

Report of the Inspector of Mental Health Services 2012

EXECUTIVE CATCHMENT AREA/INTEGRATED SERVICE AREA	Cork ISA
HSE AREA	South
MENTAL HEALTH SERVICE	South Lee
APPROVED CENTRE	South Lee Mental Health Unit (SLMHU)
NUMBER OF WARDS	1
NAMES OF UNITS OR WARDS INSPECTED	SLMHU
TOTAL NUMBER OF BEDS	46
CONDITIONS ATTACHED TO REGISTRATION	Yes
TYPE OF INSPECTION	Unannounced
DATE OF INSPECTION	18 July 2012

Summary

- Each resident had an individual care plan.
- There had been refurbishment of several toileting areas, however, the female lavatory remained in poor condition.
- The activities nurse provided a daily programme of recreational and therapeutic activities.
- There continued to be little evidence of health and social care professional input to inpatient care.
- The service was engaged in ongoing audit of service delivery and there was an evident commitment to the provision of a quality service with a focus on developing community based care and treatment.

OVERVIEW

In 2012, the Inspectorate inspected this Approved Centre against all of the Mental Health Act 2001 (Approved Centres) Regulations 2006.

The Inspectorate was keen to highlight improvements and initiatives carried out in the past year and track progress on the implementation of recommendations made in 2011. In addition to the core inspection process information was also gathered from self-assessments, service user interviews, staff interviews and photographic evidence collected on the day of the inspection.

DESCRIPTION

The SLMHU was located on the ground floor of Cork University Hospital. The unit was accessed via its own hall door, however, this only operated two and a half days per week when there was a receptionist on duty. Otherwise access was via a circuitous route through the general hospital. There were plans to build a new acute unit on the site of the Cork University Hospital and this had gone to tender. This was a welcome progression as the current SLMHU layout made for challenges in supervising residents and was also limited in bedroom and bathroom facilities. The unit continued to be a busy acute unit with six sector teams and a psychiatry of old age team admitting residents. There were 31 persons resident on the day of inspection, eight of whom were detained.

The following Condition applied to the registration of the SLMHU with effect from the 8th February 2012: “ The Mental Health Commission requires full compliance with Article 15 (Individual Care Plan) of S.1. No. 551 of 2006 Mental Health Act 2001 (Approved Centres) Regulations 2006 by no later than 31st March 2012.”

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

COMPLIANCE RATING	2010	2011	2012
Fully Compliant	25	27	26
Substantial Compliance	1	0	1
Minimal Compliance	4	1	3
Not Compliant	1	3	1
Not Applicable	0	0	0

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

DETAILS OF WARDS IN THE APPROVED CENTRE

WARD	NUMBER OF BEDS	NUMBER OF RESIDENTS	TEAM RESPONSIBLE
SLMHU	46	31	Sector teams x 6 Psychiatry of Old Age

QUALITY INITIATIVES 2011/2012

- The unit had developed a self-staffing programme.
- A service-wide rota of one in six had been developed to provide Assistant Director of Nursing cover as “the person in charge” for approved centres in Cork at night time.
- A new multidisciplinary (ICP) had been introduced.
- Assertive outreach and home based treatment teams had been developed.
- ‘Friends of GF’, a fundraising organisation had raised funds to improve the garden.
- Staff had redesigned an interview room for use as a ‘quiet’ room.
- An audit report and recommendations had been completed on managing ligature and other suicide risks within the SLMHU. Recommendations were being implemented.
- A multidisciplinary admission and discharge protocol booklet had been introduced.

PROGRESS ON RECOMMENDATIONS IN THE 2011 APPROVED CENTRE REPORT

1. Each resident must have an individual care plan that meets the requirements of the Regulations.
Outcome: Each resident had an individual care plan.
2. The therapeutic services and programmes provided to residents must be aimed at maintaining or restoring optimal physical and psychosocial function, and must be specified in the individual care plan.
Outcome: There was provision in the individual care plan documentation template to record the activity programme requirements for each resident and also specified individual interventions required.
3. Multidisciplinary teams should be adequately resourced with health and social care professionals.
Outcome: This had not happened.
4. The Physical Restraint Clinical Practice Form book should be completed by the consultant psychiatrist.
Outcome: The Physical Restraint Clinical Practice Form was completed by the consultant psychiatrist.
5. The scheduled staff training in the Prevention and Management of Aggression and Violence (PMAV) should be completed.
Outcome: Training was ongoing and most staff had received training.

The observation needs of residents should be reviewed and adequately provided for.

Outcome: Nursing staff conduct regular checks of residents upstairs and a log of these checks was maintained.

7. The approved centre should develop a policy and training on the management of persons with intellectual disability and mental illness.

Outcome: A policy had been developed but staff had not yet received training.

PART TWO: EVIDENCE OF COMPLIANCE WITH REGULATIONS, RULES AND CODES OF PRACTICE, AND SECTION 60, MHA 2001

2.2 EVIDENCE OF COMPLIANCE WITH REGULATIONS UNDER MENTAL HEALTH ACT 2001 SECTION 52 (d)

Article 4: Identification of Residents

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

Photographic identification was not used. Wristbands were used for identification purposes but were not solely relied upon. Staff handover procedures and the attendance of two nursing staff during the administration of medication ensured identification.

Article 5: Food and Nutrition

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

Food was prepared in the main hospital kitchen and delivered to the SLMHU where it was plated and served. There was a good choice of menu and dietary needs were catered for. The dining room was laid out in long communal table format at the request of the residents. Fresh drinking water was available throughout the unit.

Article 6 (1-2): Food Safety

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

The most recent environmental health officer's report was available for inspection.

Article 7: Clothing

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

.Night clothes were only worn if specified in the individual care plan. At the time of inspection one individual was wearing night clothes and this was detailed in the individual clinical file. The approved centre made provision for the supply of individual clothing where a resident had an insufficient personal supply of clothing.

Article 8: Residents' Personal Property and Possessions

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

There was an up-to-date policy on residents' property and possessions. A property checklist was completed on admission. There was provision for the safe storage of property within the unit.

Article 9: Recreational Activities

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

A prefabricated building annexed the SLMHU and provided recreational facilities for residents, including, exercise equipment, snooker, table-tennis and arts and crafts. Television, radio and music centres, DVD players and electronic games consoles were available within the unit also.

Article 10: Religion

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

Cork University Hospital maintained a contact list for religious ministers of various denominations and residents were facilitated in the practice of their religion insofar as practicable. A Roman Catholic priest held a weekly Mass within the SLMHU.

Article 11 (1-6): Visits

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

There was a policy on visits. There were a number of rooms and spaces available to appropriately accommodate visits.

Article 12 (1-4): Communication

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

There was a policy on communication. Residents might retain and use their personal mobile telephones if they so wished. There was also a public telephone within the SLMHU. Staff also accommodated residents to make local calls. Residents sent and received post unopened and there was a daily postal service within the hospital.

Article 13: Searches

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

There was a policy on the making of searches with and without consent, and on the finding of illicit substances. No searches had been carried out in 2012.

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

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

There was a policy on the care of residents who are dying. Single room accommodation was available if required, however, individuals would usually be transferred to the main hospital.

Article 15: Individual Care Plan

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X		X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>		X	

Justification for this rating:

There was an individual care plan (ICP) in place for each resident. The ICP documentation format was clear and concise and supported a coherent and focussed individual care planning process. The service was engaged in an ongoing ICP audit programme. The individual clinical files inspected generally evidenced a good standard of recording. One ICP had not been reviewed in a timely manner.

Article 16: Therapeutic Services and Programmes

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>			X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>	X		
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>		X	

Justification for this rating:

Individual care plans identified therapeutic services and interventions required to meet assessed needs.

Article 17: Children's Education

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

No child had been admitted in 2012 up to the time of inspection. There was a policy on education for a child resident and where required, the social worker liaised with relevant agencies to ensure appropriate support and provision.

Article 18: Transfer of Residents

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

There was a policy on transfers. All relevant clinical information accompanied a resident on transfer. There was an transfer protocol and form in place.

Article 19 (1-2): General Health

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

One resident had been in the SLMHU for a period in excess of six months and regular physical health reviews were recorded. Residents had access to national screening programmes. There was a policy on responding to medical emergencies.

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

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

Information was provided to residents on diagnoses and treatments. There was an information leaflet for residents and family about the SLMHU. The advocate visited weekly and information was posted about advocacy and voluntary organisations. Information was displayed in the sitting rooms and staff also sourced specific information for individuals via the internet and provided this in hard copy to residents where required.

Article 21: Privacy

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			X
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

Individual bedrooms on the female corridor did not have privacy curtains on the door panels. Single rooms on the female corridor were directly overlooked by the public car park and privacy screening was required on the windows in addition to the curtains.

There was inadequate provision for residents personal laundry and at the time of inspection clothes were hanging to dry from windows and in the garden.

Breach: 21

Article 22: Premises

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>			
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>	X	X	X

Justification for this rating:

The unit was clean on the day of inspection and several shower areas and lavatories had been refurbished. The exception to this was the female lavatory which remained in poor condition. The unit was not wheelchair accessible. Overall the layout of the unit was not suitable as an acute unit owing to the challenge in supervising residents in all areas.

Breach: 22 (1)(a)(c)

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

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

There was a policy on the prescribing, ordering, storing and administration of medications.

Article 24 (1-2): Health and Safety

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

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

Article 25: Use of Closed Circuit Television (CCTV)

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>		X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>	X		
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

CCTV was in operation on the first floor and covering the boundary wall in the garden area. There was signage posted to alert residents and visitors of the usage of CCTV.

Article 26: Staffing

WARD OR UNIT	STAFF TYPE	DAY	NIGHT
SLMHU	CNM3	1	0
	CNM2/1	3	1
	RPN	8	5

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

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>			
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>	X	X	X
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

There was insufficient input from health and social care professionals to meet assessed needs of residents. The sector teams were not adequately staffed with health and social care professionals.

Health Service Executive (HSE) policies and procedures in relation to recruitment and vetting of staff applied. Staff training had not been completed in the management of individuals with an intellectual disability and mental illness. Staff training in the therapeutic management of violence and de-escalation procedures was up to date.

Breach: 26(2)

Article 27: Maintenance of Records

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			X
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

There was no policy on records available on the day of inspection. Some individual clinical files were not maintained in a satisfactory manner, being torn apart, with loose leaves and bulky, to ensure the integrity of the individual clinical record. A copy of the policy was subsequently forwarded to the Inspectorate following the inspection.

Breach: 27.(1)

Article 28: Register of Residents

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

The register of residents met the requirements of the Regulations.

Article 29: Operating policies and procedures

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			X
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

There was no policy on records available on the day of inspection,

Breach: 29

Article 30: Mental Health Tribunals

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

The approved centre cooperated fully with Mental Health Tribunals and patients were supported in attending where required.

Article 31: Complaint Procedures

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>		X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>	X		
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

The complaints procedure was prominently displayed. There was an identified person within the approved centre to deal with complaints in the first instance and a nominated person to deal with complaints who was located at St. Finbar's Hospital. A written record of complaints was held there.

Article 32: Risk Management Procedures

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>		X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>	X		
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

The risk management policy met the requirements of the Regulations. Risk assessment had been completed and recorded in all the individual clinical files inspected.

Article 33: Insurance

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

The approved centre was insured via the State Claims Agency.

Article 34: Certificate of Registration

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

The certificate of registration was displayed.

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

SECLUSION

Seclusion was not used in the approved centre.

Electroconvulsive Therapy (ECT) (DETAINED PATIENTS)

ECT was not used in the approved centre and no detained patient was receiving ECT in another approved centre.

MECHANICAL RESTRAINT

Mechanical restraint was not used in the approved centre.

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

PHYSICAL RESTRAINT

Use: Physical restraint was used in the approved centre.

SECTION	DESCRIPTION	FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	MINIMAL COMPLIANCE	NOT COMPLIANT
1	General principles	X			
5	Orders	X			
6	Resident dignity and safety	X			
7	Ending physical restraint		X		
8	Recording use of physical restraint	X			
9	Clinical governance	X			
10	Staff training		X		
11	Child residents	NOT APPLICABLE			

Justification for this rating:

The clinical files of two residents who had been restrained were inspected. In each case, the order for physical restraint was completed correctly and placed in the resident's clinical file. There was no evidence in the clinical files inspected that the resident had been afforded the opportunity to discuss the episode of restraint with members of the multidisciplinary team following the incident. The service had a written up-to-date policy on physical restraint. Training in the prevention and management of violence was underway and most staff in the approved centre had received this training.

Breach: 7.2, 10.1(e)

ADMISSION OF CHILDREN

No child had been admitted to the approved centre in 2012 to the time of the inspection.

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

Justification for this rating:

The approved centre was unsuitable for the admission of children.

Breach: 2.5

NOTIFICATION OF DEATHS AND INCIDENT REPORTING

Description: No resident of the approved centre had died in 2012 to the time of inspection.

SECTION	DESCRIPTION	FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	MINIMAL COMPLIANCE	NOT COMPLIANT
2	Notification of deaths	NOT APPLICABLE			
3	Incident reporting	X			
4	Clinical governance (identified risk manager)		X		

Justification for this rating:

Incidents were reported on the Health Service Executive (HSE) national STARSWeb system and also to the Mental Health Commission as required. The service had a risk management policy which was compliant with Article 32 of the Regulations. The risk management policy did not identify the risk manager within the mental health service.

Breach: 4.2

Electroconvulsive Therapy (ECT) FOR VOLUNTARY PATIENTS

ECT was not used in the approved centre and no resident was receiving ECT in another approved centre.

ADMISSION, TRANSFER AND DISCHARGE

Part 2 Enabling Good Practice through Effective Governance

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

Level of compliance:

FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	MINIMAL COMPLIANCE	NOT COMPLIANT
X			

Justification for this rating:

The approved centre had policies relating to admission, transfer and discharge of residents and was compliant with Article 8 relating to Personal Property and Possessions, Article 23 relating to the Ordering, Prescribing, Storing and Administration of Medicines and Article 32 relating to Risk Management Procedures. There was a record that staff had read the documentation on policies.

Part 3 Admission Process

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

Level of compliance:

FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	MINIMAL COMPLIANCE	NOT COMPLIANT
	X		

Justification for this rating:

The clinical file of one resident recently admitted was inspected. On admission, the resident had a mental health and physical examination. Risk assessment was carried out and a risk management plan was instituted. An individual care plan was written and the resident was assigned a key worker. All records were integrated with the exception of social work records which were maintained separately by the social worker. The approved centre was compliant with Article 7 relating to Clothing, Article 8 relating to Residents' Personal Property and Possessions and Article 20 relating to Provision of Information. It was not fully compliant with Article 27 relating to Records.

Breach: 22.1, 22.6

Part 4 Transfer Process

The following aspects were considered: 25. Transfer criteria, 26. decision to transfer, 27. assessment before transfer, 28. resident involvement, 29. multidisciplinary team involvement, 30. communication between Approved Centre and receiving facility and information transfer, 31. record-keeping and documentation, 32. day of transfer.

Level of compliance:

FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	MINIMAL COMPLIANCE	NOT COMPLIANT
X			

Justification for this rating:

The approved centre had a policy on the transfer of residents. The individual clinical file of one resident who had been transferred to Carraig Mor was inspected and all clinical documentation was well recorded and communicated. The decision to transfer was made by the multidisciplinary team and in the best interests of the resident. Family were apprised of the transfer and the resident was accompanied during transfer.

Part 5 Discharge Process

The following aspects were considered: 33. Decision to discharge, 34. discharge planning, 35. pre-discharge assessment, 36. multi-disciplinary team involvement, 37. key-worker, 38. collaboration with primary health care, community mental health services, relevant outside agencies and information transfer, 39. resident and family/carer/advocate involvement and information provision, 40. notice of discharge, 41. follow-up and aftercare, 42. record-keeping and documentation, 43. day of discharge, 44. specific groups.

Level of compliance:

FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	MINIMAL COMPLIANCE	NOT COMPLIANT
X			

Justification for this rating:

One resident who had been discharged two months previously and had been re-admitted was available for inspection. The resident had spent short period on leave prior to the decision to discharge. On the day of discharge, the resident had been reviewed by the team and an appointment for the outpatient clinic was made. There was a copy of the discharge summary to the general practitioner (GP) in the clinical file.

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

Description: There was no resident with an intellectual disability and a 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	MINIMAL COMPLIANCE	NOT COMPLIANT
	X		

Justification for this rating:

A policy on working with people with intellectual disabilities and mental illness had been developed. Staff had not received training in this aspect of mental illness. The service operated a key worker system of care in the approved centre.

Breach: 6.1

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

SECTION 60 – ADMINISTRATION OF MEDICINE

Description: One detained patient had been receiving medication for more than three months.

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

Justification for this rating:

A Form 17 had been completed by the treating consultant psychiatrist and another consultant psychiatrist.

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

Description: There were no children in the approved centre and no child had been detained under S. 25 of the Mental Health Act 2001.

SECTION THREE: OTHER ASPECTS OF THE APPROVED CENTRE

SERVICE USER INTERVIEWS

One resident expressed dissatisfaction with the provision of the outside smoking area.

OVERALL CONCLUSIONS

The SLMHU continued to be a busy acute unit with six sector teams and a psychiatry of old age team admitting residents. There was a dearth of health and social care professionals' input to care for inpatients. The level of administrative support was also severely limited. The availability of administrative support was vital to supporting communication and liaison across community agencies and should be resourced. The mental health service was in the process of reconfiguring and developing community based mental health services and was to be commended for developments in this area. The approved centre had also introduced self-staffing within the unit since the 1st April 2012 and now operated a nighttime person in charge rota across the integrated service area. Overall, there was a clear commitment by staff to deliver a quality service to residents and a continuum of care across mental health services.

A new SLMHU building is much needed and essential to provide safe and appropriate modern mental health care to acutely unwell residents.

RECOMMENDATIONS 2012

1. Privacy screening and curtains must be installed to ensure dignity and privacy for all.
2. Laundry facilities need to be reviewed to ensure the needs of residents are adequately met.
3. The upkeep of the premises must be maintained and the female lavatory upgraded to an adequate standard.
4. One individual clinical file should operate for each resident and health and social care input must be recorded in this composite set of notes.
5. Individual clinical files must be maintained to the standard required by the Regulations.
6. Sector teams should be adequately resourced with health and social care professionals and administrative support.