

Report of the Inspector of Mental Health Services 2010

EXECUTIVE CATCHMENT AREA	Galway, Mayo, Roscommon
HSE AREA	West
CATCHMENT AREA	Galway, Mayo, Roscommon
MENTAL HEALTH SERVICE	Child and Adolescent Mental Health Service
APPROVED CENTRE	St. Anne's Child and Adolescent Unit
NUMBER OF WARDS	1
NAMES OF UNITS OR WARDS INSPECTED	St. Anne's Child and Adolescent Unit
TOTAL NUMBER OF BEDS	10
CONDITIONS ATTACHED TO REGISTRATION	No
TYPE OF INSPECTION	Unannounced
DATE OF INSPECTION	20 May 2010

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

INTRODUCTION

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

DESCRIPTION

St. Anne’s was a ten-bed unit for children and adolescents which provided an in-patient service for young people from along the western seaboard. It was situated on a pleasant residential road in the Salthill area of Galway city. There were ten residents in the approved centre on the day of inspection (all voluntary) and one day patient. Three children were on overnight leave on the day of inspection. One child had been resident in the approved centre for approximately two years. The age range of residents was from 13 to 17 years. The approved centre operated a waiting list and there were 12 children on the waiting list on the day of inspection.

DETAILS OF WARDS IN THE APPROVED CENTRE

WARD	NUMBER OF BEDS	NUMBER OF RESIDENTS	TEAM RESPONSIBLE
St. Anne’s	10	10	Child and Adolescent Mental Health Service

QUALITY INITIATIVES

- The approved centre had joined QNIC (Quality Network for Inpatient Child and Adolescent Mental Health Services) which was an initiative of the Royal College of Psychiatrists.
- A Service Improvement Group had been established.
- A national referral form had been developed by all the Child and Adolescent Mental Health Service teams in the country.
- A weekly teleconference was held with all Child and Adolescent Mental Health Service teams countrywide.
- A speech and language therapist had been appointed to a 0.5 whole-time-equivalent post.
- FACE (Functional Assessment of the Care Environment) had been introduced which provided a clinical risk assessment.
- A sensory connection group had been developed by the occupational therapist.
- Staff had been trained in the “Friends for Life” method of improving resilience for residents.

PROGRESS ON RECOMMENDATIONS IN THE 2009 APPROVED CENTRE REPORT

1. There should be an internal group that reviews trends in incidents on a six-monthly basis. A comprehensive risk management policy and procedures must be implemented.

Outcome: The internal group had been introduced in January 2010 and one review had been conducted to date. The approved centre was still working on developing a risk management policy.

2. Individual care plans should be developed further to include a space for the young person to sign on receiving a copy of their individual care plan.

Outcome: New individual care plans had been developed and the approved centre was operating a pilot scheme on these plans. At the time of inspection, residents were not signing their individual care plans.

3. Children who are in the approved centre awaiting placement and who no longer require in-patient care should have appropriate placement arranged as a matter of priority.

Outcome: One of the young people had been appropriately placed but the second child was still awaiting suitable placement.

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

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

Article 4: Identification of Residents

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

Article 5: Food and Nutrition

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

Article 6 (1-2) Food Safety

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

Article 7: Clothing

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

Article 8: Residents' Personal Property and Possessions

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

Article 9: Recreational Activities

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

Article 10: Religion

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

Article 11 (1-6): Visits

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

Article 12 (1-4): Communication

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

Article 13: Searches

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

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

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

Article 15: Individual Care Plan

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

Justification for this rating:

Residents had multidisciplinary care plans which were reviewed weekly and which contained a lot of information. The approved centre was in the process of changing from one care plan to another, but in neither case, did the child sign their individual care plan.

Article 16: Therapeutic Services and Programmes

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

Justification for this rating:

There was a full multidisciplinary team in the approved centre. Therapeutic services and programmes were linked to individual care plans.

Article 17: Children's Education

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

Justification for this rating:

The approved centre had a school on the premises with three teachers and three learning support workers. There were 19 pupils in the school and a number of these were day pupils. Two residents were planning to sit the Leaving Certificate and Junior Certificate examinations in the approved centre the following month.

Article 18: Transfer of Residents

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

Justification for this rating:

The approved centre had a policy on transfer of residents, however, it was unsigned. Staff reported that all relevant information accompanied the resident in the event of transfer.

Breach: 18

Article 19 (1-2): General Health

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

Justification for this rating:

The approved centre had an up-to-date policy on responding to medical emergencies. One child had been resident for longer than six months and the physical examination had been completed.

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

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

Justification for this rating:

The approved centre had information leaflets available in the unit. Staff reported that additional information was provided orally to the young people as required. There was no advocacy agency for children.

Article 21: Privacy

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

Justification for this rating:

Accommodation was provided in two-bed rooms but these rooms did not have partition curtains between beds.

Breach: 21

Article 22: Premises

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

Justification for this rating:

The bedroom area of the approved centre was in need of redecorating as the paintwork was in fair condition only. An area of dampness was apparent in the ceiling and there were cracked and broken tiles in one of the bedrooms. The dining room was dark and due to lack of space, the approved centre was quite cluttered.

Breach: 22 (1) (a) (c)

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

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

Justification for this rating:

The approved centre had a comprehensive policy on the ordering, prescribing, storing and administration of medicines, but it was unsigned.

Breach: 23 (1)

Article 24 (1-2): Health and Safety

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

Justification for this rating:

The approved centre had an up-to-date policy on health and safety but it was unsigned.

Breach: 24 (1)

Article 25: Use of Closed Circuit Television (CCTV)

CCTV was not used in the approved centre.

Article 26: Staffing

WARD OR UNIT	STAFF TYPE	DAY	NIGHT
St. Anne's	Nurse	4	2-3
	Consultant Psychiatrist	1	0
	Social worker	0.78	0
	Non Consultant Hospital Doctor	1	On call
	Senior registrar	1	0
	Occupational Therapist	1	0
	Clinical psychologist	1	0
	Dietician	0.5	0

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

Justification for this rating:

There was a full multidisciplinary team in the approved centre. It was reported that there were 25 nurses on the staff, 13 of whom had psychiatric nurse training. One occupational therapist had recently retired, leaving one basic grade occupational therapist working in the approved centre. There was a 0.5 whole-time-equivalent speech and language therapist employed in the service. The service adhered to the Health Service Executive policy in recruitment and the policy provided for access to education and training for staff.

Article 27: Maintenance of Records

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

Article 28: Register of Residents

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

Article 29: Operating policies and procedures

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

Article 30: Mental Health Tribunals

Children were detained by the district court under Section 25 of the Mental Health Act (2001) and not by a mental health tribunal.

Article 31: Complaint Procedures

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

Article 32: Risk Management Procedures

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

Justification for this rating:

The approved centre was working on developing a risk management policy. An internal review group had been set up to examine incidents and report regularly.

Breach: 32 (1) (2)

Article 33: Insurance

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

Article 34: Certificate of Registration

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

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

SECLUSION

Use: There had been no episodes of seclusion in St. Anne's in 2010. There were no seclusion facilities in the approved centre and no child had been transferred for this purpose. There was a comprehensive policy on its use.

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

Justification for this rating:

There was no seclusion facility in the approved centre. There was a policy on the use of seclusion if indicated in another approved centre.

ECT (DETAINED PATIENTS)

Use: There were no children detained under Section 25 of the Mental Health Act (2001) in the approved centre.

MECHANICAL RESTRAINT

Use: No child was being restrained at the time of inspection and there had been no incident of mechanical restraint since the previous inspection. The policy on mechanical restraint had been developed in July 2009 and was scheduled for review in 2012.

SECTION	DESCRIPTION	FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	COMPLIANCE INITIATED	NOT COMPLIANT
14	Orders	NOT APPLICABLE			
15	Patient dignity and safety	NOT APPLICABLE			
16	Ending mechanical restraint	NOT APPLICABLE			
17	Recording use of mechanical restraint	NOT APPLICABLE			
18	Clinical governance		X		
19	Staff training	X			
20	Child patients	NOT APPLICABLE			
21	Part 5: Use of mechanical means of bodily restraint for enduring self-harming behaviour	NOT APPLICABLE			

Justification for this rating:

The Rules on policy for mechanical restraint state that policy must be reviewed annually. The policy on mechanical restraint needed to be reviewed in July 2010, and not in 2012 as indicated. The policy which was forwarded was not signed.

Breach: 18.2 (d)

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

PHYSICAL RESTRAINT

Use: Physical restraint had not been used since July 2009. The approved centre had a policy dated June 2009 and was due for renewal in June 2010.

SECTION	DESCRIPTION	FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	COMPLIANCE INITIATED	NOT COMPLIANT
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	NOT APPLICABLE			

Justification for this rating:

The record of staff training indicated that not all staff had up-to-date training in physical restraint.

Breach: 10.1 (e)

ADMISSION OF CHILDREN

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

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

Justification for this rating:

The approved centre was compliant with the requirements of the Code of Practice on the Admission of Children.

NOTIFICATION OF DEATHS AND INCIDENT REPORTING

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

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

Justification for this rating:

The approved centre reported deaths and incidents as required to the Mental Health Commission. The service had no policy on risk management.

Breach: 4

ECT FOR VOLUNTARY PATIENTS

Use: The approved centre had no facilities for providing ECT and no child was receiving ECT in an outside centre.

ADMISSION, TRANSFER AND DISCHARGE

Description: The approved centre had regular admissions and discharges.

Part 2 Enabling Good Practice through Effective Governance

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

Level of compliance:

FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	COMPLIANCE INITIATED	NOT COMPLIANT
	X		

Justification for this rating:

The approved centre had policies on admission, transfer and discharge. The policy on admission covered the situation of both planned and emergency admission. The discharge policy outlined a process for pre-discharge planning and assessment. The roles of medical and nursing staff were outlined in the policy documents. The approved centre had no policy on risk management.

Breach: 7.1

Part 3 Admission Process

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

Level of compliance:

FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	COMPLIANCE INITIATED	NOT COMPLIANT
X			

Justification for this rating:

The approved centre had a very comprehensive policy on admission which included unplanned referrals for admission. The policy also covered the situation where the decision was taken not to admit a child. A risk assessment was conducted after admission and each resident had an individual care plan. A day visit by the child was generally undertaken before the admission date.

Part 4 Transfer Process

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

Level of compliance:

FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	COMPLIANCE INITIATED	NOT COMPLIANT
X			

Justification for this rating:

There was an unsigned policy on transfer of residents. In the clinical files examined it was evident that clinical practice met the standards of the Code of Practice on Admission, Transfer and Discharge to and from An Approved Centre. Information was transferred with the resident.

Part 5 Discharge Process

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

Level of compliance:

FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	COMPLIANCE INITIATED	NOT COMPLIANT
X			

Justification for this rating:

There was a discharge policy which described procedures for the discharge of residents. This included pre-discharge assessment, arrangement for follow-up and communication with the general practitioner as appropriate.

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

Description: The clinical file of one resident with an intellectual disability and mental illness was examined.

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

Level of compliance:

FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	COMPLIANCE INITIATED	NOT COMPLIANT
	X		

Justification for this rating:

The approved centre had a policy on working in mental health services with people with an intellectual disability and mental illness which stated that specific training was given to staff on dealing with people with an intellectual disability and mental illness. It did not refer to inter-agency communication relating to the resident. The resident whose file was examined had a multidisciplinary care plan and a provisional date for discharge had been set.

Breach: 7

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

SECTION 60 – ADMINISTRATION OF MEDICINE

Description: Not applicable.

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

Description: There were no children detained under Section 25 in the approved centre at the time of inspection, therefore Section 61 did not apply.

SECTION THREE: OTHER ASPECTS OF THE APPROVED CENTRE

SERVICE USER INTERVIEWS

A number of residents requested to meet with the Inspectorate as a group. Although they were generally satisfied with the care in St. Anne's Unit, there were some complaints in relation to the food coupled with a lack of exercise. They also expressed the view that there were insufficient activities during the week-end. In relation to individual care plans, the young people said they did not see their individual care plans and did not sign them. Information was passed to them after the weekly multidisciplinary team meeting by the key-worker.

OVERALL CONCLUSIONS

It was apparent that there was a great deal of staff involvement with the young people resident in St. Anne's Unit. Weekly reviews were carried out by the multidisciplinary team and each resident had an individual care plan. The service was still in the process of revising the individual care plans and as yet, residents did not sign them. A number of policies were unsigned. There was evidence that the fabric of the building was not adequately maintained but this was in the context of a move in the near future to a new building in Merlin Park. Concern was expressed regarding the school attached to the approved centre. It was reported that funding for a school building at the new approved centre was not available from the Department of Education and Skills, and that temporary prefab units would have to be provided for the school when the new approved centre opened. One resident had been in the approved centre for almost two years and there was difficulty in setting up suitable arrangements for this resident in another catchment area. This was contributing to the delay in discharging this resident.

RECOMMENDATIONS 2010

1. All policies should be signed by the relevant senior staff.
2. The process of reviewing individual care plans should be completed as soon as possible.