

Report of the Inspector of Mental Health Services 2014

EXECUTIVE CATCHMENT AREA/INTEGRATED SERVICE AREA	Dublin Mid-Leinster
HSE AREA	Dublin Mid Leinster
MENTAL HEALTH SERVICE	Linn Dara, Child and Adolescent Mental Health Services (CAMHS)
APPROVED CENTRE	Linn Dara
NUMBER OF WARDS	2
NAMES OF UNITS OR WARDS INSPECTED	Linn Dara
TOTAL NUMBER OF BEDS	14
CONDITIONS ATTACHED TO REGISTRATION	None
TYPE OF INSPECTION	Unannounced
DATE OF INSPECTION	12 November 2014
INSPECTED BY	Dr. Fionnuala O'Loughlin MCN 08108, Assistant Inspector of Mental Health Services Mr. Seán Logue, Assistant Inspector of Mental Health Services
ACTING INSPECTOR OF MENTAL HEALTH SERVICES	Dr. Susan Finnerty, MCN009711

Summary

- The approved centre was an in-patient unit for the admission of children and adolescents. At the time of inspection, only six of the 14 beds were operational due to re-furbishment works being carried out.
- There was a very good range of therapeutic services available to the residents, provided by a full multidisciplinary team.
- Due to the management and care of some residents who displayed behaviour that was difficult to manage in the setting of a generic child and adolescent in-patient unit, security personnel had been involved in physical restraint on two occasions.
- The construction of a new Child and Adolescent In-patient Unit was well under way in Cherry Orchard and the service expected to take possession of the premises in the autumn of 2015.

OVERVIEW

In 2014, 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 2013. In addition to the core inspection process, information was also gathered from service user interviews, staff interviews and photographic evidence collected on the day of the inspection.

DESCRIPTION

Linn Dara was a 14-bed unit for the admission of children and was located in the grounds of the former St. Loman's Hospital, Lucan. It was a temporary unit pending the completion of a new building in Cherry Orchard Hospital, Ballyfermot. The building at Linn Dara was a relatively recent construction and comprised two units, one for 12 to 15 year olds (8 beds) and a second for 16 and 17 year olds (6 beds). At the time of inspection, the residents were accommodated in the six-bed unit while renovation works were being carried out in the other unit to ensure compliance with fire regulations. On the day on inspection, there were five children resident, with a sixth child admitted on the morning of the inspection. The children ranged in age from 12 to 15 years. One of the residents went on home leave each night. All residents were voluntary.

There was a national waiting list for children for admissions to the CAMHS units; on the 10th November 2014, there were seven children waiting for admission to Linn Dara.

CONDITIONS

- There were no conditions attached to registration of the approved centre.

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

COMPLIANCE RATING	2012	2013	2014	ARTICLE NUMBERS 2014
Fully Compliant	17	24	25	
Substantial Compliance	10	5	5	15,20,21,23,26
Minimal Compliance	1	1	0	
Not Compliant	2	0	0	
Not Applicable	1	1	1	30

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
Rowan Ward	6	5	CAMHS

QUALITY INITIATIVES 2013/2014

- Pet assisted therapy had been introduced in the 2nd quarter of the year.
- The standard practice of a weekly risk review had been introduced. However, reviews were carried out more often if indicated.
- A dietician had been appointed to the CAMHS team.
- A Ligature Anchor Point audit had been carried out and high risk areas addressed.
- Works to ensure compliance with Fire Regulations had commenced and were almost complete.
- Access to a pharmacist had been incorporated into the routine working of the approved centre.

PROGRESS ON RECOMMENDATIONS IN THE 2013 APPROVED CENTRE REPORT

1. A more comprehensive risk assessment of ligature points in the entire unit must be undertaken by the Risk Manager and appropriate actions for each ligature risk must be outlined. Clear procedures must be drawn up and enacted to minimise each ligature risk. Monitoring of residents while in showers and toilets with ligature points should be documented. All staff must be aware of the location of ligature points.
Outcome: The service had conducted a ligature anchor point audit.
2. A clear outline of the local complaints procedure must be displayed which names the complaints officer in the approved centre.
Outcome: The complaints procedure was displayed and included the name of a person dealing with complaints within the approved centre.
3. Risk assessments for each child must be completed. Reassessment of risk should take place at regular intervals during the child's stay in the unit.
Outcome: Risk assessments had been carried out for each resident.
4. The physical restraint policy must be reviewed on an annual basis.
Outcome: The policy had been reviewed.

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

The registered proprietor shall make arrangements to ensure that each resident is readily identifiable by staff when receiving medication, health care or other services.

LEVEL OF COMPLIANCE	DESCRIPTION	2012	2013	2014
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			

UNSATISFACTORY PERFORMANCE				
LEVEL OF COMPLIANCE	DESCRIPTION	2012	2013	2014
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 photographic identification of each resident on the prescription booklet. One nurse administered medication.

Article 5: Food and Nutrition

(1) The registered proprietor shall ensure that residents have access to a safe supply of fresh drinking water.

(2) The registered proprietor shall ensure that residents are provided with food and drink in quantities adequate for their needs, which is properly prepared, wholesome and nutritious, involves an element of choice and takes account of any special dietary requirements and is consistent with each resident's individual care plan.

LEVEL OF COMPLIANCE	DESCRIPTION	2012	2013	2014
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			

UNSATISFACTORY PERFORMANCE				
LEVEL OF COMPLIANCE	DESCRIPTION	2012	2013	2014
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

Fresh drinking water was available on request from staff. The meals were prepared on-site and incorporated the residents' suggestions. There was a choice for each meal. Fresh fruit was available at all times.

Article 6: Food Safety

(1) *The registered proprietor shall ensure:*

(a) *the provision of suitable and sufficient catering equipment, crockery and cutlery*

(b) *the provision of proper facilities for the refrigeration, storage, preparation, cooking and serving of food, and*

(c) *that a high standard of hygiene is maintained in relation to the storage, preparation and disposal of food and related refuse.*

(2) *This regulation is without prejudice to:*

(a) *the provisions of the Health Act 1947 and any regulations made thereunder in respect of food standards (including labelling) and safety;*

(b) *any regulations made pursuant to the European Communities Act 1972 in respect of food standards (including labelling) and safety; and*

(c) *the Food Safety Authority of Ireland Act 1998.*

LEVEL OF COMPLIANCE	DESCRIPTION	2012	2013	2014
Fully compliant	<i>Evidence of full compliance with this Article.</i>		X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>	X		

UNSATISFACTORY PERFORMANCE				
LEVEL OF COMPLIANCE	DESCRIPTION	2012	2013	2014
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 inspection report was available.

Article 7: Clothing

The registered proprietor shall ensure that:

(1) when a resident does not have an adequate supply of their own clothing the resident is provided with an adequate supply of appropriate individualised clothing with due regard to his or her dignity and bodily integrity at all times;

(2) night clothes are not worn by residents during the day, unless specified in a resident's individual care plan.

LEVEL OF COMPLIANCE	DESCRIPTION	2012	2013	2014
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			

UNSATISFACTORY PERFORMANCE				
LEVEL OF COMPLIANCE	DESCRIPTION	2012	2013	2014
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

No child was dressed in night clothes. Each child had a supply of personal clothes. There was a small supply of spare clothes if required.

Article 8: Residents' Personal Property and Possessions

(1) For the purpose of this regulation "personal property and possessions" means the belongings and personal effects that a resident brings into an approved centre; items purchased by or on behalf of a resident during his or her stay in an approved centre; and items and monies received by the resident during his or her stay in an approved centre.

(2) The registered proprietor shall ensure that the approved centre has written operational policies and procedures relating to residents' personal property and possessions.

(3) The registered proprietor shall ensure that a record is maintained of each resident's personal property and possessions and is available to the resident in accordance with the approved centre's written policy.

(4) The registered proprietor shall ensure that records relating to a resident's personal property and possessions are kept separately from the resident's individual care plan.

(5) The registered proprietor shall ensure that each resident retains control of his or her personal property and possessions except under circumstances where this poses a danger to the resident or others as indicated by the resident's individual care plan.

(6) The registered proprietor shall ensure that provision is made for the safe-keeping of all personal property and possessions.

LEVEL OF COMPLIANCE	DESCRIPTION	2012	2013	2014
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			

UNSATISFACTORY PERFORMANCE				
LEVEL OF COMPLIANCE	DESCRIPTION	2012	2013	2014
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

A list of the child's belongings was taken on admission and a copy kept on file. Each room had a locked press for personal items and there was a locked press in the nurses' office for more valuable items. The service had an up-to-date policy on personal property and possessions.

Article 9: Recreational Activities

The registered proprietor shall ensure that an approved centre, insofar as is practicable, provides access for residents to appropriate recreational activities.

LEVEL OF COMPLIANCE	DESCRIPTION	2012	2013	2014
Fully compliant	<i>Evidence of full compliance with this Article.</i>		X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>	X		

UNSATISFACTORY PERFORMANCE				
LEVEL OF COMPLIANCE	DESCRIPTION	2012	2013	2014
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 were TVs, DVD players, football and table tennis tables in the approved centre. There was access to transport for facilitating outings such as visits to the cinema or bowling. The children also had the use of an outdoor basketball court.

Article 10: Religion

The registered proprietor shall ensure that residents are facilitated, insofar as is reasonably practicable, in the practice of their religion.

LEVEL OF COMPLIANCE	DESCRIPTION	2012	2013	2014
Fully compliant	<i>Evidence of full compliance with this Article.</i>		X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			

UNSATISFACTORY PERFORMANCE				
LEVEL OF COMPLIANCE	DESCRIPTION	2012	2013	2014
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>	X		

Justification for this rating:

Staff had a list of contact details for different ministers and chaplains and residents could attend religious services when accompanied by their parents.

Article 11: Visits

- (1) *The registered proprietor shall ensure that appropriate arrangements are made for residents to receive visitors having regard to the nature and purpose of the visit and the needs of the resident.*
- (2) *The registered proprietor shall ensure that reasonable times are identified during which a resident may receive visits.*
- (3) *The registered proprietor shall take all reasonable steps to ensure the safety of residents and visitors.*
- (4) *The registered proprietor shall ensure that the freedom of a resident to receive visits and the privacy of a resident during visits are respected, in so far as is practicable, unless indicated otherwise in the resident's individual care plan.*
- (5) *The registered proprietor shall ensure that appropriate arrangements and facilities are in place for children visiting a resident.*
- (6) *The registered proprietor shall ensure that an approved centre has written operational policies and procedures for visits.*

LEVEL OF COMPLIANCE	DESCRIPTION	2012	2013	2014
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			

UNSATISFACTORY PERFORMANCE				
LEVEL OF COMPLIANCE	DESCRIPTION	2012	2013	2014
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:

Visits were encouraged from 1730h to 2030h daily, but there was some flexibility around these hours. There was no dedicated visitors' room but visitors could use the sitting rooms or the residents' bedrooms. A list of permitted visitors was taken on admission from the child and his/her parents. There was a policy on visits.

Article 12: Communication

(1) Subject to subsections (2) and (3), the registered proprietor and the clinical director shall ensure that the resident is free to communicate at all times, having due regard to his or her wellbeing, safety and health.

(2) The clinical director, or a senior member of staff designated by the clinical director, may only examine incoming and outgoing communication if there is reasonable cause to believe that the communication may result in harm to the resident or to others.

(3) The registered proprietor shall ensure that the approved centre has written operational policies and procedures on communication.

(4) For the purposes of this regulation "communication" means the use of mail, fax, email, internet, telephone or any device for the purposes of sending or receiving messages or goods.

LEVEL OF COMPLIANCE	DESCRIPTION	2012	2013	2014
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			

UNSATISFACTORY PERFORMANCE				
LEVEL OF COMPLIANCE	DESCRIPTION	2012	2013	2014
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 did not retain their mobile phones but could access them when accompanied by parents. The residents could also use the nurses' office phone, which was a cordless phone, and make or receive a phone call either in the dining room or another available room. At times, calls were taken on the corridor. Post was received regularly but residents rarely requested mail to be sent out. There was a policy on communication.

Article 13: Searches

- (1) *The registered proprietor shall ensure that the approved centre has written operational policies and procedures on the searching of a resident, his or her belongings and the environment in which he or she is accommodated.*
- (2) *The registered proprietor shall ensure that searches are only carried out for the purpose of creating and maintaining a safe and therapeutic environment for the residents and staff of the approved centre.*
- (3) *The registered proprietor shall ensure that the approved centre has written operational policies and procedures for carrying out searches with the consent of a resident and carrying out searches in the absence of consent.*
- (4) *Without prejudice to subsection (3) the registered proprietor shall ensure that the consent of the resident is always sought.*
- (5) *The registered proprietor shall ensure that residents and staff are aware of the policy and procedures on searching.*
- (6) *The registered proprietor shall ensure that there is be a minimum of two appropriately qualified staff in attendance at all times when searches are being conducted.*
- (7) *The registered proprietor shall ensure that all searches are undertaken with due regard to the resident's dignity, privacy and gender.*
- (8) *The registered proprietor shall ensure that the resident being searched is informed of what is happening and why.*
- (9) *The registered proprietor shall ensure that a written record of every search is made, which includes the reason for the search.*
- (10) *The registered proprietor shall ensure that the approved centre has written operational policies and procedures in relation to the finding of illicit substances.*

LEVEL OF COMPLIANCE	DESCRIPTION	2012	2013	2014
Fully compliant	<i>Evidence of full compliance with this Article.</i>		X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>	X		

UNSATISFACTORY PERFORMANCE				
LEVEL OF COMPLIANCE	DESCRIPTION	2012	2013	2014
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

On return from leave, the standard protocol in the approved centre was that a child's belongings were searched, usually in the presence of the child's parent. Random searches of the bedrooms were also conducted. The clinical file of one resident whose room was searched was inspected. A form had been completed with the names of the two members of staff included and the search was documented in the clinical file. The child and parents had been informed that a search had been carried out afterwards. There was a policy on searches which satisfied the requirements of this Regulation.

Article 14: Care of the Dying

(1) The registered proprietor shall ensure that the approved centre has written operational policies and protocols for care of residents who are dying.

(2) The registered proprietor shall ensure that when a resident is dying:

(a) appropriate care and comfort are given to a resident to address his or her physical, emotional, psychological and spiritual needs;

(b) in so far as practicable, his or her religious and cultural practices are respected;

(c) the resident's death is handled with dignity and propriety, and;

(d) in so far as is practicable, the needs of the resident's family, next-of-kin and friends are accommodated.

(3) The registered proprietor shall ensure that when the sudden death of a resident occurs:

(a) in so far as practicable, his or her religious and cultural practices are respected;

(b) the resident's death is handled with dignity and propriety, and;

(c) in so far as is practicable, the needs of the resident's family, next-of-kin and friends are accommodated.

(4) The registered proprietor shall ensure that the Mental Health Commission is notified in writing of the death of any resident of the approved centre, as soon as is practicable and in any event, no later than within 48 hours of the death occurring.

(5) This Regulation is without prejudice to the provisions of the Coroners Act 1962 and the Coroners (Amendment) Act 2005.

LEVEL OF COMPLIANCE	DESCRIPTION	2012	2013	2014
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			

UNSATISFACTORY PERFORMANCE				
LEVEL OF COMPLIANCE	DESCRIPTION	2012	2013	2014
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 care of residents who are dying.

Article 15: Individual Care Plan

The registered proprietor shall ensure that each resident has an individual care plan.

[Definition of an individual care plan: "... a documented set of goals developed, regularly reviewed and updated by the resident's multi-disciplinary team, so far as practicable in consultation with each resident. The individual care plan shall specify the treatment and care required which shall be in accordance with best practice, shall identify necessary resources and shall specify appropriate goals for the resident. For a resident who is a child, his or her individual care plan shall include education requirements. The individual care plan shall be recorded in the one composite set of documentation".]

LEVEL OF COMPLIANCE	DESCRIPTION	2012	2013	2014
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			X

UNSATISFACTORY PERFORMANCE				
LEVEL OF COMPLIANCE	DESCRIPTION	2012	2013	2014
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 ICP template used by the approved centre for each resident highlighted “Challenges Identified” and “Intervention Plan” but there were no documented set of goals.

Although the ICP identified the necessary resources, there was no record available to inspectors of who attended the multidisciplinary team (MDT) meeting in respect of the formulation of the care plans of two residents. In the case of both residents mentioned above, the ICPs were also undated and one was unsigned by anyone although in this case, the resident had been an in-patient for almost a month. Photocopy evidence was taken. This was relayed to the senior management team in the feedback meeting offered by inspectors.

The service was in breach of this Article of the Regulations as the ICPs did not specify a set of goals.

Breach: 15

Article 16: Therapeutic Services and Programmes

(1) The registered proprietor shall ensure that each resident has access to an appropriate range of therapeutic services and programmes in accordance with his or her individual care plan.

(2) The registered proprietor shall ensure that programmes and services provided shall be directed towards restoring and maintaining optimal levels of physical and psychosocial functioning of a resident.

LEVEL OF COMPLIANCE	DESCRIPTION	2012	2013	2014
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			

UNSATISFACTORY PERFORMANCE				
LEVEL OF COMPLIANCE	DESCRIPTION	2012	2013	2014
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 dedicated multidisciplinary team for the in-patient service and a full range of therapeutic services was provided. A specialised Eating Disorder Programme addressed the needs of those children admitted for treatment of eating disorder.

Article 17: Children's Education

The registered proprietor shall ensure that each resident who is a child is provided with appropriate educational services in accordance with his or her needs and age as indicated by his or her individual care plan.

LEVEL OF COMPLIANCE	DESCRIPTION	2012	2013	2014
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			

UNSATISFACTORY PERFORMANCE				
LEVEL OF COMPLIANCE	DESCRIPTION	2012	2013	2014
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 school on site with one principal teacher and four part-time teachers.

Article 18: Transfer of Residents

(1) When a resident is transferred from an approved centre for treatment to another approved centre, hospital or other place, the registered proprietor of the approved centre from which the resident is being transferred shall ensure that all relevant information about the resident is provided to the receiving approved centre, hospital or other place.

(2) The registered proprietor shall ensure that the approved centre has a written policy and procedures on the transfer of residents.

LEVEL OF COMPLIANCE	DESCRIPTION	2012	2013	2014
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			

UNSATISFACTORY PERFORMANCE				
LEVEL OF COMPLIANCE	DESCRIPTION	2012	2013	2014
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

There was an up-to-date policy on transfer of residents. No current resident had been transferred to another facility.

Article 19: General Health

(1) *The registered proprietor shall ensure that:*

(a) *adequate arrangements are in place for access by residents to general health services and for their referral to other health services as required;*

(b) *each resident's general health needs are assessed regularly as indicated by his or her individual care plan and in any event not less than every six months, and;*

(c) *each resident has access to national screening programmes where available and applicable to the resident.*

(2) *The registered proprietor shall ensure that the approved centre has written operational policies and procedures for responding to medical emergencies.*

LEVEL OF COMPLIANCE	DESCRIPTION	2012	2013	2014
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			

UNSATISFACTORY PERFORMANCE				
LEVEL OF COMPLIANCE	DESCRIPTION	2012	2013	2014
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 access to medical health services. Staff included two medical Interns in addition to the psychiatric registrars. No current resident had been in the approved centre for longer than six months.

Article 20: Provision of Information to Residents

(1) Without prejudice to any provisions in the Act the registered proprietor shall ensure that the following information is provided to each resident in an understandable form and language:

- (a) details of the resident's multi-disciplinary team;*
- (b) housekeeping practices, including arrangements for personal property, mealtimes, visiting times and visiting arrangements;*
- (c) verbal and written information on the resident's diagnosis and suitable written information relevant to the resident's diagnosis unless in the resident's psychiatrist's view the provision of such information might be prejudicial to the resident's physical or mental health, well-being or emotional condition;*
- (d) details of relevant advocacy and voluntary agencies;*
- (e) information on indications for use of all medications to be administered to the resident, including any possible side-effects.*

(2) The registered proprietor shall ensure that an approved centre has written operational policies and procedures for the provision of information to residents.

LEVEL OF COMPLIANCE	DESCRIPTION	2012	2013	2014
Fully compliant	<i>Evidence of full compliance with this Article.</i>			
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>	X	X	X

UNSATISFACTORY PERFORMANCE				
LEVEL OF COMPLIANCE	DESCRIPTION	2012	2013	2014
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 excellent range of information leaflets on display on a range of topics, including diagnoses. Information on medication was available from the nursing staff. These leaflets were written in a child-friendly way. The service had produced a colourful information booklet about the unit. There are currently no advocacy services for children in Health Service Executive (HSE) CAMHS in-patient units and there were, therefore, no details available to residents. There was a policy on communication.

As there was no information available on advocacy services for children, the approved centre was in breach of this Article of the Regulations.

Breach: 20(1) (d)

Article 21: Privacy

The registered proprietor shall ensure that the resident's privacy and dignity is appropriately respected at all times.

LEVEL OF COMPLIANCE	DESCRIPTION	2012	2013	2014
Fully compliant	<i>Evidence of full compliance with this Article.</i>			
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>	X	X	X

UNSATISFACTORY PERFORMANCE				
LEVEL OF COMPLIANCE	DESCRIPTION	2012	2013	2014
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:

<p>All bedroom accommodation was in single rooms. The lavatories and showers were lockable and, therefore, provided privacy. Residents were provided with access to the unit phone and staff reported that phone calls were made and received in the corridor, at times. Although a 'hood' had been erected for these calls, privacy in making calls was not provided.</p>
<p>As privacy could not be provided in every case for residents making or taking phone calls, it could not be said that residents' privacy was respected at all times.</p>

Breach: 21

Article 22: Premises

(1) The registered proprietor shall ensure that:

(a) premises are clean and maintained in good structural and decorative condition;

(b) premises are adequately lit, heated and ventilated;

(c) a programme of routine maintenance and renewal of the fabric and decoration of the premises is developed and implemented and records of such programme are maintained.

(2) The registered proprietor shall ensure that an approved centre has adequate and suitable furnishings having regard to the number and mix of residents in the approved centre.

(3) The registered proprietor shall ensure that the condition of the physical structure and the overall approved centre environment is developed and maintained with due regard to the specific needs of residents and patients and the safety and well-being of residents, staff and visitors.

(4) Any premises in which the care and treatment of persons with a mental disorder or mental illness is begun after the commencement of these regulations shall be designed and developed or redeveloped specifically and solely for this purpose in so far as it practicable and in accordance with best contemporary practice.

(5) Any approved centre in which the care and treatment of persons with a mental disorder or mental illness is begun after the commencement of these regulations shall ensure that the buildings are, as far as practicable, accessible to persons with disabilities.

(6) This regulation is without prejudice to the provisions of the Building Control Act 1990, the Building Regulations 1997 and 2001, Part M of the Building Regulations 1997, the Disability Act 2005 and the Planning and Development Act 2000.

LEVEL OF COMPLIANCE	DESCRIPTION	2012	2013	2014
Fully compliant	<i>Evidence of full compliance with this Article.</i>			X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			

UNSATISFACTORY PERFORMANCE				
LEVEL OF COMPLIANCE	DESCRIPTION	2012	2013	2014
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>	X	X	
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

Linn Dara was an interim unit pending the construction of a purpose built unit in Cherry Orchard. As such, it was not designed for occupation by a child and adolescent group. The unit was clean, apart from a small section which was closed for deep-cleaning. There was a faulty *Exit* sign on one corridor which was not illuminated. Bedrooms were comfortable and there were two sitting rooms, appropriately furnished.

Staff reported that they could not control the heating as it was set to a particular temperature. Although there is no maximum temperature stated under the regulations, (Guide to the Safety, Health and Welfare at Work (General Application) Regulations 2007), inspectors subjectively found the unit to be very warm at the time of inspection. The Clinical Director subsequently reported that maintenance staff would have to be called to control the temperature in the unit.

The dining room was spacious and had sufficient tables and chairs. There was limited outdoor space which included a basketball court. Because of an inability to access a particular area of the gardens, one area was overgrown and was most unsightly.

There were two classrooms, an activities room and an occupational therapy kitchen.

A number of ligature anchor points were identified by inspectors and pointed out to accompanying staff. An audit of ligature anchor points had been carried out by the service which identified these same ligature points. However, as outlined in the service's audit of ligature anchor points, the risk these posed was mitigated by supervision by staff of these particular points.

Article 23: Ordering, Prescribing, Storing and Administration of Medicines

(1) The registered proprietor shall ensure that an approved centre has appropriate and suitable practices and written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents.

(2) This Regulation is without prejudice to the Irish Medicines Board Act 1995 (as amended), the Misuse of Drugs Acts 1977, 1984 and 1993, the Misuse of Drugs Regulations 1998 (S.I. No. 338 of 1998) and 1993 (S.I. No. 338 of 1993 and S.I. No. 342 of 1993) and S.I. No. 540 of 2003, Medicinal Products (Prescription and control of Supply) Regulations 2003 (as amended).

LEVEL OF COMPLIANCE	DESCRIPTION	2012	2013	2014
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			X

UNSATISFACTORY PERFORMANCE				
LEVEL OF COMPLIANCE	DESCRIPTION	2012	2013	2014
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

The approved centre had a written operational policy on the ordering, prescribing, storing and administration of medicines to residents.

Not all prescribing doctors used their Medical Council Registration numbers (MCN); this reflected an unsuitable practice and resulted in a breach of Article 23(1) of the Regulations.

The service was in breach of this Article because the requirement for doctors to write their MCN numbers on prescription was not always complied with.

Breach: 23(1)

Article 24: Health and Safety

(1) The registered proprietor shall ensure that an approved centre has written operational policies and procedures relating to the health and safety of residents, staff and visitors.

(2) This regulation is without prejudice to the provisions of Health and Safety Act 1989, the Health and Safety at Work Act 2005 and any regulations made thereunder.

LEVEL OF COMPLIANCE	DESCRIPTION	2012	2013	2014
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			

UNSATISFACTORY PERFORMANCE				
LEVEL OF COMPLIANCE	DESCRIPTION	2012	2013	2014
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 health and safety which specified the health and safety of residents, staff and visitors.

Article 25: Use of Closed Circuit Television (CCTV)

- (1) *The registered proprietor shall ensure that in the event of the use of closed circuit television or other such monitoring device for resident observation the following conditions will apply:*
- (a) *it shall be used solely for the purposes of observing a resident by a health professional who is responsible for the welfare of that resident, and solely for the purposes of ensuring the health and welfare of that resident;*
- (b) *it shall be clearly labelled and be evident;*
- (c) *the approved centre shall have clear written policy and protocols articulating its function, in relation to the observation of a resident;*
- (d) *it shall be incapable of recording or storing a resident's image on a tape, disc, hard drive, or in any other form and be incapable of transmitting images other than to the monitoring station being viewed by the health professional responsible for the health and welfare of the resident;*
- (e) *it must not be used if a resident starts to act in a way which compromises his or her dignity.*
- (2) *The registered proprietor shall ensure that the existence and usage of closed circuit television or other monitoring device is disclosed to the resident and/or his or her representative.*
- (3) *The registered proprietor shall ensure that existence and usage of closed circuit television or other monitoring device is disclosed to the Inspector of Mental Health Services and/or Mental Health Commission during the inspection of the approved centre or at anytime on request.*

LEVEL OF COMPLIANCE	DESCRIPTION	2012	2013	2014
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			

UNSATISFACTORY PERFORMANCE				
LEVEL OF COMPLIANCE	DESCRIPTION	2012	2013	2014
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 only outside the unit. There was a policy on the use of CCTV referring to a previous CAMHS unit and not Linn Dara.

Article 26: Staffing

- (1) *The registered proprietor shall ensure that the approved centre has written policies and procedures relating to the recruitment, selection and vetting of staff.*
- (2) *The registered proprietor shall ensure that the numbers of staff and skill mix of staff are appropriate to the assessed needs of residents, the size and layout of the approved centre.*
- (3) *The registered proprietor shall ensure that there is an appropriately qualified staff member on duty and in charge of the approved centre at all times and a record thereof maintained in the approved centre.*
- (4) *The registered proprietor shall ensure that staff have access to education and training to enable them to provide care and treatment in accordance with best contemporary practice.*
- (5) *The registered proprietor shall ensure that all staff members are made aware of the provisions of the Act and all regulations and rules made thereunder, commensurate with their role.*
- (6) *The registered proprietor shall ensure that a copy of the Act and any regulations and rules made thereunder are to be made available to all staff in the approved centre.*

WARD OR UNIT	STAFF TYPE	DAY	NIGHT
Linn Dara	CNM2	1	0
	CNM1	1	0
	RPN	5	2 (+ 1 from 2000h to 2400h)
	Social Care Worker	1	0

Clinical Nurse Manager (CNM), Registered Psychiatric Nurse (RPN).

LEVEL OF COMPLIANCE	DESCRIPTION	2012	2013	2014
Fully compliant	<i>Evidence of full compliance with this Article.</i>		X	
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>	X		X

UNSATISFACTORY PERFORMANCE				
LEVEL OF COMPLIANCE	DESCRIPTION	2012	2013	2014
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 Assistant Director of Nursing (ADON) in charge during the day and available on call at night. Although no social care worker had been on duty the night preceding the inspection, social care workers were on duty during the night on at least some occasions. The service employed the HSE policies on recruitment. There was a full multidisciplinary team for in-patients only. The team comprised 1 x Whole Time Equivalent (WTE) consultant psychiatrist, 1 x WTE senior registrar, 1 x WTE registrar, 2 x WTE Medical Interns (shared with the day service), 1.4 WTE social workers, 1 x WTE occupational therapist, 1 x WTE speech and language therapist and 1 x WTE dietician. One occupational therapy post was vacant at the time of inspection due to leave. There were also vacancies for two psychologists.

The service maintained a record of staff training and this was available on the day of inspection. The record of clinical staff training was satisfactory, but there was no record of training in physical restraint for the social care workers or the security staff.

The service was requested to forward training records for all security and social care staff. A record of training in Therapeutic Crisis Intervention (TCI) was provided for 16 staff members but this list did not specify which staff members were social care workers and which were security personnel. A certificate of completion of a training programme in Therapeutic Management of Violence and Aggression (TMAV) was also forwarded in respect of one member of security personnel. The name of one security guard who had been involved in an episode of physical restraint was not included on either list of trained personnel.

The service was in breach of 26(4) as it did not provide evidence of training in physical restraint for security staff who had been involved in physical restraint.

Breach: 26(4)

Article 27: Maintenance of Records

(1) The registered proprietor shall ensure that records and reports shall be maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. All records shall be kept up-to-date and in good order in a safe and secure place.

(2) The registered proprietor shall ensure that the approved centre has written policies and procedures relating to the creation of, access to, retention of and destruction of records.

(3) The registered proprietor shall ensure that all documentation of inspections relating to food safety, health and safety and fire inspections is maintained in the approved centre.

(4) This Regulation is without prejudice to the provisions of the Data Protection Acts 1988 and 2003 and the Freedom of Information Acts 1997 and 2003.

Note: Actual assessment of food safety, health and safety and fire risk is outside the scope of these Regulations which refer only to maintenance of records pertaining to these areas.

LEVEL OF COMPLIANCE	DESCRIPTION	2012	2013	2014
Fully compliant	<i>Evidence of full compliance with this Article.</i>		X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>	X		

UNSATISFACTORY PERFORMANCE				
LEVEL OF COMPLIANCE	DESCRIPTION	2012	2013	2014
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 were a number of loose pages in some of the clinical files inspected.

The Fire Safety Certificate, dated January 2013 and the Environmental Health Officer's Inspection report, dated January 2013 were available. No inspections relating to health and safety had been carried out. There was a policy which satisfied the requirements of this Article of the Regulations.

Article 28: Register of Residents

(1) The registered proprietor shall ensure that an up-to-date register shall be established and maintained in relation to every resident in an approved centre in a format determined by the Commission and shall make available such information to the Commission as and when requested by the Commission.

(2) The registered proprietor shall ensure that the register includes the information specified in Schedule 1 to these Regulations.

LEVEL OF COMPLIANCE	DESCRIPTION	2012	2013	2014
Fully compliant	<i>Evidence of full compliance with this Article.</i>			X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>	X	X	

UNSATISFACTORY PERFORMANCE				
LEVEL OF COMPLIANCE	DESCRIPTION	2012	2013	2014
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

The service maintained a Register of Residents which satisfied the requirements of Schedule 1 to the Regulations.

Article 29: Operating policies and procedures

The registered proprietor shall ensure that all written operational policies and procedures of an approved centre are reviewed on the recommendation of the Inspector or the Commission and at least every 3 years having due regard to any recommendations made by the Inspector or the Commission.

LEVEL OF COMPLIANCE	DESCRIPTION	2012	2013	2014
Fully compliant	<i>Evidence of full compliance with this Article.</i>		X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>	X		

UNSATISFACTORY PERFORMANCE				
LEVEL OF COMPLIANCE	DESCRIPTION	2012	2013	2014
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 policies had been reviewed and were in date.

Article 30: Mental Health Tribunals

(1) The registered proprietor shall ensure that an approved centre will co-operate fully with Mental Health Tribunals.

(2) In circumstances where a patient's condition is such that he or she requires assistance from staff of the approved centre to attend, or during, a sitting of a mental health tribunal of which he or she is the subject, the registered proprietor shall ensure that appropriate assistance is provided by the staff of the approved centre.

As all residents were children, detained patients in this approved centre were not subject to Mental Health Tribunals.

Article 31: Complaints Procedures

- (1) *The registered proprietor shall ensure that an approved centre has written operational policies and procedures relating to the making, handling and investigating complaints from any person about any aspects of service, care and treatment provided in, or on behalf of an approved centre.*
- (2) *The registered proprietor shall ensure that each resident is made aware of the complaints procedure as soon as is practicable after admission.*
- (3) *The registered proprietor shall ensure that the complaints procedure is displayed in a prominent position in the approved centre.*
- (4) *The registered proprietor shall ensure that a nominated person is available in an approved centre to deal with all complaints.*
- (5) *The registered proprietor shall ensure that all complaints are investigated promptly.*
- (6) *The registered proprietor shall ensure that the nominated person maintains a record of all complaints relating to the approved centre.*
- (7) *The registered proprietor shall ensure that all complaints and the results of any investigations into the matters complained and any actions taken on foot of a complaint are fully and properly recorded and that such records shall be in addition to and distinct from a resident's individual care plan.*
- (8) *The registered proprietor shall ensure that any resident who has made a complaint is not adversely affected by reason of the complaint having been made.*
- (9) *This Regulation is without prejudice to Part 9 of the Health Act 2004 and any regulations made thereunder.*

LEVEL OF COMPLIANCE	DESCRIPTION	2012	2013	2014
Fully compliant	<i>Evidence of full compliance with this Article.</i>			X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>	X	X	

UNSATISFACTORY PERFORMANCE				
LEVEL OF COMPLIANCE	DESCRIPTION	2012	2013	2014
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 complaints. The nominated person with responsibility for dealing with complaints within the approved centre was named on the localised complaints procedure. There were also details of the HSE *Your Service, Your Say* policy on display. A record of complaints was maintained in the approved centre and was available to inspectors.

Article 32: Risk Management Procedures

- (1) *The registered proprietor shall ensure that an approved centre has a comprehensive written risk management policy in place and that it is implemented throughout the approved centre.*
- (2) *The registered proprietor shall ensure that risk management policy covers, but is not limited to, the following:*
- (a) *The identification and assessment of risks throughout the approved centre;*
 - (b) *The precautions in place to control the risks identified;*
 - (c) *The precautions in place to control the following specified risks:*
 - (i) *resident absent without leave,*
 - (ii) *suicide and self harm,*
 - (iii) *assault,*
 - (iv) *accidental injury to residents or staff;*
 - (d) *Arrangements for the identification, recording, investigation and learning from serious or untoward incidents or adverse events involving residents;*
 - (e) *Arrangements for responding to emergencies;*
 - (f) *Arrangements for the protection of children and vulnerable adults from abuse.*
- (3) *The registered proprietor shall ensure that an approved centre shall maintain a record of all incidents and notify the Mental Health Commission of incidents occurring in the approved centre with due regard to any relevant codes of practice issued by the Mental Health Commission from time to time which have been notified to the approved centre.*

LEVEL OF COMPLIANCE	DESCRIPTION	2012	2013	2014
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X		X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>		X	

UNSATISFACTORY PERFORMANCE				
LEVEL OF COMPLIANCE	DESCRIPTION	2012	2013	2014
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 were a number of individual policies which addressed the requirements of this Article of the Regulations. Risk assessments for residents were carried out at the time of admission and on a weekly basis, or more frequently, if necessary. A ligature anchor point audit had been conducted.

Article 33: Insurance

The registered proprietor of an approved centre shall ensure that the unit is adequately insured against accidents or injury to residents.

LEVEL OF COMPLIANCE	DESCRIPTION	2012	2013	2014
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			

UNSATISFACTORY PERFORMANCE				
LEVEL OF COMPLIANCE	DESCRIPTION	2012	2013	2014
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 unit was covered by the State Indemnity Scheme.

Article 34: Certificate of Registration

The registered proprietor shall ensure that the approved centre's current certificate of registration issued pursuant to Section 64(3)(c) of the Act is displayed in a prominent position in the approved centre.

LEVEL OF COMPLIANCE	DESCRIPTION	2012	2013	2014
Fully compliant	<i>Evidence of full compliance with this Article.</i>		X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			

UNSATISFACTORY PERFORMANCE				
LEVEL OF COMPLIANCE	DESCRIPTION	2012	2013	2014
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>	X		

Justification for this rating:

The Certificate of Registration was displayed in the entrance area of the unit.

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

SECLUSION

Use: There were no seclusion facilities in the unit and seclusion was not used.

Electroconvulsive Therapy (ECT) (DETAINED PATIENTS)

Use: There were no ECT facilities in the unit and no detained patients at the time of inspection.

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 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	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:

No current resident had been physically restrained. The clinical files of two former residents who had been physically restrained, one for 57 episodes and the other for 33 episodes, were inspected. There was documentary evidence that, in all cases, physical restraint was used in the best interests of the residents when they posed an immediate threat of serious harm to self or others. Physical restraint was not prolonged beyond the period which was necessary to prevent immediate and serious harm to the resident or others.

There was documentary evidence that the consultant psychiatrist responsible for the care and treatment of the resident or the duty consultant psychiatrist was notified by the person who initiated the use of physical restraint. In all cases of physical restraint, a medical examination of the resident was carried out within three hours of physical restraint. All orders of physical restraint were within the maximum period of 30 minutes. Renewal orders were not made in any of these physical restraint episodes. All episodes of physical restraint were recorded in the resident's clinical file. On the day of inspection, the Clinical Practice Forms were signed by the consultant psychiatrist responsible for the care and treatment of the residents or the duty consultant psychiatrist. The residents were informed of the reasons for, likely duration of, and the circumstances which would lead to the discontinuation of physical restraint. The next of kin were contacted in respect of all episodes of physical restraint.

Security staff had been required to assist with physical restraint on two occasions and, since these were not clinical staff, they were not aware of and could not have considered any relevant entries in the residents' care and treatment plans. This was a breach of section 6.1 of the Code of Practice on

the Use of Physical Restraint in Approved Centres.

Part 16 of the Clinical Practice Forms for physical restraint (Ordering Physical Restraint) had not been completed by the person who initiated and ordered the use of physical restraint in many instances. This was a breach of section 5.7(b) of the Code of Practice on the Use of Physical Restraint in Approved Centres. In this regard, because all uses of physical restraint were not clearly recorded on the Clinical Practice Forms for physical restraint, this also resulted in a breach of section 8.2 of the Code of Practice on the Use of Physical Restraint in Approved Centres.

There was documentary evidence that in all cases of physical restraint the residents were afforded the opportunity to discuss their respective episodes of physical restraint with a member or members of the multidisciplinary team.

All episodes of physical restraint were clearly recorded in the clinical files. A number of the Clinical Practice Forms that were placed in the clinical files were incomplete; this was a breach of 8.3 of the Code of Practice on the Use of Physical Restraint in Approved Centres.

The approved centre had a written operational policy on the use of physical restraint. The training log for clinical staff in respect of physical restraint was inspected and was satisfactory.

There was no record of training in physical restraint for the security guard involved in one episode of physical restraint. It was of concern to inspectors that security personnel were involved in restraining residents.

In one instance, a male nurse and a male security officer had physically restrained a female resident. However, on inspection of the clinical file of this resident and on inspection of the Clinical Practice Form for physical restraint, and the inspection of other clinical documentation and incident reports, it was apparent that another similar incident was occurring at the same time. Therefore, in accordance with section 6.3 of the Code of Practice on the Use of Physical Restraint, it was not practicable at that precise time to have a same sex member of staff present during the episode of physical restraint.

The senior management team reported to inspectors that these episodes had occurred during a particularly challenging period when additional clinical staff had already been rostered to provide as safe an environment as possible, given the particular needs of the residents at the time.

The reasons why the approved centre was in breach of this Code of Practice were:

- a) Part 16 of the Clinical Practice Forms for physical restraint (Ordering Physical Restraint) had not been completed by the person who initiated and ordered the use of physical restraint in many instances; this was a breach of section 5.7(b).
- b) As security staff who participated in carrying out physical restraint were not clinical staff, they were not aware of and could not have considered any relevant entries in the residents' care and treatment plans. This was a breach of section 6.1.
- c) All uses of physical restraint were not clearly recorded on the Clinical Practice Forms for physical restraint. This also resulted in a breach of section 8.2.
- d) Not all of the Clinical Practice Forms that were placed in the clinical files were complete. This was a breach of 8.3 of the Code of Practice on the Use of Physical Restraint in Approved Centres.
- e) As the policy on physical restraint did not identify security personnel as persons who may carry out physical restraint, this was a breach of section 9.2.
- f) Because there was no record of training in physical restraint for the security guard involved in one episode of physical restraint, this was a breach of 10.1(e) of the Code of Practice on the Use of Physical Restraint.

Breach: 5.7(b), 6.1, 8.2, 8.3, 9.2, 10.1 (e)

ADMISSION OF CHILDREN

Description: Linn Dara was an approved centre for the admission of children only.

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

Justification for this rating:

In the clinical files inspected, there was evidence of consent to admission and treatment from the parents and/or guardians of the children admitted.

As there were no detained patients in the approved centre at the time of inspection, leave provisions were not applicable.

NOTIFICATION OF DEATHS AND INCIDENT REPORTING

Description: There had been no death of a resident in the approved centre since the inspection of 2013.

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 summary of incidents was forwarded to the Mental Health Commission as is required on a six-monthly basis. Incident report records were available in the approved centre and were available to inspectors. There was a risk manager for the service.

Electroconvulsive Therapy (ECT) FOR VOLUNTARY PATIENTS

Use: There were no ECT facilities in the approved centre and no resident was receiving ECT in another facility.

ADMISSION, TRANSFER AND DISCHARGE

Part 2 Enabling Good Practice through Effective Governance

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

Level of compliance:

FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	MINIMAL COMPLIANCE	NOT COMPLIANT
X			

Justification for this rating:

The approved centre had policies on the admission, transfer and discharge of residents. The approved centre was fully compliant with Article 32 of the Regulations Risk Management Procedures.

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:

<p>The clinical files of two residents were inspected. Copies of referral letters were maintained in the respective clinical files. The decision to admit was made by the consultant psychiatrist. An initial assessment followed by a more comprehensive assessment by the multidisciplinary team was carried out. All assessments were documented in the clinical files.</p> <p>The approved centre was not fully compliant with Article 20 Provision of Information to Residents in that currently, no advocacy service for children in Health Service Executive (HSE) CAMHS in-patient units is available and there were therefore no details available to residents; this was a breach of section 16.3(c) of this Code of Practice. The approved centre was fully compliant with Article 7 Clothing and Article 8 Resident’s Personal Property and Possessions. The approved centre was not fully compliant with Article 15 of the Regulations Individual Care Plan; this was a breach of section 17.1 of this Code of Practice. The approved centre was fully compliant with Article 27 Maintenance of Records.</p>
<p>The reasons why the approved centre was not fully compliant with this Code of Practice were:</p> <ul style="list-style-type: none"> a. There were no advocacy service for children available in the approved centre and there were therefore no details available to residents; this was a breach of section 16.3(c) of this Code of Practice. b. The approved centre was not fully compliant with Article 15 of the Regulations Individual Care Plan; this was a breach of section 17.1 of this Code of Practice.

Breach: 16.3(c), 17.1

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 INSPECTED			

Justification for this rating:

As no current resident had been transferred, this part of the Code of Practice was not inspected.

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 clinical file of one discharged resident was inspected. The decision to discharge the resident was made by the consultant psychiatrist in consultation with the family. A discharge plan was part of the ICP and it was recovery focussed. A discharge meeting had been attended by the multidisciplinary team, the resident and family. A comprehensive assessment was undertaken prior to discharge of the resident. There was a multidisciplinary approach to discharge planning. A discharge summary had been sent to the appropriate service.

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

Description: No resident had an intellectual disability and mental illness.

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

Level of compliance:

FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	MINIMAL COMPLIANCE	NOT COMPLIANT
X			

Justification for this rating:

The approved centre had an appropriate policy and procedures. Training in respect of this Code of Practice had been undertaken.

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

SECTION 60 – ADMINISTRATION OF MEDICINE

Description: As this was an approved centre for children, Section 60 was not applicable.

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

Description: As there were no detained children in the approved centre, Section 61 was not applicable.

The Department of Health National Guideline No. 3: Surveillance, Diagnosis and Management of *Clostridium Difficile* Infection in Ireland

The Department of Health National Guideline No. 3: Surveillance, Diagnosis and Management of *Clostridium Difficile* Infection in Ireland were launched in June 2014. The Mental Health Commission was requested by the Minister of Health to ask approved centres to put processes in place to implement National Clinical Guidelines and that the Office of Inspector of Mental Health Services takes cognisance of these Guidelines in terms of its inspections and reporting.

Clostridium Difficile

Staffs were unaware of the recent guidelines published by the Department of Health in relation to *Clostridium Difficile*.

No cases of *Clostridium Difficile* had been reported in the approved centre. There was no infection control nurse for the centre.

SECTION THREE: OTHER ASPECTS OF THE APPROVED CENTRE

SERVICE USER INTERVIEWS

No resident requested to speak with inspectors during the course of the inspection.

THE QUALITY FRAMEWORK - MENTAL HEALTH SERVICES, AS IT APPLIES TO APPROVED CENTRES, IN THIS INSPECTION

Theme 1 Provision of a holistic seamless service and the full continuum of care provided by a multidisciplinary team

The multidisciplinary team was staffed with a range of health and social care professionals, with the exception of psychologists. However, it was reported that access to psychology could be provided through the out-patient psychology service. The approved centre was fully compliant with Article 16 Therapeutic Services and Programmes. Admissions to the approved centre were planned and pre-admission visits by the child and their parents were usually facilitated to familiarise them with the unit.

Theme 2 Respectful, empathetic relationships are required between people using the Mental Health Services and those providing them

Information on diagnoses and medications were provided in age-appropriate format and were readily available. The complaints procedure was clearly displayed and a nominated person within the approved centre was named. There was no advocacy service for HSE CAMHS in-patient units but staff of a number of such units were in discussion as to how to bring this about.

Theme 3 an empowering approach to service delivery is beneficial to both people using the service and those providing it

The approved centre was compliant with Article 20 Provision of Information to Residents and information about making complaints was displayed. All residents at the time of inspection were voluntary and consent to admission and treatment was provided by parents.

Theme 4 A quality physical environment that promotes good health and upholds the security and safety of service users

All bedroom accommodation was in single rooms and provided privacy for residents. A ligature anchor point audit had been carried out in July 2014. Some of the points identified had been remedied, and the risk associated with others had been mitigated by means of supervision of the young person. A new unit, currently under construction, was well advanced in another area of Dublin.

Food was freshly prepared on site, with input for suggested menus provided by the residents.

Theme 5 Access to services

In general, admissions to the unit were planned. However, the clinical director reported that children had been admitted to the unit as an emergency and out of hours. A waiting list for admission to the unit was maintained.

Theme 6 Family/chosen advocate involvement and support

Parents of the residents were involved in the management of their children and staff engaged actively with them. A key worker was assigned to each resident, but there were no advocacy services for the CAMHS unit.

Theme 7 Staff skills, expertise and morale are key influences in the delivery of a quality mental health service

The multidisciplinary team was a dedicated team for in-patients only and included staff with the appropriate skill mix to meet the assessed needs of the residents. The exception was in the area of psychology, but there was access to psychology services from the outpatient service, pending the appointment of psychologists to the in-patient team. There was a two-classroom school on site, with a principal teacher and four part-time teachers.

A staff record of training was available but management did not hold a record of training for agency staff or security staff, both of whom had been involved in physical restraint of children within the unit.

Theme 8 Systematic evaluation and review of mental health services underpinned by best practice, will enable providers to deliver quality services

There was a senior management team in place for the operation of the approved centre.

OVERALL CONCLUSIONS OF THIS INSPECTION

Linn Dara was an approved centre for the admission of children under the age of 18 years with 14 beds. However, only six beds had been operational since August 2014, due to renovations in one section of the unit. There was a dedicated multidisciplinary team for the in-patient unit and a range of therapeutic services was provided, including a programme for children with an eating disorder.

It was of concern to the inspectors that security personnel were involved in restraining residents. However, as reported by management, these episodes had occurred during a particularly challenging period when additional clinical staff had already been rostered to provide as safe an environment as possible, given the particular needs of the residents at the time.

Construction of the new, purpose built unit at Cherry Orchard, Ballyfermot was well under way and the service expected to take up occupancy in Autumn 2015.

RECOMMENDATIONS 2014

1. All residents must have an individual care plan which meets the requirements of the Regulations.
2. Security personnel should not be involved in restraint of residents.
3. Registered medical practitioners must use their Medical Council Registration number when prescribing and when documenting in the clinical files.
4. The approved centre should be fully compliant with the Code of Practice on the Use of Physical Restraint in Approved Centres.