

Report of the Inspector of Mental Health Services 2014

EXECUTIVE CATCHMENT AREA/INTEGRATED SERVICE AREA	Independent
HSE AREA	Independent
MENTAL HEALTH SERVICE	Child and Adolescent Mental Health Service (CAMHS), St. Patrick's Hospital Group
APPROVED CENTRE	Willow Grove, St. Patrick's University Hospital
NUMBER OF WARDS	1
NAMES OF UNITS OR WARDS INSPECTED	Willow Grove
TOTAL NUMBER OF BEDS	14
CONDITIONS ATTACHED TO REGISTRATION	None
TYPE OF INSPECTION	Unannounced
DATE OF INSPECTION	24 September 2014
INSPECTED BY	<p>Orla O'Neill, Assistant Inspector of Mental Health Services</p> <p>Seán Logue, Assistant Inspector of Mental Health Services</p>
ACTING INSPECTOR OF MENTAL HEALTH SERVICES	Dr. Susan Finnerty, MCN009711

Summary

- Willow Grove provided in-patient care for young persons between the ages of 13 and 18 years. Care and treatment was of a high standard and was provided by a full complement of well trained, multidisciplinary staff.
- Each resident had an individual care plan (ICP) which was fully compliant with Article 15 Individual Care Plans of the Regulations. The input and views of the young person and their parents or guardians were well recorded in the ICPs.
- There was a youth consumer panel and an advocacy service in place in Willow Grove, both of which informed service developments and promoted resident voice and autonomy.
- The premises was well designed, modern and attractively decorated with good facilities for treatment, recreation and education
- There was an excellent quality improvement system in place both in relation to clinical and corporate governance. A clinical audit programme provided information for this purpose. A consumer feedback process also informed this process.
- The approved centre was compliant with all applicable Regulations and Codes of Practice.

OVERVIEW

In 2014, inspectors inspected this Approved Centre against all of the Mental Health Act 2001 (Approved Centres) Regulations 2006.

The inspectors were keen to highlight improvements and initiatives carried out in the past year and track progress on the implementation of recommendations made in 2013. In addition to the core inspection process, information was also gathered from service user interviews, staff interviews and photographic evidence collected on the day of the inspection.

DESCRIPTION

Willow Grove was a purpose-built child and adolescent in-patient unit located on the grounds of St. Patrick's University Hospital. The 14-bed unit was bright, contemporary in design and décor was age appropriate. The unit was laid out in a single story and residents had access to a garden area, a tennis court and a physical recreation centre. There was a small school on site. Sleeping accommodation was in single en suite bedrooms. Willow Grove was well signposted within the campus and the entrance was externally decorated with bright mosaic collages.

On the day of inspection there were 13 children resident in Willow Grove, all of whom were of voluntary status. Ages ranged from 13 to 17 years and all but one resident was female.

CONDITIONS

There were no conditions attached to the registration of this approved centre.

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

COMPLIANCE RATING	2012	2013	2014	ARTICLE NUMBERS 2014
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	13	Child and Adolescent

QUALITY INITIATIVES 2013/2014

- Capital funding was in place to develop the gym and physical recreation centre, and additional offices.
- A new visitors' room was being located in a central location within the unit.
- The eating disorders programme now included a family meal in the dining room at the weekend. Families were supported in managing the process in a therapeutic way.
- The role of youth advocacy coordinator was in place. This role included the management of the Willow Grove Youth Panel, a consumer panel which informed the development and delivery of services.
- Staff were trained in the "Parents Plus" approach and had established a parents group.
- A "wellness action recovery plan (WRAP)" discharge planning group had been set up. Residents were enabled to develop a personal booklet on coping post discharge. Staff stated that feedback from residents was very positive.
- A new individual care plan template had been developed. The booklet was now being enhanced with professional graphic design input to provide age appropriate illustrations.
- An ongoing audit programme operated in Willow Grove. Audits included child protection actions, complaints, clinical records and *Health of the Nation Child and Adolescent Assessment Scale* results.
- Staff could access an e-learning programme on the *Quality Framework for Mental Health Services in Ireland, Mental Health Commission (MHC)*. Staff had audited their service using this framework.
- On the day that a child was being discharged, a party with a cake took place to mark the occasion.
- A nurse was now assigned for the "twilight" period. This was to ensure adequate nursing observation and care input during the time between the end of structured therapeutic programmes and bedtime.

PROGRESS ON RECOMMENDATIONS IN THE 2013 APPROVED CENTRE REPORT

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

Outcome: The "time out" room had been refurbished and had comfortable bean bag seating and sensory lighting.

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	2012	2013	2014
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>			

UNSATISFACTORY PERFORMANCE				
LEVEL OF COMPLIANCE	DESCRIPTION	2012	2013	2014
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 and their guardians provided consent for the use of photographic identification for the purpose of administering healthcare. One nurse administered medication. Medication was administered in the clinical room.

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	2012	2013	2014
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>			

UNSATISFACTORY PERFORMANCE				
LEVEL OF COMPLIANCE	DESCRIPTION	2012	2013	2014
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:

Meals were cooked in the main kitchen of St. Patrick's University Hospital. There was a menu posted in the dining room and the choice reflected the needs of young residents. The menu provided healthy options and plenty of choice. Residents were consulted periodically by the chef in relation to menu planning. A dietician had input to menu choices for residents, especially those with eating disorders.

The dining room was an attractive space and tables were laid out for group eating during the week and for smaller groups and family meals at the weekend. Fresh fruit, drinking water, fruit juice and hot drinks were provided throughout the day.

Article 6: 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	2012	2013	2014
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>			
UNSATISFACTORY PERFORMANCE				
LEVEL OF COMPLIANCE	DESCRIPTION	2012	2013	2014
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 of the 27 August 2014 was available for inspection. There were no outstanding issues.

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	2012	2013	2014
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>			

UNSATISFACTORY PERFORMANCE				
LEVEL OF COMPLIANCE	DESCRIPTION	2012	2013	2014
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:

Admissions to Willow Grove were planned and residents usually had an ample supply of personal clothing. In the event of an emergency supply of clothing being required, there was a contingency in place to address this. On the day of inspection, all residents were up and dressed.

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	2012	2013	2014
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>			
UNSATISFACTORY PERFORMANCE				
LEVEL OF COMPLIANCE	DESCRIPTION	2012	2013	2014
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 on residents' personal property and possessions. Each resident had a lockable storage press in their bedroom. A property checklist was completed at the time of admission and countersigned by staff and the resident and guardian. There was a property room for the storage of additional items. Safe storage was available if required.

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	2012	2013	2014
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>			

UNSATISFACTORY PERFORMANCE				
LEVEL OF COMPLIANCE	DESCRIPTION	2012	2013	2014
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 excellent provision of recreational activities seven days per week. There was a gym, tennis court and garden on site. The seating areas within Willow Grove featured an assortment of comfortable seating, televisions, music centres, electronic games consoles, board games, books and art materials. Residents had access to the internet. Support and education in the use of social media was addressed by staff as a key coping skill. Residents participated in a four week education programme with Dublin Zoo, whereby residents visited the zoo and learnt about the animals. A community outing was held fortnightly and on alternating weeks, a community meeting was held in-house in Willow Grove. The service had allocated a budget for recreational programmes.

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	2012	2013	2014
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>			

UNSATISFACTORY PERFORMANCE				
LEVEL OF COMPLIANCE	DESCRIPTION	2012	2013	2014
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.

Article 11: 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	2012	2013	2014
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>			
UNSATISFACTORY PERFORMANCE				
LEVEL OF COMPLIANCE	DESCRIPTION	2012	2013	2014
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 on visits. Guardians provided staff with a written list of approved visitors. There were ample seating areas for visits and visiting was actively encouraged.

Article 12: 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	2012	2013	2014
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>			
UNSATISFACTORY PERFORMANCE				
LEVEL OF COMPLIANCE	DESCRIPTION	2012	2013	2014
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 on communication. Residents could use the centre's mobile phone using their own SIM card. Residents' letters were sent and received unopened by staff. Residents had supervised access to the internet.

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	2012	2013	2014
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>			

UNSATISFACTORY PERFORMANCE				
LEVEL OF COMPLIANCE	DESCRIPTION	2012	2013	2014
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 and procedures in place in relation to the carrying out of searches, both with and without consent. There was a policy on the finding of illicit substances. No current resident had been searched. Residents' property was searched at the time of admission and on return from leave. An environmental search of all residents' bedrooms was carried out regularly. Consent had been provided for room searches.

Article 14: 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	2012	2013	2014
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>			

UNSATISFACTORY PERFORMANCE				
LEVEL OF COMPLIANCE	DESCRIPTION	2012	2013	2014
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 on the care of residents who are dying. There had been no deaths in Willow Grove since it opened in 2010 to the date of inspection. All accommodation was in single en suite bedrooms, so privacy was ensured should a resident be physically unwell.

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	2012	2013	2014
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>			

UNSATISFACTORY PERFORMANCE				
LEVEL OF COMPLIANCE	DESCRIPTION	2012	2013	2014
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 an individual care plan (ICP) which met the standard of this Article of the Regulations. The standard of the ICPs was impressive and reflected the commitment and work that staff, residents and families invested in the process. A cycle of continuous quality improvement was in place in relation to ICPs.

Each resident met with their key worker and their multidisciplinary team (MDT) each week. Each resident discussed their progress and desired goals, and recorded these in their own words. The MDT provided each resident with a written affirmation of their progress and their treatment plan, with itemised goals each week. Families were fully involved in the ICP process and scheduled family meetings were ensured. The ICP documentation was in user-friendly format and was recovery orientated in focus.

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	2012	2013	2014
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>			

UNSATISFACTORY PERFORMANCE				
LEVEL OF COMPLIANCE	DESCRIPTION	2012	2013	2014
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:

Therapeutic services and programmes were delivered in accordance with assessed needs and as specified in the ICPs. Therapeutic programmes had been developed to promote optimal physical and psychosocial functioning. The programmes provided a balance between psychological process and skill-based therapies, activities, education, social and creative therapies. Occupational therapy and family therapy were also provided.

The service had introduced a weekend leave care plan. Parents and the child completed separate evaluations and comments about how weekend leave had been. These comments informed the care planning process. There was a four week group programme provided for parents.

The therapy programmes had been reviewed by Willow Grove staff with reference to the MHC Quality Framework.

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	2012	2013	2014
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>			

UNSATISFACTORY PERFORMANCE				
LEVEL OF COMPLIANCE	DESCRIPTION	2012	2013	2014
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 one-teacher school on the Willow Grove site across the garden from the residential area. This meant that children left the residential area for a number of hours each day to participate in education. The teacher was a member of the MDT and education was a key component of the ICPs. The teaching programme focussed on each child's needs and paid particular attention to engaging children who may not have actively participated in schooling for a period of time. On the day of inspection, class was commencing and children were observed entering the school and engaging with the teacher in an energetic and enthusiastic manner.

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	2012	2013	2014
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>			

UNSATISFACTORY PERFORMANCE				
LEVEL OF COMPLIANCE	DESCRIPTION	2012	2013	2014
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 transfer of residents. A medical referral letter, a nursing report and a copy of the prescription kardex accompanied a resident on transfer. Where a resident was being transferred elsewhere for treatment, family were usually involved in the decision and a nurse accompanied the child whilst being transferred. No child was on transfer on the day of inspection.

Article 19: 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	2012	2013	2014
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>			

UNSATISFACTORY PERFORMANCE				
LEVEL OF COMPLIANCE	DESCRIPTION	2012	2013	2014
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 written operational policies and procedures for responding to medical emergencies. Each child had a physical assessment on admission. No child had been resident for a period in excess of six months.

Article 20: 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	2012	2013	2014
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>			
UNSATISFACTORY PERFORMANCE				
LEVEL OF COMPLIANCE	DESCRIPTION	2012	2013	2014
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 on the provision of information to residents.

There was an information leaflet about Willow Grove which provided information about housekeeping arrangements, visiting, meals, laundry, recreation, communication and care and treatment, including MDT information.

Willow Grove had a comprehensive array of information leaflets on diagnoses, medications and treatments in an appropriate format for children and parents. These leaflets were prominently displayed within the unit. Residents also had access to a closed online information system on mental health issues.

Willow Grove had a youth advocacy coordinator for residents. The advocate facilitated a fortnightly advocacy group for residents which included a focus on rights and individual responsibilities.

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	2012	2013	2014
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>			

UNSATISFACTORY PERFORMANCE				
LEVEL OF COMPLIANCE	DESCRIPTION	2012	2013	2014
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' dignity and privacy were respected at all times. Bedroom accommodation was in single en suite rooms with lockable shower facilities.

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	2012	2013	2014
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>			

UNSATISFACTORY PERFORMANCE				
LEVEL OF COMPLIANCE	DESCRIPTION	2012	2013	2014
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 purpose-built as a child and adolescent unit in 2010. The design, layout, colour scheme, furniture and fitments were all bright, age appropriate and designed with safety in mind. The unit was spacious and provided good sight lines for nursing staff observation. Residents had access to a garden, school, gym and physical recreation areas. The cleanliness and upkeep were of a high standard.

Article 23: 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	2012	2013	2014
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>			

UNSATISFACTORY PERFORMANCE				
LEVEL OF COMPLIANCE	DESCRIPTION	2012	2013	2014
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 on the ordering, prescribing, storing and administration of medication. Medication was administered in the clinical room. The hospital pharmacist had active input to the unit.

Article 24: 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	2012	2013	2014
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>			

UNSATISFACTORY PERFORMANCE				
LEVEL OF COMPLIANCE	DESCRIPTION	2012	2013	2014
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 on health and safety in Willow Grove.

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	2012	2013	2014
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>			
UNSATISFACTORY PERFORMANCE				
LEVEL OF COMPLIANCE	DESCRIPTION	2012	2013	2014
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 on the use of CCTV in Willow Grove. CCTV was non-recordable and its use was well signposted in the unit. CCTV monitors were located in the nursing office.

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	2	0
	RPN	5	3
	ANP	1	0

Director of Nursing (DON), Clinical Nurse Manager (CNM), Registered Psychiatric Nurse (RPN), Assistant Director of Nursing (ADON), Advanced Nurse Practitioner (ANP).

LEVEL OF COMPLIANCE	DESCRIPTION	2012	2013	2014
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>			

UNSATISFACTORY PERFORMANCE				
LEVEL OF COMPLIANCE	DESCRIPTION	2012	2013	2014
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 up-to-date policies on the recruitment, selection and vetting of staff. The number and skill mix of staff was appropriate to the assessed needs of residents. There was a suitably qualified member of staff in charge at all times. The training record of staff was provided for inspection and was in order.

Clinical Supervision Training, in conjunction with Dublin City University, was in train for nursing staff. The post of Advanced Nurse Practitioner in Cognitive Behaviour Therapy (CBT) had been developed within Willow Grove.

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.

Note: Actual assessment of food safety, health and safety and fire risk is outside the scope of these Regulations which refer only to maintenance of records pertaining to these areas.

LEVEL OF COMPLIANCE	DESCRIPTION	2012	2013	2014
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>			
UNSATISFACTORY PERFORMANCE				
LEVEL OF COMPLIANCE	DESCRIPTION	2012	2013	2014
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 on the creation of, access to, retention of and destruction of records. The individual clinical files were maintained to a high standard. The records in respect of a fire safety inspection of January 2014, a food safety report of 27 August 2014 and the Health and Safety Statement July 2013, were available for inspection.

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	2012	2013	2014
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>			

UNSATISFACTORY PERFORMANCE				
LEVEL OF COMPLIANCE	DESCRIPTION	2012	2013	2014
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 was maintained in accordance with Schedule I to the Regulations.

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	2012	2013	2014
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>			

UNSATISFACTORY PERFORMANCE				
LEVEL OF COMPLIANCE	DESCRIPTION	2012	2013	2014
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 operating policies and procedures required by the Regulations, Rules and Codes of Practice, were in place and in date.

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.

Willow Grove was a child and adolescent approved centre and this Article of the Regulations did not apply.

Article 31: Complaints 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	2012	2013	2014
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>			

UNSATISFACTORY PERFORMANCE				
LEVEL OF COMPLIANCE	DESCRIPTION	2012	2013	2014
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 on the making, handling and investigating of complaints. There was a nominated person within the unit available to deal with complaints. Residents and their families were informed about how to make complaints and suggestions and this information was posted throughout the unit and in the information booklet. There was a complaints and suggestion box mounted on the wall within the unit. The complaints log was available for inspection. Five complaints had been made in the period January 2014 to the date of the inspection. Four related to clinical services and one related to leisure activities. The record showed that the complaints had been responded to and investigated in a timely manner and had been resolved to the satisfaction of all parties.

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	2012	2013	2014
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>			

UNSATISFACTORY PERFORMANCE				
LEVEL OF COMPLIANCE	DESCRIPTION	2012	2013	2014
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 and procedures met the standard of this Article of the Regulations. Each child was risk assessed at the time of admission and on an ongoing dynamic basis. The risk assessments were well completed and in each instance a comprehensive risk management plan was recorded in the individual clinical file. In addition to this, immediately inside the front cover of each individual clinical file, there was a section entitled "special precautions/risk factors". This section headlined risk factors and was signed by staff to ensure the sharing of knowledge and the management of risk.

The approved centre maintained a record of all incidents and provided a summary report of incidents to the MHC on a six-monthly basis.

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	2012	2013	2014
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>			

UNSATISFACTORY PERFORMANCE				
LEVEL OF COMPLIANCE	DESCRIPTION	2012	2013	2014
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 for the approved centre was provided to inspectors and was in date.

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	2012	2013	2014
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>			

UNSATISFACTORY PERFORMANCE				
LEVEL OF COMPLIANCE	DESCRIPTION	2012	2013	2014
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 prominently displayed within the approved centre.

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

SECLUSION

Use: Seclusion was not used in Willow Grove.

Electroconvulsive Therapy (ECT) (DETAINED PATIENTS)

Use: ECT was not used in Willow Grove.

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 on one occasion in January 2014.

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:

No current resident had been physically restrained in the approved centre. The Clinical Practice Form book was inspected and was satisfactory. The training log in respect of training in Physical Restraint, deescalation techniques and Crisis Prevention Training (CPI) was satisfactory. The policy on physical restraint was up to date.

ADMISSION OF CHILDREN

Description: Willow Grove was a child and adolescent approved centre.

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:

Willow Grove was a child and adolescent approved centre. Care and treatment was provided by 1.5 whole-time-equivalent child and adolescent mental health consultant psychiatrists and a full multidisciplinary team. The approved centre was fully compliant with the Code of Practice on the Admission of Children. Parental consent was well recorded. The service had produced an excellent pro forma template for informed consent both for parents and for children. All child residents were voluntary on the day of inspection and so leave provisions did not apply.

NOTIFICATION OF DEATHS AND INCIDENT REPORTING

Description: There had been no deaths in Willow Grove up to the date of inspection.

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

Justification for this rating:

As there had been no deaths in Willow Grove, the notification of deaths was not applicable. The approved centre maintained a record of all incidents and this was inspected. The record was maintained to a high standard, The service provided a six-monthly summary of incidents to the MHC. There was a named risk manager for Willow Grove and there was excellent quality and risk governance in place.

Electroconvulsive Therapy (ECT) FOR VOLUNTARY PATIENTS

Use: ECT was not used in Willow Grove.

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 approved centre had policies on the admission, transfer and discharge of residents. The approved centre was fully compliant with Article 32 Risk Management Procedures.

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 file of one resident who had been recently admitted was inspected. The consultant psychiatrist made the decision to admit the resident. There was an admission assessment template document which was well designed and contained comprehensive domains of care. Consent for the admission and treatment of the resident had been signed by both parents. A mental state examination, a physical examination, mental health assessment and risk assessment had been completed. The standard of the medical records was excellent, with case formulation, collateral, initial diagnosis and initial care plan completed to a high standard. Residents were provided with an induction pack. The approved centre was fully compliant with Article 15 Individual Care Plan and with Article 20 Provision of Information to Residents.

Part 4 Transfer Process

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

Level of compliance:

FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	MINIMAL COMPLIANCE	NOT COMPLIANT
NOT INSPECTED			

Justification for this rating:

No current resident had been transferred and therefore transfer was not inspected. The approved centre was fully compliant with Article 18 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 recently discharged resident was inspected. The decision to discharge was made by the responsible consultant psychiatrist in consultation with the resident and family. Discharge was planned by the multidisciplinary team (MDT) and included a supported school return. A discharge summary report was sent to a child and adolescent mental health service and another specialist service for follow-up outpatient care.

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

Description: There was a policy which stated that children with an intellectual disability were not admitted to the approved centre. This Code of Practice did not apply.

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

SECTION 60 – ADMINISTRATION OF MEDICINE

Description: Willow Grove was a child and adolescent approved centre and so Section 60 did not apply.

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

Description: No child was detained under section 25 of the Mental Health Act 2001 and so Section 61 of the Mental Health Act 2001 did not apply.

The Department of Health National Guideline No. 3: Surveillance, Diagnosis and Management of *Clostridium Difficile* Infection in Ireland

The Department of Health National Guideline No. 3: Surveillance, Diagnosis and Management of *Clostridium Difficile* Infection in Ireland was launched in June 2014. The Mental Health Commission was requested by the Minister of Health to ask approved centres to put processes in place to implement National Clinical Guidelines and that the Office of the Inspector of Mental Health Services takes cognisance of these Guidelines in terms of its inspections and reporting.

Clostridium Difficile

The approved centre had comprehensive policies on infection control, including a global policy and procedures on infection control, and on many bacteria-type infections, including *Clostridium Difficile*, and the national clinical guidelines had been implemented. An infection control nurse was attached to Willow Grove. There was an infection control committee that met at regular intervals. There had been no cases of *clostridium difficile* recorded in Willow Grove.

SECTION THREE: OTHER ASPECTS OF THE APPROVED CENTRE

SERVICE USER INTERVIEWS

Inspectors greeted residents during the inspection visit. No resident wished to meet with inspectors on an individual basis.

THE QUALITY FRAMEWORK - MENTAL HEALTH SERVICES, AS IT APPLIES TO APPROVED CENTRES, IN THIS INSPECTION

Theme 1 Provision of a holistic seamless service and the full continuum of care provided by a multidisciplinary team

The approved centre was fully compliant with Article 15 Individual Care Plans and with Article 16 Therapeutic Services and Programmes. The approved centre was fully compliant with the Code of Practice on Admission, Transfer and Discharge to and from an Approved Centre and with the Code of Practice on the Admission of Children under the Mental Health Act.

Admissions to Willow Grove were planned. There was a structured introduction and orientation process for children and their parents. Care and treatment were multidisciplinary and included educational input and support. Discharge planning was detailed and took good account of the child and parents' needs and supports on discharge. The individual clinical files inspected showed evidence of good communication and liaison with GPs and where appropriate and with consent, with relevant children's agencies, such as schools.

Theme 2 Respectful, empathetic relationships are required between people using the Mental Health Services and those providing them

The approved centre was fully compliant with Article 15 Individual Care Plans and with Article 20 Provision of Information to Residents.

There were excellent processes and procedures in place to ensure the optimal engagement of children and their families in the care and treatment provided. These included family meetings and a parents' group, weekend leave planning and feedback on outcomes. The ICP process facilitated child autonomy and faithfully recorded the child's voice. There was an excellent child advocacy service in place. This included a fortnightly advocacy group which focused on rights and responsibilities. A recent initiative developed in Willow Grove was the Community Links Group which informed children about community supports available to them on discharge. This group promoted a recovery and strength based approach.

Theme 3 An empowering approach to service delivery is beneficial to both people using the service and those providing it

STANDARDS:

The approved centre was fully compliant with Article 15 Individual Care Plan, Article 16 Therapeutic Services and Programmes, Article 20 Provision of Information to Residents and Article 31 Complaints.

A Community Links Group had been established which focussed on supports and community resources available to residents on discharge. This group had a recovery and strengths based focus. A fortnightly advocacy group was in place for residents. A Youth Panel had been established via the Youth Empowerment Service facilitated by the advocate. This panel had provided feedback on the ICP process and documentation. The ICP template and processes had been revised to enhance the youth friendly and recovery oriented aspects.

Theme 4 A quality physical environment that promotes good health and upholds the security and safety of service users

Willow Grove was fully compliant with Article 5 Food and Nutrition, Article 21 Privacy, Article 22 Premises, Article 24 Health and Safety and Article 32 Risk Management Procedures.

Willow Grove provided an attractive and spacious environment for residents. The décor, furnishings and upkeep were all of a high standard. Care and attention had been applied at the design stage to ensuring a non-institutional, age appropriate and safe environment was provided for children and adolescents. Sleeping accommodation was in single en suite rooms. The dining room was spacious and meal time provided residents with a good choice of well presented nutritious meals.

Willow Grove strove to maintain a healthy social environment for residents. Residents were supported and encouraged to maintain social media contacts in a healthy manner, visiting was encouraged, weekend leave planning addressed social needs, and family meals were facilitated at the weekend as part of the eating disorders programme.

Theme 5 Access to services

Referrals for admission were via GPs, consultant psychiatrists or child and adolescent mental health services. Private health insurers covered care and treatment in Willow Grove. In several instances, the Health Service Executive (HSE) funded care and treatment of individuals referred by the HSE.

Theme 6 Family/chosen advocate involvement and support

Willow Grove provided an advocacy service for residents.

Parental input was incorporated into the ICP process. There were usually a minimum of two family meetings scheduled as part of the treatment programme. There was a parents group run over a four week period also.

Theme 7 Staff skills, expertise and morale are key influences in the delivery of a quality mental health service

Willow Grove was fully compliant with Article 26 Staffing.

The training record for all clinical disciplines was up to date and met the standard of Article 26 Staffing.

Staff of all disciplines were supported in their practice, through structured clinical supervision and through being adequately trained to deliver child and adolescent mental health programmes. In addition to mandatory training, training was targeted at service delivery areas and was funded by the approved centre. There was a clinical supervision course for nurses run in conjunction with Dublin City University. There was an Advanced Nurse Practitioner in post.

Clinical audit was well developed in Willow Grove and informed the care and resource planning process.

Theme 8 Systematic evaluation and review of mental health services underpinned by best practice, will enable providers to deliver quality services

There were robust clinical governance structures and processes in place in Willow Grove. Clinical audit and quality improvement were ongoing. The approved centre was a member of the Royal College of Psychiatrists, Quality Network for Community CAMHS (QNCC) and participated in peer review of services.

Willow Grove corporate management was under the auspices of the St. Patrick's University Hospital board. Since its opening in 2010, Willow Grove had developed continuously in terms of service delivery and capital infrastructure. There were plans in place for the redevelopment of the recreation hall to provide a physical recreation space and offices for Willow Grove residents.

OVERALL CONCLUSIONS OF THIS INSPECTION

Willow Grove provided in-patient child and adolescent mental health services for up to 14 residents. The building provided an attractive, bright, spacious and contemporary environment which took good account of resident safety. The design and layout provided a sufficient number of communal spaces and also quiet spaces for residents. The “quiet room” had been refurbished and now featured bean bags and sensory lighting for relaxation.

The standard of care and treatment was good. Each child had an individual care plan and access to an appropriate range of multidisciplinary professionals. Therapeutic programmes were comprehensive, recovery oriented and informed by evidence. Clinical governance was strong and quality improvement was ongoing.

RECOMMENDATIONS 2014

There are no recommendations made for Willow Grove in 2014.