

## Report of the Inspector of Mental Health Services 2010

<b>EXECUTIVE CATCHMENT AREA</b>	South Lee, West Cork, Kerry
<b>HSE AREA</b>	HSE South
<b>CATCHMENT AREA</b>	South Lee
<b>MENTAL HEALTH SERVICE</b>	South Lee
<b>APPROVED CENTRE</b>	South Lee Mental Health Unit, Cork University Hospital
<b>NUMBER OF WARDS</b>	1
<b>NAMES OF UNITS OR WARDS INSPECTED</b>	South Lee Acute Mental Health Unit
<b>TOTAL NUMBER OF BEDS</b>	46
<b>CONDITIONS ATTACHED TO REGISTRATION</b>	No
<b>TYPE OF INSPECTION</b>	Announced
<b>DATE OF INSPECTION</b>	21 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**

The South Lee Acute Mental Health Unit was situated on the ground floor of Cork University Hospital. Access was by a reception area which was opened for only three days per week; on other days, access was via an entrance at the other side of the hospital. The approved centre was very poorly laid out and corridors were dim. There were 38 residents on the day of inspection, nine of whom were detained. Seven sector teams admitted to the approved centre. The ward was divided into male and female areas, with the male sleeping area upstairs, in an area which was difficult to observe. At the time of inspection (afternoon), there were three male and two female residents in bed. Several residents were dressed in night attire.

### **DETAILS OF WARDS IN THE APPROVED CENTRE**

<b>WARD</b>	<b>NUMBER OF BEDS</b>	<b>NUMBER OF RESIDENTS</b>	<b>TEAM RESPONSIBLE</b>
South Lee Acute Mental Health Unit	46	38	General Adult

## **QUALITY INITIATIVES**

- The management team had advanced the process of commissioning the new approved centre to replace the existing one to the planning stage of the process.
- Three members of staff were near the completion of training as trainers in PMAV (Professional Management of Aggression and Violence).
- Clinical review meetings took place every two months.
- The Clozapine clinic had been re-organised and the majority of patients were now seen in the community.
- One nurse had commenced a course in Palliative Care in Dementia.

## **PROGRESS ON RECOMMENDATIONS IN THE 2009 APPROVED CENTRE REPORT**

1. A new approved centre should be developed.

Outcome: The planning for this new approved centre was well advanced.

2. Sector teams should be properly staffed.

Outcome: This had not happened.

3. There should be an occupational therapist based in the unit.

Outcome: This had not happened.

4. There should be regular access to training on physical restraint.

Outcome: Training for staff had not been provided but three members of staff were training as trainers in PMAV (Professional Management of Aggression and Violence).

**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**

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

## Article 5: Food and Nutrition

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

**Article 6 (1-2): Food Safety**

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

## Article 7: Clothing

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

**Article 8: Residents' Personal Property and Possessions**

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



**Article 9: Recreational Activities**

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

## Article 10: Religion

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

## Article 11 (1-6): Visits

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

## Article 12 (1-4): Communication

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

## Article 13: Searches

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

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

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

## Article 15: Individual Care Plan

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

### Justification for this rating:

Each resident had an individual care plan but in many respects, the individual care plan was more an assessment rather than a documented set of goals. In some instances, they were poorly completed. Many were not signed by the resident. Residents were provided with a shortened version of their individual care plan. The approved centre continued to operate separate files for nursing and other case notes.

**Breach: 15**

## Article 16: Therapeutic Services and Programmes

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

### Justification for this rating:

There were two activities rooms in the approved centre but no occupational therapist had been appointed. Activities were run by the activities nurse who ran a range of activities such as relaxation, mindfulness and head massage.

Residents had access to some gym equipment and cooking activities took place from time to time. An art therapist provided open and individual sessions for residents on referral and wrote progress notes in the clinical files.

Therapeutic services and programmes were not sufficiently linked to individual care plans.

**Breach:** 16 (1)



## Article 17: Children's Education

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

### Justification for this rating:

When a child was admitted, the team liaised with the social worker to ensure continuation of education, when indicated.

## Article 18: Transfer of Residents

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

### Justification for this rating:

The approved centre had an up-to-date written policy on the transfer of residents. The resident's clinical file accompanied them when transferred to the general hospital, and written information was provided when transferred to another approved centre.

## Article 19 (1-2): General Health

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

### Justification for this rating:

Two residents had been in the approved centre for a period in excess of six months. There was evidence in their clinical files that physical health examinations had been carried out within the previous six months. One of these residents was bed-ridden and their care was primarily full nursing care.

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

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

### Justification for this rating:

Residents were given an information leaflet on the approved centre and information on diagnoses and medication was available.

## Article 21: Privacy

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

### Justification for this rating:

Most of the accommodation was in shared rooms, with up to six beds. Partition curtains were in use throughout the ward.

## Article 22: Premises

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

### Justification for this rating:

The approved centre was cramped and untidy with narrow corridors, all of which created an oppressive atmosphere. It was badly in need of repainting and areas of wall and doors were very grubby. The approved centre was not clean with obvious dust, cobwebs and spilt tea/coffee on walls and floors. It was reported that there had been no cleaning staff available for a period of five nights recently. Radiator pipes in one of the female bedrooms were heavily corroded and extremely unsightly. The large open sitting area had been redecorated in recent times and was reasonably clean. Bathrooms were in need of refurbishment and the one wheelchair accessible toilet was barely accessible for wheelchair users. A male lavatory attached to one of the dormitories smelt of urine and this permeated the sleeping area. The arrangement of the male sleeping area upstairs, out of range of supervision during daytime was unsuitable.

The approved centre had a pleasant garden which was well maintained.

**Breach:** 22(1) (a), (b), (c), (3).

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

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

### Justification for this rating:

The approved centre had updated its policy on the ordering, prescribing, and storing of medication since the last inspection and was now compliant in all the requirements of Article 23.

**Article 24 (1-2): Health and Safety**

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



## Article 25: Use of Closed Circuit Television (CCTV)

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

### Justification for this rating:

There were a number of CCTV cameras in the approved centre and signs indicating its use were evident throughout the approved centre. These cameras were for observation only and were monitored by nursing staff. However, one CCTV camera in the garden was monitored in an area of the hospital outside the approved centre by non medical or nursing staff. It was reported that information on this camera was recorded.

**Breach:** 25 (1) (a) (d)

**Article 26: Staffing**

WARD OR UNIT	STAFF TYPE	DAY	NIGHT
South Lee Acute Mental Health Unit	CNM3	1	0
	CNM2	1	1
	Nursing	9	6

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

**Justification for this rating:**

There had been no increase in staffing in the past year and the approved centre continued to be without an occupational therapist in the unit. Activities were organised by the activities nurse but this time was not protected and the activities nurse was allocated to general ward duties when there were staff shortages in the ward. An art therapist conducted sessions on 2.5 days per week. A social worker who was based in the approved centre provided sessions for all residents as required. Staff had not had training in physical restraint.

**Breach:** 26 (2) (4)

## Article 27: Maintenance of Records

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

## Article 28: Register of Residents

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

## Article 29: Operating policies and procedures

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

## Article 30: Mental Health Tribunals

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

## Article 31: Complaint Procedures

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

### Justification for this rating:

There was no nominated person available in the approved centre to deal with complaints. No records of complaints were kept in the approved centre.

**Breach:** 31 (4) (6)

## Article 32: Risk Management Procedures

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LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
<b>Fully compliant</b>	<i>Evidence of full compliance with this Regulation.</i>	<b>X</b>	
<b>Substantial compliance</b>	<i>Evidence of substantial compliance but improvement needed.</i>		
<b>Compliance initiated</b>	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		<b>X</b>
<b>Not compliant</b>	<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 comprehensive risk management policy in place. A clinical review group had been established and met every two months to review incidents. However, a review of some clinical files showed weak risk assessment on some residents who had presented with serious incidents of risk behaviour. In one instance, the section on risk assessment in the individual care plan was blank on three separate occasions. In two clinical files inspected there was a broad statement on risk evaluation and this did not appear to be linked to a management plan. There was one detained resident absent without leave on the day of Inspection. Staff stated to the Inspectorate that it was not an infrequent occurrence for residents to be absent without leave.

**Breach:** 32 (20) (b)



**Article 33: Insurance**

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

## Article 34: Certificate of Registration

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

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**Use:** The approved centre did not use seclusion and had a statement to this effect.

## ECT (DETAINED PATIENTS)

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**Use:** No detained patient was receiving ECT at the time of inspection. Since the beginning of 2010, three detained patients had received ECT, two of whom were from other approved centres. No clinical file was available for inspection.

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

13	ECT during pregnancy	<b>NOT APPLICABLE</b>			
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**Justification for this rating:**

The approved centre had clear written information leaflet for patients on ECT. The ECT suite was cluttered. There was no waiting room or recovery room, contrary to the written policy of the approved centre. The room designated as a recovery room was fully in use as a six-bedded bedroom. This did not appear to be a temporary measure. There was a designated consultant psychiatrist but the ECT nurse was not trained in ECT.

**Breach:** 9.2, 10.3, 11.6

## **MECHANICAL RESTRAINT**

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**Use:** The approved centre did not use mechanical restraint and had a statement to this effect.

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

### PHYSICAL RESTRAINT

**Use:** There had been 39 instances of physical restraint in 2010 up to the time 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:

The Clinical Practice Form book was in order. Three nursing staff from the South Lee Mental Health Service were training to be trainers in the Prevention and Management of Aggression and Violence training course. Nursing management told the Inspectorate that the intention was for the staff which had completed training to then train all nursing personnel in the approved centre.

**Breach:** 10.1 10.2

## ADMISSION OF CHILDREN

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**Description:** There was no child admitted at the time of inspection. One child had been admitted for a period of 21 days earlier in 2010.

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:**

As no child was a resident at the time of inspection, there was no clinical file available for inspection. The approved centre had an up-to-date policy on the admission of children. The approved centre was not suitable for the admission of children.

**Breach:** 2.5



## NOTIFICATION OF DEATHS AND INCIDENT REPORTING

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**Description:** At the time of inspection, there had been no deaths in the approved centre in 2010.

SECTION	DESCRIPTION	FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	COMPLIANCE INITIATED	NOT COMPLIANT
2	Notification of deaths	<b>NOT APPLICABLE</b>			
3	Incident reporting	<b>X</b>			
4	Clinical governance	<b>X</b>			

### Justification for this rating:

The approved centre had introduced the STARS web system of incident recording and reported that most incidents were in the minor category. A system had been instigated to review serious incidents within 24-hours of their occurring. Incidents were reported to the Mental Health Commission at six monthly intervals as required.

## ECT FOR VOLUNTARY PATIENTS

**Use:** One resident was receiving ECT at the time of inspection. This course of ECT was being administered in the theatre in the general hospital.

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

### Justification for this rating:

The clinical file of the resident receiving ECT was examined. There was evidence that ECT had been discussed with the resident and consent obtained. Pre-ECT assessment had been carried out. The approved centre had produced a good information leaflet for residents. The ECT suite did not have a separate waiting room or recovery room. The designated nurse was not trained in ECT.

**Breach:** 10.2, 11.3, 12.6

## ADMISSION, TRANSFER AND DISCHARGE

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

### Part 2 Enabling Good Practice through Effective Governance

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

**Level of compliance:**

FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	COMPLIANCE INITIATED	NOT COMPLIANT
X			

**Justification for this rating:**

The approved centre had policies on admission, transfer and discharge and was compliant with the regulation on risk management. The approved centre also had protocols in place for dealing with self-referrals, emergency referrals and the decision not to admit. The roles of staff were identified in the policy on admission.

### 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:

Residents had a risk assessment carried out on admission and had an individual care plan. However, the approved centre was not fully compliant with the Regulation on Individual Care Plans. A notice indicating key-workers was posted in the approved centre. The approved centre continued to operate separate files for nursing and other case notes. The advocate visited the unit weekly.

Breach: 17.1, 22.1

## 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:

Staff reported that transfers occurred mainly to the general hospital and the approved centre in Carraig Mor, Cork. Written information was transferred with the resident and the same clinical file was used in the general hospital as in the approved centre. Residents were accompanied by three staff when being transferred to Carraig Mor.

## 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:

The decision to discharge a resident was taken by the multidisciplinary team. However, because of the lack of multidisciplinary members on teams, it was not always possible to ensure this. The policy on discharge included reference to the discharge of homeless and older people.

Breach: 33.1

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

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**Description:** There was one resident with intellectual disability and mental illness in the approved centre at the time of inspection.

*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 in place relating to care of people with intellectual disability and mental illness. Staff reported they had not received training in care of people with intellectual disability and mental illness.

**Breach:** 5, 6

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

### **SECTION 60 – ADMINISTRATION OF MEDICINE**

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**Description:** The Inspectorate was informed that no patient had been detained for more than three months.

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

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**Description:** At the time of inspection, no child had been admitted under Section 25 in 2010.



## SECTION THREE: OTHER ASPECTS OF THE APPROVED CENTRE

### SERVICE USER INTERVIEWS

No resident requested to speak with the Inspectorate during the inspection.

### MEDICATION

The medication sheets were in booklet format and were clear and easy to follow. Some signatures were illegible. PRN (as required) medication and regular medication were separate. Indications for PRN medications were not documented.

The number of residents prescribed benzodiazepines (74%) and night sedation (74%) was high.

### MEDICATION ACUTE

<b>NUMBER OF PRESCRIPTIONS:</b>	<b>38</b>
Number on benzodiazepines	<b>28 (74%)</b>
Number on more than one benzodiazepine	<b>6 (16%)</b>
Number on regular benzodiazepines	<b>16 (42%)</b>
Number on PRN benzodiazepines	<b>19 (50%)</b>
Number on hypnotics	<b>28 (74%)</b>
Number on Non benzodiazepine hypnotics	<b>23 (61%)</b>
Number on antipsychotic medication	<b>31 (82%)</b>
Number on high dose antipsychotic medication	<b>1 (3%)</b>
Number on more than one antipsychotic medication	<b>10 (26%)</b>
Number on PRN antipsychotic medication	<b>10 (26%)</b>

<b>Number on antidepressant medication</b>	<b>15 (39%)</b>
<b>Number on more than one antidepressant</b>	<b>3 (8%)</b>
<b>Number on antiepileptic medication</b>	<b>6 (16%)</b>
<b>Number on Lithium</b>	<b>6(16%)</b>

## **OVERALL CONCLUSIONS**

On the day of inspection, the South Lee Acute Mental Health Unit was poorly maintained and there was evidence of poor cleaning in areas of the approved centre. There was limited activity taking place at the time of inspection and many residents were just sitting around in the sitting area and bedrooms. A number of residents were in bed. There was a great sense of inactivity in the approved centre and the layout of the approved centre made it difficult for staff to maintain adequate observation of male residents in the sleeping area during the day. There was uncertainty amongst nursing staff regarding the continued use of the ECT suite in the unit as some believed that ECT was no longer being administered in the unit. Although there were individual care plans in the clinical files, these were not consistently completed. The risk assessment recorded in the individual case notes examined did not contain sufficient information to support risk management. The lack of reception staff meant that the main entrance was only opened for two and a half days per week and was not open at all during lunchtime.

## **RECOMMENDATIONS 2010**

1. The approved centre should be adequately maintained and cleaned, notwithstanding the plans to construct a new approved centre.
2. An occupational therapist should be appointed to the approved centre
3. Staff should be trained in PMAV or equivalent training in physical restraint.
4. All individual care plans should be adequately completed and with emphasis on identifying goals and needs of residents.
5. Individual risk assessments should be recorded and specify risk management as appropriate.
6. The designated ECT nurse should be trained in ECT.