

Report of the Inspector of Mental Health Services 2012

| | |
|---|--|
| EXECUTIVE CATCHMENT AREA/INTEGRATED SERVICE AREA | Dublin South West |
| HSE AREA | Dublin Mid-Leinster |
| MENTAL HEALTH SERVICE | Child and Adolescent Mental Health Service |
| APPROVED CENTRE | Linn Dara |
| NUMBER OF WARDS | 1 |
| NAMES OF UNITS OR WARDS INSPECTED | Linn Dara |
| TOTAL NUMBER OF BEDS | 8 |
| CONDITIONS ATTACHED TO REGISTRATION | No |
| TYPE OF INSPECTION | Unannounced |
| DATE OF INSPECTION | 10 October 2012 |

Summary

- The approved centre was opened in May 2012 pending the opening of a purpose built unit in Cherry Orchard Hospital in 2015. It replaced the in-patient unit at Warrenstown House.
- Whilst the premises was an improvement on Warrenstown House, it was not decorated in an age appropriate way and had limited outdoor space for the children.
- All residents had an individual care plan as described in the Regulations.
- Documentation relating to the intrusive search of one child was not easily retrieved by inspectors or staff during the course of the inspection.
- A secondary level teacher had been appointed to the school in the unit.

OVERVIEW

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

DESCRIPTION

Linn Dara was the newly opened interim in-patient Child and Adolescent Mental Health Service (CAMHS) unit for the Dublin Mid-Leinster region, and replaced the previous inpatient unit at Warrenstown House, Dublin. The expected date for completion of the purpose built unit in Cherry Orchard Hospital was 2015. Linn Dara opened in May 2012 and had eight beds, two of which remained out of commission at the time of the inspection. The building was a single storey, flat roofed building which had previously been used as an approved centre for continuing care residents; the site was the original location of St. Loman's Hospital in west Dublin. An adjoining building was the proposed unit for the in-patient care of adolescents for 16 and 17 year olds but was not yet occupied. There were five residents in the approved centre at the time of inspection, with an age range from 13 to 15 years.

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

| COMPLIANCE RATING | 2010 | 2011 | 2012 |
|------------------------|----------------|----------------|------|
| Fully Compliant | Not Applicable | Not Applicable | 17 |
| Substantial Compliance | Not Applicable | Not Applicable | 10 |
| Minimal Compliance | Not Applicable | Not Applicable | 1 |
| Not Compliant | Not Applicable | Not Applicable | 2 |
| Not Applicable | Not Applicable | Not Applicable | 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 |
|-----------|----------------|---------------------|------------------|
| Linn Dara | 8 | 5 | CAMHS team |

QUALITY INITIATIVES 2011/2012

- The opening of Linn Dara was the most significant quality initiative for the service in 2012.

PROGRESS ON RECOMMENDATIONS IN THE 2011 APPROVED CENTRE REPORT

As this was the first inspection of this approved centre, there were no recommendations from 2011.

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 | Not Applicable | X |
| Substantial compliance | <i>Evidence of substantial compliance with this Article but additional improvement needed.</i> | Not Applicable | Not Applicable | |
| Minimal compliance | <i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i> | Not Applicable | Not Applicable | |
| Not compliant | <i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i> | Not Applicable | Not Applicable | |

Justification for this rating:

There was photographic identification for each resident for which consent had been obtained.

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 | Not Applicable | X |
| Substantial compliance | <i>Evidence of substantial compliance with this Article but additional improvement needed.</i> | Not Applicable | Not Applicable | |
| Minimal compliance | <i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i> | Not Applicable | Not Applicable | |
| Not compliant | <i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i> | Not Applicable | Not Applicable | |

Justification for this rating:

There was a choice of menu available for the children and their preference was taken into account when planning meals. Food was prepared on site in the unit kitchen. There was no water cooler, but residents had access to water as required.

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 | Not Applicable | |
| Substantial compliance | <i>Evidence of substantial compliance with this Article but additional improvement needed.</i> | Not Applicable | Not Applicable | X |
| Minimal compliance | <i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i> | Not Applicable | Not Applicable | |
| Not compliant | <i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i> | Not Applicable | Not Applicable | |

Justification for this rating:

The service did not have a copy of an Environmental Health Officer's report available at the time of inspection.

Breach: 6

Article 7: Clothing

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

Justification for this rating:

All the children were dressed in day clothes. Parents generally provided extra clothes if required.

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 | Not Applicable | X |
| Substantial compliance | <i>Evidence of substantial compliance with this Article but additional improvement needed.</i> | Not Applicable | Not Applicable | |
| Minimal compliance | <i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i> | Not Applicable | Not Applicable | |
| Not compliant | <i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i> | Not Applicable | Not Applicable | |

Justification for this rating:

Each child had a single room which was kept locked and an individual locked press for personal items. A property list was made at the time of admission and a copy was retained in the resident's clinical file. There was an up-to-date policy relating to personal property and possessions.

Article 9: Recreational Activities

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

Justification for this rating:

There was one large sitting room and a sitting area comfortably furnished. There were TVs, a pool table, table-tennis, games console boxes and board games. There was limited access to grounds for football or similar sport activities. The school organised a weekly session with a personal trainer in the local leisure centre where the children had access to an array of fitness activities including teen gym, swimming and football. However, there was little provision for outdoor recreation. Outings were arranged when possible, but this was dependent on availability of staff. The services own policy stated that daily newspapers were provided but staff reported that this had been discontinued.

Breach: 9

Article 10: Religion

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

Justification for this rating:

There were no chaplaincy services provided. Staff reported that the approved centre had no contingency for facilitating residents in the practice of their religion. Staff stated that some residents attended church services with their parents at the weekend.

Breach: 10

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 | Not Applicable | X |
| Substantial compliance | <i>Evidence of substantial compliance with this Article but additional improvement needed.</i> | Not Applicable | Not Applicable | |
| Minimal compliance | <i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i> | Not Applicable | Not Applicable | |
| Not compliant | <i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i> | Not Applicable | Not Applicable | |

Justification for this rating:

There were designated visiting hours from 1730h to 2000h daily, but staff were flexible, particularly in the case of parents visiting. There was greater flexibility at weekends. There was no designated visitors' room but visitors could visit in the young person's room. There was an up-to-date policy for visits. Parental consent was provided for visits and an agreed list of visitors was filed in the individual clinical file.

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 | Not Applicable | X |
| Substantial compliance | <i>Evidence of substantial compliance with this Article but additional improvement needed.</i> | Not Applicable | Not Applicable | |
| Minimal compliance | <i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i> | Not Applicable | Not Applicable | |
| Not compliant | <i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i> | Not Applicable | Not Applicable | |

Justification for this rating:

Mobile phones were not permitted. Residents could make and receive phone calls at a phone on the corridor opposite the nurses' office, without any provision made for privacy. There was a policy relating to communication. A contacts list was agreed with parental consent. Children did not have access to social media or email sites whilst in the approved centre.

Article 13: Searches

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

Justification for this rating:

There was a policy on carrying out searches with and without consent and on the finding of illicit substances. The policy had been due for review in June 2012 and was out of date. The policy cited the use of metal detectors in carrying out searches; however, staff advised that this was not the case.

It was reported that searches were not routinely carried out but there were searches if indicated. The clinical file of one resident who was searched was inspected. The search was recorded on a sheet entitled "Risk Monitoring" and involved inspection of the child's underwear. This sheet was filed at the front of the individual clinical file. At the time of inspection, the inspectors and staff were unable to find documentation in the resident's clinical file relating to the search, or details of the gender of staff that carried out the search; neither was there information on whether the parents had been informed.

Subsequent to the inspection, the Inspectorate was informed that the date of the search on the sheet entitled "Risk Monitoring" was incorrect and the search had taken place one day later than noted on the sheet. The service also reported that there was documentation in the clinical file relating to the search.

Breach: 13 (3)

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 | Not Applicable | X |
| Substantial compliance | <i>Evidence of substantial compliance with this Article but additional improvement needed.</i> | Not Applicable | Not Applicable | |
| Minimal compliance | <i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i> | Not Applicable | Not Applicable | |
| Not compliant | <i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i> | Not Applicable | Not Applicable | |

Justification for this rating:

The service had a policy on the care of residents who are dying.

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 | Not Applicable | X |
| Substantial compliance | <i>Evidence of substantial compliance with this Article but additional improvement needed.</i> | Not Applicable | Not Applicable | |
| Minimal compliance | <i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i> | Not Applicable | Not Applicable | |
| Not compliant | <i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i> | Not Applicable | Not Applicable | |

Justification for this rating:

All residents whose clinical files were inspected had an individual care plan as defined in the Regulations. In some of the care plans, the disciplines who attended the review meetings were not documented.

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 | Not Applicable | X |
| Substantial compliance | <i>Evidence of substantial compliance with this Article but additional improvement needed.</i> | Not Applicable | Not Applicable | |
| Minimal compliance | <i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i> | Not Applicable | Not Applicable | |
| Not compliant | <i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i> | Not Applicable | Not Applicable | |

Justification for this rating:

There was evidence in the clinical files that residents had access to a range of therapeutic services such as occupational therapy, social work and psychology. An art teacher also provided sessions.

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 | Not Applicable | X |
| Substantial compliance | <i>Evidence of substantial compliance with this Article but additional improvement needed.</i> | Not Applicable | Not Applicable | |
| Minimal compliance | <i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i> | Not Applicable | Not Applicable | |
| Not compliant | <i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i> | Not Applicable | Not Applicable | |

Justification for this rating:

Two teachers, one primary school and one secondary school, provided education on site for residents. School hours were from 1000h to 1245h and from 1330h to 1500h and the school could facilitate State examinations for residents. The section of the building used as a school had two classrooms which were quite untidy at the time of inspection. The residents were engaged in art work with the art teacher at the time of inspection.

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 | Not Applicable | X |
| Substantial compliance | <i>Evidence of substantial compliance with this Article but additional improvement needed.</i> | Not Applicable | Not Applicable | |
| Minimal compliance | <i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i> | Not Applicable | Not Applicable | |
| Not compliant | <i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i> | Not Applicable | Not Applicable | |

Justification for this rating:

The approved centre had an up-to-date policy on transfer of residents.

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 | Not Applicable | X |
| Substantial compliance | <i>Evidence of substantial compliance with this Article but additional improvement needed.</i> | Not Applicable | Not Applicable | |
| Minimal compliance | <i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i> | Not Applicable | Not Applicable | |
| Not compliant | <i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i> | Not Applicable | Not Applicable | |

Justification for this rating:

No child had been resident for a period longer than six months. There was a policy on responding to medical emergencies.

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

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

Justification for this rating:

The service had produced a very attractive information leaflet about the unit, featuring the art work of residents and had written information on diagnoses and medication. The Headspace Toolkit was used. Staff downloaded information for residents on voluntary groups, self-help and mental health as required on an individual basis and a copy was usually filed in the child's clinical file also. There was no information regarding relevant advocacy services and voluntary agencies. The policy on the provision of information was out of date.

Breach: 20(1)(d),(2)

Article 21: Privacy

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

Justification for this rating:

All residents were accommodated in single bedrooms. Bedroom doors had a clear glass panel, which was not occluded; however, some panels had a facility to secure a curtain over them. There was no provision for privacy when making or receiving phone calls.

Breach: 21

Article 22: Premises

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

Justification for this rating:

Whilst the current premises were better suited as an approved centre with improved spaciousness and layout than Warrenstown House, it was limited in outdoor space. It was quite dark and decor was not age appropriate. Staff reported that the control of heating was problematic.

The rooms provided for the school were not suited to purpose. These comprised two bedrooms and retained some of the wall fittings used when the unit was operating as a continuing care unit. There was insufficient desk space, whiteboards, shelving and storage. At the time of inspection, the two class rooms had educational equipment and materials strewn on the floor and on available surfaces in a disorganised manner. Such an environment was not suitable to facilitate children to focus and engage in a learning process. It was subsequently reported that the school would move to more spacious premises within the approved centre in 2013.

The lavatory and shower rooms retained the fittings and grab rails used whilst the unit was a long-stay facility, and included an assisted showering chair. One shower room was labelled as a disabled person's facility when this was clearly not the case as the room was not wheelchair accessible. The furnishings of toileting facilities were not suitable for the child residents. Inspectors suggested that a ligature audit be completed on the washroom fittings and doors.

Breach: 22 (1)(b), (2), (3)

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 | Not Applicable | X |
| Substantial compliance | <i>Evidence of substantial compliance with this Article but additional improvement needed.</i> | Not Applicable | Not Applicable | |
| Minimal compliance | <i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i> | Not Applicable | Not Applicable | |
| Not compliant | <i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i> | Not Applicable | Not Applicable | |

Justification for this rating:

The service had a policy relating to the ordering, prescribing, storing and administration of medicines.

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 | Not Applicable | X |
| Substantial compliance | <i>Evidence of substantial compliance with this Article but additional improvement needed.</i> | Not Applicable | Not Applicable | |
| Minimal compliance | <i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i> | Not Applicable | Not Applicable | |
| Not compliant | <i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i> | Not Applicable | Not Applicable | |

Justification for this rating:

There was a Health and Safety Statement. The policies and procedures on health and safety were up to date.

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 | Not Applicable | X |
| Substantial compliance | <i>Evidence of substantial compliance with this Article but additional improvement needed.</i> | Not Applicable | Not Applicable | |
| Minimal compliance | <i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i> | Not Applicable | Not Applicable | |
| Not compliant | <i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i> | Not Applicable | Not Applicable | |

Justification for this rating:

CCTV cameras were used for monitoring external aspects of the building only and were not used to record residents.

Article 26: Staffing

| WARD OR UNIT | STAFF TYPE | DAY | NIGHT |
|--------------|-----------------------|--------------|--------|
| Linn Dara | CNM2 | 1 (Mon- Fri) | 0 |
| | CNM2 | 1 (Mon- Fri) | 0 |
| | RPN | 1 | 1 or 2 |
| | RPN (afternoon) | 1 | 0 |
| | Student Nurse | 1 | 0 |
| | Health Care Assistant | 0 | 1 or 0 |

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 | Not Applicable | |
| Substantial compliance | <i>Evidence of substantial compliance with this Article but additional improvement needed.</i> | Not Applicable | Not Applicable | X |
| Minimal compliance | <i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i> | Not Applicable | Not Applicable | |
| Not compliant | <i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i> | Not Applicable | Not Applicable | |

Justification for this rating:

At the time of inspection, the residents had access to two occupational therapists, 1.75 whole time equivalent (WTE) social workers, one psychologist and one speech and language therapist. A dietician, (privately funded) was available on request. It was reported that the staffing complement at the weekend comprised two nurses. None of the nursing staff had additional qualifications relating to child and adolescent mental health and not all nursing staff were registered psychiatric nurses. The Health Service Executive policies and procedures in relation to the recruitment, selection and vetting of staff applied. The staff training record was inspected and satisfactory.

Breach: 26(3)

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 | Not Applicable | |
| Substantial compliance | <i>Evidence of substantial compliance with this Article but additional improvement needed.</i> | Not Applicable | Not Applicable | X |
| Minimal compliance | <i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i> | Not Applicable | Not Applicable | |
| Not compliant | <i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i> | Not Applicable | Not Applicable | |

Justification for this rating:

The policy relating to the creation of, access to, retention of and destruction of records was out of date. A Fire Inspection report and Health and Safety Statement were available.

Breach: 27(2)

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 | Not Applicable | |
| Substantial compliance | <i>Evidence of substantial compliance with this Article but additional improvement needed.</i> | Not Applicable | Not Applicable | X |
| Minimal compliance | <i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i> | Not Applicable | Not Applicable | |
| Not compliant | <i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i> | Not Applicable | Not Applicable | |

Justification for this rating:

A Register of Residents was maintained in the approved centre, but it did not have all the information required under Schedule 1 of the Regulations.

Breach: 28(2)

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 | Not Applicable | |
| Substantial compliance | <i>Evidence of substantial compliance with this Article but additional improvement needed.</i> | Not Applicable | Not Applicable | X |
| Minimal compliance | <i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i> | Not Applicable | Not Applicable | |
| Not compliant | <i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i> | Not Applicable | Not Applicable | |

Justification for this rating:

Not all policies were up to date and reviewed in a timely way.

Breach: 29

Article 30: Mental Health Tribunals

As the approved centre was for the admission of children, this Article of the Regulations was not applicable.

Article 31: Complaint Procedures

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

Justification for this rating:

The service had a policy on the making of complaints. There was an additional policy on the investigation of complaints and this was out of date. There was a nominated person within the approved centre to deal with complaints and the Area Administrator was the complaints officer. It was reported that no complaints had been recorded since the opening of the unit. Although the complaints procedure was displayed in the entrance area of the unit, this area was not commonly used by the residents, and was therefore not prominently displayed or accessible to the residents.

Breach: 31(1), (3),

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 | Not Applicable | X |
| Substantial compliance | <i>Evidence of substantial compliance with this Article but additional improvement needed.</i> | Not Applicable | Not Applicable | |
| Minimal compliance | <i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i> | Not Applicable | Not Applicable | |
| Not compliant | <i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i> | Not Applicable | Not Applicable | |

Justification for this rating:

The risk management policies and procedures were up to date and met the requirements of this Article.

Article 33: Insurance

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

Justification for this rating:

The approved centre was insured under the auspices of the State Claims Agency.

Article 34: Certificate of Registration

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

Justification for this rating:

No Certificate of Registration was displayed at the time of inspection.

Breach: 34

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

SECLUSION

Seclusion was not used in the approved centre.

Electroconvulsive Therapy (ECT) (DETAINED PATIENTS)

ECT was not used in the approved centre and no child was detained in the unit.

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: No child had been physically restrained in 2012 up to the time of inspection.

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

Justification for this rating:

There were up-to-date policies and procedures in relation to the physical restraint of a child. No child had been restrained in 2012 up to the time of inspection. The staff training log was satisfactory.

ADMISSION OF CHILDREN

Description: Linn Dara was a unit solely for the admission of children.

| 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:

The approved centre was for the admission of children only. There was evidence in the clinical files that parental consent was given for admission and treatment of the children admitted. As no child was detained in the approved centre at the time of inspection, leave provisions were not applicable.

NOTIFICATION OF DEATHS AND INCIDENT REPORTING

Description: No deaths had occurred 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:

A record of incidents were maintained and notified to the Mental Health Commission as is required. There was an identified risk manager with responsibility for the mental health services.

Electroconvulsive Therapy (ECT) FOR VOLUNTARY PATIENTS

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

ADMISSION, TRANSFER AND DISCHARGE

Part 2 Enabling Good Practice through Effective Governance

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

Level of compliance:

| FULLY COMPLIANT | SUBSTANTIALLY COMPLIANT | MINIMAL COMPLIANCE | NOT COMPLIANT |
|-----------------|-------------------------|--------------------|---------------|
| | X | | |

Justification for this rating:

The service had up-to-date policies on admission, transfer and discharge. Staff reported that emergency admissions could be facilitated but the situation had not yet arisen. The approved centre was compliant with Article 8 on Personal Property and Possessions and Article 23 relating to the Ordering, Prescribing, Storing and Administration of Medicines. The approved centre was not compliant in respect of Article 21 relating to Privacy. The approved centre was fully compliant with Article 32 on Risk Management.

Breach: 4.11

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:

Most children were admitted following a pre-admission assessment. The decision to admit was made by the consultant psychiatrist in consultation with the multidisciplinary (MDT) team. The clinical files of two children recently admitted were inspected. There was evidence that a mental health and physical health examination were carried out; a risk assessment was also conducted on admission. Each child had an individual care plan and a key worker system was in operation. The approved centre was compliant with Article 7 relating to Clothing, Article 8 relating to Personal Property and Possessions, Article 15 relating to Individual Care Plans and Article 27 on Maintenance of Records. It was not compliant with Article 20 relating to Provision of Information to Residents.

Breach: 16.3(c)

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:

The Code of Practice on Transfer could not be assessed as no resident had been transferred to another approved centre or facility.

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:

The decision to discharge a resident was made by the consultant psychiatrist. The individual care plan incorporated a plan for discharge and a follow-up appointment was arranged prior to discharge. A discharge summary was provided to the general practitioner (GP), and there was communication with the resident's school, if applicable.

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

Description: No resident had an intellectual disability and a 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:

A number of staff were trained in the management of people with an intellectual disability and mental illness. The service did not provide inspectors with a copy of a policy on the management of persons with an intellectual disability and a mental illness.

Breach: 5

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

SECTION 60 – ADMINISTRATION OF MEDICINE

Description: As no adults were admitted to this approved centre, Section 60 did not apply.

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

Description: As no child was detained under the Mental Health Act 2001, Section 61 was not applicable.

SECTION THREE: OTHER ASPECTS OF THE APPROVED CENTRE

SERVICE USER INTERVIEWS

Residents were greeted as the inspection was conducted but no child requested to speak directly with the inspectors at the time of inspection.

OVERALL CONCLUSIONS

This was the first inspection of the temporary CAMHS in-patient facility for Dublin Mid-Leinster. The move from Warrenstown House had been completed in May 2012 and the staff were endeavouring to transform what was previously a facility for residents of continuing care to a suitable environment for young people. The unit provided good accommodation in single rooms but there were no facilities to provide privacy for residents when using the phone and some bedrooms did not have a removable curtain on the glass panel in the door to ensure privacy. All residents had an individual care plan and therapeutic services were good. There was a good complement of health and social care professionals and the therapeutic interventions recorded in the individual clinical files evidenced good practice and multidisciplinary care. A new school principal had been appointed and was a trained second level teacher and this was a welcome development.

It was of some concern to the Inspectorate that documentation relating to the intrusive search of one resident could not be located by the inspectors and nursing staff at the time of inspection, although correspondence subsequent to the inspection from the service reported its presence in the clinical file.

RECOMMENDATIONS 2012

1. Privacy for residents when using the phone should be ensured.
2. All searches should be fully documented as described in the relevant Article of the Regulations and documentation should be readily accessible.
3. A contingency plan must be developed to facilitate residents of all faiths in the practice of their religion if so required.
4. Information on how to make a complaint must be posted prominently and accessible to the residents.
5. Policies and procedures must be reviewed and updated so as to meet the requirements of the Regulations.