

## Report of the Inspector of Mental Health Services 2009

<b>MENTAL HEALTH SERVICE</b>	Child and Adolescent Services
<b>APPROVED CENTRE</b>	Warrenstown Child and Adolescent In-Patient Unit
<b>CATCHMENT AREA</b>	National
<b>NUMBER OF WARDS</b>	1
<b>NAMES OF UNITS OR WARDS INSPECTED</b>	1
<b>TOTAL NUMBER OF BEDS</b>	6
<b>CONDITIONS ATTACHED TO REGISTRATION</b>	No
<b>TYPE OF INSPECTION</b>	Announced
<b>DATE OF INSPECTION</b>	27 April 2009

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

**DESCRIPTION**

Warrenstown House was an in-patient service for the care and treatment of children aged 0–18 years. It had six beds and two day places. The age range of children admitted to the centre had changed as a result of the new legislation and this was presenting new operational challenges for the staff. The service operated a waiting list system and accepted referrals nationally. It currently provided a seven-day service, with care provided by nursing, medical and social care staff. There was no multidisciplinary team based in the centre and this limited the services available to children. There was a school on site and ongoing education was provided by two primary school teachers. The unit was in an old period house with extensive garden areas and was in need of extensive redesign and extension in order to meet the needs of the service and the young people.

**DETAILS OF WARDS IN THE APPROVED CENTRE**

WARD	NUMBER OF BEDS	NUMBER OF RESIDENTS	TEAM RESPONSIBLE
Warrenstown	6	4	CAMHS

**QUALITY INITIATIVES**

- An increase in nursing staff numbers had allowed the service to run a seven-day service.
- A new group timetable and key working system commenced on 27 April 2009.
- A temporary consultant psychiatrist was based in the centre full time from April 2009.
- The care plan documentation was under review.

**PROGRESS ON RECOMMENDATIONS IN THE 2008 APPROVED CENTRE REPORT**

*1. The full nursing complement and the multidisciplinary complement need to be addressed urgently.*

**Outcome:** The numbers of nursing staff had improved to allow the provision of a seven-day service. There had been no improvement in the on-site staffing for health and social care professionals since the last inspection. It was reported that five new posts had been allocated but no further information was available.

*2. The HSE needs to progress plans for the future of the Warrenstown unit.*

**Outcome:** A strategic review of the service had been completed and a final draft was with senior management within the HSE. It was not available for inspection.

*3. The privacy in the bedrooms regarding the doors needs to be addressed.*

**Outcome:** This had been addressed by the allocation of Velcro-attached curtains to the young people on admission. This had begun the day before the inspection.

*4. The bathrooms and shower room requires upgrading.*

There was no progress on this recommendation. The service was developing a design for the reconfiguration of the building and an extension. There was an initial costing for the new build.

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

**Article 4: Identification of Residents**

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
<b>Fully compliant</b>	<i>Evidence of full compliance with this Regulation.</i>		<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance but improvement needed.</i>		
<b>Compliance initiated</b>	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
<b>Not compliant</b>	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		
<b>Not inspected</b>	<i>Inspection did not cover this Article.</i>	<b>X</b>	

**Justification for this rating:**

All residents were known to staff. The service reported that it was planning to introduce a photo ID system.

**Article 5: Food and Nutrition**

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
<b>Fully compliant</b>	<i>Evidence of full compliance with this Regulation.</i>		
<b>Substantial compliance</b>	<i>Evidence of substantial compliance but improvement needed.</i>		<b>X</b>
<b>Compliance initiated</b>	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
<b>Not compliant</b>	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		
<b>Not inspected</b>	<i>Inspection did not cover this Article.</i>	<b>X</b>	

**Justification for this rating:**

Residents could request access to drinks and water. All food was prepared on site and diets and menus were individualised. Children with an eating disorder had to be linked to a dietician in Tallaght Hospital prior to admission. There was no dietician on the team.

**Article 6 (1-2) Food Safety**

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
<b>Fully compliant</b>	<i>Evidence of full compliance with this Regulation.</i>		<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance but improvement needed.</i>		
<b>Compliance initiated</b>	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
<b>Not compliant</b>	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		
<b>Not inspected</b>	<i>Inspection did not cover this Article.</i>	<b>X</b>	

**Justification for this rating:**

The service provided evidence that it was in compliance with the food safety regulations.

**Article 7: Clothing**

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
<b>Fully compliant</b>	<i>Evidence of full compliance with this Regulation.</i>		<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance but improvement needed.</i>		
<b>Compliance initiated</b>	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
<b>Not compliant</b>	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		
<b>Not inspected</b>	<i>Inspection did not cover this Article.</i>	<b>X</b>	

**Justification for this rating:**

All children wore their own clothes. No child was in night clothes on the day of inspection.

**Article 8: Residents' Personal Property and Possessions**

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
<b>Fully compliant</b>	<i>Evidence of full compliance with this Regulation.</i>		<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance but improvement needed.</i>		
<b>Compliance initiated</b>	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
<b>Not compliant</b>	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		
<b>Not inspected</b>	<i>Inspection did not cover this Article.</i>	<b>X</b>	

**Justification for this rating:**

All property was listed on admission. There was a policy and procedure in place.

**Article 9: Recreational Activities**

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
<b>Fully compliant</b>	<i>Evidence of full compliance with this Regulation.</i>		
<b>Substantial compliance</b>	<i>Evidence of substantial compliance but improvement needed.</i>		<b>X</b>
<b>Compliance initiated</b>	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
<b>Not compliant</b>	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		
<b>Not inspected</b>	<i>Inspection did not cover this Article.</i>	<b>X</b>	

**Justification for this rating:**

There was a range of activities and games in the house. There was an outdoor basketball court but there was no formal play area. Provision of activities for younger children was limited. Additional space for recreational activities was planned in the redevelopment of the building.

**Breach:** Article 9

**Article 10: Religion**

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
<b>Fully compliant</b>	<i>Evidence of full compliance with this Regulation.</i>		<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance but improvement needed.</i>		
<b>Compliance initiated</b>	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
<b>Not compliant</b>	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		
<b>Not inspected</b>	<i>Inspection did not cover this Article.</i>	<b>X</b>	

**Justification for this rating:**

There were arrangements in place for facilitating the practice of religion.

**Article 11 (1-6): Visits**

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
<b>Fully compliant</b>	<i>Evidence of full compliance with this Regulation.</i>		<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance but improvement needed.</i>		
<b>Compliance initiated</b>	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
<b>Not compliant</b>	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		
<b>Not inspected</b>	<i>Inspection did not cover this Article.</i>	<b>X</b>	

**Justification for this rating:**

There was a visiting policy in place. All visitors were welcomed by arrangement with the nursing staff.

**Article 12 (1-4): Communication**

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
<b>Fully compliant</b>	<i>Evidence of full compliance with this Regulation.</i>		<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance but improvement needed.</i>		
<b>Compliance initiated</b>	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
<b>Not compliant</b>	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		
<b>Not inspected</b>	<i>Inspection did not cover this Article.</i>	<b>X</b>	

**Justification for this rating:**

There was a policy and procedure in place. Mobile phones use was restricted and this was agreed with the child on admission.

**Article 13: Searches**

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
<b>Fully compliant</b>	<i>Evidence of full compliance with this Regulation.</i>		
<b>Substantial compliance</b>	<i>Evidence of substantial compliance but improvement needed.</i>		
<b>Compliance initiated</b>	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
<b>Not compliant</b>	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>	<b>X</b>	<b>X</b>
<b>Not inspected</b>	<i>Inspection did not cover this Article.</i>		

**Justification for this rating:**

As in the 2008 inspection report, the policy and procedure was not in place. A copy was requested but not received by the Inspectorate team.

**Breach:** Article 13

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

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
<b>Fully compliant</b>	<i>Evidence of full compliance with this Regulation.</i>		<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance but improvement needed.</i>		
<b>Compliance initiated</b>	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
<b>Not compliant</b>	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		
<b>Not inspected</b>	<i>Inspection did not cover this Article.</i>	<b>X</b>	

**Justification for this rating:**

There was a procedure in place. Individual bedrooms were in place.

**Article 15: Individual Care Plan**

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
<b>Fully compliant</b>	<i>Evidence of full compliance with this Regulation.</i>	<b>X</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance but improvement needed.</i>		
<b>Compliance initiated</b>	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
<b>Not compliant</b>	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		
<b>Not inspected</b>	<i>Inspection did not cover this Article.</i>		

**Justification for this rating:**

Each child had an individual care plan. This was formulated at the team meeting. The teachers completed weekly entries. A number of plans were reviewed and were in order. The staff were currently reviewing the paper work and changes were planned.

**Article 16: Therapeutic Services and Programmes**

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
<b>Fully compliant</b>	<i>Evidence of full compliance with this Regulation.</i>		
<b>Substantial compliance</b>	<i>Evidence of substantial compliance but improvement needed.</i>		
<b>Compliance initiated</b>	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		<b>X</b>
<b>Not compliant</b>	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>	<b>X</b>	
<b>Not inspected</b>	<i>Inspection did not cover this Article.</i>		

**Justification for this rating:**

There was limited access to therapeutic services and programmes. Therapeutic work was completed by medical, nursing and social care staff. There was no access to occupational therapy, speech and language therapy, or clinical psychology, and there was no dietician on the team – children were referred to the dietician in the general hospital.

A new programme had been put in place recently. It focused primarily on education during the day and on recreational activities in the evenings. There was free access to a sensory room. Each child spent time with his/her key worker. Individualised goals were not linked to the care plan.

**Breach:** Article 16

**Article 17: Children's Education**

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
<b>Fully compliant</b>	<i>Evidence of full compliance with this Regulation.</i>	<b>X</b>	
<b>Substantial compliance</b>	<i>Evidence of substantial compliance but improvement needed.</i>		<b>X</b>
<b>Compliance initiated</b>	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
<b>Not compliant</b>	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		
<b>Not inspected</b>	<i>Inspection did not cover this Article.</i>		

**Justification for this rating:**

There was a school on site with two primary school teachers in post. They facilitated the secondary school curriculum where possible. This was a weakness identified by the service. There was liaison with external schools.

**Breach:** Article 17

**Article 18: Transfer of Residents**

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
<b>Fully compliant</b>	<i>Evidence of full compliance with this Regulation.</i>	<b>X</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance but improvement needed.</i>		
<b>Compliance initiated</b>	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
<b>Not compliant</b>	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		
<b>Not inspected</b>	<i>Inspection did not cover this Article.</i>		

**Justification for this rating:**

There was a procedure in place for the transfer of children to another approved centre for the purpose of treatment. On the day of inspection, one child was in an external hospital.

**Article 19 (1-2): General Health**

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
<b>Fully compliant</b>	<i>Evidence of full compliance with this Regulation.</i>	<b>X</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance but improvement needed.</i>		
<b>Compliance initiated</b>	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
<b>Not compliant</b>	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		
<b>Not inspected</b>	<i>Inspection did not cover this Article.</i>		

**Justification for this rating:**

A full physical examination was completed by the NCHD on admission. Ongoing medical needs were provided and external services arranged if necessary. No child had been in the centre for longer than six months.

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

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
<b>Fully compliant</b>	<i>Evidence of full compliance with this Regulation.</i>	<b>X</b>	
<b>Substantial compliance</b>	<i>Evidence of substantial compliance but improvement needed.</i>		
<b>Compliance initiated</b>	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		<b>X</b>
<b>Not compliant</b>	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		
<b>Not inspected</b>	<i>Inspection did not cover this Article.</i>		

**Justification for this rating:**

There were a number of information leaflets in the main hall on a range of diagnoses. In addition, medical staff reported that they gave information to the individual residents. There was an information pack that detailed housekeeping arrangements and the running of the centre. There was also a section on complaints. The booklet was being updated as a number of the graphics were not appropriate for older children. A number of leaflets were not child-friendly. Nationally there was no advocacy service for children.

**Breach:** Article 20 (1)(d)

**Article 21: Privacy**

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
<b>Fully compliant</b>	<i>Evidence of full compliance with this Regulation.</i>		<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance but improvement needed.</i>		
<b>Compliance initiated</b>	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
<b>Not compliant</b>	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>	<b>X</b>	
<b>Not inspected</b>	<i>Inspection did not cover this Article.</i>		

**Justification for this rating:**

The lack of privacy identified in last year's report had been resolved. There was a glass window in each bedroom. All young people were given a detachable curtain for the door on admission.

**Article 22: Premises**

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
<b>Fully compliant</b>	<i>Evidence of full compliance with this Regulation.</i>		
<b>Substantial compliance</b>	<i>Evidence of substantial compliance but improvement needed.</i>		<b>X</b>
<b>Compliance initiated</b>	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
<b>Not compliant</b>	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		
<b>Not inspected</b>	<i>Inspection did not cover this Article.</i>	<b>X</b>	

**Justification for this rating:**

The premises were clean and well maintained. Staff based on site provided the cleaning service. Maintenance requests were sent to a central HSE location.

Staining in the baths had not been removed as there were plans to redevelop the house. The integrated toilets on the ground floor were not appropriate and should be converted into one toilet to ensure privacy and safety of the children.

The premises needed to be upgraded. Due to the age and layout of the building, it was not accessible to people with a physical disability.

**Breach:** Article 22

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

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
<b>Fully compliant</b>	<i>Evidence of full compliance with this Regulation.</i>		<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance but improvement needed.</i>		
<b>Compliance initiated</b>	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
<b>Not compliant</b>	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		
<b>Not inspected</b>	<i>Inspection did not cover this Article.</i>	<b>X</b>	

**Justification for this rating:**

All medication was ordered through the pharmacy in Connolly Hospital and was stored on site in a locked press and prescribed on a card index system.

**Article 24 (1-2): Health and Safety**

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
<b>Fully compliant</b>	<i>Evidence of full compliance with this Regulation.</i>		<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance but improvement needed.</i>		
<b>Compliance initiated</b>	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
<b>Not compliant</b>	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		
<b>Not inspected</b>	<i>Inspection did not cover this Article.</i>	<b>X</b>	

**Justification for this rating:**

The service had a health and safety statement and a policy in relation to the health and safety of residents, staff and visitors.

**Article 25: Use of Closed Circuit Television (CCTV)**

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
<b>Fully compliant</b>	<i>Evidence of full compliance with this Regulation.</i>		<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance but improvement needed.</i>		
<b>Compliance initiated</b>	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
<b>Not compliant</b>	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		
<b>Not inspected</b>	<i>Inspection did not cover this Article.</i>	<b>X</b>	

**Justification for this rating:**

CCTV cameras operated on the landing and outside the entrance and were for monitoring purposes only. There was a two-way mirror in one of the consulting offices, and use of it was explained to residents and families before use. The centre had policies in relation to the use of CCTV cameras.

**Article 26: Staffing**

WARD OR UNIT	STAFF TYPE	DAY	NIGHT
Warrenstown	Nurse	3/4	2
	Social care worker	3	0
	Consultant psychiatrist	1	On call
	Senior registrar	1	On call

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
<b>Fully compliant</b>	<i>Evidence of full compliance with this Regulation.</i>		
<b>Substantial compliance</b>	<i>Evidence of substantial compliance but improvement needed.</i>		
<b>Compliance initiated</b>	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		<b>X</b>
<b>Not compliant</b>	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>	<b>X</b>	
<b>Not inspected</b>	<i>Inspection did not cover this Article.</i>		

**Justification for this rating:**

Additional nursing staff had been recruited since the inspection of 2008, bringing the full complement of nurses to 13.5 WTE. The service employed social care staff who were rostered in tandem with nurses. The service did not employ any social workers. It was planned to recruit additional multidisciplinary staff, to include a psychologist, a social worker and an occupational therapist. There were policies on recruitment and vetting of staff in operation. All staff, except recently recruited staff, had training in the provisions of the Act. Despite the fact that the centre catered for children suffering with eating disorders, there was no direct link with a dietician and staff were reliant on prior links having been made between the child and a paediatric service.

**Breach:** Article 26 (2)

**Article 27: Maintenance of Records**

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
<b>Fully compliant</b>	<i>Evidence of full compliance with this Regulation.</i>		<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance but improvement needed.</i>		
<b>Compliance initiated</b>	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
<b>Not compliant</b>	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		
<b>Not inspected</b>	<i>Inspection did not cover this Article.</i>	<b>X</b>	

**Justification for this rating:**

All records were held on site in filing cabinets. There was a procedure in place for storing and creating records. All relevant food safety and fire safety reports were in place.

**Article 28: Register of Residents**

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
<b>Fully compliant</b>	<i>Evidence of full compliance with this Regulation.</i>	<b>X</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance but improvement needed.</i>		
<b>Compliance initiated</b>	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
<b>Not compliant</b>	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		
<b>Not inspected</b>	<i>Inspection did not cover this Article.</i>		

**Justification for this rating:**

The service had an electronic register. The data collected was used to inform reports.

**Article 29: Operating Policies and Procedures**

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
<b>Fully compliant</b>	<i>Evidence of full compliance with this Regulation.</i>	<b>X</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance but improvement needed.</i>		
<b>Compliance initiated</b>	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
<b>Not compliant</b>	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		
<b>Not inspected</b>	<i>Inspection did not cover this Article.</i>		

**Justification for this rating:**

There was a system in place for reviewing policies.

**Article 30: Mental Health Tribunals**

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
<b>Fully compliant</b>	<i>Evidence of full compliance with this Regulation.</i>		<b>NOT APPLICABLE</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance but improvement needed.</i>		
<b>Compliance initiated</b>	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
<b>Not compliant</b>	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		
<b>Not inspected</b>	<i>Inspection did not cover this Article.</i>	<b>X</b>	

**Justification for this rating:**

No child on the day of inspection met the criteria for a mental health tribunal.

**Article 31: Complaint Procedures**

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
<b>Fully compliant</b>	<i>Evidence of full compliance with this Regulation.</i>		<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance but improvement needed.</i>		
<b>Compliance initiated</b>	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
<b>Not compliant</b>	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		
<b>Not inspected</b>	<i>Inspection did not cover this Article.</i>	<b>X</b>	

**Justification for this rating:**

All complaints were dealt with at a local level initially. There was evidence that the HSE information leaflets were available, but child-friendly versions were not available.

**Article 32: Risk Management Procedures**

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
<b>Fully compliant</b>	<i>Evidence of full compliance with this Regulation.</i>	<b>X</b>	
<b>Substantial compliance</b>	<i>Evidence of substantial compliance but improvement needed.</i>		
<b>Compliance initiated</b>	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
<b>Not compliant</b>	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		<b>X</b>
<b>Not inspected</b>	<i>Inspection did not cover this Article.</i>		

**Justification for this rating:**

The service did not have a policy on risk management.

**Breach:** Article 32 (1)

**Article 33: Insurance**

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
<b>Fully compliant</b>	<i>Evidence of full compliance with this Regulation.</i>		<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance but improvement needed.</i>		
<b>Compliance initiated</b>	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
<b>Not compliant</b>	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		
<b>Not inspected</b>	<i>Inspection did not cover this Article.</i>	<b>X</b>	

**Justification for this rating:**

The HSE public liability insurance applied. A copy was seen on inspection.

**Article 34: Certificate of Registration**

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
<b>Fully compliant</b>	<i>Evidence of full compliance with this Regulation.</i>		<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance but improvement needed.</i>		
<b>Compliance initiated</b>	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
<b>Not compliant</b>	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		
<b>Not inspected</b>	<i>Inspection did not cover this Article.</i>	<b>X</b>	

**Justification for this rating:**

The certificate was framed and on display in the front hall.

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

**SECLUSION**

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Seclusion was not in use at the time of .

**ECT (DETAINED PATIENTS)**

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ECT was not provided in the approved centre and no child had received ECT in an external hospital.

**MECHANICAL RESTRAINT**

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Mechanical restraint was not in use at the time of

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

**PHYSICAL RESTRAINT**

*Use: Physical restraint was in use on occasions in the approved centre. The clinical practice forms from July 2007 were reviewed. There were 16 orders in total in the register. Five orders were initiated by social care workers. No current child had been restrained and no file was reviewed.*

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

**Justification for this rating:**

It was the policy of the centre to allow social care staff to initiate restraint. This was a breach of the code. This was highlighted to staff on the day of inspection and to the Mental Health Commission.

All staff had accessed HSE training using crisis prevention intervention (CPI) techniques. A record was available on site.

**Breach:** Section 2.5

**ADMISSION OF CHILDREN**

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**Description:** This approved centre provided care and treatment to 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:**

There were no policies in place on family liaison, parental consent or confidentiality.

**Breach:** Section 2.5

**NOTIFICATION OF DEATHS AND INCIDENT REPORTING**

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**Description:** Incidents were reported and a copy given to the Inspectorate team.

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 service was compliant with this Code of Practice.

**ECT FOR VOLUNTARY PATIENT**

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ECT was not provided in the approved centre. No child had received ECT in an external hospital.

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

**SECTION 60 – ADMINISTRATION OF MEDICINE**

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As there were no detained patients in the approved centre on the day of inspection, Section 60 did not apply

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

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Section 61 did not apply as no child had been admitted under Section 25.

## **SECTION THREE: OTHER ASPECTS OF THE APPROVED CENTRE**

### **SERVICE USER INTERVIEWS**

Four young people spoke to the Inspectorate as part of the inspection process. Consent had been given by their parents prior to the inspection. They had a number of practical suggestions regarding the upkeep of the garden and areas requiring repainting in the house. All were satisfied with the care and treatment provided. A number complained about the amount of time they had to repeat information. One resident complained about the lack of privacy while undressing in bedrooms. This had been rectified on the day of inspection.

### **OVERALL CONCLUSIONS**

The service was going through a period of transition both with staff changes and the changes in age range of children who were being admitted to the centre. There was an obvious commitment from the staff to provide a quality-based service. However there were significant barriers that needed to be addressed. They ranged from gaps in the therapeutic services available due to limited staff resources, to environmental deficits that were impacting on privacy and safety. There was a need for systematic ongoing team training and education to support evidence-based practice.

### **RECOMMENDATIONS 2009**

1. All outstanding policies identified in the body of the report must be developed.
2. There must be an appropriate mix of staff that can provide a range of therapeutic interventions and programmes for young people.
3. There must be specific goals for each child attending therapeutic programmes that are linked to an individual care plan.
4. The toilets downstairs must be altered to ensure privacy and safety.
5. There should be systematic ongoing team training and education to support evidence-based practice.