

Report of the Inspector of Mental Health Services 2008

MENTAL HEALTH SERVICE	Child and Adolescent Services
APPROVED CENTRE	Warrenstown Child and Adolescent In-patient Unit
NUMBER OF UNITS OR WARDS	1
UNITS OR WARDS INSPECTED	In-patient Unit
NUMBER OF RESIDENTS WHO CAN BE ACCOMODATED	6
CONDITIONS ATTACHED TO REGISTRATION	Not applicable
TYPE OF INSPECTION	Announced
DATE OF INSPECTION	6 August 2008

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

INTRODUCTION

In 2008, there was a focus on continuous quality improvement across the Mental Health Service. 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 2007. Information was gathered from service user questionnaires, staff interviews and photographic evidence collected on the day of the inspection.

DESCRIPTION

Warrenstown House offers an in-patient mental health service for children. The number of beds available is variable due to lack of nursing staff and varies between four beds when a 7-day service can be offered and six beds when a 5-day service is available. Only nursing, child care and medical personnel are available; social work, occupational therapy, psychology, dietetics, play therapy, or speech and language therapy are not available. Limited psychology and speech and language therapy is available on a case-by-case basis from Linn Dara child and adolescent mental health service (CAMHS). There are two day places available also. There is a school attached to the unit with two teachers. The building is an old house with grounds and is on a number of different levels with old bathrooms and narrow corridors. Despite the grounds available there is no formal play area and there is no indoor physical recreational area.

WARD	NUMBER OF BEDS	NUMBER OF RESIDENTS	TEAM RESPONSIBLE
In-patient Unit	6	5	CAMHS

RECOMMENDATIONS ARISING FROM THE 2007 APPROVED CENTRE REPORT

1. The centre is required to have MDT care plans as specified in the Regulations. This was discussed with staff on the day of the inspection that the weekly multidisciplinary team progress report could be easily amended into a multidisciplinary care plan.

Outcome: This had been achieved. (see below)

2. The team should identify suitable advocacy arrangements for the young people.

Outcome: The provision of appropriate advocacy was an issue for all CAMHS and was being addressed through a national forum.

3. The planned purpose-built unit should be progressed as a matter of urgency.

Outcome: There had been no progress on this.

4. The full complement of staff and the multidisciplinary complement should be addressed as a matter of urgency.

Outcome: There had been no progress on this. Currently there were unfilled vacancies for social worker, psychologist and a dietician.

In addition, the following recommendations from last year's report must be progressed in full.

5. Personal alarms and panic buttons need to be installed as a matter of urgency.

Outcome: This was currently in progress and completion date was within a number of weeks.

6. Recruitment of additional staff to provide 24/7 access to the unit for young people is required.

Outcome: This had not been achieved. The unit continued to be unable to offer a full service due to lack of staff.

7. Recruitment of a full multidisciplinary team, including an occupational therapist, is required.

Outcome: There was no progress. The in-patient service continued to offer only medical and nursing input. A strategic review of Warrenstown was identifying appropriate skill mix.

8. Outside area needs to be landscaped for use as a play and recreational area.

Outcome: There had been no progress.

9. A large indoor recreational facility to cater for physical activities is required.

Outcome: There had been no progress.

10. The HSE needs to progress plans for the purpose-built unit, to include an intensive care area and accommodation facilities for parents.

Outcome: There had been no progress.

11. Information should be given to the young people and their carers on admission about the role and function of the Inspectorate and a system put in place to facilitate the young people in meeting with the Inspectorate pursuant to the rights afforded to them under the Mental Health Act 2001.

Outcome: The Inspectorate provided an information sheet about the Inspectorate and its functions to be included in the admission pack given to children and their parents

MDT CARE PLANS 2008

Care plans were in place and are up to date. However there were no multidisciplinary team members apart from nursing and medical staff. Unmet needs were not recorded. There are weekly team meetings. Each child interviewed was aware of their care plan and the care plan was signed on admission by parents and child.

GOOD PRACTICE DEVELOPMENTS 2008

- A new integrated clinical file had been introduced and will be reviewed in 2009.
- A risk assessment committee had been formed.
- A review of eating disorder services was taking place.
- The FACE risk assessment for children had been introduced.

- A satisfaction survey was in progress.
- A review of the diagnosis of 400 admissions to Warrenstown House from 1996 to 2007 had commenced.

SERVICE USER INTERVIEWS

Four children agreed to meet with the Inspectorate as a group. Parental consent had been obtained by the service prior to the inspection. The children were aware of their care plans and their discharge plans. They had some complaints about the bathroom facilities, the lack of privacy while dressing and undressing as there was no screening on the observation panels on the bedroom doors. They also complained that there was a lack of activities during the day and a lack of one-to-one time with therapists.

2008 AREAS FOR DEVELOPMENT ON THE QUALITY, CARE AND TREATMENT MENTAL HEALTH ACT 2001 SECTION 51 (b)(i)

1. The full complement of nursing staff and the multidisciplinary complement needs to be addressed urgently.
2. The HSE needs to progress plans for the future of Warrenstown Child and Adolescent In-patient Unit.
3. The privacy in the bedrooms regarding the doors needs to be addressed.
4. The bathrooms and shower rooms require upgrading.

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

INTRODUCTION

In 2008, the inspection focused on areas of non-compliance identified in 2007. In addition, the Inspectorate re-inspected compliance with all the articles in part three of the Regulations (15–21 and 26) and the Rules and the Codes of Practice in each approved centre. In 2008, two new codes of practice were issued and compliance with them was inspected. Where conditions were attached, they were inspected in detail. Evidence of compliance was established through three strands:

- Inspection of compliance where there was a breach in 2007. This was cross-referenced with the action plan submitted to the MHC Standards and Quality Assurance Division.
- Written evidence requested prior to the inspection, for example policies.
- Evidence gathered during the course of the inspection from staff, service users, photographic evidence and photocopies.

2.1 EVIDENCE OF COMPLIANCE WITH CONDITIONS ATTACHED TO REGISTRATION

As no conditions were attached, this was not applicable.

2.2 EVIDENCE OF COMPLIANCE WITH REGULATIONS UNDER MENTAL HEALTH ACT 2001 SECTION 52 (d) ON 6 AUGUST 2008

Article 13: Searches

The policy on searching was in draft form. No searches had been carried out on a young person. There was difficulty in finalising a policy that included the searching of a resident pursuant to Article 13 (1).

Breach: Article 13 (1)

Compliant: No

Article 15: Individual Care Plan

Each resident had an individual care plan as defined in the Regulations.

Compliant: Yes

Article 16: Therapeutic Services and Programmes

Residents attended school during school term time until 1500h. There were group work sessions twice a week that centred on social skills. Residents had regular sessions with their key workers. A sensory room was available. The range of therapeutic services was limited by the absence of health and social care professionals on the team.

Breach: Article 16 (1)

Compliant: No

Article 17: Children's Education

There was a school on campus. The residents attended this during term time until 1500h. There was a Principal and an Assistant Principal. Teachers participated in the Monday team review meeting. The centre had a policy in relation to children's education.

Compliant: Yes

Article 18: Transfer of Residents

Referral letters were written by medical staff. This document was brought with the young person during transfer. At least two staff were required to accompany the young person. The approved centre had a policy on transfers.

Compliant: Yes

Article 19 (1-2): General Health

An arrangement was in place between the approved centre and Tallaght Hospital when children were in need of specialist physical care. The approved centre had a policy on dealing with medical emergencies. All young people had up-to-date physical and mental health reviews documented in their clinical files.

Compliant: Yes

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

Information was furnished in booklet form to the young person before admission to the centre and again on the day of the admission. Information leaflets on various mental health problems and on mental health promotion specific to young people were available in the reception area.

The young person may also seek information from their key worker or other member of the multidisciplinary team. Regular meetings were held between the clinical team and the young people and their parents. The approved centre had a policy on provision of information to young people.

Compliant: Yes

Article 21: Privacy

The bedrooms were single. The residents expressed concern regarding a lack of privacy regarding the window panel on their bedroom doors.

The bathrooms were secured and supervised. A number of sitting and lounge rooms were provided that young people could use and there was space for visitors. The centre had a policy on privacy.

Breach: Article 21

Compliant: No

Article 26: Staffing

There was one consultant psychiatrist post, which was shared by two consultants. There was one senior registrar and one NCHD. There were no psychologists, social workers, occupational therapists, or speech and language therapists in post.

There were 9.5 whole-time-equivalent nursing posts and the Inspectorate was informed that three nurses were leaving their posts. There were two child care workers, two unqualified care staff and one security person. Two teachers were in post.

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STAFF TYPE	DAY	EVENING	NIGHT
Registered Nurse	1 (minimum)	1 (minimum)	1 (minimum)
Social Care	2	3	1

All nursing and care staff were trained in Therapeutic Crisis Intervention (TCI) and attend a six-monthly refresher course. The training register was made available to the Inspectorate.

Breach: Article 26 (2)

Compliant: No

Article 28: Register of Residents

The register of residents was compliant with Schedule 1 of the Regulations.

Compliant: Yes

Article 29: Operating policies and procedures

The service was compliant.

Compliant: Yes

Article 32: Risk Management Procedures

The service was compliant.

Compliant: Yes

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

SECLUSION

There were no seclusion facilities in the centre. There was a written policy that seclusion was not used.

Compliant: Not applicable

ECT

ECT was not provided at the centre. There was a written policy that ECT was not provided.

Compliant: Not applicable

MECHANICAL RESTRAINT

There was a policy that mechanical restraint was not used at the centre.

Compliant: Not applicable

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

PHYSICAL RESTRAINT

The centre had a policy on physical restraint. The following table provides a summary of the Inspectorate's findings in relation to compliance with the Code of Practice for the Use of Physical Restraint.

SECTION	DESCRIPTION	COMPLIANCE REPORT
2	Orders	Physical restraint was recorded in the clinical practice form. However the authorisation section was not completed by the medical practioners. The staff expressed the opinion that it was impossible to authorise physical restraint in an emergency situation after the event.
3	Resident dignity and safety	The policy stated that dignity and safety were to be maintained.
4	Ending physical restraint	This was in order.
5	Recording use of physical restraint	Compliant
6	Clinical governance	There was a policy on the use of physical restraint.
7	Staff training	All nursing and care staff were trained in TCI. There were records of training available.
8	Child residents	Written consent that physical restraint may be used was obtained from parents on admission. A policy operated.

Breach: Section 2.8

Compliant: No

ADMISSION OF CHILDREN

The following table provides a summary of the Inspectorate's findings in relation to compliance with the Code of Practice for the Admission of Children under the MHA 2001.

SECTION	DESCRIPTION	COMPLIANCE REPORT
2	Admission	There was no child admitted involuntarily at the time of inspection.
3	Treatment	Parental consent for treatment of the child was obtained in written form. Consent from the child was also sought and the child made aware of their care plan.
4	Leave provisions	Leave provisions were in order.

Compliant: Yes

NOTIFICATION OF DEATHS AND INCIDENT REPORTING

The following table provides a summary of the Inspectorate's findings in relation to compliance with the Code of Practice for the Notification of Deaths and Incident Reporting.

SECTION	DESCRIPTION	COMPLIANCE REPORT
2	Notification of deaths	There have been no deaths in Warrenstown House. A policy on notification of death was available.
3	Incident reporting	All incidents were reported.
4	Clinical governance	There was a policy governing reporting of incidents. A risk assessment committee had been set up. There was evidence that incidents were being audited.

Compliant: Yes

ECT FOR VOLUNTARY PATIENTS

ECT was not provided at the centre. There was a written policy that ECT was not provided.

Compliant: Not applicable

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

Compliant: Not applicable.