

Report of the Inspector of Mental Health Services 2009

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| MENTAL HEALTH SERVICE | HSE South |
| APPROVED CENTRE | South Lee Mental Health Unit, Cork University Hospital |
| CATCHMENT AREA | South Lee |
| NUMBER OF WARDS | 1 |
| NAMES OF UNITS OR WARDS INSPECTED | South Lee Mental Health Unit |
| TOTAL NUMBER OF BEDS | 46 |
| CONDITIONS ATTACHED TO REGISTRATION | No |
| TYPE OF INSPECTION | Unannounced |
| DATE OF INSPECTION | 16 June 2009 |

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

DESCRIPTION

South Lee Mental Health Unit was situated in Cork University Hospital. It was small, cramped and crowded, with narrow dark corridors. It was on two levels with a sleeping area upstairs. It had no lift and this had caused difficulties in the recent past when seriously ill residents had to be brought downstairs. There was no high observation area within the unit and those who were seriously disturbed had to be transferred to Carraig Mór. There were six sector teams in the catchment but these were poorly staffed. All referrals to the hospital went directly to the unit, adding to the busy activity in the unit. A new reception area and interview rooms in the unit had eased the situation slightly.

DETAILS OF WARDS IN THE APPROVED CENTRE

| WARD | NUMBER OF BEDS | NUMBER OF RESIDENTS | TEAM RESPONSIBLE |
|--------|----------------|---------------------|----------------------------|
| SLAMHU | 46 | 46 | General adult sector teams |

QUALITY INITIATIVES

- New nursing documentation had been introduced.
- Care planning process had been enhanced.

PROGRESS ON RECOMMENDATIONS IN THE 2008 APPROVED CENTRE REPORT

1. A high observation area should be developed and adequate funding made available to build and staff it.

Outcome: This had not happened and the unit was still without a high observation area.

2. Funding should be made available to appoint a rehabilitation team.

Outcome: This had not happened.

3. Funding should be made available to appoint dedicated core disciplines to all teams

Outcome: This had not happened

4. A service agreement between the acute hospital and the mental health service. Under the Primary Community and Continuing Care (PCCC), this should be developed to ensure maintenance, refurbishment and access to hospital-wide audits

Outcome: This had not occurred.

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 | 2008 | 2009 |
|-------------------------------|---|----------|----------|
| Fully compliant | <i>Evidence of full compliance with this Regulation.</i> | | 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> | | |
| Not inspected | <i>Inspection did not cover this Article.</i> | X | |

Justification for this rating:

All residents wore identity wrist bands.

Article 5: Food and Nutrition

| LEVEL OF COMPLIANCE | DESCRIPTION | 2008 | 2009 |
|-------------------------------|---|----------|----------|
| Fully compliant | <i>Evidence of full compliance with this Regulation.</i> | | 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> | | |
| Not inspected | <i>Inspection did not cover this Article.</i> | X | |

Justification for this rating:

Fresh water was available. While there was no menu there was a choice of meals and specialist diets were catered for.

Article 6 (1-2) Food Safety

| LEVEL OF COMPLIANCE | DESCRIPTION | 2008 | 2009 |
|-------------------------------|---|----------|----------|
| Fully compliant | <i>Evidence of full compliance with this Regulation.</i> | | 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> | | |
| Not inspected | <i>Inspection did not cover this Article.</i> | X | |

Justification for this rating:

The centre had evidence that was compliant with this Article.

Article 7: Clothing

| LEVEL OF COMPLIANCE | DESCRIPTION | 2008 | 2009 |
|-------------------------------|---|----------|----------|
| Fully compliant | <i>Evidence of full compliance with this Regulation.</i> | | 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> | | |
| Not inspected | <i>Inspection did not cover this Article.</i> | X | |

Justification for this rating:

There was a supply of emergency clothing. No resident wore night clothes unless this was specified in their care plan.

Article 8: Residents' Personal Property and Possessions

| LEVEL OF COMPLIANCE | DESCRIPTION | 2008 | 2009 |
|-------------------------------|---|----------|----------|
| Fully compliant | <i>Evidence of full compliance with this Regulation.</i> | | 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> | | |
| Not inspected | <i>Inspection did not cover this Article.</i> | X | |

Justification for this rating:

An inventory of property was kept in a property book and items were stored, if the resident wishes, in a dedicated room. There was also a safe for valuable items.

Article 9: Recreational Activities

| LEVEL OF COMPLIANCE | DESCRIPTION | 2008 | 2009 |
|-------------------------------|---|----------|----------|
| Fully compliant | <i>Evidence of full compliance with this Regulation.</i> | | 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> | | |
| Not inspected | <i>Inspection did not cover this Article.</i> | X | |

Justification for this rating:

A charitable organisation, Friends of GF, had fundraised for recreational items. Residents had access to table tennis, a games console, table football, pool and DVDs.

Article 10: Religion

| LEVEL OF COMPLIANCE | DESCRIPTION | 2008 | 2009 |
|-------------------------------|---|----------|----------|
| Fully compliant | <i>Evidence of full compliance with this Regulation.</i> | | 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> | | |
| Not inspected | <i>Inspection did not cover this Article.</i> | X | |

Justification for this rating:

There were Roman Catholic and Church of Ireland chaplains. Mass was held on the ward weekly. Other denominations were facilitated as needed.

Article 11 (1-6): Visits

| LEVEL OF COMPLIANCE | DESCRIPTION | 2008 | 2009 |
|-------------------------------|---|----------|----------|
| Fully compliant | <i>Evidence of full compliance with this Regulation.</i> | | 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> | | |
| Not inspected | <i>Inspection did not cover this Article.</i> | X | |

Justification for this rating:

A visiting room was available. Visiting times were fixed but there was flexibility if required. A separate room was made available if children were visiting. Visiting children had to be accompanied by an adult.

Article 12 (1-4): Communication

| LEVEL OF COMPLIANCE | DESCRIPTION | 2008 | 2009 |
|-------------------------------|---|----------|----------|
| Fully compliant | <i>Evidence of full compliance with this Regulation.</i> | | 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> | | |
| Not inspected | <i>Inspection did not cover this Article.</i> | X | |

Justification for this rating:

Mobile phones without cameras were allowed in the unit. No post was opened. There was a pay phone.

Article 13: Searches

| LEVEL OF COMPLIANCE | DESCRIPTION | 2008 | 2009 |
|-------------------------------|---|----------|----------|
| Fully compliant | <i>Evidence of full compliance with this Regulation.</i> | | 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> | | |
| Not inspected | <i>Inspection did not cover this Article.</i> | X | |

Justification for this rating:

There was a policy on searching both with and without consent. Each search was preceded by a team review. At least two staff were involved in any search.

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

| LEVEL OF COMPLIANCE | DESCRIPTION | 2008 | 2009 |
|-------------------------------|---|----------|----------|
| Fully compliant | <i>Evidence of full compliance with this Regulation.</i> | | 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> | | |
| Not inspected | <i>Inspection did not cover this Article.</i> | X | |

Justification for this rating:

There was a policy on care of the dying and on unexpected deaths.

Article 15: Individual Care Plan

| LEVEL OF COMPLIANCE | DESCRIPTION | 2008 | 2009 |
|-------------------------------|---|----------|----------|
| Fully compliant | <i>Evidence of full compliance with this Regulation.</i> | | |
| 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> | X | |
| Not inspected | <i>Inspection did not cover this Article.</i> | | |

Justification for this rating:

There was a multidisciplinary care plan that was reviewed at team meetings. The resident signed the care plan but did not receive a copy of it.

Breach: Article 15

Article 16: Therapeutic Services and Programmes

| LEVEL OF COMPLIANCE | DESCRIPTION | 2008 | 2009 |
|-------------------------------|---|----------|----------|
| Fully compliant | <i>Evidence of full compliance with this Regulation.</i> | | |
| 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> | X | |
| Not inspected | <i>Inspection did not cover this Article.</i> | | |

Justification for this rating:

A CNM1 coordinated therapeutic activities. There was art therapy, woodwork, massage and relaxation. There was no occupational therapist available. On the day of inspection, there was no evidence that assessments were carried out to assess need for individual therapies.

Subsequently it was reported that there were individual nursing care plans for all residents attending activities. Ward round reviews included a section for reports on day programme therapies.

Breach: Article 16

Article 17: Children's Education

| LEVEL OF COMPLIANCE | DESCRIPTION | 2008 | 2009 |
|-------------------------------|---|----------|----------|
| 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> | | |
| Not inspected | <i>Inspection did not cover this Article.</i> | | |

Justification for this rating:

Children's education was continued as far as possible, when required.

Article 18: Transfer of Residents

| LEVEL OF COMPLIANCE | DESCRIPTION | 2008 | 2009 |
|-------------------------------|---|----------|----------|
| 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> | | |
| Not inspected | <i>Inspection did not cover this Article.</i> | | |

Justification for this rating:

Entire clinical files accompany residents on transfer to the general hospital. There was a policy on transfer of residents to other facilities.

Article 19 (1-2): General Health

| LEVEL OF COMPLIANCE | DESCRIPTION | 2008 | 2009 |
|-------------------------------|---|----------|----------|
| 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> | | |
| Not inspected | <i>Inspection did not cover this Article.</i> | | |

Justification for this rating:

Six-monthly general health examinations were completed and there was a system in place to ensure that they were carried out.

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

| LEVEL OF COMPLIANCE | DESCRIPTION | 2008 | 2009 |
|-------------------------------|---|----------|----------|
| Fully compliant | <i>Evidence of full compliance with this Regulation.</i> | | 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> | X | |
| Not inspected | <i>Inspection did not cover this Article.</i> | | |

Justification for this rating:

There was a comprehensive information booklet available. Residents were given copies of information about diagnoses. Information about the residents' team was available.

Article 21: Privacy

| LEVEL OF COMPLIANCE | DESCRIPTION | 2008 | 2009 |
|-------------------------------|---|----------|----------|
| 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> | | |
| Not inspected | <i>Inspection did not cover this Article.</i> | | |

Justification for this rating:

Each bed had a surrounding curtain and there were a number of single rooms. Male residents slept upstairs.

Article 22: Premises

| LEVEL OF COMPLIANCE | DESCRIPTION | 2008 | 2009 |
|-------------------------------|---|----------|----------|
| 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> | | |
| Not compliant | <i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i> | X | X |
| Not inspected | <i>Inspection did not cover this Article.</i> | | |

Justification for this rating:

The unit was clean though small and cramped. The upstairs area had no lift access. There was insufficient storage space and fresh linen was kept on the corridor, as were vacuum cleaners and wheelchairs. There was a large day room that resembled an airport lounge.

There was a design brief for a new unit but no funding as yet. A planning group was currently in place and meeting in preparation for a new unit at a different location on the campus.

Breach: Article 22 (3)

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

| LEVEL OF COMPLIANCE | DESCRIPTION | 2008 | 2009 |
|-------------------------------|---|----------|----------|
| 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 |
| Not compliant | <i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i> | | |
| Not inspected | <i>Inspection did not cover this Article.</i> | X | |

Justification for this rating:

The policy referred only to administration of medication. A new policy was requested but not received by the Inspectorate team.

Breach: Article 23

Article 24 (1-2): Health and Safety

| LEVEL OF COMPLIANCE | DESCRIPTION | 2008 | 2009 |
|-------------------------------|---|----------|----------|
| Fully compliant | <i>Evidence of full compliance with this Regulation.</i> | | 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> | | |
| Not inspected | <i>Inspection did not cover this Article.</i> | X | |

Justification for this rating:

There was a health and safety policy and procedure in place.

Article 25: Use of Closed Circuit Television (CCTV)

| LEVEL OF COMPLIANCE | DESCRIPTION | 2008 | 2009 |
|-------------------------------|---|----------|----------|
| Fully compliant | <i>Evidence of full compliance with this Regulation.</i> | | 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> | | |
| Not inspected | <i>Inspection did not cover this Article.</i> | X | |

Justification for this rating:

CCTV was used in the corridors and at the entrance. Notices were displayed.

Article 26: Staffing

| WARD OR UNIT | STAFF TYPE | DAY | NIGHT |
|--------------|------------------------|----------|-------|
| SLAMHU | Nursing | 9 | 6 |
| | CMN2 | 1 | |
| | CNM3 | 1 | |
| | Clozapine nurse | 1 | |
| | Occupational therapist | 0 | |
| | Social worker | referral | |
| | Psychologist | referral | |

| LEVEL OF COMPLIANCE | DESCRIPTION | 2008 | 2009 |
|-------------------------------|---|----------|----------|
| 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 |
| Not compliant | <i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i> | X | |
| Not inspected | <i>Inspection did not cover this Article.</i> | | |

Justification for this rating:

There were insufficient health and social care professionals to provide an adequate service. Nine additional nursing posts had been contracted to work in the unit.

Breach: Article 26 (2)

Article 27: Maintenance of Records

| LEVEL OF COMPLIANCE | DESCRIPTION | 2008 | 2009 |
|-------------------------------|---|----------|----------|
| Fully compliant | <i>Evidence of full compliance with this Regulation.</i> | | 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> | | |
| Not inspected | <i>Inspection did not cover this Article.</i> | X | |

Justification for this rating:

All records were adequately maintained. There was a policy on the maintenance of records.

Article 28: Register of Residents

| LEVEL OF COMPLIANCE | DESCRIPTION | 2008 | 2009 |
|-------------------------------|---|----------|----------|
| Fully compliant | <i>Evidence of full compliance with this Regulation.</i> | | 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> | | |
| Not inspected | <i>Inspection did not cover this Article.</i> | X | |

Justification for this rating:

A register of residents was maintained in accordance with Schedule 1.

Article 29: Operating Policies and Procedures

| LEVEL OF COMPLIANCE | DESCRIPTION | 2008 | 2009 |
|-------------------------------|---|----------|----------|
| Fully compliant | <i>Evidence of full compliance with this Regulation.</i> | | 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> | | |
| Not inspected | <i>Inspection did not cover this Article.</i> | X | |

Justification for this rating:

There was a system in place for reviewing all policies. A number were due for review later in 2009.

Article 30: Mental Health Tribunals

| LEVEL OF COMPLIANCE | DESCRIPTION | 2008 | 2009 |
|-------------------------------|---|----------|----------|
| Fully compliant | <i>Evidence of full compliance with this Regulation.</i> | | 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> | | |
| Not inspected | <i>Inspection did not cover this Article.</i> | X | |

Justification for this rating:

Mental health tribunals were facilitated.

Article 31: Complaint Procedures

| LEVEL OF COMPLIANCE | DESCRIPTION | 2008 | 2009 |
|-------------------------------|---|----------|----------|
| Fully compliant | <i>Evidence of full compliance with this Regulation.</i> | | 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> | | |
| Not inspected | <i>Inspection did not cover this Article.</i> | X | |

Justification for this rating:

The HSE complaints procedure was in operation. Instructions on how to make a complaint were displayed.

Article 32: Risk Management Procedures

| LEVEL OF COMPLIANCE | DESCRIPTION | 2008 | 2009 |
|-------------------------------|---|----------|----------|
| Fully compliant | <i>Evidence of full compliance with this Regulation.</i> | | 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> | X | |
| Not inspected | <i>Inspection did not cover this Article.</i> | | |

Justification for this rating:

A new system for reviewing incidents was under development. The service had individual policies on self-harm, absence without leave, violence and aggression, and reporting incidents.

Since the inspection, the service informed the Inspectorate that it had updated protocols in relation to Article 32 (2). The incident report form had been amended to include a section informing the next of kin.

Article 33: Insurance

| LEVEL OF COMPLIANCE | DESCRIPTION | 2008 | 2009 |
|-------------------------------|---|----------|----------|
| Fully compliant | <i>Evidence of full compliance with this Regulation.</i> | | 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> | | |
| Not inspected | <i>Inspection did not cover this Article.</i> | X | |

Justification for this rating:

The service was insured by the HSE.

Article 34: Certificate of Registration

| LEVEL OF COMPLIANCE | DESCRIPTION | 2008 | 2009 |
|-------------------------------|---|----------|----------|
| Fully compliant | <i>Evidence of full compliance with this Regulation.</i> | | 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> | | |
| Not inspected | <i>Inspection did not cover this Article.</i> | X | |

Justification for this rating:

The certificate of registration was displayed.

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

SECLUSION

Seclusion was not in use at the time of inspection.

ECT (DETAINED PATIENTS)

Use: No detained patient had received ECT since 2007.

| SECTION | DESCRIPTION | FULLY COMPLIANT | SUBSTANTIALLY COMPLIANT | COMPLIANCE INITIATED | NOT COMPLIANT |
|---------|-------------------------|-----------------|-------------------------|----------------------|---------------|
| 2 | Consent | NOT APPLICABLE | | | |
| 3 | Information | NOT APPLICABLE | | | |
| 4 | Absence of consent | NOT APPLICABLE | | | |
| 5 | Prescription of ECT | NOT APPLICABLE | | | |
| 6 | Patient assessment | NOT APPLICABLE | | | |
| 7 | Anaesthesia | NOT APPLICABLE | | | |
| 8 | Administration of ECT | NOT APPLICABLE | | | |
| 9 | ECT Suite | | X | | |
| 10 | Materials and equipment | X | | | |
| 11 | Staffing | X | | | |
| 12 | Documentation | X | | | |
| 13 | ECT during pregnancy | NOT APPLICABLE | | | |

Justification for this rating:

The recovery room of the ECT suite was used as a bedroom as there was insufficient space on the unit.

Breach: Section 9

MECHANICAL RESTRAINT

Use: Mechanical restraint had been used twice under Part 5 to date in 2009. No file was reviewed.

| SECTION | DESCRIPTION | FULLY COMPLIANT | SUBSTANTIALLY COMPLIANT | COMPLIANCE INITIATED | NOT COMPLIANT |
|---------|---|-----------------|-------------------------|----------------------|---------------|
| 14 | Orders | NOT APPLICABLE | | | |
| 15 | Patient dignity and safety | NOT APPLICABLE | | | |
| 16 | Ending mechanical restraint | NOT APPLICABLE | | | |
| 17 | Recording use of mechanical restraint | NOT APPLICABLE | | | |
| 18 | Clinical governance | | X | | |
| 19 | Staff training | NOT APPLICABLE | | | |
| 20 | Child patients | NOT APPLICABLE | | | |
| 21 | Part 5: Use of mechanical means of bodily restraint for enduring self-harming behaviour | | X | | |

Justification for this rating:

The register was incorrectly used for recording Part 5. The policy had no date.

Breach: Section 18.1 (a) and Section 21.4 (a).

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

PHYSICAL RESTRAINT

Use: There had been 15 episodes of restraint recorded to date in 2009.

| SECTION | DESCRIPTION | FULLY COMPLIANT | SUBSTANTIALLY COMPLIANT | COMPLIANCE INITIATED | NOT COMPLIANT |
|---------|-------------------------------------|-----------------|-------------------------|----------------------|---------------|
| 2 | Orders | | X | | |
| 3 | Resident dignity and safety | X | | | |
| 4 | Ending physical restraint | | X | | |
| 5 | Recording use of physical restraint | X | | | |
| 6 | Clinical governance | | X | | |
| 7 | Staff training | | | | X |
| 8 | Child residents | NOT APPLICABLE | | | |

Justification for this rating:

Three episodes were unsigned in the register. One was pre-signed by the NCHD but not used. One episode had not ended. One file was reviewed. There was no evidence that the family had been informed or that the incident had been reviewed.

Staff training was not provided on a regular basis. The policy had no review date.

Breach: Section 2, Section 4, Section 6, and Section 7.

ADMISSION OF CHILDREN

Description: There were two child admissions in March 2009. No files were reviewed.

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

Justification for this rating:

An adult unit was unsuitable for the care and treatment of children.

Breach: Section 2.5

NOTIFICATION OF DEATHS AND INCIDENT REPORTING

Description: All deaths were reported.

| 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:

The service were finalising a system to review incidents.

Breach: Section 3 and Section 4.

ECT FOR VOLUNTARY PATIENTS

Use: One resident had received ten sessions of ECT from April to May 2009. The file was not reviewed. The register was reviewed.

| SECTION | DESCRIPTION | FULLY COMPLIANT | SUBSTANTIALLY COMPLIANT | COMPLIANCE INITIATED | NOT COMPLIANT |
|---------|---------------------------------|-----------------|-------------------------|----------------------|---------------|
| 2 | Consent | X | | | |
| 3 | Information | X | | | |
| 4 | Prescription of ECT | NOT APPLICABLE | | | |
| 5 | Assessment of voluntary patient | NOT APPLICABLE | | | |
| 6 | Anaesthesia | NOT APPLICABLE | | | |
| 7 | Administration of ECT | NOT APPLICABLE | | | |
| 8 | ECT Suite | | X | | |
| 9 | Materials and equipment | X | | | |
| 10 | Staffing | X | | | |
| 11 | Documentation | | X | | |
| 12 | ECT during pregnancy | NOT APPLICABLE | | | |

Justification for this rating:

The recovery room was used as a bedroom. The register had not been completed fully.

Breach: Section 8 and Section 11.

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

SECTION 60 – ADMINISTRATION OF MEDICINE

As there were no patients receiving medication who had been detained for longer than three months in the approved centre on the day of inspection, Section 60 did not apply.

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

Section 61 did not apply as no child had been admitted under Section 25.

SECTION THREE: OTHER ASPECTS OF THE APPROVED CENTRE

SERVICE USER INTERVIEWS

Service users were spoken to informally during the visit and were happy with their care and treatment at the approved centre.

OVERALL CONCLUSIONS

There had been considerable effort made to comply with the Regulations in 2009. The services were compliant in the majority of Regulations, Rules and Codes of Practice. Apart from some minor difficulties the care plan was operational and there was a good activities programme, although there was no occupational therapist. The main difficulties were the lack of health and social care staffing and the unsuitability of the unit as an acute psychiatric unit. The lack of space, the layout of the unit and the narrow corridors caused great difficulty in the functioning of the unit.

RECOMMENDATIONS 2009

1. A new acute unit should be developed.
2. Sector teams should be properly staffed.
3. There should be an occupational therapist based in the unit.
4. There should be regular access to training in physical restraint.