

Report of the Inspector of Mental Health Services 2011

EXECUTIVE CATCHMENT AREA	Dublin South West
HSE AREA	Dublin Mid Leinster
MENTAL HEALTH SERVICE	Child and Adolescent Mental Health Service
APPROVED CENTRE	Warrenstown Child and Adolescent In-Patient Unit
NUMBER OF WARDS	1
NAMES OF UNITS OR WARDS INSPECTED	Warrenstown Child and Adolescent In-Patient Unit
TOTAL NUMBER OF BEDS	6
CONDITIONS ATTACHED TO REGISTRATION	None
TYPE OF INSPECTION	Unannounced
DATE OF INSPECTION	13 October 2011

OVERVIEW

In 2011, 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 2010 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 2010. Information was gathered from self-assessments, service user interviews, staff interviews and photographic evidence collected on the day of the inspection.

DESCRIPTION

Warrenstown Child and Adolescent In-Patient Unit opened in 1978 and provided in-patient care and treatment for up to six child and adolescent residents. The building was a period house with all the attendant heating, layout and maintenance issues and did not provide a suitable environment for the treatment of young persons. On the day of inspection there were five residents, ranging from 13 to 15 years of age, all of whom were voluntary and one resident was on leave.

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

COMPLIANCE RATING	2009	2010	2011
Fully Compliant	21	23	23
Substantial Compliance	4	5	5
Minimal Compliance	1	0	2
Not Compliant	4	2	0
Not Applicable	1	1	1

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

DETAILS OF WARDS IN THE APPROVED CENTRE

WARD	NUMBER OF BEDS	NUMBER OF RESIDENTS	TEAM RESPONSIBLE
Warrenstown	6	5	Child and Adolescent team

QUALITY INITIATIVES

The staff had actively pursued team building in 2011 in response to the addition of an occupational therapist, a social worker and a clinical speech and language therapist to the multidisciplinary team.

PROGRESS ON RECOMMENDATIONS IN THE 2010 APPROVED CENTRE REPORT

1. The toilet areas must be upgraded to provide adequate privacy and in the meantime, the downstairs toilets should be designated for male or female use only.

Outcome: The three-quarter sized doors remained in place. The downstairs lavatories were designated female use only.

2. The approved centre should be resourced to provide a full multidisciplinary team.

Outcome: The post of clinical psychologist remained vacant.

3. The approved centre should ensure that each child is provided with appropriate educational services in accordance with his or her needs and age.

Outcome: The approved centre ensured that each resident was enabled to engage in education, however, this did not extend to providing curricular education for secondary level residents.

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	2011
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>			
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:

Inspection of this Article was based on self-assessment.

Article 5: Food and Nutrition

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
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		
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:

Inspection of this Article was based on self-assessment.

Article 6 (1-2): Food Safety

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
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>			
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:

Inspection of this Article was based on self-assessment.

Article 7: Clothing

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
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>			
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:

Inspection of this Article was based on self-assessment.

Article 8: Residents' Personal Property and Possessions

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
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>			
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:

Inspection of this Article was based on self-assessment and there was an up-to-date policy in place in relation to residents' property and possessions.

Article 9: Recreational Activities

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
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
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:

Staff had made efforts to equip the unit with recreational materials and equipment but these were confined to indoor activities. Access to outdoors and recreational outings was dependant on staff availability and thus was severely limited. In addition, the outdoors area was not landscaped or equipped as a suitable recreational area for young people. An appropriate range of recreational activities was not available to residents.

Breach: 9

Article 10: Religion

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
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>			
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:

Inspection of this Article was based on self-assessment.

Article 11 (1-6): Visits

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
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>			
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:

Inspection of this Article was based on self-assessment and there was an up-to-date policy on visits in place.

Article 12 (1-4): Communication

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
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>			
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:

Inspection of this Article was based on self-assessment and there was a policy on communication.

Article 13: Searches

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
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>			
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:

Inspection of this Article was based on self-assessment and there was an up-to-date policy in place in relation to searches, with and without consent and on the finding of illicit substances.

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

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
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>			
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:

Inspection of this Article was based on self-assessment and there was a policy on the care of persons who are dying.

Article 15: Individual Care Plan

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
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>			
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 residents had individual care plans (ICPs) as defined in the Regulations. ICPs included excellent relapse prevention plans.

Article 16: Therapeutic Services and Programmes

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
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>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>	X		
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

Therapeutic services and programmes were linked to individual care plans. Inspection of individual clinical files indicated a detailed specification and regular review of individual therapy programmes provided by the multidisciplinary team.

Article 17: Children's Education

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
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
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:

Schooling was provided by two primary school teachers, who were also qualified as special needs teachers. The school rooms were vibrant, colourful and busy. The environment created by the teachers conveyed a sense of diversity and opportunity and was aimed at supporting residents to become engaged in an educational process. This process of re-engagement in education was particularly relevant and valuable as oftentimes residents' schooling had been significantly disrupted. A VEC art teacher provided a weekly session. Residents expressed enthusiasm about the school activities.

The occupational therapist (OT) provided individual assessment, including sensory assessment, for the purpose of identifying and supporting a residents' optimal learning environment and process. The OT liaised with teachers in the residents' schools, accompanied residents to school and facilitated getting back to school.

Any resident scheduled to take State Examinations was facilitated in sitting examinations in conjunction with an adjacent community school. The lack of access to suitably qualified secondary school teachers limited the scope of curriculum based education and did not fully meet the needs of adolescent residents.

Breach: 17

Article 18: Transfer of Residents

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
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>			
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 policy on the transfer of residents and all relevant clinical information accompanied any transfer.

Article 19 (1-2): General Health

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
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>			
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 had been resident for six months or more. The approved centre had a policy on responding to medical emergencies.

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

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
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	
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>	X		
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

Information was available for residents detailing diagnoses and treatments. Nursing staff downloaded this information as required. Inspection of individual clinical files showed that a copy of the information provided was generally kept on file. The Headspace Toolkit was used. Most admissions to the Warrenstown Unit were planned and it was the practice for potential residents to spend an introductory day at the facility prior to admission. An information leaflet was provided to potential residents detailing the routine, housekeeping, visits, and scope of care in the approved centre. There was no advocacy service available for children within the approved centre.

Article 21: Privacy

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
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
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>		X	
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

The lavatories downstairs had three-quarter sized doors and did not afford privacy. The approved centre used a Velcro pop-on-pull-off curtain system on the windows on bedroom doors. Residents were informed about the purpose of the curtains to ensure privacy.

Breach: 21

Article 22: Premises

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
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		
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:

The building was old and unsuitable as a treatment centre for children and adolescents. Some areas were dark and dank, with peeling paint and plaster, and a musty smell. The roof was leaking in places. The carpet in several places was stained. Some interior pipes were rusty. A new boiler for the heating system had been installed a year ago, however, the heated pipes which ran above ground for some distance between the boiler house and the main building were not insulated. Staff reported that it was not possible to manage the temperature within the building. The decor in the dining room and main corridor areas was institutional and was not age appropriate. Unused beds were stored in the bedrooms as staff reported they had no alternative storage space. Decor in the six single bedrooms was poor. Maintenance was provided by St. Brendan's Hospital and was reported to be unsatisfactory. The building was not wheelchair accessible. Partial refurbishment of bathrooms had been completed.

Although surrounded by a large green area, there was no developed garden for use of the residents. The building of a new child and adolescent centre was imperative.

Breach: 20 (1)(a)(b)(c), (3)

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

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
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>			
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:

Inspection of this Article was based on self-assessment and there was an up-to-date policy in place.

Article 24 (1-2): Health and Safety

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
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>			
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:

Inspection of this Article was based on self-assessment and there was a health and safety statement in place.

Article 25: Use of Closed Circuit Television (CCTV)

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
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>			
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:

Inspection of this Article was based on self-assessment and there was a policy in place.

Article 26: Staffing

WARD OR UNIT	STAFF TYPE	DAY	NIGHT
Warrenstown Unit	CNM 1 or 2	1	0
	RPN	1 during the am and 2 during the pm	2
	HCA	1	0

Clinical Nurse Manager (CNM), Registered Psychiatric Nurse (RPN), Health Care Assistant (HCA), Non Consultant Hospital Doctor (NCHD).

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
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
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>	X		
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

Multidisciplinary care included input from a clinical speech and language therapist, an occupational therapist, a social worker, a dietician and nursing and medical staff. A whole-time equivalent clinical psychology post had been successfully recruited for in July 2011, however, the moratorium on HSE appointments prevented this appointment being made.

There was good evidence of multidisciplinary team-working. A handover meeting was held every morning and the teachers also attended this meeting. Staff reported that reflection and effort had been invested in team-working as new disciplines had joined the team during the year. The staff training log was available.

Breach: 26 (2)

Article 27: Maintenance of Records

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
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>			
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:

Inspection of this Article was based on self-assessment and there was an up-to-date policy in place on the management of records. Fire inspection and environmental health officer reports were available.

Article 28: Register of Residents

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
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>			
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:

Inspection of this Article was based on self-assessment.

Article 29: Operating policies and procedures

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
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>			
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 were available and were up to date.

Article 30: Mental Health Tribunals

This Article was not applicable as children only were admitted to the approved centre.

Article 31: Complaint Procedures

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
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>			
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:

Inspection of this Article was based on self-assessment and there was a policy and procedures in place on the making and management of complaints.

Article 32: Risk Management Procedures

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
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	
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 risk management policies addressed the specific issues required by the Regulations and had been reviewed and up-dated. Individual clinical files inspected all contained appropriate risk assessment and management plans.

Article 33: Insurance

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
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>			
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:

Inspection of this Article was based on self-assessment.

Article 34: Certificate of Registration

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
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>			
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 Registration Certificate was prominently displayed.

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

SECLUSION

Use: Seclusion was not used in the approved centre and there was a policy to this effect.

ECT (DETAINED PATIENTS)

Use: Electroconvulsive therapy was not used in the approved centre and there was a policy to this effect.

MECHANICAL RESTRAINT

Use: Mechanical restraint was not used in the approved centre and there was a policy to this effect.

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

PHYSICAL RESTRAINT

Use: Physical restraint had been used for two residents during 2011 up to the time of inspection.

SECTION	DESCRIPTION	FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	MINIMAL COMPLIANCE	NOT COMPLIANT
1	General principles	X			
5	Orders		X		
6	Resident dignity and safety	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:

The Physical Restraint Clinical Practice Form Book and the individual clinical file of one resident who had been physically restrained were inspected. In one instance the clinical practice form had not been signed by the consultant psychiatrist. All other aspects of physical restraint practice and recording were satisfactory.

Breach: 5.7(c)

ADMISSION OF CHILDREN

Description: Warrenstown Child and Adolescent In-Patient Unit was specifically for the care and treatment 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:

The centre complied with provisions of the Code of Practice relating to the voluntary and involuntary admission of a child. Parental consent was given for children who were admitted voluntarily. Leave provisions of the Code of Practice were complied with.

NOTIFICATION OF DEATHS AND INCIDENT REPORTING

Description: There had been no deaths in the approved centre in 2011 up to the time of inspection.

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

Justification for this rating:

The incident book was inspected and was satisfactory. The approved centre notified incidents as required to the Mental Health Commission. The approved centre was compliant with Article 32 of the Regulations in relation to risk management. A standardised incident report form was in operation. There was a risk manager identified within the service.

ECT FOR VOLUNTARY PATIENTS

Use: Electroconvulsive therapy was not used in the approved centre and there was a policy to this effect.

ADMISSION, TRANSFER AND DISCHARGE

Description: Children were admitted, transferred and discharged from the unit.

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:

There were admission, transfer and discharge policies in the approved centre. The admission policy included a protocol for dealing with planned and urgent referrals. There was a key worker appointed for each child. The approved centre was compliant with Articles 23 and 32 of the Regulations relating to medication and risk respectively.

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:

The approved centre had an excellent process for the admission of children. Admissions were discussed with the child, their family and with the multidisciplinary team. The child generally visited and spent time in the unit prior to admission. One resident had been admitted urgently from the HSE West area and admission documentation and assessment was excellent. Each child had an individual care plan. The approved centre was compliant with Article 27 of the Regulations regarding the maintenance of records Articles 7 and 8 in respect of personal property and possessions and clothing and with Article 20 on the provision of information. There was a key worker system in place.

Part 4 Transfer Process

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

Level of compliance:

FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	MINIMAL COMPLIANCE	NOT COMPLIANT
NOT APPLICABLE			

Justification for this rating:

No resident had been transferred.

Part 5 Discharge Process

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

Level of compliance:

FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	MINIMAL COMPLIANCE	NOT COMPLIANT
X			

Justification for this rating:

The decision to discharge was made by the multidisciplinary team in consultation with the child and their family. There was excellent liaison between the approved centre and community agencies, including schools and general practitioners (GP). A discharge report was sent to the GP and referring child and adolescent mental health team. Follow up was generally provided by CAMHS community teams.

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

Description: No child 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 did not have a policy in relation to the management of a child with intellectual disability and mental illness. Staff had not received training in this area.

Breach: 5

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

SECTION 60 – ADMINISTRATION OF MEDICINE

Description: As only children were admitted to this approved centre section 60 was not applicable.

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

Description: This section was not applicable as all children were of voluntary status.

SECTION THREE: OTHER ASPECTS OF THE APPROVED CENTRE

SERVICE USER INTERVIEWS

Inspectors met with residents as a group. Residents were well informed about their individual care plans and told the Inspectorate that they each met weekly with their key worker. Residents were not satisfied with the arrangements for making telephone calls, which required asking staff for the use of a telephone and felt they were frequently delayed and asked to wait until a later time. Residents complained about the lack of exercise and outdoor space. Residents also said that they preferred using the larger sitting room as it was more spacious rather than being confined to the smaller sitting room. Residents reported being satisfied with their care and stated that they felt safe in the unit.

OVERALL CONCLUSIONS

The approved centre building was not suited for the provision of CAMHS in-patient treatment. The Inspectorate welcomed the proposed developments in the CAMHS. The service reported that an interim 8-bedded in-patient unit for 16 to 18 year olds was committed to in the 2011 HSE Service Plan and was due to open in early 2012 at St. Loman's Hospital. Capital funding of €10 million had been approved for the construction of a new 2,800 square metres CAMHS approved centre, school and gym on the Cherry Orchard Hospital site. The opening of this unit was a service priority and staff recruitment was planned for 2012. The proposed unit would comprise two 11-bedded units, a 2-bed intensive care unit and a family apartment. It was expected that the unit would be completed by 2015.

Warrenstown Child and Adolescent In-Patient Unit provided very good care for children. Staff reported that the approved centre was increasingly providing care to children detained under Section 25 of the Mental Health Act 2001. On the day of inspection, however, no child was detained. The continued absence of adequate clinical psychology was a concern and it was unacceptable that the HSE recruitment embargo had caused this situation to run for approximately four years.

RECOMMENDATIONS 2011

1. The post of clinical psychologist must be filled immediately.
2. Educational resources must match the needs of residents.
3. The unit should be repainted, dirty floor covering replaced and the decor should be age appropriate for a CAMHS unit.
4. The upstairs bathrooms should be renovated and the three-quarter sized doors in the downstairs lavatories should be replaced.
5. Outdoor recreational facilities should be provided.
6. Child advocacy services should be made available to residents.