

Report of the Inspector of Mental Health Services 2010

EXECUTIVE CATCHMENT AREA	Independent
HSE AREA	Independent
CATCHMENT AREA	Independent
MENTAL HEALTH SERVICE	The Haven
APPROVED CENTRE	The Haven
NUMBER OF WARDS	1
NAMES OF UNITS OR WARDS INSPECTED	1
TOTAL NUMBER OF BEDS	5
CONDITIONS ATTACHED TO REGISTRATION	Yes
TYPE OF INSPECTION	Unannounced
DATE OF INSPECTION	9 February 2010

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

INTRODUCTION

In 2010, the Inspectorate paid particular attention to Articles 15 to 22 and 26 of the Mental Health Act 2001 (Approved Centres) Regulations 2006 and all areas of non-compliance with the Regulations in 2009 and any other Article where applicable. Information was gathered from self-assessments, service user interviews, staff interviews and photographic evidence collected on the day of the inspection.

DESCRIPTION

The Haven was a Child and Adolescent in-patient unit which opened in 2010. This was its first Inspection. It was located in a rural setting in County Meath about seven kilometres from Maynooth. It had five beds, two of which were occupied at the time of Inspection. It was a two-storey house with surrounding garden and parking area. It had a learning centre attached, which offered curriculum based schooling and also had a separate activity centre. There were four bedrooms, kitchen, dining room, sitting room and a time-out room. At the time of Inspection there were two consultant psychiatrists in the service, a sessional psychologist, speech and language therapist and occupational therapist, care assistants and nursing staff. Referrals were from general practitioners, other hospitals and self-referrals. There was an attached community service based in Naas. At the time of Inspection, The Haven had one condition attached: that it provided education in accordance with Section 7 of the Mental Health Act 2001.

DETAILS OF WARDS IN THE APPROVED CENTRE

WARD	NUMBER OF BEDS	NUMBER OF RESIDENTS	TEAM RESPONSIBLE
The Haven	6	2	Child and Adolescent Mental Health Team

QUALITY INITIATIVES

- There was a separate activity centre with recreational activities.

PROGRESS ON RECOMMENDATIONS IN THE 2009 APPROVED CENTRE REPORT

Not applicable as the unit opened in 2010.

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
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>	NOT APPLICABLE	X
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
Compliance initiated	<i>An attempt had been made to achieve compliance but significant progress was still needed.</i>		
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Regulation.</i>		

Justification for this rating:

Two staff administered medication. A photograph of each child for their clinical files was in the process of being obtained.

Article 5: Food and Nutrition

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

Justification for this rating:

Drinking water was available for the residents. Food was cooked on the premises and there was a choice of food available.

Article 6 (1-2) Food Safety

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

Justification for this rating:

The kitchen was fully equipped. A food safety certificate was provided to the Inspectorate.

Article 7: Clothing

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

Justification for this rating:

Clothing was available for the residents. Night clothes were not worn by the resident during the day. A policy was in place on the wearing of night clothes during the day.

Article 8: Residents' Personal Property and Possessions

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

Justification for this rating:

There was a policy in place on personal possessions. A record was kept of personal property. The residents maintained control of their personal property.

Article 9: Recreational Activities

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

Justification for this rating:

There was an excellent range of recreational activities. Recreational activities were available in a separate activity area as well as in the Unit.

Article 10: Religion

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

Justification for this rating:

Residents were facilitated with regard to their religion.

Article 11 (1-6): Visits

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

Justification for this rating:

While visiting time was flexible, visitors were encouraged to visit in the evening time after activities. Privacy was respected. There was a policy on visiting as required by the Regulations.

Article 12 (1-4): Communication

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

Justification for this rating:

There was a policy with regard to communication. Residents could use their mobile phones for a specified period each day. Mail was unopened unless it was otherwise indicated in the individual care plan.

Article 13: Searches

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

Justification for this rating:

Children were only searched in accordance with their individual care plan. At the time of Inspection, no searches have been carried out in 2010. There was a policy in relation to searches.

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

This was not applicable in this approved centre.

Article 15: Individual Care Plan

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

Justification for this rating:

A multidisciplinary care plan was available for each resident. There were weekly multidisciplinary team meetings. There was a policy on care planning. Residents did not sign their individual care plans nor did they receive a copy of their individual care plan. The service was in the process of devising a child friendly format for this.

Breach: 15

Article 16: Therapeutic Services and Programmes

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

Justification for this rating:

There was a wide range of therapeutic services and programmes which were reflected in the individual care plans.

Article 17: Children's Education

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

Justification for this rating:

Children's education was provided for by curriculum based schooling with a full-time second level teacher. It took place in a pre-fabricated building to the rear of the Unit.

Article 18: Transfer of Residents

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

Justification for this rating:

There was a policy in place for the transfer of residents. At the time of Inspection, no transfers had taken place in 2010.

Article 19 (1-2): General Health

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

Justification for this rating:

A general practitioner managed all physical assessments and needs. No resident had been in the approved centre for greater than six months at the time of Inspection.

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

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

Justification for this rating:

An excellent information booklet was available for residents which outlined both housekeeping and multidisciplinary team information. The Head Space Toolkit was in operation.

Article 21: Privacy

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

Justification for this rating:

At the time of Inspection each resident had a single room. Observation panels on the bedroom doors had no curtains or blinds. The service informed the Inspectorate that this would be remedied.

Breach: 21

Article 22: Premises

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

Justification for this rating:

The premises were decorated and maintained to a high standard. The approved centre was accessible to people with disabilities.

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

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

Justification for this rating:

A policy was available for the management of medication which covered the ordering, prescribing, storing and administration of medication.

Article 24 (1-2): Health and Safety

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

Justification for this rating:

The Unit had a child protection policy and general policies on the health and safety of children, staff and visitors.

Article 25: Use of Closed Circuit Television (CCTV)

This was not applicable in this approved centre.

Article 26: Staffing

WARD OR UNIT	STAFF TYPE	DAY	NIGHT
The Haven	Nursing	2	1
	Care assistant	1	1
	Occupational therapist	sessional	0
	Psychologist	sessional	0
	Speech and Language therapist	Available as required	0
	Medical	sessional	0

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

Justification for this rating:

Nursing and health assistant staffing numbers were appropriate. Multidisciplinary staff were sessional. There was no social worker available. Staff training was on-going; however no nursing staff were specifically trained in child and adolescent mental health. There was a policy on the recruitment, selection and vetting of staff. Staff were aware of the Mental Health Act 2001, Regulations, Rules and Codes of Practice.

Article 27: Maintenance of Records

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

Justification for this rating:

Records and reports were easily retrieved and were in excellent condition. There were policies and procedures relating to records. Food safety, health and safety and fire reports were available.

Article 28: Register of Residents

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

Justification for this rating:

A register of residents that complied with the Regulations was in place.

Article 29: Operating policies and procedures

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

Justification for this rating:

All policies were in place and stored both on the unit's computer and in a hard copy version.

Article 30: Mental Health Tribunals

This was not applicable in this approved centre.

Article 31: Complaint Procedures

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

Justification for this rating:

There was a complaints policy in place. A complaints procedure was available in the information pack. No complaint had been received since the opening of the unit.

Article 32: Risk Management Procedures

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

Justification for this rating:

Risk management policies were in place.

Article 33: Insurance

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

Justification for this rating:

The insurance certificate was not made available to the Inspectorate.

Breach: 33

Article 34: Certificate of Registration

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

Use: The Inspectorate was informed that seclusion was not used in the Unit.

ECT (DETAINED PATIENTS)

Use: ECT was not used in the approved centre.

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: Physical restraint had been used once in the approved centre.

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

Justification for this rating:

The Clinical Practice Form was correctly completed. The child's parents had been informed and the restraint episode had been documented in the resident's clinical file. There was an up-to-date policy on physical restraint.

ADMISSION OF CHILDREN

Description: The approved centre was specifically for the admission of children.

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

Justification for this rating:

The approved centre was suitable for the admission of children.

NOTIFICATION OF DEATHS AND INCIDENT REPORTING

Description: At the time of Inspection, no death had occurred in the approved centre in 2010.

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

Justification for this rating:

No death had occurred in the approved centre. Incidents were reported. Auditing was carried out and feedback was available.

ECT FOR VOLUNTARY PATIENTS

Use: ECT was not used in the approved centre.

ADMISSION, TRANSFER AND DISCHARGE

Description: Two admissions had taken place since the opening of the approved centre. No transfers or discharges had taken place.

Part 2 Enabling Good Practice through Effective Governance

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

Level of compliance:

FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	COMPLIANCE INITIATED	NOT COMPLIANT
X			

Justification for this rating:

There was an admission policy. The referral systems were appropriate. Communications from referral sources were in place.

Part 3 Admission Process

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

Level of compliance:

FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	COMPLIANCE INITIATED	NOT COMPLIANT
X			

Justification for this rating:

The pre-admission process, decision to admit, assessment, including a risk assessment, care and treatment plan, a key worker, evidence of family involvement, documentation were all in place.

Part 4 Transfer Process

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

Level of compliance:

FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	COMPLIANCE INITIATED	NOT COMPLIANT
NOT APPLICABLE			

Justification for this rating:

No transfer had taken place since the opening of the approved centre.

Part 5 Discharge Process

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

Level of compliance:

FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	COMPLIANCE INITIATED	NOT COMPLIANT
NOT APPLICABLE			

Justification for this rating:

No discharge had taken place since the opening of the approved centre.

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

Description: No person with intellectual disability and mental illness had been admitted to the approved centre since it had opened.

The following aspects were considered: 5. policies, 6. education and training, 7. inter-agency collaboration, 8. individual care and treatment plan, 9. communication issues, 10. environmental considerations, 11. considering the use of restrictive practices, 12. main recommendations, 13. assessing capacity.

Level of compliance:

FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	COMPLIANCE INITIATED	NOT COMPLIANT
X			

Justification for this rating:

The admission policy stated that the service was suitable for children with a mild learning disability and policies were developed in order to include such children.

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

SECTION 60 – ADMINISTRATION OF MEDICINE

Description: Not applicable in the approved centre.

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

Description: No child had been detained in the approved centre.

SECTION THREE: OTHER ASPECTS OF THE APPROVED CENTRE

SERVICE USER INTERVIEWS

Residents stated that they were happy with their care and with the premises.

OVERALL CONCLUSIONS

The Haven was a very pleasant premise for five residents, with ample room for both care and therapy. The school (known as the Learning Centre) was functioning with a full-time teacher and provided curriculum based education. All policies were in place.

RECOMMENDATIONS 2010

1. Residents must receive a copy of their individual care plans.
2. Curtains must be provided for the observation panels on the bedroom doors.