

Report of the Inspector of Mental Health Services 2012

EXECUTIVE CATCHMENT AREA/INTEGRATED SERVICE AREA	North Lee/North Cork/South Lee/West Cork/Kerry/Carlow/Kilkenny/South Tipperary/Waterford/Wexford
HSE AREA	South
MENTAL HEALTH SERVICE	Child and Adolescent Mental Health Inpatient Service
APPROVED CENTRE	Eist Linn, Bessborough, Blackrock, Cork
NUMBER OF WARDS	1
NAMES OF UNITS OR WARDS INSPECTED	Eist Linn
TOTAL NUMBER OF BEDS	20
CONDITIONS ATTACHED TO REGISTRATION	No
TYPE OF INSPECTION	Unannounced
DATE OF INSPECTION	2 October 2012

Summary

- Twelve of the 20 beds in this approved centre were operational. Management reported that significant additional multidisciplinary posts were required to be filled to enable the opening of the remaining beds. On the day of inspection there were 15 children on the admission waiting list.
- Referrals were accepted from the 12 Child and Adolescent Mental Health Teams (CAMHS) in the Health Service Executive South Region and from Adult Sector Teams. National CAMHS teams also made referrals.
- Inspection of individual clinical files highlighted the longstanding involvement of state agencies in the lives of some children and gaps in service which may have led ultimately to admission to a tertiary service such as Eist Linn. Staff reported that a number of referrals came from children's residential services and that 50% of all children referred for admission went on to be admitted.
- The admission and discharge processes were excellent. Each child had an individual care plan.
- Attention needs to be paid to the maintenance of clinical files, documentation, identification of clinicians in the files and ease of retrieval of important information, as required by the Regulations.

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

Eist Linn was an in-patient facility for children with mental illness. It was a 20-bed unit but was only operating with 12 beds. The inspectors were told that this was because there were insufficient multidisciplinary staff to provide for a 20 bed unit. In the meantime, on the day of inspection there were 15 children waiting for admission to the approved centre. There were 11 children resident in the centre and one child was detained under section 25 of the Mental Health Act 2001.

The approved centre was converted from previous use to a very appropriate and child friendly environment. It had single rooms and plenty of communal space, a range of activity rooms and school rooms, outside and inside recreation space and therapy rooms.

One clinical team had sole responsibility for the approved centre and there was good access to therapeutic services and programmes through this team.

The approved centre stated that they admitted emergencies or out of hours presentations. Admissions were taken from a waiting list and there was a facility to prioritise urgent cases.

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

COMPLIANCE RATING	2010	2011	2012
Fully Compliant	Not Applicable	24	28
Substantial Compliance	Not Applicable	4	1
Minimal Compliance	Not Applicable	2	1
Not Compliant	Not Applicable	0	0
Not Applicable	Not Applicable	1	1

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
Eist Linn	20	12	Child and Adolescent Mental Health Team

QUALITY INITIATIVES 2011/2012

- A service user policy group had been established.
- Nursing personnel continuing professional development was actively pursued and included, Masters Programmes in public administration, in CAMHS self-harm research, in cognitive behaviour therapy and in CAMHS mental health care. All team members had continuing professional development.
- A consultation process had commenced with focus groups with parents to explore service quality improvement.

PROGRESS ON RECOMMENDATIONS IN THE 2011 APPROVED CENTRE REPORT

1. The multidisciplinary team should be resourced to provide a psychologist and an occupational therapist.

Outcome: The in-patient CAMHS team had a 0.5 whole time equivalent (WTE) occupational therapist and a clinical psychologist.

2. The service should develop a policy on working with people with an intellectual disability and a mental illness.

Outcome: A policy was in place.

3. The complaints officer should be located in the approved centre.

Outcome: The Assistant Director of Nursing was the nominated person to deal with complaints within the approved centre.

4. Advocacy services must be provided for residents.

Outcome: There were no advocacy services for residents. There was no agency with responsibility for children's advocacy in approved centres and no state funding for such a service. Eist Linn staff had endeavoured to source such services but none existed nationwide.

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>	NOT APPLICABLE	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:

Medication was administered by two nurses. A photograph of each resident was maintained in the individual clinical file. Consent was provided for the use of photographic identification.

Article 5: Food and Nutrition

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>	NOT APPLICABLE	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:

Meals were served in an attractive dining room with a servery counter. The daily menu was displayed in a menu stand at the servery. An excellent choice of meals was provided, including an array of salads. Meals were prepared and cooked at St. Stephen's Hospital and transported to Eist Linn where they were plated and served according to residents' choices. There was a chef in St. Stephen's Hospital assigned to catering for Eist Linn. In addition to three meals per day, snacks comprising fruit, smoothies, juice and sandwiches were served three times per day also. Each resident had their own snack box. A full-time dietician was employed and individual diets were incorporated in individual care plans. Fresh drinking water was available. The catering service was outstanding and there was evident collaboration between the clinical and catering staff to ensure an effective and quality service.

Article 6 (1-2): Food Safety

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>	NOT APPLICABLE	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 and it recorded the fact that Eist Linn met all the standards required.

Article 7: Clothing

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>	NOT APPLICABLE	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 wore day clothes. In the event of an individual resident not having a supply of personal clothing there was a contingency for the purchase of individual 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>	NOT APPLICABLE	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 and procedure relating to residents' personal property and possessions. A property checklist was completed at the time of admission. Residents were provided with information and guidance about what items to bring with them when being admitted. Each resident had a storage facility in their bedroom. There was additional lockable storage for each individual 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>	NOT APPLICABLE	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:

Age appropriate recreational provision was excellent. There were comfortable sitting rooms with televisions, electronic games consoles, DVD players, table games, music centres and art materials. There was an excellent supply of well chosen young person's books. The outside garden space could be used to play ball games. An inside gym had basketball hoops and an adjoining room had exercise equipment. Eist Linn had a minibus and outings were organised on a regular basis to the cinema, a wild-life park, areas of interest and social amenities.

Article 10: Religion

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>	NOT APPLICABLE	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 of all faiths were accommodated in the practice of their religion insofar as was practicable. A number of residents attended religious services in the community at weekends with their families.

Article 11 (1-6): Visits

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>	NOT APPLICABLE	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 sufficient sitting rooms to facilitate visits. There was a small flatlet to facilitate parents visiting.

Article 12 (1-4): Communication

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>	NOT APPLICABLE	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 communications. Residents could send and receive post unopened. Residents could retain their own SIM card for use in the approved centre's own mobile phone. Residents were also facilitated with the use of an office phone for making and receiving calls. Internet access was limited for residents and did not include social network sites.

Article 13: Searches

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>	NOT APPLICABLE	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 searches, both with and without consent and on the finding of illicit substances. All bedrooms and living areas were routinely searched each day. None of the young persons resident on the day of inspection had been searched. Parents or guardians provided written consent for searches.

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>	NOT APPLICABLE	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. There had been no deaths in the approved centre.

Article 15: Individual Care Plan

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>	NOT APPLICABLE	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 individual clinical files of seven residents were inspected and all contained individual care plans (ICPs). There was an excellent colour coded form for the recording of the weekly multidisciplinary team review of the individual care plan. Whilst the ICPs were faithfully recorded and met the requirements of the Regulations, they did not adequately distinguish between needs and goals. The ICPs often recorded a planned intervention without specifying the context of care or identified need. Whilst this information was known to the treating team it needed to be recorded clearly in the ICP.

Article 16: Therapeutic Services and Programmes

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>	NOT APPLICABLE		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 individual care plans specified the therapeutic services to be provided for each individual. There was a good complement of multidisciplinary staff all of whom attended the team review meetings. Each discipline recorded their interventions in a discipline specific section of the individual clinical file. Nursing, medical, clinical speech and language, and nutrition and dietetics staff also recorded brief contemporaneous notes in the clinical progress notes section of the file. Inspectors suggested that other disciplines might do so also so as to provide a more robust chronological record.

Some of the discipline specific records contained excellent case formulation, assessment and summary reports. These provided a clear picture of the context of care, base-line assessments, targeted interventions and time frame, outcomes and incorporated a community focus. An occupational therapist had joined the team in 2012. The occupational therapy (OT) records in the individual clinical files recorded excellent sensory assessments and notes of participation in life-skills programme. However, the OT records did not contextualise care and did not contain a summative element and thus the record did not convey how interventions complemented the multidisciplinary individual care plan and the trajectory of recovery and outcome.

Article 17: Children's Education

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>	NOT APPLICABLE		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 on-site school had been funded by the Department of Education and Skills who also funded the teachers. The school building was attractive and well equipped and incorporated class-rooms, an art room, a home economics kitchen, a computer room and electronic whiteboard. Three Vocational Educational Committee teachers provided 44 hours of teaching per week. Management reported that this fell well short of the 66 hours per week recommended by the Department for the school.

All teachers were secondary level teachers. Eist Linn admitted children from 14 to 17 years of age and under 13 on a case by case basis.

Article 18: Transfer of Residents

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>	NOT APPLICABLE	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 transfer of residents. All relevant clinical information accompanied the resident on transfer. The individual clinical file of one resident who had been transferred to another hospital for treatment and who had since returned to Eist Linn was inspected. The clinical documentation transferred with the resident was comprehensive.

Article 19 (1-2): General Health

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>	NOT APPLICABLE	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 residents had been inpatients for a period in excess of six months. A physical examination had been completed at the time of admission. The inspectors could find no record of a six-month physical review in the progress notes of the clinical files at the time of inspection. However as evidence that one child had been physically examined within the six month period, the service forwarded an emergency room report of a physical examination for a specified medical problem and laboratory results. Progress notes submitted did not contain a six-monthly physical review.

In regard to the second child, the service forwarded a copy of a page of the clinical file containing a cardiac examination but no general health examination. This record was illegible in parts and the clinician was unidentifiable (no name, title or medical council number). A letter from the paediatric department was also forwarded outlining a physical examination. Again there was no record of a six-monthly physical examination in the progress notes. Other clinical notes submitted were recorded after the date of inspection.

The approved centre had a policy on responding to medical emergencies. Residents had access to general health services and national screening programmes where required.

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>	NOT APPLICABLE	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 a comprehensive information booklet about Eist Linn. The booklet was in an appropriate format for young persons and was illustrated with reproductions of residents' art work. The Headspace Toolkit was also provided to residents. The service had a policy on the provision of information.

The social worker had liaised with a variety of children's voluntary and statutory agencies to explore the sourcing of an advocacy service for Eist Linn. At the time of inspection there was no information provided on advocacy services and the service stated that there were no advocacy services for CAMHS nationally.

Breach: 20 (d)

Article 21: Privacy

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>	NOT APPLICABLE	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' privacy was respected at all times throughout the approved centre.

Article 22: Premises

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>	NOT APPLICABLE	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:

Eist Linn comprised a combination of newly built and refurbished accommodation. The standard of the premises and the furnishings was excellent. The corridors were painted white throughout and there were few pictures on the corridor walls which gave a somewhat clinical feel to the unit. The sitting room areas and the glass partition section in the central atrium were attractively decorated and incorporated residents' art work.

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>	NOT APPLICABLE	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:

Medication was provided from the pharmacy in St. Stephen's Hospital. There was a policy on the ordering, prescribing, storing and administering of medication.

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>	NOT APPLICABLE	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.

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>	NOT APPLICABLE	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:

CCTV was used for security purposes only and did not record. Screens were only visible to staff. CCTV signage was well posted. There was a policy relating to CCTV.

Article 26: Staffing

WARD OR UNIT	STAFF TYPE	DAY	NIGHT
Eist Linn	CNM2	1	1
	RPN	5	2
	RPN	1	
		(twilight shift 1200 – 2400h)	

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>	NOT APPLICABLE		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:

There was a sufficient number and skill mix of staff to meet the assessed needs of residents. All nursing staff were psychiatrically trained and the majority had experience in working in CAMHS. Some staff had completed and others were engaged in pursuing postgraduate qualification in CAMHS. There was a full-time clinical psychologist, a 0.5 whole-time equivalent (WTE) occupational therapist, a full-time social worker, a full-time dietician and a full-time clinical speech and language therapist for the approved centre. There was one consultant psychiatrist, a senior registrar and a registrar for the approved centre. Eist Linn had 20 beds and to date only 12 beds were operational.

The service stated that they required 0.5 WTE family therapist and 0.5 WTE occupational therapist to meet the needs of the young people and their families for the current 12 beds.

Discussion between the inspectors and staff highlighted the lack of provision for professional supervision and line management for health and social care professionals in the CAMHS in the catchment area. This impacts on single handed practitioners in particular and it behoves the clinical

and management leads to support team building and staff development.

The Health Service Executive staff recruitment, vetting and selection policies and procedures applied to Eist Linn. The staff training log was inspected and was satisfactory.

Article 27: Maintenance of Records

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>	NOT APPLICABLE	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:

On the day of inspection the inspectors could not find a psychiatric review for a detained child documented by a consultant psychiatrist or non consultant hospital doctor for a period of 34 days. However following the inspection the service forwarded a copy of part of the child's clinical file. This contained two notes outlining mental state. However these notes were just initialled, there was no name, no title and no medical council number. Parts were difficult to decipher. Further records of the clinical file were forwarded but these were dated after the inspection.

A copy of the Section 25 Order for detention under the Mental Health Act 2001 was absent from the file also and the clinical file was therefore incomplete and not up to date. Inspection of seven individual clinical files showed several instances of a lack of care in recording dates accurately if at all. A copy of the court report for the detention order was forwarded to the inspector following the inspection; this was not located by the inspectors on the day of the inspection.

There were written policies relating to records. The fire inspection certificate and the food safety report were recent and available for 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>	NOT APPLICABLE	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>	NOT APPLICABLE		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:

All the required policies and procedures were up to date and available for inspection.

Article 30: Mental Health Tribunals

Eist Linn only admitted children and so Article 30 did not apply.

Article 31: Complaint Procedures

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>	NOT APPLICABLE		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 an identified person to deal with complaints within the approved centre. A community meeting was held weekly and complaints were also aired and processed via this meeting which was minuted. The minutes book was inspected and it was evident that issues identified by the children were addressed by management. The nature and content of the identified issues suggested that the process was well used and effective.

Any complaints not resolved within the unit were processed via the Health Service Executive complaints procedures.

Article 32: Risk Management Procedures

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>	NOT APPLICABLE	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 policy and procedures on risk management met the requirements of the Regulations. Age appropriate risk assessment and a management plan was recorded in all the individual clinical files inspected. Risk assessment was reviewed by the multidisciplinary team and was updated in a timely manner.

Article 33: Insurance

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>	NOT APPLICABLE	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 indemnified under the State Claims Agency insurance.

Article 34: Certificate of Registration

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>	NOT APPLICABLE	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 prominently displayed in the approved centre.

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.

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	X			

Justification for this rating:

Five episodes of physical restraint were examined. In one file there was no examination by a registered medical practitioner following the episode of physical restraint and no record in the clinical file that the child had been physically restrained.

Two clinical practice forms for physical restraint had not been signed by the consultant psychiatrist and another form had been signed 42 days after the episode of physical restraint instead of 24 hours.

Three clinical practice forms remained in the clinical practice form book and not filed in the clinical file.

All staff were stated to be trained in the use of physical restraint. The compliance rating for 2012 shows a deterioration since 2011.

Breach: 5.4,.5.7 (a), 5.7 (c), 8.1, 8.2, 8.3

ADMISSION OF CHILDREN

Description: The approved centre was specifically for children and adolescents.

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

Justification for this rating:

One child was detained under Section 25 of the Mental Health Act 2001 and this had been extended a number of times. However the latest extension of the order of detention was not available. There was no record of the extension of the order documented in the clinical file and no copy of the report to the District Court by the Consultant Psychiatrist in the clinical file. Therefore there was no evidence available to the inspectors apart from a verbal report, that this child continued to be detained beyond the expiration date of the previous order of the District Court.

Following communication with the approved centre a copy of the order was provided.

At a later stage the court report was also sent to the Inspectorate.

NOTIFICATION OF DEATHS AND INCIDENT REPORTING

Description: There had been no deaths in the approved centre.

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:

There was an identified risk manager in the service. All incidents were reported to the Mental Health Commission as required. The incident report book was examined and was satisfactory.

Electroconvulsive Therapy (ECT) FOR VOLUNTARY PATIENTS

ECT was not used in the 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:

There were policies on admission, transfer and discharge. A key worker system was in place. The approved centre was compliant with Article 32 on Risk Management, with Article 18 on the Transfer of Residents and with Article 26 in relation to staff training.

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:

There was evidence of an excellent admission process. Referrals were from child and adolescent mental health services and general adult mental health service. Each child was offered a day visit to see the premises and meet staff. There was a good psychiatric assessment, a physical examination and a nursing assessment. There was early multidisciplinary involvement and each child had a key worker and an individual care plan.

The approved centre was compliant with Articles 7 and 8 of the Regulations on Clothing and Personal Property and Possessions and Article 20 on the Provision of Information to Residents.

It was not fully compliant with Article 27 on Maintenance of Records.

Breach: 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:

Assessment was carried out before transfer. The approved centre was compliant with Article 18 of the Regulations on the Transfer of Residents. The individual clinical file of one child who had been transferred was inspected and the process and documentation were excellent.

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:

Discharge planning was excellent. The referring child and adolescent team attended care reviews prior to discharge. There was multidisciplinary involvement and carers were involved in the discharge process. Follow-up was arranged. A discharge summary was prepared for the general practitioner.

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

Description: There was no child with an intellectual disability and mental illness in 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	MINIMAL COMPLIANCE	NOT COMPLIANT
X			

Justification for this rating:

There was a policy on intellectual disability and mental illness. Staff were being trained in intellectual disability and mental illness.

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

SECTION 60 – ADMINISTRATION OF MEDICINE

Only children were admitted to the approved centre so section 60 did not apply.

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

Description: One child was detained under section 25 of the Mental Health Act 2001 for a period greater than three months. Section 47 of the Child Care Act 2001 was applied by the District Court Judge authorising named social workers to consent to medication for this child.

SECTION THREE: OTHER ASPECTS OF THE APPROVED CENTRE

SERVICE USER INTERVIEWS

The Inspectorate met with a small group of children resident in the approved centre. Overall they were satisfied with the care and treatment provided and very happy with the environment of the approved centre. One resident discussed particular aspects of their care with the inspectors.

OVERALL CONCLUSIONS

Eist Linn was a 20-bed in-patient CAMHS unit serving the HSE South region. Only twelve of the 20 beds in this approved centre were operational at the time of inspection. Management reported that multidisciplinary posts were required to be filled to enable the opening of the remaining beds. On the day of inspection there were 15 children on the admission waiting list.

The admission and discharge processes were excellent and featured a good emphasis on continuing communication with referring sources. Each child had an individual care plan. There was a multidisciplinary team in place, management stated that they required an additional 0.5 WTE occupational therapist and 0.5 WTE family therapist for the 12 beds. There was no training budget or supervision provision for the health and social care team members, some of whom had joined the team in 2012. This behoves lead clinicians and managers to support team building and development.

The approved centre was not fully compliant with Code of Practice on the Use of Physical Restraint.

The maintenance of records was poor. Clinical files were not always up to date or complete in that there was no record of a renewal order for the detention of a child in the clinical file at the time of inspection. The six-monthly physical examinations required by the Regulations were not easily retrieved. A small number of entries in clinical files, which were forwarded to the inspectors, contained no name, identification, title or medical council number of the clinician and the clinicians were therefore unidentifiable. It was difficult at times to decipher the notes. Inspection of seven individual clinical files showed several instances of a lack of care in recording dates accurately if at all.

Overall there had been a significant improvement in compliance with the Regulations since 2011.

RECOMMENDATIONS 2012

1. The Code of Practice on the Use of Physical Restraint must be fully complied with.
2. Every effort should be made to open the remaining eight beds especially in view of the very long waiting list for children who require in-patient treatment.
3. The clinical files must be maintained in a manner so as to ensure completeness and ease of retrieval and should be kept up to date in accordance with the Regulations.