

## Report of the Inspector of Mental Health Services 2010

<b>EXECUTIVE CATCHMENT AREA</b>	South Lee, West Cork, Kerry
<b>HSE AREA</b>	South Lee
<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 Mental Health Unit
<b>TOTAL NUMBER OF BEDS</b>	46
<b>CONDITIONS ATTACHED TO REGISTRATION</b>	No
<b>TYPE OF INSPECTION</b>	Announced re-inspection
<b>DATE OF INSPECTION</b>	20 October 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 September 2010 and any other Article where applicable. Information was gathered from service user interviews, staff interviews and photographic evidence collected on the day of the inspection.

**DESCRIPTION**

South Lee Mental Health Unit was located in Cork University Hospital. It was initially inspected in September 2010 and was found to be non-compliant with eight Articles of the Regulations for Approved Centres. It was also non-compliant with the Rules and Codes of Practice on ECT and with the Codes of Practice on Admission, Discharge and Transfer to and from an Approved Centre and Guidance for Persons Working in Mental Health Services for People with Intellectual Disabilities. The approved centre was informed of this non-compliance and a second inspection was carried out on 20 October 2010.

**DETAILS OF WARDS IN THE APPROVED CENTRE**

WARD	NUMBER OF BEDS	NUMBER OF RESIDENTS	TEAM RESPONSIBLE
South Lee Mental Health Unit	46	43	General Adult

**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 15: Individual Care Plan**

LEVEL OF COMPLIANCE	DESCRIPTION	SEPTEMBER 2010	OCTOBER 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:**

All residents now had an individual care plan. A copy was given to the resident. It contained goals and in most cases a review date. The professional responsible for the intervention was not always documented.

**Article 16: Therapeutic Services and Programmes**

LEVEL OF COMPLIANCE	DESCRIPTION	SEPTEMBER 2010	OCTOBER 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 was an activation nurse in the approved centre. There was no occupational therapist. Therapeutic services and programmes were linked to individual care plans.

**Breach: 16**

**Article 22: Premises**

LEVEL OF COMPLIANCE	DESCRIPTION	SETEMBER 2010	OCOTBER 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 remained cramped and in need of painting. It remained unsuitable as a mental health acute unit. Plans for the new unit were progressing. There was a commitment given that the toilets would be up-graded. The approved centre was cleaner on this inspection.

The upstairs dormitory remained open during the day and was not supervised despite the fact that a number of residents were in this area at the time of inspection.

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

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

LEVEL OF COMPLIANCE	DESCRIPTION	SEPTEMBER 2010	OCTOBER 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:**

This policy was now in place.

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

LEVEL OF COMPLIANCE	DESCRIPTION	SEPTEMBER 2010	OCTOBER 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>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:**

The CCTV in the garden continued to record and was monitored at the main reception. A commitment was given that the CCTV camera would be angled in such a way that it did not record residents in the garden.

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

**Article 26: Staffing**

WARD OR UNIT	STAFF TYPE	DAY	NIGHT
South Lee Mental Health Unit	Nursing	11	6

LEVEL OF COMPLIANCE	DESCRIPTION	SEPTEMBER 2010	OCTOBER 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 was still no occupational therapist in the approved centre. There was an activation nurse who was still allocated to ward duties when there were nursing shortages.

Staff were still waiting for training in physical restraint.

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



**Article 32: Risk Management Procedures**

LEVEL OF COMPLIANCE	DESCRIPTION	SEPTEMBER 2010	OCTOBER 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:**

No progress had been made on the introduction of robust risk assessment for residents.

**Breach:** 32 (2) (b)

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

**ECT (DETAINED PATIENTS)**

**Use:** No detained patient had received ECT at the time of inspection. ECT was rarely used in the approved centre and had been carried out in theatre in the previous few cases.

SECTION	DESCRIPTION	FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	COMPLIANCE INITIATED	NOT COMPLIANT
2	Consent	NOT APPLICABLE			
3	Information	X			
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	NOT APPLICABLE			
13	ECT during pregnancy	NOT APPLICABLE			

**Justification for this rating:**

A tipping trolley was available. The ECT suite had no recovery room and the waiting room was used as a storage area. Nurses were not trained in ECT although there was a designated ECT consultant.

**Breach:** 9.2, 11.6

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

**PHYSICAL RESTRAINT**

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**Use:** Physical restraint is used in the unit. A number of files were examined.

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 physical restraint Clinical Practice Forms were in order. Although no staff had yet trained in physical restraint three nursing staff were training to be trainers in Prevention and Management of Aggression and Violence.

**Breach:** 10

**ADMISSION OF CHILDREN**

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**Description:** No children were resident at the time of inspection.

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:**

The approved centre remained unsuitable for the admission of children.

**Breach:** 2.5

**ECT FOR VOLUNTARY PATIENTS**

**Use:** ECT was rarely used in the approved centre.

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	X			

**Justification for this rating:**

A tipping trolley was available. The ECT suite had no recovery room and the waiting room was used as a storage area. Nurses were not trained in ECT although there was a designated ECT consultant.

**Breach:** 10, 12

**ADMISSION, TRANSFER AND DISCHARGE**

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**Description:** A number of files of residents recently admitted were examined.

**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
<b>X</b>			

**Justification for this rating:**

There was an admission, discharge and transfer policy available. Protocols were in place for dealing with self referrals, emergency referrals and the decision not to admit.

**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
<b>X</b>			

**Justification for this rating:**

Each resident has an assessment on admission. Although a risk assessment was carried out, it was insufficient. Each resident had an individual care plan and a full nursing assessment. A key worker was appointed.



**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
<b>X</b>			

**Justification for this rating:**

There was a policy on transfer. Appropriate clinical notes and medication records accompanied the resident on transfer. Nurses accompanied the resident where appropriate.

**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
	<b>X</b>		

**Justification for this rating:**

The lack of multidisciplinary team members did not allow for the discharge of residents through a full multidisciplinary team. There was a policy on discharge.

**Breach:** 33.1

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

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**Description:** Persons with an intellectual disability and mental illness were occasionally admitted to 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
			<b>X</b>

**Justification for this rating:**

There was no policy on admission of individuals with intellectual disability and mental illness. Staff had not received training in the care of people with intellectual disability.

**Breach:** 5, 6

## **OVERALL CONCLUSIONS**

In the short space of time between the initial inspection and the re-inspection the approved centre had made every effort to introduce individual care plans for all residents, linking therapeutic services and programmes to the individual care plans. However a more robust individual risk assessment for residents should be in place. The premises remained unsuitable as an acute admission unit and the lack of day-time supervision of the upstairs dormitory gave rise to serious concerns. It was encouraging to learn of the plans for the new unit due to be completed in 2012. The approved centre was severely hampered by the lack of multidisciplinary team members and the approved centre was very busy. The ECT suite was unsuitable for use as it lacked a recovery room and waiting area. There was no trained ECT nurse which was in contravention of the Rules for the use of ECT.

## **RECOMMENDATIONS 2010**

1. An occupational therapist should be appointed to the approved centre.
2. Staff should be fully trained in physical restraint.
3. Individual risk assessments should be used.
4. ECT should not be used in the approved centre until an ECT nurse is trained and the recovery room and waiting room are operational.