

Report of the Inspector of Mental Health Services 2010

EXECUTIVE CATCHMENT AREA	North Lee/North Cork
HSE AREA	South
CATCHMENT AREA	North Lee
MENTAL HEALTH SERVICE	North Lee
APPROVED CENTRE	St. Michael's Unit, Mercy University Hospital
NUMBER OF WARDS	2
NAMES OF UNITS OR WARDS INSPECTED	Acute Sub-acute
TOTAL NUMBER OF BEDS	50
CONDITIONS ATTACHED TO REGISTRATION	No
TYPE OF INSPECTION	Announced
DATE OF INSPECTION	23 September 2010

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

INTRODUCTION

In 2010, 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 2009 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 2009. Information was gathered from self-assessments, service user interviews, staff interviews and photographic evidence collected on the day of the inspection.

DESCRIPTION

St. Michael’s Unit was located in the Mercy University Hospital. Access to this first floor unit was via a locked entrance manned by security staff. The unit was open ten years and whilst it had a nice outlook over the River Lee, it did not have immediate access to a garden space or fresh air. The 18-bed acute ward had its communal seating in a central area with bedrooms on either side. This made for an enclosed space with a sense of stuffiness and little fresh air circulating. The seating in this area was laid out in rows, airport lounge style, facing a television set. Whilst this arrangement suited television viewing, it was not conducive to interaction or active social engagement. The sub-acute ward had more scope in relation to seating areas, including an attractive “eagle’s nest” style sunroom overlooking the river. The unit was well supplied with up-to-date DVDs and books on self help and mental health. The unit provided clinical placement for nursing, medical, social work, psychology and occupational therapy students. On the day of inspection there were five men and three women detained involuntarily under the Mental Health Act 2001.

DETAILS OF WARDS IN THE APPROVED CENTRE

WARD	NUMBER OF BEDS	NUMBER OF RESIDENTS	TEAM RESPONSIBLE
Acute ward	18	18	5 general adult sector teams Clinical Director
Subacute ward	32	31	5 general adult sector teams Clinical Director

QUALITY INITIATIVES

- Nursing, occupational therapy, art therapy and clinical psychology staff had collaborated to provide a comprehensive range of therapeutic programmes for residents. An information leaflet for residents had been produced which provided a user friendly explanation of the ward based therapies. This leaflet had a tick box to indicate if a particular therapy was recommended for an individual and a feedback sheet for residents to indicate preferences and their experience.
- In addition, each resident had a ward based therapy programme sheet which tracked individual’s progress in therapeutic interventions and groups. This record was completed by clinical staff and was discussed in the weekly multidisciplinary team (MDT) review meeting so as to ensure a clear link between the assessed needs of individuals and the therapies provided to them.
- A new post of Assessment Nurse had been developed within the unit. This provided for triage assessment of individuals presenting to the unit. The Assessment Nurse liaised with the Primary

Care Teams (PCTs) and Community Mental Health Teams (CMHTs). The assessment provided included a comprehensive risk assessment. This assessment service commenced in May 2010 and there had been 376 assessments from 17 May 2010 to the 31 August 2010, with 195 admissions, including four assisted admissions.

- A Crisis Nurse operated from the Emergency Department at the Mercy University Hospital. The nurse provided assessment and support to individuals during the crisis period, liaised with general practitioners and mental health services, and provided support for up to six weeks following the initial crisis. Issues frequently addressed included suicide risk, identifying symptoms of depression and hopelessness, and identification of key issues such as bereavement, relationship break up, financial worries, addiction problems.
- Six staff had trained in Dialectical Behaviour Therapy (DBT). The staff who had trained included a consultant psychiatrist, two clinical psychologists, an art therapist, and two psychiatric nurses. Some staff had funded their own training. This had enabled the delivery of brief DBT programmes for in-patients.
- Clinical psychology had provided a programme for individuals with bipolar mood disorder entitled "On the Level". This programme incorporated a cognitive behavioural approach to managing a mood disorder.
- The unit had its own mini-library of books, CDs and DVDs on mental illness, mental health and self help. Materials were up-to-date, well chosen and available to residents.
- A more cost effective formulation had been introduced to the clozapine clinic.

PROGRESS ON RECOMMENDATIONS IN THE 2009 APPROVED CENTRE REPORT

1. Individual care plans should be put in place immediately for all residents, and they should be reviewed regularly by the multidisciplinary team. Health and social care professionals should participate in completing the individual care plans.

Outcome: There was an excellent individual care plan (ICP) template in place, however, the ICPs in clinical files examined were not always completed. There was evidence that nursing, and allied health professionals recorded their input into multidisciplinary individual care plans.

2. Therapeutic services and programmes must be linked to the individual care plan.

Outcome: This had been achieved.

3. All sector teams must be appropriately staffed to meet the needs of the population served.

Outcome: This had not been achieved owing to the Health Service Executive moratorium on staff recruitment.

4. There must be a clear operational plan to provide speciality services in rehabilitation and psychiatry of old age.

Outcome: There had been no progress made in developing a rehabilitation service and in developing psychiatry of old age service.

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
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>	X	X
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		

Article 5: Food and Nutrition

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>	X	X
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		

Article 6 (1-2): Food Safety

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>	X	X
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		

Article 7: Clothing

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>	X	X
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		

Article 8: Residents' Personal Property and Possessions

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>	X	X
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		

Article 9: Recreational Activities

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>	X	X
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		

Article 10: Religion

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>	X	X
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		

Article 11 (1-6): Visits

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>	X	X
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		

Article 12 (1-4): Communication

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>	X	X
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		

Article 13: Searches

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>	X	X
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		

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

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>	X	X
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		

Article 15: Individual Care Plan

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>		
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>	X	X
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		

Justification for this rating:

A number of individual clinical files were inspected. The service had introduced individual care plans (ICPs), however, these were not consistently completed and many areas were left blank. The completed care plans needed to specify who attended the multi-disciplinary team (MDT) review and had input into care planning, the named individual who had responsibility for carrying out a specified intervention and the outcome. There was no evidence that all members of the MDT attended the care planning meetings on a regular basis. The ICP was not secured in chronological order in the individual clinical file.

There was evidence that individual residents had been involved in their own individual care plans. Where an individual did not wish to sign their care plan or receive a copy this was recorded.

Although individual care plans had been introduced in the approved centre in 2007, some three years on the individual care plans did not comply with the Regulations.

Breach: 15

Article 16: Therapeutic Services and Programmes

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>		X
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>	X	
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		

Justification for this rating:

There was evidence that nursing, clinical psychology, occupational therapy and art therapy staff collaborated together and worked as a team to ensure the provision of a comprehensive range of good practice programmes. Therapeutic provision was linked to individual need and reviewed at the weekly multidisciplinary team (MDT) meeting and each individual's programme and progress was recorded on a specific form.

An information leaflet entitled "Ward Based Therapeutic Programmes" had been produced for residents and this user friendly leaflet provided an opportunity for residents to record and feedback their views and experiences of therapeutic services.

There was a weekly community planning meeting for residents. The advocate met regularly with clinical staff.

Article 17: Children's Education

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>	X	X
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		

Justification for this rating:

The approved centre strove not to admit children unless as a last resort and in the best interests of the child. The service made provision for a child's education as appropriate to individual need.

Article 18: Transfer of Residents

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>	X	X
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		

Justification for this rating:

The service had a policy on the transfer of residents to another approved centre or hospital. Clinical notes and staff accompanied the resident.

Article 19 (1-2): General Health

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>	X	X
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		

Justification for this rating:

The approved centre had a system in place to prompt the carrying out of six-monthly physical examinations. The examination was recorded on a colour coded template which was easy to retrieve in the clinical file. In the clinical files inspected the physical examinations had been carried out and recorded.

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

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>	X	X
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		

Justification for this rating:

Information was provided to residents on facilities and services whilst in hospital and in the community. The service had a residents' information booklet on therapies provided within the unit. This detailed the purpose, scope and format of programmes. A mini-library of up-to-date books, CDs and DVDs on mental health issues was available to residents.

Article 21: Privacy

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>	X	X
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		

Justification for this rating:

All beds had surrounding curtains. Lavatories and showers were lockable.

Article 22: Premises

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>	X	X
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		

Justification for this rating:

The premises were clean and in good decorative order.

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

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>	X	X
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		

Article 24 (1-2): Health and Safety

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>	X	X
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		

Article 25: Use of Closed Circuit Television (CCTV)

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>	X	X
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		

Article 26: Staffing

WARD OR UNIT	STAFF TYPE	DAY	NIGHT
Acute	CNM	1	1 shared
	Staff nurses	5	2
	specials on day of Inspection	2	2
	Care Assistants	0	0
Sub-acute	CNM	1	1 shared
	Staff nurses	4	2
	Care Assistants	0	0
Based in Approved Centre	Nurse Therapist	2	0
	Occupational Therapist	1.5	0
	Art Therapist	0.3	0
	Clozapine Clinic Nurse	1	0
	Clerical	4.98	0
	House-keeping/catering,	6	0
	Plus contract cleaning service for five hours daily	4	6pm to 8pm
	Janitor	1	0

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>		
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>	X	X
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		

<p>Not compliant</p>	<p><i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i></p>		
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Justification for this rating:

Sector teams did not have a full complement of staff. There was no specialist psychiatry of old age team. There was no rehabilitation team.

Sector team clinical psychologists provided three sessions per week to the unit and provided group programmes. Clinical psychology collaborated with other disciplines in the planning of interventions and programmes and also attended on request for individual work.

Breach: 26 (2)

Article 27: Maintenance of Records

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>	X	X
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		

Article 28: Register of Residents

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>	X	X
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		

Article 29: Operating policies and procedures

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>	X	X
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		

Article 30: Mental Health Tribunals

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>	X	X
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		

Article 31: Complaint Procedures

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>	X	X
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		

Article 32: Risk Management Procedures

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>	X	X
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		

Article 33: Insurance

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>	X	X
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		

Article 34: Certificate of Registration

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>	X	X
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		

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

SECLUSION

Use: Seclusion was not used in the approved centre.

ECT (DETAINED PATIENTS)

Use: ECT was not administered in the approved centre. On the day of Inspection, none of the residents had been in receipt of ECT since their admission.

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: The Clinical Practice Form book for Physical Restraint was inspected. There were 48 entries for 2010 up to the date of inspection.

SECTION	DESCRIPTION	FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	COMPLIANCE INITIATED	NOT COMPLIANT
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:

Each incident of physical restraint was entered in the Clinical Practice Form book, but there was insufficient care taken in entering details correctly. Numerous forms had the doctor's signature, or the date, or the time of commencing or ending physical restraint omitted or entered incorrectly. In the individual clinical files examined the episode of restraint was recorded and the resident offered an opportunity to discuss the episode.

Staff training had not been updated. Two staff had commenced a BSc. programme in the professional management of aggression and violence commenced during the year in the Dundalk Institute of Technology.

The approved centre did not provide an updated policy on physical restraint as required in the Code of Practice on the Use of Physical Restraint in Approved Centres.

A record of staff training was not available.

Breach: 5.5, 5.7 (c), 8.2, 9.2(d), 10.2

ADMISSION OF CHILDREN

Description: There was no child resident on the day of inspection. There had been four child admissions to the unit during 2010 up to the time of inspection.

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

Justification for this rating:

The approved centre was unsuited to the admission of children. The clinical file of a child who had been a voluntary resident and was discharged was inspected. The clinical file contained comprehensive risk assessment and individual care plans which had been signed by the child. Parental consent and discharge plans were recorded.

Breach: 2.5

NOTIFICATION OF DEATHS AND INCIDENT REPORTING

Description: There had been one death in the approved centre in 2010 up to the time of inspection.

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

Justification for this rating:

Incidents and deaths were reported to the Mental Health Commission. Audits of incidents had been carried out. There was a policy in place.

ECT FOR VOLUNTARY PATIENTS

Use: ECT was not administered in the approved centre.

ADMISSION, TRANSFER AND DISCHARGE

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	COMPLIANCE INITIATED	NOT COMPLIANT
X			

Justification for this rating:

Up-to-date policies and procedures on admission, transfer and discharge were in place.

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	COMPLIANCE INITIATED	NOT COMPLIANT
X			

Justification for this rating:

The appointment of a triage assessment nurse had enhanced the admission process for both the resident and family/carer.

In the individual files inspected, risk assessment had been carried out at the time of admission and this informed multidisciplinary care planning in a meaningful and dynamic manner.

There was evidence of timely communication with primary care teams and community mental health services. The service had a general practitioner liaison nurse and also a crisis nurse in the Emergency Department both of which facilitated the pre-admission process.

Part 4 Transfer Process

The following aspects were considered: 25. Transfer criteria, 26. decision to transfer, 27. assessment before transfer, 28. resident involvement, 29. multi-disciplinary 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	COMPLIANCE INITIATED	NOT COMPLIANT
X			

Justification for this rating:

There was a policy in place. The transfer process included a risk assessment. Relevant 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	COMPLIANCE INITIATED	NOT COMPLIANT
X			

Justification for this rating:

There was a discharge policy and a discharge checklist in operation. Decision to discharge was made by the multidisciplinary team. The general practitioner and relevant community mental health nurse were informed of discharges. An out-patient appointment was given.

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

Description: On the day of inspection, there was one person with an intellectual disability and mental illness resident 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	COMPLIANCE INITIATED	NOT COMPLIANT
		X	

Justification for this rating:

The approved centre did not have a policy on working with individuals with an intellectual disability and mental illness. Staff reported that they did not have relevant training. The multidisciplinary team was engaged in inter-agency collaboration in relation to the care planning for the individual resident.

Breach: 5, 6

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

SECTION 60 – ADMINISTRATION OF MEDICINE

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

Justification for this rating:

<p>The clinical file of one patient who was receiving medication without consent was examined and was in order.</p>

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

Description: There was no child resident in the approved centre on the day of inspection. Staff reported that there had been four child admissions, all voluntary, in 2010 up to the date of inspection.

SECTION THREE: OTHER ASPECTS OF THE APPROVED CENTRE

SERVICE USER INTERVIEWS

Residents were greeted during the inspection visit. No resident sought to meet with the Inspectorate on an individual basis.

MEDICATION

The medication sheets were in Kardex format. They were untidy and difficult to follow. PRN (as required) medication and depot medication was not separate from regular medication although clinicians had made some effort to do so within the prescription sheets. Signatures were mostly illegible. No indications for PRN medication were given.

The number of residents prescribed either PRN and/or regular benzodiazepine medication was very high (88%). The number of people prescribed night sedation (hypnotics) was also high (74%).

MEDICATION ACUTE

NUMBER OF PRESCRIPTIONS:	50
Number on benzodiazepines	44 (88%)
Number on more than one benzodiazepine	19 (38%)
Number on regular benzodiazepines	23 (46%)
Number on PRN benzodiazepines	36 (72%)
Number on hypnotics	37 (74%)
Number on Non benzodiazepine hypnotics	23 (46%)
Number on antipsychotic medication	40 (80%)
Number on high dose antipsychotic medication	5 (10%)
Number on more than one antipsychotic medication	14 (28%)
Number on PRN antipsychotic medication	24 (48%)
Number on antidepressant medication	29 (58%)

Number on more than one antidepressant	3 (6%)
Number on antiepileptic medication	9 (18%)
Number on Lithium	5 (10%)

OVERALL CONCLUSIONS

The approved centre provided in-patient facilities for a catchment area population of 167,536. Six consultant led teams admitted to this 50-bed unit which comprised an acute and a sub-acute ward.

Considerable progress had been made in the delivery of a comprehensive range of evidence based therapeutic programmes to residents. Clinical psychology, nursing, occupational therapy and art therapy staff had collaborated to develop a process whereby programmes were linked to assessed individual need. Individual progress was recorded on a specific sheet and this was reviewed on a weekly basis at the multidisciplinary team meeting. Residents were supported in exercising autonomy in choosing their own therapeutic activities through the provision of an excellent information leaflet on ward based therapies. There was also a weekly planning meeting attended by residents and the advocate met weekly with staff. The unit had a mini-library for residents with a well chosen selection of modern books, CDs and DVDs on mental illness and mental well being which promoted self responsibility. The high level of participation by residents in programmes pointed to a good fit between need and therapeutic provision.

Individual care plans (ICPs) did not meet the requirements of the Regulations. ICPs were not completed on a consistent basis. The ICPs frequently failed to record who attended the MDT review meeting, the named individual charged with carrying out the specified interventions, outcome and review date. This was regrettable because the ICP template designed by the service impressed as being concise yet inclusive. Some three years on from the introduction of ICPs, the approved centre remained not fully compliant with the Regulations.

RECOMMENDATIONS 2010

1. A review of benzodiazepine prescribing should take place.
2. A more up-to-date prescription sheet format should be considered.
3. An individual care plan in accordance with the Regulations must be provided for each resident.
4. The physical restraint Clinical Practice Form book should be completed in accordance with the Code of Practice.
5. Rehabilitation and psychiatry of old age teams and services should be developed.