education was facilitated if appropriate.

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 a policy on transfer of residents. All relevant documentation accompanied the resident. The clinical file accompanied the resident where there was a transfer to Carraig Mór.

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 reviews had been completed for all residents in hospital for more than six months. A system was in place to ensure that physical reviews were completed. There was a 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 new information booklet was on the point of being introduced which met the requirements of this Article. There was information on diagnosis and medication available in folders in the unit. There was a policy on the provision of information. Information about advocacy services was displayed.

Article 21: Privacy

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:

Although the double bedrooms were very small, privacy was ensured with bed curtains. One bed curtain had been pulled down earlier on the day of inspection, but was scheduled to be replaced later the same day.

Residents in one of the two smoking room were monitored by CCTV. The CCTV was monitored by a non-mental health professional and the monitor was clearly visible to passers-by (See Article 25). This constituted an invasion of residents' privacy and dignity.

Breach: 21

Article 22: Premises

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:

Ongoing maintenance had improved the unit since the previous inspection. Work was in progress at the time of the inspection with regard to ceiling tiles.

Apart from the lack of outside space the condition of the unit was satisfactory.

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:

There was a policy on the ordering, prescribing, administering and storage 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:

A Health and Safety Statement was available.

Article 25: Use of Closed Circuit Television (CCTV)

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>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			X
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

CCTV covered the entrance doors to the unit.

For some inexplicable reason the CCTV camera was also located in one of the smoking rooms in the unit but not in any other location apart from the entrances. The CCTV was monitored by a security guard, not a health professional as required by this Article, and residents in the smoking room were clearly visible on the monitor to passing residents and visitors.

Signage was in place. There was a policy regarding the use of CCTV.

The security guard confirmed to the inspectors that the images were being recorded and stored on a tape, again in contravention of this Article.

Breach: 25 (1)(a),(c)

Article 26: Staffing

WARD OR UNIT	STAFF TYPE	DAY	NIGHT
Acute Area	CNM 2	1	0
	RPN	4	2
	ADON	shared	On call
Subacute Area	CNM 2	1	0
	RPN	5	3
	ADON	shared	On call

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

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	X	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:

There was an assessment nurse who completed initial assessment on all service users presenting to the unit using an assessment tool which was excellent. Two nurse therapists ran activation groups. An occupational therapist provided input to the residents in the unit including assessments, groups and individual sessions. There was also a family support nurse who offered a comprehensive programme for families and carer - again an excellent development. Psychology (two sessions per week) and social work were available. There was also 0.3 whole time equivalent of art therapy available. However the sector teams remained deficient in multidisciplinary staffing, thus curtailing input for the residents.

Staff training was underway and two staff had been trained in prevention and management of aggression and violence and were in the process of training other staff. A training record was

examined by the inspectors.

There was a policy on the recruitment, selection and vetting of staff.

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
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 service was actively addressing the issue of untidy and loose medical records in that a new clinical file was in the process of being introduced.

There was a policy on the creation, access to, retention and destruction of records.

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	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 Register of Residents that met the requirements of this Article.

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
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 policies were in date and had been reviewed recently.

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:

Mental Health Tribunals were facilitated.

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:

There was a policy on complaints. The complaints officer was identified and was located in the approved centre. The complaints procedure was clearly displayed. A record of complaints was examined by the inspectors.

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	
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:

There was a risk management policy. However it did not contain precautions in place to control the risk of suicide and self harm, assault and accidental injury to residents or staff.

Each resident had been assessed for risk.

A record of incidents was available to the inspectors.

Breach: 32 (2) (c) (ii), (iii), (iv)

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 service confirmed that the approved centre was covered by the State Indemnity Scheme.

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 clearly displayed and included the Condition imposed by the Mental Health Commission.

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

SECLUSION

Seclusion was not used in the approved centre.

Electroconvulsive Therapy (ECT) (DETAINED PATIENTS)

Use: Electroconvulsive Therapy (ECT) was not used in the approved centre. No patient who was resident in the unit at the time of inspection had received ECT in another approved centre.

MECHANICAL RESTRAINT

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

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

PHYSICAL RESTRAINT

Use: Physical restraint was used in the approved centre.

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:

The clinical file of one resident who had been physically restrained was inspected.

The clinical practice forms for physical restraint were all completed correctly.

There was no record in the clinical file of the episode of restraint. Next of kin was not informed of the episode of physical restraint but no reason was documented as to why this was the case. There was no evidence that the resident was offered the opportunity to discuss the episode with members of the multidisciplinary team. There was no evidence that the episode of physical restraint was reviewed by the multidisciplinary team.

There was an up-to-date policy on physical restraint.

Training had commenced in physical restraint and the prevention and management of aggression and violence.

Breach: 5.7 (a) , 5.9 (a), 7.2, 8.1, 9.3

ADMISSION OF CHILDREN

Description: There was one child resident in the approved centre at the time of inspection.

SECTION	DESCRIPTION	FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	MINIMAL COMPLIANCE	NOT COMPLIANT
2	Admission				X
3	Treatment	X			
4	Leave provisions	NOT APPLICABLE			

Justification for this rating:

The clinical file of one child resident was inspected. Parents had signed a consent form for admission and treatment.

It was very evident that the approved centre was completely unsuitable for the treatment of children.

At the time of inspection there was a child resident in the approved centre. The service stated that it was not possible to obtain a bed in the local child and adolescent in-patient unit. The child was isolated in the bedroom, had no therapeutic interventions apart from medication and was vulnerable to behaviours from other mentally ill residents in the unit. Therefore the child required one-to-one nursing, which was deemed not to be in the best interests of this child. An urgent and immediate report with recommendations was sent to the Mental Health Commission by the inspectors.

Breach: 2.5

NOTIFICATION OF DEATHS AND INCIDENT REPORTING

Description: There had been no deaths in the approved centre since January 2012.

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:

The risk manager was identified. All incidents were reported and logged on the STARSWeb system. A record of incidences was available for the inspectors. The approved centre was not fully compliant on Article 32 on Risk Management.

Breach: 3.2

Electroconvulsive Therapy (ECT) FOR VOLUNTARY PATIENTS

Use: ECT was not used in the approved centre and no resident had received ECT in another approved centre.

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 written operational policies and procedures for the admission, transfer and discharge of residents. The approved centre was not compliant with Article 32 on Risk Management procedures. All the approved centre policies in respect of Articles of the Regulations were reviewed every three years.

Breach: 7.1

Part 3 Admission Process

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

Level of compliance:

FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	MINIMAL COMPLIANCE	NOT COMPLIANT
X			

Justification for this rating:

The admission process was good. All presentations to the approved centre were assessed by the assessment nurse using a comprehensive assessment tool. All residents admitted had a full psychiatric assessment and physical examination. Risk assessment was completed for all residents. Each resident had an individual care plan. The approved centre was compliant with Article 7 and 8 on clothing and personal possessions and property, with Article 27 on maintenance of records and Article 20 on the provision of information. Each resident had a key nurse.

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:

Transfers took place to Carraig Mór and to the medical wards of the Mercy Hospital. All information accompanied the resident to Carraig Mor. A referral letter accompanied the resident to the medical service.

The approved centre was compliant with Article 18 regarding the Transfer of Residents.

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:

The clinical file of one resident who had been discharged was inspected. A discharge plan had been completed. There was evidence of multidisciplinary review prior to discharge. Follow-up had been arranged and there was evidence of communication with the community services. A discharge summary had been completed.

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

Description: One resident had an intellectual disability and mental illness in the approved centre.

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:

There was a policy regarding intellectual disability and mental illness. Staff had not received training in intellectual disability and mental illness. There was evidence that the resident had been assessed by the intellectual disability services. The resident had an individual care plan.

Breach: 6

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

SECTION 60 – ADMINISTRATION OF MEDICINE

Description: One detained patient had been in the approved centre for more than three months.

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

Justification for this rating:

The clinical file of the patient contained a signed consent form for the administration of medication.

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

Description: There was no detained child in the approved centre.

SECTION THREE: OTHER ASPECTS OF THE APPROVED CENTRE

SERVICE USER INTERVIEWS

A report was received from the Irish Advocacy Network. Residents due to be discharged from the approved centre to independent living were looking forward to moving to Cluid social housing. Nurse therapy groups were felt by residents to be helpful. Residents also enjoyed art and cooking. There were complaints that the smoking room was very smokey and there were no windows to open. Residents said that if they went on leave their beds may be gone when they returned.

It was stated that key nurses did not always introduce themselves to residents and the key nurses names were not written up on the notice board. The inspectors noted that there was a notice board displaying the names of key nurses.

OVERALL CONCLUSIONS

The approved centre was fully compliant with Article 15 on Individual Care Planning and so met the requirements of the Condition imposed by the Mental Health Commission: The Mental Health Commission requires full compliance with Article 15 (Individual Care Plan) of S.I. 551 of 2006 Mental Health Act 2001 (Approved Centres) Regulations 2006 by no later than 31st March 2012.

The level of care and commitment by staff was commendable and the inspectors noted the efforts made to achieve a high standard of care within the approved centre. This was evident in the new clinical files and prescription books, in the complete compliance with individual care plans, the new information booklet, the recent review of policies and a robust admission process. Staff were enthusiastic, knowledgeable and eager to outline service provision. There was a commitment to the recovery principle and a realisation of the importance of provision of care, as far as is possible, in the community.

The range of therapeutic services and programmes were excellent and the provision of family support within the approved centre was particularly impressive and a good example of clever use of resources.

The inspectors were very concerned about the admission of a particularly vulnerable mentally ill child to the approved centre and the absence of any indication of transfer of the child to the Child and Adolescent unit (Eist Linn) in Cork. The waiting time for a bed was estimated by staff to be several weeks. This was despite strenuous efforts by nursing and medical staff in St. Michael's Unit in trying to obtain an urgent bed in Eist Linn. This was most unsatisfactory. The child was isolated in the bedroom, had no therapeutic interventions apart from medication and was vulnerable to behaviours from other mentally ill residents in the unit. Therefore the child required one-to-one nursing, which was deemed not to be in the best interests of this child.

It is difficult to understand the thinking behind the provision of CCTV in the approved centre. The CCTV was monitoring residents in one of the smoking rooms, with no clear reason to do so. The monitor was visible to residents and visitors, which invaded privacy, and was monitored by a non-professional. It was actually recording at the time of inspection. The service were urged to address this immediately.

There appeared to be some difficulty in compliance with the Code of Practice on the Use of Physical Restraint again in 2012. Apart from completing the clinical practice forms, there was no documentation of the other requirements surrounding the episode of physical restraint. It was unclear as to whether this was a training issue or just a lack of adherence to the Code of Practice. The provision of a check list as a reminder might be of benefit.

The approved centre is required to provide training for staff in intellectual disability and mental illness. This was a deficit in 2011 also.

RECOMMENDATIONS 2012

1. CCTV must be non-recording and, where residents are being monitored, must only be monitored by health professionals. The monitors must not be visible to passers-by.
2. Physical restraint must be documented in the clinical file. Residents who have been physically restrained must have the opportunity to discuss the episode with the MDT. The reason why next of kin have not been informed must be documented and the episode of physical restraint must be reviewed by the MDT.
3. The risk management policy must meet the requirements of Article 32 of the Regulations.
4. Training in intellectual disability and mental illness must take place as soon as possible.
5. All mental health teams should be staffed in line with *A Vision for Change*.
6. The HSE is urged to address the issue of lack of access to beds in Eist Linn for children with mental illness. It is not acceptable to put a seriously ill child on a waiting list of several weeks duration and accommodate that child in a totally inappropriate adult mental health unit with no therapeutic interventions, except medication, in the meantime.