

Report of the Inspector of Mental Health Services 2013

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| EXECUTIVE CATCHMENT AREA/INTEGRATED SERVICE AREA | Independent |
| HSE AREA | Independent |
| MENTAL HEALTH SERVICE | Child and Adolescent Service |
| APPROVED CENTRE | Willow Grove, St. Patrick's Hospital |
| NUMBER OF WARDS | 1 |
| NAMES OF UNITS OR WARDS INSPECTED | 1 |
| TOTAL NUMBER OF BEDS | 14 |
| CONDITIONS ATTACHED TO REGISTRATION | None |
| TYPE OF INSPECTION | Unannounced |
| DATE OF INSPECTION | 9 May 2013 |

Summary

- Willow Grove Unit provided in-patient facilities for young people aged 13-17 years in a purpose-built building within the St. Patrick's Hospital campus.
- There was evidence during the inspection, of the continuation of the high quality of service provision of previous years.
- All residents had Individual Care Plans and a range of therapeutic and recreational facilities were provided for young people.
- A number of quality initiatives had taken place and an effort was ongoing to develop an inclusive service user perspective.

OVERVIEW

In 2013, the Inspectorate inspected this Approved Centre against all of the Mental Health Act 2001 (Approved Centres) Regulations 2006.

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 2012. In addition to the core inspection process information was also gathered from advocacy reports, service user interviews, staff interviews and photographic evidence collected on the day of the inspection.

DESCRIPTION

This purpose-built single storey unit was opened in the grounds of St. Patrick's Hospital in 2010. It was bright and modern in appearance and was well maintained. Good use was made of colour throughout with the aim of making it attractive to the young residents. It was designed in an 'L' shape to facilitate the division of functions within the building between day and night use. On the day of inspection the age range was 13 to 17 years and all residents were voluntary.

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

| COMPLIANCE RATING | 2011 | 2012 | 2013 | ARTICLE NUMBERS 2013 |
|------------------------|------|------|------|----------------------|
| Fully Compliant | 30 | 30 | 30 | - |
| Substantial Compliance | 0 | 0 | 0 | - |
| Minimal Compliance | 0 | 0 | 0 | - |
| Not Compliant | 0 | 0 | 0 | - |
| Not Applicable | 1 | 1 | 1 | 30 |

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 | 12 | Child and Adolescent Team |

QUALITY INITIATIVES 2012/2013

1. Willow Grove had established a post of advocate to provide and develop independent advocacy services for children resident in the approved centre. A Youth Panel had been established in conjunction with this. Training and governance arrangements had been put in place.
2. A parents support group had been established. Willow Grove social work and family therapy staff facilitated this group. There was also a skills based coping and parenting programme available for parents.
3. A “Chill Out Room” was at an advanced stage of commissioning and would provide a quiet, sensory enhanced therapeutic space for children to relax and have time out. This represented a least restrictive approach to care as seclusion was not used in Willow Grove.
4. A mandatory e-learning programme for all staff ‘Caring with Respect’, had been commissioned by the hospital. Its purpose was to reflect the requirements of the Mental Health Commission (MHC) Quality Framework Theme 2 on the importance of respectful empathic relationships, service user rights and community integration of mental health service users.
5. A ten-week music education programme had been developed for the summer of 2013.
6. The relaxation room was being renovated to improve its sensory benefits.

PROGRESS ON RECOMMENDATIONS IN THE 2012 APPROVED CENTRE REPORT

There had been no recommendations from the 2012 Inspection.

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

The registered proprietor shall make arrangements to ensure that each resident is readily identifiable by staff when receiving medication, health care or other services.

| LEVEL OF COMPLIANCE | DESCRIPTION | 2011 | 2012 | 2013 |
|-------------------------------|--|----------|----------|----------|
| 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:

Photo identification was used on clinical files.

Article 5: Food and Nutrition

(1) The registered proprietor shall ensure that residents have access to a safe supply of fresh drinking water.

(2) The registered proprietor shall ensure that residents are provided with food and drink in quantities adequate for their needs, which is properly prepared, wholesome and nutritious, involves an element of choice and takes account of any special dietary requirements and is consistent with each resident's individual care plan.

| LEVEL OF COMPLIANCE | DESCRIPTION | 2011 | 2012 | 2013 |
|-------------------------------|--|----------|----------|----------|
| 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:

A choice of menu was provided. Jugs of juices, water, and hot drinks were freely available. A dietician was available to advise on special dietary requirements.

Article 6 (1-2): Food Safety

(1) The registered proprietor shall ensure:

(a) the provision of suitable and sufficient catering equipment, crockery and cutlery

(b) the provision of proper facilities for the refrigeration, storage, preparation, cooking and serving of food, and

(c) that a high standard of hygiene is maintained in relation to the storage, preparation and disposal of food and related refuse.

(2) This regulation is without prejudice to:

(a) the provisions of the Health Act 1947 and any regulations made thereunder in respect of food standards (including labelling) and safety;

(b) any regulations made pursuant to the European Communities Act 1972 in respect of food standards (including labelling) and safety; and

(c) the Food Safety Authority of Ireland Act 1998.

| LEVEL OF COMPLIANCE | DESCRIPTION | 2011 | 2012 | 2013 |
|-------------------------------|--|----------|----------|----------|
| 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:

A recent Environmental Health Officer's report was available and was satisfactory.

Article 7: Clothing

The registered proprietor shall ensure that:

(1) when a resident does not have an adequate supply of their own clothing the resident is provided with an adequate supply of appropriate individualised clothing with due regard to his or her dignity and bodily integrity at all times;

(2) night clothes are not worn by residents during the day, unless specified in a resident's individual care plan.

| LEVEL OF COMPLIANCE | DESCRIPTION | 2011 | 2012 | 2013 |
|-------------------------------|--|----------|----------|----------|
| 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:

A policy was available. All residents were in day clothes on the day of inspection.

Article 8: Residents' Personal Property and Possessions

(1) For the purpose of this regulation "personal property and possessions" means the belongings and personal effects that a resident brings into an approved centre; items purchased by or on behalf of a resident during his or her stay in an approved centre; and items and monies received by the resident during his or her stay in an approved centre.

(2) The registered proprietor shall ensure that the approved centre has written operational policies and procedures relating to residents' personal property and possessions.

(3) The registered proprietor shall ensure that a record is maintained of each resident's personal property and possessions and is available to the resident in accordance with the approved centre's written policy.

(4) The registered proprietor shall ensure that records relating to a resident's personal property and possessions are kept separately from the resident's individual care plan.

(5) The registered proprietor shall ensure that each resident retains control of his or her personal property and possessions except under circumstances where this poses a danger to the resident or others as indicated by the resident's individual care plan.

(6) The registered proprietor shall ensure that provision is made for the safe-keeping of all personal property and possessions.

| LEVEL OF COMPLIANCE | DESCRIPTION | 2011 | 2012 | 2013 |
|-------------------------------|--|----------|----------|----------|
| 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:

A policy was available. All residents had a lockable drawer in their rooms for safekeeping their possessions. There was a property room and a property list was maintained in each resident's clinical file.

Article 9: Recreational Activities

The registered proprietor shall ensure that an approved centre, insofar as is practicable, provides access for residents to appropriate recreational activities.

| LEVEL OF COMPLIANCE | DESCRIPTION | 2011 | 2012 | 2013 |
|-------------------------------|--|----------|----------|----------|
| 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:

Residents had access to TV and boardgames. On the day of inspection staff were facilitating use of a 'Wii' interactive games console. A minibus had been purchased during the year to facilitate outings and staff reported these took place most days. Arrangements had been made with Dublin Zoo to facilitate an 'Introduction to the Animals' programme which staff reported the residents enjoyed. The service encouraged the use of social media and proactively helped residents manage their use of it. A gym, shared with the adult service was available for exclusive use by the residents at certain times of the day. They had access to an enclosed hard court ball area. An enclosed reflective garden had been developed with the help of residents, the occupational department and volunteers.

Article 10: Religion

The registered proprietor shall ensure that residents are facilitated, insofar as is reasonably practicable, in the practice of their religion.

| LEVEL OF COMPLIANCE | DESCRIPTION | 2011 | 2012 | 2013 |
|-------------------------------|--|----------|----------|----------|
| 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:

Residents were facilitated in the practice of their religion. A policy was available.

Article 11 (1-6): Visits

(1) The registered proprietor shall ensure that appropriate arrangements are made for residents to receive visitors having regard to the nature and purpose of the visit and the needs of the resident.

(2) The registered proprietor shall ensure that reasonable times are identified during which a resident may receive visits.

(3) The registered proprietor shall take all reasonable steps to ensure the safety of residents and visitors.

(4) The registered proprietor shall ensure that the freedom of a resident to receive visits and the privacy of a resident during visits are respected, in so far as is practicable, unless indicated otherwise in the resident's individual care plan.

(5) The registered proprietor shall ensure that appropriate arrangements and facilities are in place for children visiting a resident.

(6) The registered proprietor shall ensure that an approved centre has written operational policies and procedures for visits.

| LEVEL OF COMPLIANCE | DESCRIPTION | 2011 | 2012 | 2013 |
|-------------------------------|--|----------|----------|----------|
| 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 service had an up-to-date policy on visits. Staff maintained a list of acceptable visitors which had been agreed between the resident, their parents and the staff at point of admission. Visiting was encouraged and there were a number of different areas where visitors could be facilitated.

Article 12 (1-4): Communication

(1) Subject to subsections (2) and (3), the registered proprietor and the clinical director shall ensure that the resident is free to communicate at all times, having due regard to his or her wellbeing, safety and health.

(2) The clinical director, or a senior member of staff designated by the clinical director, may only examine incoming and outgoing communication if there is reasonable cause to believe that the communication may result in harm to the resident or to others.

(3) The registered proprietor shall ensure that the approved centre has written operational policies and procedures on communication.

(4) For the purposes of this regulation "communication" means the use of mail, fax, email, internet, telephone or any device for the purposes of sending or receiving messages or goods.

| LEVEL OF COMPLIANCE | DESCRIPTION | 2011 | 2012 | 2013 |
|-------------------------------|--|----------|----------|----------|
| 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 service had an up-to-date policy on communication, which included a policy on the use of mobile phones.

Article 13: Searches

- (1) The registered proprietor shall ensure that the approved centre has 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.*
- (2) The registered proprietor shall ensure that searches are only carried out for the purpose of creating and maintaining a safe and therapeutic environment for the residents and staff of the approved centre.*
- (3) The registered proprietor shall ensure that the approved centre has written operational policies and procedures for carrying out searches with the consent of a resident and carrying out searches in the absence of consent.*
- (4) Without prejudice to subsection (3) the registered proprietor shall ensure that the consent of the resident is always sought.*
- (5) The registered proprietor shall ensure that residents and staff are aware of the policy and procedures on searching.*
- (6) The registered proprietor shall ensure that there is be a minimum of two appropriately qualified staff in attendance at all times when searches are being conducted.*
- (7) The registered proprietor shall ensure that all searches are undertaken with due regard to the resident's dignity, privacy and gender.*
- (8) The registered proprietor shall ensure that the resident being searched is informed of what is happening and why.*
- (9) The registered proprietor shall ensure that a written record of every search is made, which includes the reason for the search.*
- (10) The registered proprietor shall ensure that the approved centre has written operational policies and procedures in relation to the finding of illicit substances.*

| LEVEL OF COMPLIANCE | DESCRIPTION | 2011 | 2012 | 2013 |
|-------------------------------|--|----------|----------|----------|
| 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:

There was a policy on searches with and without consent which included a policy on the finding of illicit substances. No searches had been carried out on anyone resident in the approved centre on the day of inspection.

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

(1) The registered proprietor shall ensure that the approved centre has written operational policies and protocols for care of residents who are dying.

(2) The registered proprietor shall ensure that when a resident is dying:

(a) appropriate care and comfort are given to a resident to address his or her physical, emotional, psychological and spiritual needs;

(b) in so far as practicable, his or her religious and cultural practices are respected;

(c) the resident's death is handled with dignity and propriety, and;

(d) in so far as is practicable, the needs of the resident's family, next-of-kin and friends are accommodated.

(3) The registered proprietor shall ensure that when the sudden death of a resident occurs:

(a) in so far as practicable, his or her religious and cultural practices are respected;

(b) the resident's death is handled with dignity and propriety, and;

(c) in so far as is practicable, the needs of the resident's family, next-of-kin and friends are accommodated.

(4) The registered proprietor shall ensure that the Mental Health Commission is notified in writing of the death of any resident of the approved centre, as soon as is practicable and in any event, no later than within 48 hours of the death occurring.

(5) This Regulation is without prejudice to the provisions of the Coroners Act 1962 and the Coroners (Amendment) Act 2005.

| LEVEL OF COMPLIANCE | DESCRIPTION | 2011 | 2012 | 2013 |
|-------------------------------|--|----------|----------|----------|
| 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 service had a policy on the care of residents who are dying.

Article 15: Individual Care Plan

The registered proprietor shall ensure that each resident has an individual care plan.

[Definition of an individual care plan: "... a documented set of goals developed, regularly reviewed and updated by the resident's multi-disciplinary team, so far as practicable in consultation with each resident. The individual care plan shall specify the treatment and care required which shall be in accordance with best practice, shall identify necessary resources and shall specify appropriate goals for the resident. For a resident who is a child, his or her individual care plan shall include education requirements. The individual care plan shall be recorded in the one composite set of documentation".]

| LEVEL OF COMPLIANCE | DESCRIPTION | 2011 | 2012 | 2013 |
|-------------------------------|--|----------|----------|----------|
| 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 whose clinical files were examined, had individual care plans (ICPs) in accordance with the Regulations. Residents contributed to the formulation of their ICPs. The documentation in relation to the ICPs was being reviewed, following recommendations from parents and residents, with a view to capturing information on goals of treatment in a more user friendly way.

Article 16: Therapeutic Services and Programmes

(1) The registered proprietor shall ensure that each resident has access to an appropriate range of therapeutic services and programmes in accordance with his or her individual care plan.

(2) The registered proprietor shall ensure that programmes and services provided shall be directed towards restoring and maintaining optimal levels of physical and psychosocial functioning of a resident.

| LEVEL OF COMPLIANCE | DESCRIPTION | 2011 | 2012 | 2013 |
|-------------------------------|--|----------|----------|----------|
| 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:

A range of therapeutic services and programmes were available. These were well documented in the clinical files and there was evidence of good interaction between team members. Multidisciplinary team (MDT) meetings were held weekly and all team members attended. There was evidence of family involvement and a four-week family support group was held for parents of young people who were admitted. There was a well equipped activities room and evidence throughout the unit and in the reflective garden of the work of the occupational therapy department. Individual psychotherapy and group work were conducted according to the individual care plans.

A large memory board outside the activities room was filled with encouraging, hopeful, artistic contributions from past residents to those currently resident.

Article 17: Children's Education

The registered proprietor shall ensure that each resident who is a child is provided with appropriate educational services in accordance with his or her needs and age as indicated by his or her individual care plan.

| LEVEL OF COMPLIANCE | DESCRIPTION | 2011 | 2012 | 2013 |
|-------------------------------|--|----------|----------|----------|
| 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:

A one-teacher school provided for the educational needs of the residents in an adjacent school building. The teacher contributed to the MDT meeting. The teaching programme focussed on the needs of the pupils and was designed in such a way as to encourage young people who may not have participated in education for some time. An effort was made to have a 50:50 split between educational and therapeutic activities. The secondary school teacher employed reported that efforts were ongoing to get recognition for the school from the Department of Education and Science.

Article 18: Transfer of Residents

(1) When a resident is transferred from an approved centre for treatment to another approved centre, hospital or other place, the registered proprietor of the approved centre from which the resident is being transferred shall ensure that all relevant information about the resident is provided to the receiving approved centre, hospital or other place.

(2) The registered proprietor shall ensure that the approved centre has a written policy and procedures on the transfer of residents.

| LEVEL OF COMPLIANCE | DESCRIPTION | 2011 | 2012 | 2013 |
|-------------------------------|--|----------|----------|----------|
| 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:

There was a policy in place on procedures for the transfer of residents. The clinical file of one resident transferred elsewhere for medical reasons was examined and found to be in order. The child's parents had been informed and this was documented. There was a copy of the referral letter in the file. The child was accompanied by a staff member and parent when leaving the approved centre.

Article 19 (1-2): General Health

(1) The registered proprietor shall ensure that:

(a) adequate arrangements are in place for access by residents to general health services and for their referral to other health services as required;

(b) each resident's general health needs are assessed regularly as indicated by his or her individual care plan and in any event not less than every six months, and;

(c) each resident has access to national screening programmes where available and applicable to the resident.

(2) The registered proprietor shall ensure that the approved centre has written operational policies and procedures for responding to medical emergencies.

| LEVEL OF COMPLIANCE | DESCRIPTION | 2011 | 2012 | 2013 |
|-------------------------------|--|----------|----------|----------|
| 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:

There was an up-to-date policy for responding to medical emergencies. No residents were in the approved centre for more than six months. Residents had access to general medical services if required.

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

(1) Without prejudice to any provisions in the Act the registered proprietor shall ensure that the following information is provided to each resident in an understandable form and language:

(a) details of the resident's multi-disciplinary team;

(b) housekeeping practices, including arrangements for personal property, mealtimes, visiting times and visiting arrangements;

(c) verbal and written information on the resident's diagnosis and suitable written information relevant to the resident's diagnosis unless in the resident's psychiatrist's view the provision of such information might be prejudicial to the resident's physical or mental health, well-being or emotional condition;

(d) details of relevant advocacy and voluntary agencies;

(e) information on indications for use of all medications to be administered to the resident, including any possible side-effects.

(2) The registered proprietor shall ensure that an approved centre has written operational policies and procedures for the provision of information to residents.

| LEVEL OF COMPLIANCE | DESCRIPTION | 2011 | 2012 | 2013 |
|-------------------------------|--|----------|----------|----------|
| 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 service had an appropriate policy in place. Residents had access to a closed online information system on mental health. Leaflets on relevant mental health issues were on display on carousels in the unit. A copy of user friendly information on conditions relevant to each resident were in printed form at the front of their clinical files.

A youth advocacy coordinator had been employed recently by the service. Their role was to facilitate the development of a youth advocacy service through a steering group which had been formed. The steering group consisted of service users and stakeholders from national statutory and non-statutory organisations.

Article 21: Privacy

The registered proprietor shall ensure that the resident's privacy and dignity is appropriately respected at all times.

| LEVEL OF COMPLIANCE | DESCRIPTION | 2011 | 2012 | 2013 |
|-------------------------------|--|----------|----------|----------|
| 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 their own ensuite room. They had lockable facilities within the rooms. The dignity of residents was respected.

Article 22: Premises

(1) The registered proprietor shall ensure that:

(a) premises are clean and maintained in good structural and decorative condition;

(b) premises are adequately lit, heated and ventilated;

(c) a programme of routine maintenance and renewal of the fabric and decoration of the premises is developed and implemented and records of such programme are maintained.

(2) The registered proprietor shall ensure that an approved centre has adequate and suitable furnishings having regard to the number and mix of residents in the approved centre.

(3) The registered proprietor shall ensure that the condition of the physical structure and the overall approved centre environment is developed and maintained with due regard to the specific needs of residents and patients and the safety and well-being of residents, staff and visitors.

(4) Any premises in which the care and treatment of persons with a mental disorder or mental illness is begun after the commencement of these regulations shall be designed and developed or redeveloped specifically and solely for this purpose in so far as it practicable and in accordance with best contemporary practice.

(5) Any approved centre in which the care and treatment of persons with a mental disorder or mental illness is begun after the commencement of these regulations shall ensure that the buildings are, as far as practicable, accessible to persons with disabilities.

(6) This regulation is without prejudice to the provisions of the Building Control Act 1990, the Building Regulations 1997 and 2001, Part M of the Building Regulations 1997, the Disability Act 2005 and the Planning and Development Act 2000.

| LEVEL OF COMPLIANCE | DESCRIPTION | 2011 | 2012 | 2013 |
|-------------------------------|--|----------|----------|----------|
| 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:

This was a purpose-built building opened in 2010. It was clean and in excellent decorative order on the day of inspection. Staff reported the building incorporated a range of safety and security features. Young people had protected access to a gym on the campus. Outdoor access was enclosed. Staff reported that the 'time out' room was to be redesigned as it was not optimally situated within the unit and was slightly institutional in appearance.

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

(1) The registered proprietor shall ensure that an approved centre has appropriate and suitable practices and written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents.

(2) This Regulation is without prejudice to the Irish Medicines Board Act 1995 (as amended), the Misuse of Drugs Acts 1977, 1984 and 1993, the Misuse of Drugs Regulations 1998 (S.I. No. 338 of 1998) and 1993 (S.I. No. 338 of 1993 and S.I. No. 342 of 1993) and S.I. No. 540 of 2003, Medicinal Products (Prescription and control of Supply) Regulations 2003 (as amended).

| LEVEL OF COMPLIANCE | DESCRIPTION | 2011 | 2012 | 2013 |
|-------------------------------|--|----------|----------|----------|
| 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:

A policy was available on the ordering, storing, prescribing and administration of medication.

Article 24 (1-2): Health and Safety

(1) The registered proprietor shall ensure that an approved centre has written operational policies and procedures relating to the health and safety of residents, staff and visitors.

(2) This regulation is without prejudice to the provisions of Health and Safety Act 1989, the Health and Safety at Work Act 2005 and any regulations made thereunder.

| LEVEL OF COMPLIANCE | DESCRIPTION | 2011 | 2012 | 2013 |
|-------------------------------|--|----------|----------|----------|
| 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 service had an appropriate Health and Safety policy in place.

Article 25: Use of Closed Circuit Television (CCTV)

(1) The registered proprietor shall ensure that in the event of the use of closed circuit television or other such monitoring device for resident observation the following conditions will apply:

- (a) it shall be used solely for the purposes of observing a resident by a health professional who is responsible for the welfare of that resident, and solely for the purposes of ensuring the health and welfare of that resident;*
- (b) it shall be clearly labelled and be evident;*
- (c) the approved centre shall have clear written policy and protocols articulating its function, in relation to the observation of a resident;*
- (d) it shall be incapable of recording or storing a resident's image on a tape, disc, hard drive, or in any other form and be incapable of transmitting images other than to the monitoring station being viewed by the health professional responsible for the health and welfare of the resident;*
- (e) it must not be used if a resident starts to act in a way which compromises his or her dignity.*

(2) The registered proprietor shall ensure that the existence and usage of closed circuit television or other monitoring device is disclosed to the resident and/or his or her representative.

(3) The registered proprietor shall ensure that existence and usage of closed circuit television or other monitoring device is disclosed to the Inspector of Mental Health Services and/or Mental Health Commission during the inspection of the approved centre or at anytime on request.

| LEVEL OF COMPLIANCE | DESCRIPTION | 2011 | 2012 | 2013 |
|-------------------------------|--|----------|----------|----------|
| 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:

A policy was in place. CCTV was in use in the approved centre and a notice to this effect was displayed.

Article 26: Staffing

- (1) *The registered proprietor shall ensure that the approved centre has written policies and procedures relating to the recruitment, selection and vetting of staff.*
- (2) *The registered proprietor shall ensure that the numbers of staff and skill mix of staff are appropriate to the assessed needs of residents, the size and layout of the approved centre.*
- (3) *The registered proprietor shall ensure that there is an appropriately qualified staff member on duty and in charge of the approved centre at all times and a record thereof maintained in the approved centre.*
- (4) *The registered proprietor shall ensure that staff have access to education and training to enable them to provide care and treatment in accordance with best contemporary practice.*
- (5) *The registered proprietor shall ensure that all staff members are made aware of the provisions of the Act and all regulations and rules made thereunder, commensurate with their role.*
- (6) *The registered proprietor shall ensure that a copy of the Act and any regulations and rules made thereunder are to be made available to all staff in the approved centre.*

| WARD OR UNIT | STAFF TYPE | DAY | NIGHT |
|--------------|------------|-----|-------|
| Willow Grove | DON | 1 | 0 |
| | ADON | 1 | 1 |
| | CNM3 | 1 | 0 |
| | CNM2 | 1 | 0 |
| | CNM1 | 1 | 0 |
| | RPN | 5 | 3 |

Clinical Nurse Manager (CNM), Registered Psychiatric Nurse (RPN), Non Consultant Hospital Doctor (NCHD), Director of Nursing, (DON), Assistant Director of Nursing (ADON).

| LEVEL OF COMPLIANCE | DESCRIPTION | 2011 | 2012 | 2013 |
|-------------------------------|--|----------|----------|----------|
| 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:

There was a policy on the recruitment, selection and vetting of staff. Staff reported that all staff were Garda vetted. Staff training records were made available to the Inspectorate.

A consultant child and adolescent psychiatrist and senior registrar were based in the approved centre four days per week. Two psychiatric registrars, social worker, family therapist, occupational therapist, psychologist and secondary school teacher were full-time. Two 0.5 whole-time-equivalent (WTE) Cognitive Behavioural Therapy (CBT) posts were shared with the Dean (outpatient) Clinic.

Article 27: Maintenance of Records

(1) The registered proprietor shall ensure that records and reports shall be maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. All records shall be kept up-to-date and in good order in a safe and secure place.

(2) The registered proprietor shall ensure that the approved centre has written policies and procedures relating to the creation of, access to, retention of and destruction of records.

(3) The registered proprietor shall ensure that all documentation of inspections relating to food safety, health and safety and fire inspections is maintained in the approved centre.

(4) This Regulation is without prejudice to the provisions of the Data Protection Acts 1988 and 2003 and the Freedom of Information Acts 1997 and 2003.

The Inspectorate did not inspect and has no expertise in assessing fire risk

| LEVEL OF COMPLIANCE | DESCRIPTION | 2011 | 2012 | 2013 |
|-------------------------------|--|----------|----------|----------|
| 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:

A policy on the creation of access to and maintenance and destruction of records was available. Clinical files were well maintained and information was easy to retrieve. The Environmental Health Officer's report was available as was the Fire Inspection Report and the Health and Safety Statement.

Article 28: Register of Residents

(1) The registered proprietor shall ensure that an up-to-date register shall be established and maintained in relation to every resident in an approved centre in a format determined by the Commission and shall make available such information to the Commission as and when requested by the Commission.

(2) The registered proprietor shall ensure that the register includes the information specified in Schedule 1 to these Regulations.

| LEVEL OF COMPLIANCE | DESCRIPTION | 2011 | 2012 | 2013 |
|-------------------------------|--|----------|----------|----------|
| 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 Register of Residents in accordance with the Regulations was available.

Article 29: Operating policies and procedures

The registered proprietor shall ensure that all written operational policies and procedures of an approved centre are reviewed on the recommendation of the Inspector or the Commission and at least every 3 years having due regard to any recommendations made by the Inspector or the Commission.

| LEVEL OF COMPLIANCE | DESCRIPTION | 2011 | 2012 | 2013 |
|-------------------------------|--|----------|----------|----------|
| 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:

Policies were available and had been appropriately reviewed.

Article 30: Mental Health Tribunals

(1) The registered proprietor shall ensure that an approved centre will co-operate fully with Mental Health Tribunals.

(2) In circumstances where a patient's condition is such that he or she requires assistance from staff of the approved centre to attend, or during, a sitting of a mental health tribunal of which he or she is the subject, the registered proprietor shall ensure that appropriate assistance is provided by the staff of the approved centre.

As this was a Child and Adolescent unit, this Article was not applicable

Article 31: Complaint Procedures

- (1) *The registered proprietor shall ensure that an approved centre has written operational policies and procedures relating to the making, handling and investigating complaints from any person about any aspects of service, care and treatment provided in, or on behalf of an approved centre.*
- (2) *The registered proprietor shall ensure that each resident is made aware of the complaints procedure as soon as is practicable after admission.*
- (3) *The registered proprietor shall ensure that the complaints procedure is displayed in a prominent position in the approved centre.*
- (4) *The registered proprietor shall ensure that a nominated person is available in an approved centre to deal with all complaints.*
- (5) *The registered proprietor shall ensure that all complaints are investigated promptly.*
- (6) *The registered proprietor shall ensure that the nominated person maintains a record of all complaints relating to the approved centre.*
- (7) *The registered proprietor shall ensure that all complaints and the results of any investigations into the matters complained and any actions taken on foot of a complaint are fully and properly recorded and that such records shall be in addition to and distinct from a resident's individual care plan.*
- (8) *The registered proprietor shall ensure that any resident who has made a complaint is not adversely affected by reason of the complaint having been made.*
- (9) *This Regulation is without prejudice to Part 9 of the Health Act 2004 and any regulations made thereunder.*

| LEVEL OF COMPLIANCE | DESCRIPTION | 2011 | 2012 | 2013 |
|-------------------------------|--|----------|----------|----------|
| 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:

A policy on the making handling and vetting of complaints was available. There was a complaints box on the unit and there was a nominated complaints officer. The complaints log was inspected.

Article 32: Risk Management Procedures

- (1) *The registered proprietor shall ensure that an approved centre has a comprehensive written risk management policy in place and that it is implemented throughout the approved centre.*
- (2) *The registered proprietor shall ensure that risk management policy covers, but is not limited to, the following:*
- (a) *The identification and assessment of risks throughout the approved centre;*
 - (b) *The precautions in place to control the risks identified;*
 - (c) *The precautions in place to control the following specified risks:*
 - (i) *resident absent without leave,*
 - (ii) *suicide and self harm,*
 - (iii) *assault,*
 - (iv) *accidental injury to residents or staff;*
 - (d) *Arrangements for the identification, recording, investigation and learning from serious or untoward incidents or adverse events involving residents;*
 - (e) *Arrangements for responding to emergencies;*
 - (f) *Arrangements for the protection of children and vulnerable adults from abuse.*
- (3) *The registered proprietor shall ensure that an approved centre shall maintain a record of all incidents and notify the Mental Health Commission of incidents occurring in the approved centre with due regard to any relevant codes of practice issued by the Mental Health Commission from time to time which have been notified to the approved centre.*

| LEVEL OF COMPLIANCE | DESCRIPTION | 2011 | 2012 | 2013 |
|-------------------------------|--|----------|----------|----------|
| 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:

A policy was in place in accordance with the Regulations. A record of incidents and action taken was maintained and a copy was made available to the Inspectorate. Appropriate risk assessments had been conducted for each resident whose clinical file was examined.

Article 33: Insurance

The registered proprietor of an approved centre shall ensure that the unit is adequately insured against accidents or injury to residents.

| LEVEL OF COMPLIANCE | DESCRIPTION | 2011 | 2012 | 2013 |
|-------------------------------|--|----------|----------|----------|
| 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:

A copy of the insurance certificate was made available to the Inspectorate.

Article 34: Certificate of Registration

The registered proprietor shall ensure that the approved centre's current certificate of registration issued pursuant to Section 64(3)(c) of the Act is displayed in a prominent position in the approved centre.

| LEVEL OF COMPLIANCE | DESCRIPTION | 2011 | 2012 | 2013 |
|-------------------------------|--|----------|----------|----------|
| 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:

A copy of the Certificate of Registration was on display at the entrance to the approved centre.

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

SECLUSION

Use: Seclusion was not used in the approved centre.

Electroconvulsive Therapy (ECT) (DETAINED PATIENTS)

Use: ECT was not administered 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: Physical restraint had not been used in the approved centre in 2013 up to the date of inspection.

| 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 approved centre had an-up-to-date policy on the use of physical restraint. Staff reported that physical restraint was rarely used in Willow Grove. The Clinical Practice Form book was inspected and physical restraint had not been used since before the date of the last inspection. Staff training was in order.

ADMISSION OF CHILDREN

Description: Willow Grove was solely for the admission and treatment of 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 the Admission of Children. All child residents were voluntary on the day of inspection and section 4 on leave provision did not apply. Parental consent was well recorded. Parents and children were provided with excellent information to explain care and treatment and to aid decision making.

NOTIFICATION OF DEATHS AND INCIDENT REPORTING

Description: No deaths had occurred in the approved centre.

| SECTION | DESCRIPTION | FULLY COMPLIANT | SUBSTANTIALLY COMPLIANT | MINIMAL COMPLIANCE | NOT COMPLIANT |
|---------|---|-----------------|-------------------------|--------------------|---------------|
| 2 | Notification of deaths | NOT APPLICABLE | | | |
| 3 | Incident reporting | X | | | |
| 4 | Clinical governance (identified risk manager) | X | | | |

Justification for this rating:

Staff reported that there had been no significant incidents in the unit. The incident log and minutes of the weekly governance meeting which reviewed all incidents, were inspected and noted to be recorded to a very high standard. There was an identified risk manager.

Electroconvulsive Therapy (ECT) FOR VOLUNTARY PATIENTS

Use: ECT was not administered in the approved centre.

ADMISSION, TRANSFER AND DISCHARGE

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 policies and procedures on the admission, transfer and discharge of children were all up to date. Privacy, confidentiality and consent were all well governed and respected. Willow Grove was fully compliant with Article 32 on Risk Management and with Article 18 on the Transfer of Residents. Each child was assigned a key worker and the roles and responsibilities of staff were clear and well coordinated. Staff training was up to date.

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:

There was evidence in the clinical files of pre-admission planning between primary care providers, CAMHS consultant psychiatrists, the outpatient department, parents and residents. Willow Grove provided an excellent information pack to both parents and children. This enabled informed decision making. Consent to care was well recorded and there was also a “contract” signed by the child at admission which provided an orientation for the child about the context of care.

The admission assessment was well recorded and contained a psychiatric evaluation, a physical examination and an excellent clinical formulation. Each child had an individual care plan and the child and parent input to this process was well recorded and signed. The service had developed an information and support group for parents to inform about care. Each child had a key worker. Inspection of the individual clinical files evidenced excellent liaison with other healthcare providers, child protection agencies, schools and voluntary group. There was an excellent risk assessment and management plan in place for each child.

Record keeping was of a very high standard. There was an excellent admission checklist and a clinical tests log to ensure the tracking of all relevant tests and examinations.

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:

The individual clinical file of one child transferred to a general hospital was inspected. A copy of the medical referral letter and relevant clinical documentation was retained in the clinical file. Parents had been informed and both the parents and a nurse accompanied the child on transfer. The nurse and medical staff maintained contact with the clinical staff in the other hospital and with the parents and it was planned for the child to return to Willow Grove. There was an excellent checklist to facilitate continuity of care.

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 individual clinical files of two children who had been discharged were inspected. Discharge planning was kept in focus from the point of admission and was evident throughout the ICP process and weekly MDT review. There was timely correspondence with GPs, medical specialists and statutory agencies as appropriate. The GP discharge summary report was clear, comprehensive and succinct. Follow-up support and care was clearly specified and staff liaised extensively with families, and statutory and voluntary agencies. Each child worked with their key worker to develop a personal plan for minding their mental health, recognise early warning signs and how to access help. The language and tone of clinical documentation and the written information provided to children and families was caring and optimistic and fostered a sense of coping and hope.

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

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

**2.5 EVIDENCE OF COMPLIANCE WITH SECTIONS 60/61 MENTAL HEALTH ACT 2001
(MEDICATION)**

SECTION 60 – ADMINISTRATION OF MEDICINE

Description: This section of the Mental Health Act 2001 was not applicable as only children were admitted to Willow Grove.

**SECTION 61 – TREATMENT OF CHILDREN WITH SECTION 25 MENTAL HEALTH ACT 2001
ORDER IN FORCE**

Description: This section did not apply as there were no children in the approved centre on an involuntary basis.

SECTION THREE: OTHER ASPECTS OF THE APPROVED CENTRE

SERVICE USER INTERVIEWS

No service user requested to speak to the Inspectorate on the day of inspection.

ADVOCACY

A youth mental health advocacy service (the Youth Empowerment Service 'YES') was established by the Willow Grove Adolescent Team. A dedicated Youth Advocacy Coordinator was employed and a Youth Panel had been established in conjunction with this. Panel members held a fortnightly advocacy group with residents, utilising the Headspace Toolkit to explain their rights to young people who were service users. They had also linked with a variety of youth organisations and community advocacy groups to help promote youth mental health. Training and governance arrangements had been put in place.

OVERALL CONCLUSIONS

Willow Grove provided a high level of care and treatment. All residents had an individual care plan and there was evidence of good multidisciplinary working in the interests of residents. They have achieved full compliance with the Regulations and Codes of Practice. The governance structure was impressive and the integration of the service user perspective was to be commended. The atmosphere was welcoming and hopeful and an attempt had been made to develop a service in which young people would feel comfortable and be enabled to address their treatment issues.

RECOMMENDATIONS 2013

1. Review of the 'time out' room should proceed.