

Report of the Inspector of Mental Health Services 2012

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|---|-------------------------------|
| EXECUTIVE CATCHMENT AREA/INTEGRATED SERVICE AREA | Independent |
| HSE AREA | Independent |
| MENTAL HEALTH SERVICE | Child and Adolescent Services |
| APPROVED CENTRE | Willow Grove |
| 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 | 10 October 2012 |

Summary

- Willow Grove was compliant on inspection with all applicable Articles of the Regulations and all applicable Codes of Practice.
- Each resident had a good individual care plan into which they had input.
- All policies were available and up to date and the standard of documentation was high.
- There was a wide range of therapeutic services and programmes, recreational activities and education offered to residents.

OVERVIEW

In 2012, 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 2011. In addition to the core inspection process information was also gathered from self-assessments, service user interviews, staff interviews and photographic evidence collected on the day of the inspection.

DESCRIPTION

Willow Grove was an independent 14-bed Child and Adolescent in-patient unit which was located on the campus of St. Patrick's University Hospital in Dublin. It was opened in 2010. In both 2010 and 2011 the approved centre was fully compliant with all Articles of the Regulations and Codes of Practice. In 2012 the approved centre attained full compliance in all of the Articles of the Regulations and all the applicable Codes of Practice.

There were 13 children in the approved centre on the day of inspection and there were 14 beds. The age range was between 12 years and 17 years. No child was involuntarily detained. At any one time it was reported that 10-20% of beds were funded by the Health Service Executive.

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

| COMPLIANCE RATING | 2010 | 2011 | 2012 |
|------------------------|------|------|------|
| 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 |

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 | 13 | Child and Adolescent Mental Health Team |

QUALITY INITIATIVES 2011/2012

- A parents' group had been established.
- In the absence of a formal national advocacy service the approved centre had set up an advocacy group with representatives from Headstrong, Inspire and the service itself and included ex-service users. Advocacy meetings were held in the unit with the young people and there were plans to create a Youth Panel.
- Brief Encounters Training was in the process of taking place.
- A satisfaction survey had taken place.
- Research was being carried out on the use of the internet and internet safety.

PROGRESS ON RECOMMENDATIONS IN THE 2011 APPROVED CENTRE REPORT

There were no recommendations made in 2011.

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 | 2010 | 2011 | 2012 |
|-------------------------------|--|----------|----------|----------|
| 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 photographic identification in place.

Article 5: Food and Nutrition

| LEVEL OF COMPLIANCE | DESCRIPTION | 2010 | 2011 | 2012 |
|-------------------------------|--|----------|----------|----------|
| 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 menu was available and there was a good choice of meals which catered for young people. Special diets were available where necessary. Fresh drinking water was freely available.

Article 6 (1-2): Food Safety

| LEVEL OF COMPLIANCE | DESCRIPTION | 2010 | 2011 | 2012 |
|-------------------------------|--|----------|----------|----------|
| 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 Environmental Health Officer's report was available and was satisfactory.

Article 7: Clothing

| LEVEL OF COMPLIANCE | DESCRIPTION | 2010 | 2011 | 2012 |
|-------------------------------|--|----------|----------|----------|
| 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 were in their day clothes. There was funding to purchase clothing if necessary.

Article 8: Residents' Personal Property and Possessions

| LEVEL OF COMPLIANCE | DESCRIPTION | 2010 | 2011 | 2012 |
|-------------------------------|--|----------|----------|----------|
| 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 the facility to lock away their possessions in their bedrooms. There was also a property room and a property list was maintained. There was a policy on personal property and possessions.

Article 9: Recreational Activities

| LEVEL OF COMPLIANCE | DESCRIPTION | 2010 | 2011 | 2012 |
|-------------------------------|--|----------|----------|----------|
| 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 were many opportunities for recreational activity for residents including access to a gym, a basketball court, games, computers, magazines and books. There were also outings to places of interest.

Article 10: Religion

| LEVEL OF COMPLIANCE | DESCRIPTION | 2010 | 2011 | 2012 |
|-------------------------------|--|----------|----------|----------|
| 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 practice of all religions was facilitated.

Article 11 (1-6): Visits

| LEVEL OF COMPLIANCE | DESCRIPTION | 2010 | 2011 | 2012 |
|-------------------------------|--|----------|----------|----------|
| 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:

Visiting times were flexible. There were areas where relatives could visit residents in private. There was a policy on visiting.

Article 12 (1-4): Communication

| LEVEL OF COMPLIANCE | DESCRIPTION | 2010 | 2011 | 2012 |
|-------------------------------|--|----------|----------|----------|
| 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 could use the centre's mobile phone using their own SIM card. Letters were sent and received unopened. There was a policy on communication and a policy on the use of mobile phones. Internet access was available but was monitored.

Article 13: Searches

| LEVEL OF COMPLIANCE | DESCRIPTION | 2010 | 2011 | 2012 |
|-------------------------------|--|----------|----------|----------|
| 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 both with and without consent. There was a policy on the finding of illicit substances. Two staff carried out searches.

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

| LEVEL OF COMPLIANCE | DESCRIPTION | 2010 | 2011 | 2012 |
|-------------------------------|--|----------|----------|----------|
| 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 care of residents who are dying.

Article 15: Individual Care Plan

| LEVEL OF COMPLIANCE | DESCRIPTION | 2010 | 2011 | 2012 |
|-------------------------------|--|----------|----------|----------|
| 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 number of individual clinical files were inspected. All had an individual care plan (ICP) that fulfilled the requirements of this Article. Each resident had an initial 72-hour individual care plan written up on admission and a subsequent multidisciplinary (MDT) individual care plan with individual goals clearly documented. The ICP was reviewed weekly by the MDT and the residents had input into these reviews. The format of the current ICP documentation was being reviewed following input from the residents.

Article 16: Therapeutic Services and Programmes

| LEVEL OF COMPLIANCE | DESCRIPTION | 2010 | 2011 | 2012 |
|-------------------------------|--|----------|----------|----------|
| 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:

Each resident had access to an appropriate range of therapeutic services and programmes in accordance with their individual care plan.

The therapeutic programme timetable for each resident was available for inspection. The timetable offered a good balance of group and individual therapeutic work through its cognitive behavioural programme and process work, combined with a good mix of social and physical activities which were tailored to the individual needs of the residents.

Article 17: Children's Education

| LEVEL OF COMPLIANCE | DESCRIPTION | 2010 | 2011 | 2012 |
|-------------------------------|--|----------|----------|----------|
| 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:

Education was provided in the approved centre. At the time of inspection there was one teacher in the school, which met the educational needs of the children as defined in their individual care plans. There was a policy on children's education.

Article 18: Transfer of Residents

| LEVEL OF COMPLIANCE | DESCRIPTION | 2010 | 2011 | 2012 |
|-------------------------------|--|----------|----------|----------|
| 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 transfer of residents. The relevant information accompanied each resident on transfer.

Article 19 (1-2): General Health

| LEVEL OF COMPLIANCE | DESCRIPTION | 2010 | 2011 | 2012 |
|-------------------------------|--|----------|----------|----------|
| Fully compliant | <i>Evidence of full compliance with this Article.</i> | X | X | X |
| Substantial compliance | <i>Evidence of substantial compliance with this Article but additional improvement needed.</i> | | | |
| Minimal compliance | <i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i> | | | |
| Not compliant | <i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i> | | | |

Justification for this rating:

No child was in hospital for a period of greater 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. General health needs were assessed regularly.

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

| LEVEL OF COMPLIANCE | DESCRIPTION | 2010 | 2011 | 2012 |
|-------------------------------|--|----------|----------|----------|
| 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 excellent information package available for residents. Staff identification was clearly displayed in the unit. There was information about medication and diagnosis.

Advocacy meetings were held regularly in the approved centre and the times of these meetings were clearly displayed. The approved centre had set up an advocacy group with representatives from Headstrong, Inspire and the service itself, and included ex-service users. Advocacy meetings were held in the unit with the young people and there were plans to create a Youth Panel.

There was also a family information booklet. There was a policy on the provision of information.

Article 21: Privacy

| LEVEL OF COMPLIANCE | DESCRIPTION | 2010 | 2011 | 2012 |
|-------------------------------|--|----------|----------|----------|
| 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:

Each child had their own bedroom. It was evident on the day of inspection that the privacy and dignity of the residents were respected.

Article 22: Premises

| LEVEL OF COMPLIANCE | DESCRIPTION | 2010 | 2011 | 2012 |
|-------------------------------|--|----------|----------|----------|
| 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 premises was clean and bright and well maintained. There were adequate and suitable furnishings in the approved centre. The time-out room which was a little institutionalised was about to be refurbished.

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

| LEVEL OF COMPLIANCE | DESCRIPTION | 2010 | 2011 | 2012 |
|-------------------------------|--|----------|----------|----------|
| 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 relating to the Ordering, Prescribing, Storing and Administration of Medicines.

Article 24 (1-2): Health and Safety

| LEVEL OF COMPLIANCE | DESCRIPTION | 2010 | 2011 | 2012 |
|-------------------------------|--|----------|----------|----------|
| 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 Health and Safety Statement was available.

Article 25: Use of Closed Circuit Television (CCTV)

| LEVEL OF COMPLIANCE | DESCRIPTION | 2010 | 2011 | 2012 |
|-------------------------------|--|----------|----------|----------|
| 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 available in relation to the use of CCTV. CCTV was non-recording. Its presence was clearly signed.

Article 26: Staffing

| WARD OR UNIT | STAFF TYPE | DAY | NIGHT |
|--------------|------------|-----|-------|
| Willow Grove | CNM 3 | 1 | 0 |
| | CNM 2 | 1 | 0 |
| | CNM 1 | 2 | 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 | 2010 | 2011 | 2012 |
|-------------------------------|--|----------|----------|----------|
| 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:

As well as a consultant psychiatrist there was also a social worker, a family therapist, a senior registrar, two non consultant hospital doctors (NCHDs), one senior psychologist, one occupational therapist, two cognitive behavioural therapists and one teacher.

There was an extensive programme of training and education for staff.

Article 27: Maintenance of Records

| LEVEL OF COMPLIANCE | DESCRIPTION | 2010 | 2011 | 2012 |
|-------------------------------|--|----------|----------|----------|
| 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 clinical files were stored safely and ensured confidentiality. The records were in good order and ensured ease of retrieval of information. There was a policy regarding the creation of, access to, retention of, and destruction of records.

Article 28: Register of Residents

| LEVEL OF COMPLIANCE | DESCRIPTION | 2010 | 2011 | 2012 |
|-------------------------------|--|----------|----------|----------|
| 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 Register of Residents was maintained in accordance with the Regulations.

Article 29: Operating policies and procedures

| LEVEL OF COMPLIANCE | DESCRIPTION | 2010 | 2011 | 2012 |
|-------------------------------|--|----------|----------|----------|
| Fully compliant | <i>Evidence of full compliance with this Article.</i> | X | X | X |
| Substantial compliance | <i>Evidence of substantial compliance with this Article but additional improvement needed.</i> | | | |
| Minimal compliance | <i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i> | | | |
| Not compliant | <i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i> | | | |

Justification for this rating:

All policies were available and up to date.

Article 30: Mental Health Tribunals

As this was a child and adolescent unit this Article was not applicable.

Article 31: Complaint Procedures

| LEVEL OF COMPLIANCE | DESCRIPTION | 2010 | 2011 | 2012 |
|-------------------------------|--|----------|----------|----------|
| 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 designated complaints officer in the approved centre. There was a policy regarding complaints. The complaints procedure was clearly displayed. A record of complaints was available.

Article 32: Risk Management Procedures

| LEVEL OF COMPLIANCE | DESCRIPTION | 2010 | 2011 | 2012 |
|-------------------------------|--|----------|----------|----------|
| 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 risk management policy was available and in accordance with this Article.

Article 33: Insurance

| LEVEL OF COMPLIANCE | DESCRIPTION | 2010 | 2011 | 2012 |
|-------------------------------|--|----------|----------|----------|
| 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 insurance certificate was available.

Article 34: Certificate of Registration

| LEVEL OF COMPLIANCE | DESCRIPTION | 2010 | 2011 | 2012 |
|-------------------------------|--|----------|----------|----------|
| 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 Certificate of Registration was displayed.

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

SECLUSION

Use: Seclusion was not used in the approved centre.

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 was used in the approved centre.

| SECTION | DESCRIPTION | FULLY COMPLIANT | SUBSTANTIALLY COMPLIANT | MINIMAL COMPLIANCE | NOT COMPLIANT |
|---------|-------------------------------------|-----------------|-------------------------|--------------------|---------------|
| 1 | General principles | X | | | |
| 5 | Orders | X | | | |
| 6 | Resident dignity and safety | X | | | |
| 7 | Ending physical restraint | X | | | |
| 8 | Recording use of physical restraint | X | | | |
| 9 | Clinical governance | X | | | |
| 10 | Staff training | X | | | |
| 11 | Child residents | X | | | |

Justification for this rating:

One resident had been physically restrained in 2012 to the date of inspection. The clinical file of the resident who had been physically restrained was examined. The Clinical Practice Form book was examined. The Clinical Practice Form had been completed correctly and next of kin had been informed. The episode of restraint was clearly documented in the clinical file. The training register in relation to physical restraint was examined by inspectors and was satisfactory. All staff were actively trained in Crisis Prevention Intervention.

ADMISSION OF CHILDREN

Description: The approved centre only admitted children.

| 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: 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:

The Risk Management policy was compliant with Article 32 of the Regulations and identified the risk manager. A record of all incidents was reported to the Mental Health Commission.

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 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 a number of residents were examined. The pre-admission process was well documented. The residents were thoroughly assessed on admission and an initial 72-hour individual care plan was put in place. There was informed consent to care and intervention and specific information leaflets on care and treatment in Willow Grove was available to residents. Each resident had a key worker. The approved centre was compliant with Articles 7 and 8 of the Regulations on Clothing and Personal Property and Possessions, Article 15 on Individual Care Planning and Article 27 on Maintenance of Records.

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 decision to transfer and the transfer process met the standards of the Code of Practice. The approved centre had a policy on Transfer and was Compliant with Article 18 of the Regulations on Transfer of Residents.

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. There was evidence of discharge planning from the day of admission. There was good multidisciplinary involvement and evidence of collaboration with relevant outside agencies for follow-up and aftercare. The standard of record-keeping and documentation was excellent.

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 2001
(MEDICATION)**

SECTION 60 – ADMINISTRATION OF MEDICINE

Description: As only children were admitted to the approved centre this section of the Mental Health Act 2001 did not apply.

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

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

SECTION THREE: OTHER ASPECTS OF THE APPROVED CENTRE

SERVICE USER INTERVIEWS

A number of residents met with the inspectors. All stated that they were satisfied both with the premises and with their care. They all stated that they had input into their individual care plans.

OVERALL CONCLUSIONS

The inspectors found an excellent level of care provided by the approved centre. There was a wide range of therapeutic services and programmes and recreational activities offered to residents. Each resident had an individual care plan into which they had input. The staff presented as enthusiastic and training and education of staff was ongoing. All policies were available and up to date and the standard of documentation was high.

Willow Grove was compliant on inspection with all applicable Articles of the Regulations and all applicable Codes of Practice. The service is to be congratulated on maintaining such a high standard of care since it's opening.

RECOMMENDATIONS 2012

There were no recommendations for 2012.