

Report of the Inspector of Mental Health Services 2011

EXECUTIVE CATCHMENT AREA	Independent
HSE AREA	Independent
MENTAL HEALTH SERVICE	Child and Adolescent Services
APPROVED CENTRE	Willow Grove, St. Patrick's University Hospital
NUMBER OF WARDS	1
NAMES OF UNITS OR WARDS INSPECTED	Willow Grove
TOTAL NUMBER OF BEDS	14
CONDITIONS ATTACHED TO REGISTRATION	None
TYPE OF INSPECTION	Unannounced
DATE OF INSPECTION	27 September 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. In addition to the core inspection process, information was gathered from service user interviews, staff interviews and photographic evidence collected on the day of the inspection.

DESCRIPTION

Willow Grove, a purpose built 14-bed Child and Adolescent In Patient Unit, was located on the St. Patrick's University Hospital campus in Dublin City. The unit catered for young people between the ages of 13 and 17 years old and was separate from the main hospital and accessed via its own hall door. The design of the unit provided for a bright, friendly, safe living environment for residents and decor and furnishings were colourful and age appropriate. The layout made for good visual supervision whilst creating relaxed individual and communal spaces. The art work displayed throughout the unit had been chosen by young people. The well-equipped school classroom was in a separate building and staffed by a qualified second level teacher. Referrals for assessment and admissions to the unit were from both primary care and Child and Adolescent Mental Health Service Teams (CAMHS). The Willow Grove CAMHS team ran a community service through the Dean Clinics. Residents were variously funded through private health insurance or the Health Service Executive. On the day of inspection there were two male and seven female residents. All residents were voluntary and had been resident for less than six months duration.

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

COMPLIANCE RATING	2009	2010	2011
Fully Compliant	Not applicable	30	30
Substantial Compliance	Not applicable	0	0
Minimal Compliance	Not applicable	0	0
Not Compliant	Not applicable	0	0
Not Applicable	Not applicable	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
Willow Grove	14	9	Child and adolescent mental health team

QUALITY INITIATIVES

- Residents were facilitated in keeping in touch with friends and family via the internet. The unit had developed an internet access policy and safeguarded internet usage by filtering web access. Informed parental consent was required. Therapeutic staff and IT staff had devised an education and support programme in relation to the use of social networking web sites and also the use of mental health resources. The table-top computers with internet access were situated in the day room space in the main concourse. Each resident had the use of a lap-top computer whilst in hospital for the purpose of engaging in psycho-education programmes and completing homework assignments.
- The Willow Grove staff had continued their involvement with the Quality Network for In Patient Child and Adolescent Mental Health Services (QNIC). The unit had undergone peer review on two occasions and the first inspection for accreditation by QNIC was scheduled for 2012.
- Community links had been developed with several key voluntary and statutory organisations related to young persons. On the day of inspection the residents were due to visit the offices of the Ombudsman for Children.
- Art Scope, a voluntary community based art group, were actively involved in working with residents on a number of projects which would further enhance the living space within the unit and its grounds.
- Willow Grove had undertaken fundraising initiatives with the St. Patrick's Hospital Foundation and also a Tee-off for Teens Golf Classic that funded the purchase of two mini-buses for the exclusive use of the unit.
- Discussions had been held with advocacy groups in preparation for developing advocacy services for young persons within the unit and a broader advocacy platform.
- Nursing staff had completed an MSc. in Child and Adolescent Mental Health. This programme was jointly mounted by the University of Dublin, Trinity College and St. Patrick's University Hospital.
- Three nursing staff had commenced a post graduate course in Paediatric Nursing at Temple Street Children's Hospital.

PROGRESS ON RECOMMENDATIONS IN THE 2010 APPROVED CENTRE REPORT

1. Gym time should be available for the residents especially during the winter months when outdoor activities were curtailed.

Outcome: This had been achieved.

2. The approved centre should consider allowing friends to visit residents without adult supervision.

Outcome: It was the written operational policy of the approved centre that any child visitor must be accompanied by a responsible adult.

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>	NOT APPLICABLE	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 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>	NOT APPLICABLE	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 6 (1-2): Food Safety

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
Fully compliant	<i>Evidence of full compliance with this Article.</i>	NOT APPLICABLE	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 inspection of this Article was based on self-assessment and the Environmental Health Officer's report dated 27 May 2011 was made available to the Inspectorate. There was documentary evidence that its recommendations were being addressed.

Article 7: Clothing

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
Fully compliant	<i>Evidence of full compliance with this Article.</i>	NOT APPLICABLE	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 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>	NOT APPLICABLE	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 inspection of this Article was based on self-assessment and the approved centre had written operational policies and procedures relating to residents' personal 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>	NOT APPLICABLE	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 inspection of this Article was based on self-assessment.

Article 10: Religion

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
Fully compliant	<i>Evidence of full compliance with this Article.</i>	NOT APPLICABLE	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 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>	NOT APPLICABLE	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 inspection of this Article was based on self-assessment and the approved centre had written operational policies and procedures for visits.

Article 12 (1-4): Communication

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
Fully compliant	<i>Evidence of full compliance with this Article.</i>	NOT APPLICABLE	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 inspection of this Article was based on self-assessment and the approved centre had written operational policies and procedures on communication.

Article 13: Searches

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
Fully compliant	<i>Evidence of full compliance with this Article.</i>	NOT APPLICABLE	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 inspection of this Article was based on self-assessment and the approved centre had written operational policies and procedures on the searching of a resident, his or her belongings and the environment in which he or she is accommodated; for carrying out searches with the consent of a resident and carrying out searches in the absence of consent; and in relation to 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>	NOT APPLICABLE	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 inspection of this Article was based on self-assessment and the approved centre had a written operational policies and protocols for care of residents 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>	NOT APPLICABLE	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:

A number of individual clinical files were inspected. All contained an initial 72 hour individual care plan written up at admission and a subsequent multidisciplinary (MDT) individual care plan (ICP). The ICP was reviewed weekly by the MDT and updated by way of a brief update sheet pasted chronologically into the integrated clinical notes. The documentation and record completion was of an outstanding standard. The resident had the opportunity to complete their own ICP requirements and review and this was recorded on a user-friendly template with cartoon drawings and plain English text. Standardised assessments were used judiciously. Each resident had a key worker and a primary nurse.

Article 16: Therapeutic Services and Programmes

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
Fully compliant	<i>Evidence of full compliance with this Article.</i>	NOT APPLICABLE	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:

Each resident was provided with a treatment programme and therapeutic interventions as specified in their individual care plan.

Evidence-informed therapeutic programmes were provided and there were treatment protocols for different diagnoses. The range of psychotherapy, family therapy, occupational therapy, social, physical and educational programmes provided was excellent. All were well documented in the individual clinical files, where the standard of report writing was excellent. Therapies were provided on an individual and group basis. The unit therapeutic programme was dynamic and was reviewed and timetabled on an ongoing basis to respond to the changing needs of the young people resident at any time. The timetable offered a good balance between individual and group work, process work, task work, cognitive behavioural approaches, social and physical activities and personal time. A qualified second level teacher, employed on a full-time basis was a member of the MDT and education was a core element in the unit's programmes.

Article 17: Children's Education

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
Fully compliant	<i>Evidence of full compliance with this Article.</i>	NOT APPLICABLE	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:

Appropriate educational services were provided by the secondary school teacher in accordance with the resident's individual care plan. Class times were divided into two strands: for junior cycle students and senior cycle students. These class times were blended with therapeutic programmes. The teacher attended the multidisciplinary team meeting.

Article 18: Transfer of Residents

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
Fully compliant	<i>Evidence of full compliance with this Article.</i>	NOT APPLICABLE	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:

One resident had been transferred to another approved centre in 2011 to the date of inspection. All relevant documentation was provided to the receiving approved centre. The approved centre had a written policy and procedures on the transfer of residents.

Article 19 (1-2): General Health

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
Fully compliant	<i>Evidence of full compliance with this Article.</i>	NOT APPLICABLE	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 resident had been in the approved centre for longer than six months. Adequate arrangements were in place for access by residents to general health services and for referral to other health services as required. The approved centre had written operational policies and procedures for 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>	NOT APPLICABLE	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:

Information that covered all the provisions of this Article was provided to residents and families in an understandable form. Willow Grove provided a range of treatment programme protocols for different diagnoses, including mood disorders, anxiety and eating disorders. A separate information booklet was provided to residents and parents according to their individual treatment schedule. The approved centre had written operational policies and procedures for the provision of information to residents. The approved centre demonstrated to the Inspectorate that comprehensive efforts were being made to ensure access to age-appropriate advocacy services. The Head Space Toolkit was in operation.

Article 21: Privacy

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
Fully compliant	<i>Evidence of full compliance with this Article.</i>	NOT APPLICABLE	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:

On the day of inspection each resident's privacy and dignity was appropriately respected.

Article 22: Premises

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
Fully compliant	<i>Evidence of full compliance with this Article.</i>	NOT APPLICABLE	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 premises were clean and maintained in good structural and decorative condition. The premises were adequately lit, heated, ventilated and maintained. It had adequate and suitable furnishings for child residents. The condition of the physical structure and overall environment was maintained with due regard to the needs of child residents and the safety and well-being of residents, staff and visitors.

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>	NOT APPLICABLE	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 inspection of this Article was based on self-assessment and the approved centre had appropriate and suitable practices and written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents.

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>	NOT APPLICABLE	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 inspection of this Article was based on self-assessment and the approved centre had a written operational policy and procedures relating to the health and safety of residents, staff and visitors. The health and safety statement was made available to the Inspectorate.

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>	NOT APPLICABLE	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 the approved centre had a clear written policy and protocols articulating its function in relation to the observation of a resident.

Article 26: Staffing

WARD OR UNIT	STAFF TYPE	DAY	NIGHT
Willow Grove	CNM1	1	0
	CNM2	1	0
	CNM3	1	0
	RPN	5	2 plus 1 twilight RPN (1730h-23:40h)

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

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
Fully compliant	<i>Evidence of full compliance with this Article.</i>	NOT APPLICABLE	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 written policies and procedures relating to the recruitment, selection and the vetting of staff. A four week induction programme specific to Willow Grove was provided to all new staff. There was a full-time teacher attached to the school. The multidisciplinary team comprised one consultant psychiatrist, three non consultant hospital doctors (NCHDs), one occupational therapist, one psychologist, one social worker who was also trained in systemic family therapy. The CNM3 was also trained in psychotherapy. Total nursing complement was 19.

Three members of nursing staff were currently undertaking the postgraduate diploma in Children's Nursing in Temple Street Children's Hospital. Most nurses had undertaken the Masters degree in child and adolescent mental health in Trinity College. The staff training log was inspected and was satisfactory.

Article 27: Maintenance of Records

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
Fully compliant	<i>Evidence of full compliance with this Article.</i>	NOT APPLICABLE	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 inspection of this Article was based on self-assessment and the approved centre had written policies and procedures relating to the creation of, access to, retention of and destruction of records.

Article 28: Register of Residents

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
Fully compliant	<i>Evidence of full compliance with this Article.</i>	NOT APPLICABLE	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>	NOT APPLICABLE	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 required under the Regulations were available and were reviewed at least three-yearly.

Article 30: Mental Health Tribunals

This Article of the Regulations was not applicable in this approved centre.

Article 31: Complaint Procedures

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
Fully compliant	<i>Evidence of full compliance with this Article.</i>	NOT APPLICABLE	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 inspection of this Article was based on self-assessment and the approved centre had written operational policies and procedures relating to the making, handling and investigating 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>	NOT APPLICABLE	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 inspection of this Article was based on self-assessment and the approved centre had a comprehensive written risk management policy in place that covered all matters as described in this Article.

Article 33: Insurance

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
Fully compliant	<i>Evidence of full compliance with this Article.</i>	NOT APPLICABLE	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 a copy of the approved centre's certificate of insurance was examined by inspectors.

Article 34: Certificate of Registration

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
Fully compliant	<i>Evidence of full compliance with this Article.</i>	NOT APPLICABLE	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 inspection of this Article was based on self-assessment.

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

SECLUSION

Use: Seclusion was not used in the approved centre

ECT (DETAINED PATIENTS)

Use: Electroconvulsive therapy (ECT) was not used in the approved centre.

MECHANICAL RESTRAINT

Use: Mechanical restraint was not used in the approved centre.

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

PHYSICAL RESTRAINT

Use: The approved centre used physical restraint.

SECTION	DESCRIPTION	FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	MINIMAL COMPLIANCE	NOT COMPLIANT
1	General principles	NOT APPLICABLE			
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 Physical Restraint Clinical Practice Form book was examined by inspectors. No resident had been physically restrained in 2011 to the date of inspection. The approved centre had a policy on the use of physical restraint. The training register was examined and staff were being actively trained in Crisis Prevention Intervention.

ADMISSION OF CHILDREN

Description: The approved centre only admitted children between the ages of 13 and 17 years.

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 approved centre was fully compliant with the Code of Practice Relating to Admission of Children under the Mental Health Act 2001.

NOTIFICATION OF DEATHS AND INCIDENT REPORTING

Description: All record of all incidents was reported to the Mental Health Commission.

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:

Records of any incidents were maintained in the unit. The Risk Management policy was compliant with Article 32 of the Regulations and identified the risk manager.

ECT FOR VOLUNTARY PATIENTS

Use: ECT was not used in the approved centre.

ADMISSION, TRANSFER AND DISCHARGE

Description: The approved centre admitted, transferred and discharged residents.

Part 2 Enabling Good Practice through Effective Governance

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

Level of compliance:

FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	MINIMAL COMPLIANCE	NOT COMPLIANT
X			

Justification for this rating:

The admission, transfer and discharge policies were compliant with the Code of Practice on Admission, Transfer and Discharge to and from an Approved Centre.

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 clinical files of four residents were examined. The standard of documentation from all members of the multidisciplinary team was of a very high standard and in its entirety was in keeping with the guidance in this Code of Practice. Informed consent to care and intervention were supported by detailed and specific information leaflets devised for Willow Grove residents.

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
X			

Justification for this rating:

One resident had been transferred to another approved centre. The decision to transfer and transfer process met the standards of the Code of Practice.

Part 5 Discharge Process

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

Level of compliance:

FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	MINIMAL COMPLIANCE	NOT COMPLIANT
X			

Justification for this rating:

The clinical file of one resident was examined. A comprehensive and structured discharge plan had been developed. The standard of documentation from all members of the multidisciplinary team was of a very high standard and in its entirety was in keeping with the guidance in this Code of Practice.

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

Description: A policy stated that children with intellectual disability and mental illness were not admitted to the approved centre.

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

SECTION 60 – ADMINISTRATION OF MEDICINE

Description: Section 60 Mental Health Act 2001 was not applicable to this approved centre.

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

Description: No child had been admitted to the approved centre on an involuntary basis.

SECTION THREE: OTHER ASPECTS OF THE APPROVED CENTRE

SERVICE USER INTERVIEWS

The residents were seen as a group by the two inspectors. One resident declined to join the group. The residents were happy with their care and treatment, and commented in particular on the safe environment provided.

OVERALL CONCLUSIONS

Willow Grove provided excellent care and treatment in an attractive, safe, cheerful and age appropriate environment. Staff were well qualified and conveyed a sense of commitment and enthusiasm for their roles. It was evident that the staff worked as a team. A diverse and dynamic therapeutic programme was provided to residents and this was guided by evidence based protocols. The standard of clinical documentation was outstanding. All disciplines contributed to this high standard. Residents and families were involved in care planning. Inspecting individual clinical files, it was easy to track therapeutic progress and discharge planning throughout. Willow Grove made particular efforts to build community links for residents.

The approved centre is to be congratulated in maintaining its high standards of care.

RECOMMENDATIONS 2011

Inspectors made no recommendations following this inspection.