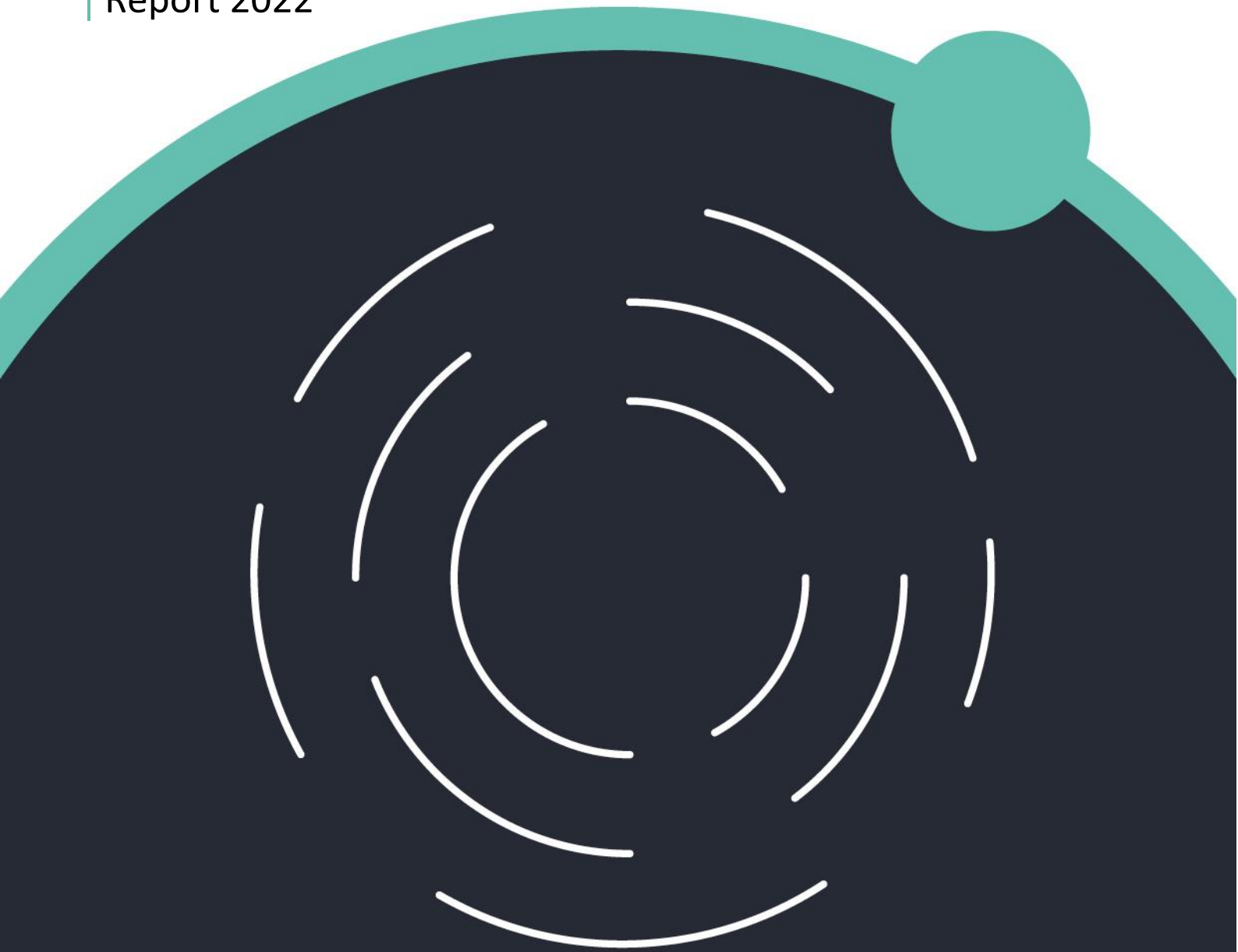
Linn Dara Child & Adolescent Mental Health In-patient Unit

Focused Inspection
Report 2022



Promoting Quality, Safety and Human Rights in Mental Health

Linn Dara Child & Adolescent Mental Health In-patient Unit

Cherry Orchard Hospital Campus, Ballyfermot Road, Ballyfermot, Dublin 10

Date of Publication: 26th May 2023

ID Number: AC0182

2022 Approved Centre Inspection Report (Mental Health Act 2001)

Approved Centre Type:
Child & Adolescent Mental Health Care

Conditions Attached:
None

Most Recent Registration Date:
10 December 2021

Registered Proprietor:
HSE

Registered Proprietor Nominee:
Mr Kevin Brady, Head of Mental Health, CHO7

Inspection Team:
Dr Susan Finnerty MCRN009711

The Inspector of Mental Health Services:
Dr Susan Finnerty MCRN009711

Inspection Date:
11 April 2022

Previous Inspection date:
31 March – 1 April 2022

Inspection Type:
Unannounced Annual Inspection

Contents

1.0 Background....4
1.1 Reason for focused inspection....4
1.2 Background....4
2.0 Overview of the Approved Centre....6
2.1 Description of the Approved Centre....6
3.0 Methodology....7
4.0 Inspection Findings....8
4.1 Findings....8
Appendix 1 Background to the inspection process....11

1.0 Background

1.1 Reason for focused inspection

The reason for the focused inspection was to examine in detail whether the privacy and dignity of young people were maintained during their stay in Linn Dara under Regulation 21: Privacy.
It became apparent, following representations by the approved centre, that some findings of the inspection were applicable under the Code of Practice on Physical Restraint and not under Regulation 21: Privacy.

1.2 Background

During the annual inspection (31 March to 1 April 2022) a number of non-compliances and concerns with Regulation 21: Privacy were observed. Eleven of 22 residents completed the service used questionnaire and 2 residents spoken to the inspection team during the annual inspection:

1. One questionnaire that a resident had completed for the inspectors was viewed by nursing staff. The approved centre subsequently stated that staff acted to ascertain if the young person had experienced harm and if there were reasonable grounds for concern in terms of Children First.
2. Residents told the inspectors that that when one person broke the rules, everyone was "punished". The approved centre stated that it is their duty to ensure that they provide a safe therapeutic environment and on occasion measures may need to be taken which are necessary and proportionate to the identified risk and which in turn may be perceived by young people as being punitive.
3. Two residents stated that the way in which staff addressed and communicated with them was not always respectful. The approved centre denied this and pointed to interactions documented in the clinical file which did not show evidence of disrespectful communication.
4. It was stated that staff did not always seek resident's permission before entering their rooms, and there were occasions that staff entered their rooms while they were getting dressed or showering. The approved centre stated that, following risk assessment, it may have been necessary for staff to enter a young person's room without their consent if the young person had not responded to a knock on the bedroom door or a name call.

Other findings included:

- Residents were called by their preferred name, and during the inspection the inspectors observed the general demeanour of staff as respectful. Staff were discreet when discussing the resident's condition or treatment needs.
- The layout and furnishings of the approved centre were conducive to resident privacy and dignity.

- Noticeboards did not display resident names or other identifiable information and residents were facilitated to make private phone calls.

Following a case meeting, the decision was made to carry out a focused inspection to examine in detail compliance with Regulation 21: Privacy and the experience of young people currently in Linn Dara.

2.0 Overview of the Approved Centre

2.1 Description of the Approved Centre

Linn Dara Child and Adolescent Mental Health Services (CAMHS) was located on the Cherry Orchard Hospital Campus in Ballyfermot, Dublin 10. The approved centre was registered for 24 beds. There were 11 beds in the Hazel and Rowan Wards, and two beds in Oak Ward, which was the High Dependency Unit (HDU). Of the 24 registered beds, 14 were acute/emergency beds, eight were specialist eating disorder beds, and two were HDU beds. The approved centre catered for residents aged from 10 to 18, with younger children residing on Hazel Ward, and older adolescents cared for on Rowan Ward.

The approved centre had two multi-disciplinary teams (MDT) based onsite in Linn Dara – one each on Hazel and Rowan ward. The approved centre was part of the national CAMHS network and took referrals predominantly from the east and north of the country and sometimes from other areas according to national CAMHS bed availability.

3.0 Methodology

The inspection team spoke with 5 young people who were in Linn Dara.

The inspection team examined the clinical files of 10 number of young people, the seclusion registers, the seclusion care plans and the physical restraint clinical practice forms.

A feedback meeting was held with the following staff:

- Nominated registered proprietor and Head of Service
- Assistant Director of Nursing x2
- Family Therapist
- Director of Nursing
- Consultant Psychiatrist x3
- Head of Service
- Area Director of Nursing
- Clinical Director
- Dietician Manager
- Clinical Nurse manager 2
- Principle Psychologist
- Occupational Therapy Manager

4.0 Inspection Findings

EVIDENCE OF COMPLIANCE WITH REGULATIONS UNDER MENTAL HEALTH ACT 2001 SECTION 52 (d)

Regulation 21: Privacy

NON-COMPLIANT

Risk Rating LOW

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

INSPECTION FINDINGS

The approved centre policy states how exceptions to privacy are managed.

Three young people told the inspectors separately that when one person broke the rules everyone was "punished", and that when one young person left the approved centre without approval, the TV, the Xbox and computers were taken away from use. At the feedback meeting, and subsequently, the approved centre said only Netflix was taken away from the group. In this instance, the approved centre stated that decisions were taken in response to a dynamic risk to ensure the safety and welfare of children. The approved centre stated that it is their duty to ensure that they provide a safe therapeutic environment, including emotional containment in high expressed environment, and that on occasion measures may need to be taken which are necessary and proportionate to the identified risk and which in turn may be perceived by young people as being punitive but were not so.

A number of reports from young people stated that the way in which staff addressed and communicated with them was not always respectful. However, it should be noted that other young people found the staff "O.K." and "nice". The approved centre pointed to interactions documented in the clinical file which did not show evidence of disrespectful communication. The approved centre stated that it was central to their all their professional values that they communicate respectfully and treat people with dignity.

One young person had left the unit without permission and climbed onto the roof of the approved centre. An Garda Síochána and Fire Brigade were called but the young person came down by themselves and re-entered the approved centre. Following this, the young person became aggressive. They were then restrained by two Gardaí, and brought into seclusion in handcuffs. As the young person was in the approved centre at the time, the Gardai should not have been involved in managing the person, this was a matter for the approved centre's staff. The remit of Section 27 of the Mental Health Acts is clear and does not provide for this.

Young people told the Inspector that access to the garden was severely curtailed. Management said that access was facilitated subject to staff/resident ratios and that some groups were held outside. They also stated that they endeavour to ensure that young people have access to the garden at all times and that lack of access was in the context of individual, dynamic and collective risk assessment.

The approved centre was non-compliant with this regulation because the registered proprietor did not ensure that the residents' privacy and dignity was appropriately respected at all times.

Use of Physical Restraint

COMPLIANT

Please refer to the Mental Health Commission Code of Practice on the Use of Physical Restraint in Approved Centres, for further guidance for compliance in relation to this practice.

INSPECTION FINDINGS

One young person was restrained in a prone position (face down, on the ground; a position that can cause a decrease in ventilation and/or cardiac output). The subsequent physical examination by a medical practitioner recorded significant bruising to the young person's arm, and stated that this was likely to be from a physical restraint. The inspection found that there was a record of the restraint but not the exceptional circumstances which led to prone restraint. There was a follow-up formal discussion or investigation documented by the multi-disciplinary team as to how a young person likely received such injury during a physical restraint and why prone restraint was used.

The approved centre was compliant with this code of practice

Appendix 1 Background to the inspection process

The principal functions of the Mental Health Commission are to promote, encourage and foster the establishment and maintenance of high standards and good practices in the delivery of mental health services and to take all reasonable steps to protect the interests of persons detained in approved centres.

The Commission strives to ensure its principal legislative functions are achieved through the registration and inspection of approved centres. The process for determination of the compliance level of approved centres against the statutory regulations, rules, Mental Health Act 2001, and codes of practice shall be transparent and standardised.

Section 51(1)(a) of the Mental Health Act 2001 (the 2001 Act) states that the principal function of the Inspector shall be to "visit and inspect every approved centre at least once a year in which the commencement of this section falls and to visit and inspect any other premises where mental health services are being provided as he or she thinks appropriate".

Section 52 of the 2001 Act states that, when making an inspection under section 51, the Inspector shall

a) See every resident (within the meaning of Part 5) whom he or she has been requested to examine by the resident himself or herself or by any other person.
b) See every patient the propriety of whose detention he or she has reason to doubt.
c) Ascertain whether or not due regard is being had, in the carrying on of an approved centre or other premises where mental health services are being provided, to this Act and the provisions made thereunder.
d) Ascertain whether any regulations made under section 66, any rules made under section 59 and 60 and the provision of Part 4 are being complied with.

On a focused inspection, the Inspector does not assess all regulations, rules, code of practice, and Part 4 of the 2001 Act. The focus of the inspection will be on specific legislative requirements, or parts of legislative requirements where it is determined that there may be a risk to the safety, health and well-being of residents and/or staff members.

Following the focused inspection of an approved centre, the Inspector prepares a report on the findings of the inspection. A draft of the inspection report, including provisional compliance ratings and risk ratings, is provided to the registered proprietor of the approved centre. Areas of inspection are deemed to be either compliant or non-compliant and where non-compliant, risk is rated as low, moderate, high or critical.

In circumstances where the registered proprietor fails to comply with the requirements of the 2001 Act, Mental Health Act 2001 (Approved Centres) Regulations 2006 and Rules made under the 2001 Act, the Commission has the authority to initiate escalating enforcement actions up to, and including, removal of an approved centre from the register and the prosecution of the registered proprietor.