

Report of the Inspector of Mental Health Services 2011

EXECUTIVE CATCHMENT AREA	Dublin North East
HSE AREA	Dublin North East
MENTAL HEALTH SERVICE	Dublin North East
APPROVED CENTRE	Adolescent In-patient Unit, St. Vincent's Hospital, Fairview.
NUMBER OF WARDS	1
NAMES OF UNITS OR WARDS INSPECTED	Adolescent In-patient Unit.
TOTAL NUMBER OF BEDS	6
CONDITIONS ATTACHED TO REGISTRATION	No
TYPE OF INSPECTION	Unannounced
DATE OF INSPECTION	28 September 2011

OVERVIEW

In 2011, the Inspectorate inspected this Approved Centre against all of the Mental Health Act 2001 (Approved Centre) Regulations 2006, the Rules and the Codes of Practice. The approved centre failed to return a self-assessment despite two requests from the Inspectorate to do so. 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 2010. In addition to the core inspection process, information was gathered from service user interviews, staff interviews and photographic evidence collected on the day of the inspection.

DESCRIPTION

The Adolescent Unit at St. Vincent's Fairview was located on the ground floor of a building in the grounds of the adult mental health unit. It accepted referrals of adolescents aged between 16 and 18 years from a catchment area covering Dublin North, West, North East and North Central and counties Louth, Meath, Cavan and Monaghan. At the time of inspection, there were six beds in the unit but construction was about to commence within one month of the inspection to re-construct the building and double the number of beds. The unit was fully occupied at the time of inspection; one resident was involuntarily detained. It was reported there was no waiting list for admission.

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

COMPLIANCE RATING	2009	2010	2011
Fully Compliant	25	30	24
Substantial Compliance	1	0	3
Minimal Compliance	2	0	2
Not Compliant	2	0	0
Not Applicable	1	1	2

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
Adolescent In-patient Unit.	6	6	Child and Adolescent Mental Health Team

QUALITY INITIATIVES

- Building works were about to commence to expand the unit and double the number of beds.
- The unit had engaged in the peer review process for Quality Network for Inpatient CAMHS (QNIC) and was awaiting accreditation.
- A number of audits had been carried out, including an audit on residents' weights following medication and a medication kardex audit.
- A series of staff training programmes had been planned whilst the building works were in progress.

PROGRESS ON RECOMMENDATIONS IN THE 2010 APPROVED CENTRE REPORT

1. The approved centre should continue to actively pursue options to increase bed capacity for the provision of services to young persons requiring in-patient care.

Outcome: Building work to extend the unit, and to increase bed capacity, was about to commence.

2. There should be multidisciplinary input to the senior management team.

Outcome: This had been achieved.

3. The unit should extend its access to outdoor and garden space.

Outcome: This had been achieved.

4. The quiet room adjacent to the seclusion room should be refurbished appropriately to provide for its use as a de-escalation space.

Outcome: This had not been achieved.

5. The social work post should be filled.

Outcome: This post had been filled.

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

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

Article 4: Identification of Residents

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
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:

Two registered psychiatric nurses administered medication. Photographic identification of residents was attached to the prescription booklet. A record of staff signatures was maintained.

Article 5: Food and Nutrition

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
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:

Fresh drinking water was available in a number of areas. There was no menu displayed and staff did not know what was on the menu unless they phoned the kitchen. Dinner was eaten by residents at 17.30h and there was a good choice of main meal. Dietary requirements were catered for. Soup and sandwiches were provided at lunch time. Porridge, cereals, toast and fruit was available for breakfast.

Article 6 (1-2): Food Safety

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
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>			
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>	X		

Justification for this rating:

An Environmental Health Officer's (EHO) report had been received by the service in July 2011, but no evidence was seen which indicated that any of the issues highlighted by the EHO had been addressed.

Breach: 6

Article 7: Clothing

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
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:

Each resident had their own wardrobe for storage of clothing. Night clothes were not worn by residents during the day.

Article 8: Residents' Personal Property and Possessions

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
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 property list was maintained which the resident could examine if necessary. Valuables were encouraged to be sent home with parents/guardians. The approved centre had written operational policies and procedures relating to residents' personal property and possessions.

Article 9: Recreational Activities

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
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 large screen TV, a Wii, assorted games, DVD player and DVDs, a music system. Residents had access to outdoor playing facilities and to a garden.

Article 10: Religion

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
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:

Residents were facilitated in the practice of their religion. The chaplain facilitated the residents in spiritual aspects rather than in denominational aspects of religion.

Article 11 (1-6): Visits

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
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:

Appropriate arrangements were made for residents to receive visitors. Reasonable visiting hours were in place. The approved centre had written operational policies and procedures for visits.

Article 12 (1-4): Communication

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
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:

Residents handed up their mobiles but were provided with non-camera mobile phones by the approved centre into which they could insert their SIM card. Residents could also access their Facebook sites under direct supervision by staff. The approved centre had written operational policies and procedures on communication.

Article 13: Searches

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
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:

Searches had been undertaken. Property was searched with the child present or without. Two members of staff carried out searches. No bodily searches had been carried out. The approved centre had written operational policies and procedures on the searching of a resident, his or her belongings and the environment in which he or she is accommodated; for carrying out searches with the consent of the resident and carrying out searches in the absence of such consent; and in relation to the finding of illicit substances.

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

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
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 had written operational policies and protocols for care of residents who are dying.

Article 15: Individual Care Plan

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
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 clinical files of four residents were examined. All residents had an individual care plan, and weekly reviews were carried out by the multidisciplinary team.

Article 16: Therapeutic Services and Programmes

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
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:

It was evident from the clinical files that a range of therapeutic programmes and interventions were provided for residents and were linked to individual care plans.

Article 17: Children's Education

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
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:

Whilst education was provided to residents by three full-time teachers, shared with the day hospital, the facilities in the approved centre were poor. There was one classroom which doubled as an art room. At the time of inspection, two residents were using the classroom whilst two further residents were having an English lesson in a small interview room with the door open to the corridor, while writing and balancing copies on their laps.

Breach: 17

Article 18: Transfer of Residents

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
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 current resident had been transferred to another facility. It was reported when a transfer occurred a doctor's letter with information regarding the resident was written. The service did not use a nurse's transfer form. The approved centre had a written policy and procedures on the transfer of residents.

Article 19 (1-2): General Health

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
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:

Each resident underwent a full physical examination on admission. Adequate arrangements were in place for access by residents to general health services. No child had been resident for a period longer than six months. The approved centre had written operational policies and procedures for responding to medical emergencies.

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

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
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:

Information on the resident's multidisciplinary team, housekeeping practices, meal times, visiting times and arrangements, diagnoses in written form and on medications was provided to residents. There was an excellent parent/carers information leaflet. There were no advocacy services provided to residents but the service was using the Headspace Toolkit for Young People. The approved centre had no written operational policies and procedures for the provision of information to residents. The service subsequently forwarded a policy on provision of information which had been drawn up following the inspection.

Breach: 20(2).

Article 21: Privacy

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
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:

On the day of inspection the resident's privacy and dignity was appropriately respected.

Article 22: Premises

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
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 premises were clean and well-maintained. Building work to extend the unit was about to take place.

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

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
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 approved centre had appropriate and suitable practices and written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents.

Article 24 (1-2): Health and Safety

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
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 service had a policy on Health and Safety relating to residents, staff and visitors. Fire alarms were tested once weekly.

Article 25: Use of Closed Circuit Television (CCTV)

CCTV was not used in the approved centre.

Article 26: Staffing

WARD OR UNIT	STAFF TYPE	DAY	NIGHT
Adolescent In-patient Unit	Nursing	1 CNM1 1 CNM2 4 RPN	3 RPNs

Clinical Nurse Manager (CNM), Registered Psychiatric Nurse (RPN), Non Consultant Hospital Doctor (NCHD).

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
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:

The approved centre had written policies and procedures relating to the recruitment, selection and vetting of staff. The number and skill mix of staff was appropriate to the assessed needs of residents; a dietician, psychologist, social worker and speech and language therapist all provided sessions to residents in the approved centre. There was an appropriately qualified staff member on duty and in charge of the approved centre at all times. The training register was examined and was satisfactory. Copies of the Act, Regulations, Rules and Codes of Practices were available to staff on the unit.

The service had the following number of WTE nursing posts: CNM 2 x1; CNM1 x3; RPN x12

Article 27: Maintenance of Records

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
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:

Clinical files were in good order and it was easy to retrieve information. The approved centre had written policies and procedures relating to the creation of, access to, retention of and destruction of records. The health and safety statement and the food safety report were available for inspection. A record of fire inspection reports was not available for inspection and was not subsequently forwarded.

Breach: 27(3)

Article 28: Register of Residents

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
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 complied with Schedule 1 of the Regulations.

Article 29: Operating policies and procedures

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
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:

Following the inspection, the service forwarded their policies on health and safety for residents, staff and visitors and training in relation to physical restraint and seclusion. Following the inspection, a policy was drawn up on provision of information to residents.

Breach: 29

Article 30: Mental Health Tribunals

This was not applicable as all residents were children.

Article 31: Complaint Procedures

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
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 had written operational policies and procedures relating to the making, handling and the investigation of complaints. The complaints procedure was displayed in a prominent position in the approved centre. The CNM2 was named as the nominated person in the approved centre to deal with all complaints.

Article 32: Risk Management Procedures

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
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 approved centre had a comprehensive written risk management policy in place that was compliant with this Article.

Article 33: Insurance

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
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 insurance was made available to the Inspectorate.

Article 34: Certificate of Registration

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
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 framed and displayed inside the entrance to the approved centre.

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

SECLUSION

Use: Seclusion was used in the approved centre. Two children had been secluded in 2011 to the date of inspection.

SECTION	DESCRIPTION	FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	MINIMAL COMPLIANCE	NOT COMPLIANT
1	General principles	X			
3	Orders	X			
4	Patient dignity and safety	X			
5	Monitoring of the patient	X			
6	Renewal of seclusion orders	NOT APPLICABLE			
7	Ending seclusion		X		
8	Facilities	X			
9	Recording	X			
10	Clinical governance			X	
11	Staff training	X			
12	CCTV	NOT APPLICABLE			
13	Child patients	X			

Justification for this rating:

One current resident had been secluded for a period of one hour and thirty-five minutes. This clinical file was examined by the Inspectorate and the seclusion register was examined. There was documentary evidence in the clinical file that all other interventions to manage the child's unsafe behaviour had been attempted before using seclusion. There was evidence that the child's next of kin had been informed of the episode of seclusion. There was no documentary evidence in the clinical file that the child had been afforded the opportunity to discuss the episode of seclusion with members of the multidisciplinary team (MDT). The seclusion policy had expired in June 2011. There was no documentary evidence in the clinical file that the episode of seclusion was reviewed by the MDT.

Breach: 7.4, 10.2(d), 10.3

ECT (DETAINED PATIENTS)

Use: The approved centre did not use ECT. No child resident had received ECT.

MECHANICAL RESTRAINT

Use: Mechanical restraint was not used in the approved centre.

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

PHYSICAL RESTRAINT

Use: The approved centre used physical restraint.

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	X			

Justification for this rating:

One current resident had been physically restrained. This clinical file was examined by the Inspectorate and the Clinical Practice Form book was examined. There was documentary evidence in the clinical file that all other interventions to manage the child's unsafe behaviour had been attempted before using physical restraint. There was evidence that the child's next of kin had been informed of the episode of physical restraint. There was no documentary evidence in the clinical file that the child had been afforded the opportunity to discuss the episode of physical restraint with members of the multidisciplinary team (MDT). The physical restraint policy was out of date since 9 June 2011; the service had a separate policy in relation to training in physical restraint and seclusion. Despite this, the training register in relation to physical restraint was examined and was satisfactory. There was no documentary evidence in the clinical file that the episode of seclusion was reviewed by the MDT.

Breach: 7.2, 9.2(d)

ADMISSION OF CHILDREN

Description: The unit was designated for the admission of children only.

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

Justification for this rating:

All residents whose clinical files were examined had appropriate consent forms signed by parents. In the case of one child who was detained, the form relating to leave had not been signed by the consultant psychiatrist.

Breach: 4.3

NOTIFICATION OF DEATHS AND INCIDENT REPORTING

Description: The approved centre reported all incidents to the Mental Health Commission

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

Justification for this rating:

The risk management policy was compliant with Article 32 of the Regulations.

ECT FOR VOLUNTARY PATIENTS

Use: The approved centre did not use ECT. No child resident had received ECT.

ADMISSION, TRANSFER AND DISCHARGE

Description: Adolescents between the ages of 16 and 18 years were admitted to, and discharged from the unit.

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 service had policies on admission, transfer and discharge from the approved centre. Consent was obtained from parents and the service was compliant with Article 32 relating to risk management. The register of staff training was satisfactory.

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:

All admissions were planned admissions and in some cases, the adolescent had an opportunity to visit the unit prior to admission. All residents had an individual care plan and there was evidence of involvement by the multidisciplinary in the care and treatment of residents. A key worker system was in operation.

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
NOT APPLICABLE			

Justification for this rating:

No current resident had been transferred to another approved centre or to a general hospital.

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 had been discharged and subsequently re-admitted and the file was therefore available for examination with regard to the Code of Practice on Discharge. There was evidence in the clinical file that the discharge had been discussed by the multidisciplinary team. A discharge summary had been written. The adolescent had been discharged to the care of an adult mental health team as the CAMHS team in the area did not accept referrals of 16 year olds who had not been attending their service prior to their 16th birthday.

Breach: 41.1

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

Description: No current child had an intellectual disability and mental illness.

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:

The policy in relation to this Code of Practice was unsigned and in draft form. No training of staff had occurred in relation to this Code of Practice.

Breach: 5, 6

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

SECTION 60 – ADMINISTRATION OF MEDICINE

Description: This was not applicable as all residents were children.

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

Description: No child was detained under the Mental Health Act 2001 for a period in excess of three months.

SECTION THREE: OTHER ASPECTS OF THE APPROVED CENTRE

SERVICE USER INTERVIEWS

No resident requested to speak with the inspectors. Although inspectors invited residents to meet with them as a group, the residents declined the invitation.

OVERALL CONCLUSIONS

The Adolescent Unit at St. Vincent's Hospital Fairview provided inpatient care for six residents. All residents had individual care plans and the service provided a range of therapeutic programmes. The unit was appropriately decorated and bedroom accommodation was good. Some members of nursing staff were engaged in pursuing qualifications in Child and Adolescent psychiatry, but it was somewhat surprising that at the time of inspection, it was reported that none of the staff had yet attained such qualifications. There was inadequate space to conduct schooling, but the plans for the renovated building works included better provision of classroom space in the day hospital which would be used by the residents. It was disappointing to note that not all adolescent residents were followed up by the local CAMHS teams, particularly where such a service existed.

RECOMMENDATIONS 2011

1. Suitable accommodation should be provided for educational purposes.
2. The Rules Governing the Use of Seclusion must be complied with.
3. All policies should be reviewed within the recommended timeframe.
4. A written operational policy in relation to the Provision of Information to Residents must be implemented.
5. Advocacy services must be provided for residents.