

## St Joseph's Adolescent In-patient Unit, St Vincent's Hospital Fairview inspection report, 4 September 2012

Authors	Mental Health Commission (MHC)
Citation	Mental Health Commission. St Joseph's Adolescent In-patient Unit, St Vincent's Hospital Fairview inspection report, 4 September 2012. Dublin. MHC, 2013.
Publisher	Mental Health Commission (MHC)
Downloaded	3-Dec-2017 07:47:40
Link to item	<a href="http://hdl.handle.net/10147/313534">http://hdl.handle.net/10147/313534</a>

## Report of the Inspector of Mental Health Services 2012

<b>EXECUTIVE CATCHMENT AREA/INTEGRATED SERVICE AREA</b>	Dublin North East
<b>HSE AREA</b>	Dublin North East
<b>MENTAL HEALTH SERVICE</b>	St. Joseph's Adolescent In-patient Unit
<b>APPROVED CENTRE</b>	Adolescent In-patient Unit, St. Vincent's Hospital, Fairview
<b>NUMBER OF WARDS</b>	1
<b>NAMES OF UNITS OR WARDS INSPECTED</b>	Adolescent In-patient Unit
<b>TOTAL NUMBER OF BEDS</b>	6
<b>CONDITIONS ATTACHED TO REGISTRATION</b>	No
<b>TYPE OF INSPECTION</b>	Unannounced
<b>DATE OF INSPECTION</b>	4 September 2012

### Summary

---

- The Adolescent In-patient Unit admitted young persons from the ages of 16 to 18 years.
- The unit had been remodelled and refurbished to make it a 12-bedded unit. Only six beds were commissioned on the day of inspection.
- All admissions were planned and there was a waiting list of five young persons waiting for admission.
- Accommodation was in single ensuite rooms.
- Referrals for admission were required to have either a Child and Adolescent Mental Health Services (CAMHS) or a General Adult treatment team, who would assume clinical responsibility for the young person once discharged. All residents in the approved centre were looked after by the in-patient CAMHS team for the duration of their stay.

## 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

The newly refurbished Adolescent In-patient Unit, St. Vincent's' Hospital, Fairview served the catchment area of Dublin North East and provided inpatient care for 16 to 18 year olds. Given the ongoing difficulty in accessing acute in-patient psychiatric care for adolescents, the unit also took nationwide referrals. All individuals on the waiting list on the day of inspection were from the catchment area. Six of the twelve beds in the Adolescent In-patient Unit were operational.

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

COMPLIANCE RATING	2010	2011	2012
Fully Compliant	30	24	26
Substantial Compliance	0	3	1
Minimal Compliance	0	2	0
Not Compliant	0	0	2
Not Applicable	1	2	2

**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
Adolescent In-patient Unit	6	5	Child and Adolescent Mental Health Team

**QUALITY INITIATIVES 2011/2012**

- The unit had relocated to a new environment.

**PROGRESS ON RECOMMENDATIONS IN THE 2011 APPROVED CENTRE REPORT**

1. Suitable accommodation should be provided for educational purposes.

Outcome: The residents attended the on-site school which was appropriate for their needs.

2. The Rules Governing the Use of Seclusion must be complied with.

Outcome: At the time of inspection, seclusion had been used once in 2012 and there was full compliance with the Rules.

3. All policies should be reviewed within the recommended timeframe.

Outcome: Policies were up to date.

4. Advocacy services must be provided for residents.

Outcome: No progress had been made.

**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
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>X</b>	<b>X</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

**Justification for this rating:**

Photographic identification was used and consent for this was provided. Two nurses administered medication and a log of staff signatures was maintained. Medication was generally administered in the clinical room after meals.

**Article 5: Food and Nutrition**

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

**Justification for this rating:**

Food was cooked in the main kitchen of St. Vincent's Hospital, Fairview. Residents could order their main meal, which was served in the evening, the day before and there was a choice of three main courses, including a vegetarian option. Fresh fruit, sandwiches and snacks were available later in the evening. A light lunch of soup, sandwiches and fruit was served. Breakfast comprised porridge, cereals, toast and fruit. Dietary requirements were catered for and the services of a dietician were also available as required. There was fresh drinking water available.

**Article 6 (1-2): Food Safety**

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

**Justification for this rating:**

A recent Environmental Health Officer's report was available for inspection and the approved centre met the standard required.

**Article 7: Clothing**

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

**Justification for this rating:**

Night clothes were not worn by residents during the day. Each resident had their own wardrobe and personal supply of clothing. Families generally looked after personal laundry, however, if this was not feasible there was a washing machine and dryer in the unit and staff accommodated personal laundry if required.



**Article 8: Residents' Personal Property and Possessions**

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

**Justification for this rating:**

A counter-signed property list was completed at admission and could be reviewed and updated by the resident. Residents were encouraged not to retain valuables. There was safe storage for residents' property within the unit if required. All residents had adequate wardrobe and cupboard space, and all except one had been fitted with locks. There was an up-to-date policy on residents' personal property and possessions.

**Article 9: Recreational Activities**

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

**Justification for this rating:**

There was a large sitting room with television, an electronic games console, a DVD player, a music system. There was an adequate supply of DVDs, games, books, arts and crafts. Seating was plentiful and age appropriate and placed in a manner to facilitate social interaction.

There was a music room equipped with guitars, drums and keyboard.

There was a garden, tennis court and snooker table located at the school and this was available to residents.

**Article 10: Religion**

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>X</b>	<b>X</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
<b>Not compliant</b>	<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 in so far as was practicable. A qualified hospital chaplain was reported by staff to be part of the multidisciplinary team and led a weekly “positive energy” group which was a spiritual group. Residents were not required to attend.

**Article 11 (1-6): Visits**

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

**Justification for this rating:**

The approved centre had written policies and procedures in place for visits. Reasonable flexibility applied to visiting times. Consent was provided for visitors and a list of named visitors was agreed for each resident. All visitors signed a visitors' book. Allocated space for visiting was limited but staff strove to accommodate visits and privacy.

**Article 12 (1-4): Communication**

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

**Justification for this rating:**

Residents did not retain their personal mobile phones. The approved centre provided non-camera phones into which the residents could insert their SIM cards. Residents could make calls at anytime except scheduled group time. Residents could also access the internet under the supervision of staff. Consent was provided in this regard. The approved centre had written operational policies and procedures on communication.

**Article 13: Searches**

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

**Justification for this rating:**

The approved centre had written operational policies and procedures on the carrying out of searches with and without consent and on the finding of illicit substances.

No searches had been carried out without consent and no bodily searches had been done. Two nursing staff were present during searches. Residents' rooms were routinely searched four times daily. Searches were carried out at the time of admission and on return from leave.

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

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

**Justification for this rating:**

The approved centre had an up-to-date policy on the care of residents who are dying.

**Article 15: Individual Care Plan**

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

**Justification for this rating:**

The individual clinical files of all five residents were inspected. There were excellent individual care plans (ICPs) in place for four of the residents. There was no recorded individual care plan for one resident who was detained under section 25 of the Mental Health Act 2001. On inquiry by inspectors the staff articulated the assessment, care and treatment being provided to this individual. The oversight in recording the ICP of one resident breached the requirements of this Article.

A key worker system operated and residents were fully involved in their individual care planning process and this was recorded. Where an individual was unwilling or unable to participate in their ICP this was recorded. ICPs were reviewed weekly by the multidisciplinary team.

**Breach: 15**



**Article 16: Therapeutic Services and Programmes**

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

**Justification for this rating:**

Full compliance was not achieved under this Article because compliance requires that each resident has access to therapeutic programmes in accordance with their individual care plan, and not all residents had an ICP that met the standard of Article 15.

There was a timetabled programme which comprised a range of therapeutic interventions appropriate to the needs of adolescent residents and aimed at restoring or maintaining optimal physical and psychosocial functioning.

**Breach:** 16 (1)

**Article 17: Children's Education**

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

**Justification for this rating:**

Residents attended the on-site school which was accessed by walking down the avenue to the school building. At the time of inspection, three residents were in class and there were four day-patients attending also. In-patients attended the school from the hours of 1115h to 1445h. The school was administered by the primary school section of the Department of Education as it was categorised as a special school. The teaching staff were qualified secondary teachers and comprised a teaching Principal, two full-time teachers and three part-time teachers each providing 15 hours per week. The school was deemed an exam centre for state examinations.

**Article 18: Transfer of Residents**

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

**Justification for this rating:**

The approved centre had a written policy and procedures on the transfer of residents. When a transfer occurred, a doctor's letter detailing all relevant clinical information accompanied the resident on transfer.

**Article 19 (1-2): General Health**

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

**Justification for this rating:**

The approved centre had written operational policies and procedures on responding to medical emergencies.

No resident had been in the approved centre for a period in excess of six months. A full physical examination was carried out at the time of admission. Adequate arrangements were in place for access by residents to general health services.

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

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

**Justification for this rating:**

Information on the resident's multidisciplinary team and key worker, housekeeping practices, visiting times and arrangements, meal times, diagnoses, medications and treatments, were all provided in an appropriate format. The approved centre had an up-to-date policy on the provision of information. The Headspace Toolkit for Young People was available to residents. There was no information on advocacy services.

**Breach:** 20 (d)

**Article 21: Privacy**

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

**Justification for this rating:**

Residents' privacy and dignity were evidently respected throughout the approved centre.

**Article 22: Premises**

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

**Justification for this rating:**

The approved centre had been newly located to a refurbished building and the unit was bright and well decorated. Accommodation comprised single en-suite bedrooms. Staff reported that problems with plumbing had meant that the one bedroom had been out of commission since the unit relocated. This had been remedied in the week preceding the inspection.

The service reported that the kitchen was deemed suitable, usable and safe for individual occupational therapy (OT) sessions and for groups of up to three. It was the view of the Inspectorate that it was disappointing to see that in a newly commissioned building, the kitchen facilities were not designed for therapeutic activities of daily living. The small server kitchen, in its present arrangement, was not considered by inspectors to be suitable for OT sessions because there was access to scalding hot water, limited counter surfaces and no specific worktop provision.

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

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

**Justification for this rating:**

The approved centre had written operational policies and procedures on the prescribing, ordering, storing and administration of medicines.



**Article 24 (1-2): Health and Safety**

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

**Justification for this rating:**

The service had a policy and procedures in relation to the health and safety of residents, visitors and staff.

**Article 25: Use of Closed Circuit Television (CCTV)**

---

CCTV was not used in the approved centre.

**Article 26: Staffing**

WARD OR UNIT	STAFF TYPE	DAY	NIGHT
Adolescent	CNM1 or 2	1	0
In-patient Unit	RPN	3	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
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>X</b>	<b>X</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

**Justification for this rating:**

The Health Service Executive policies on the recruitment and vetting of staff applied. The staff training log was available for inspection and training was ongoing, particularly in relation to control and restraint.

There was one 0.5 Whole Time Equivalent (WTE) occupational therapist, one 0.5 WTE senior clinical psychologist, one 0.8 WTE consultant psychiatrist and two non consultant hospital doctors (NCHD) in the approved centre. Clinical speech and language therapy, dietician, physiotherapy and chaplaincy were provided on a sessional basis. Psychology, occupational therapy and social work input were recorded in the clinical files. There was no provision of family therapy within the approved centre, however, this was not noted in any of the ICPs as an unmet need.

**Article 27: Maintenance of Records**

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

**Justification for this rating:**

The clinical files were well maintained and it was easy to retrieve information. The practice of using printed documentation entitled St. Vincent's Hospital was misleading and did not provide an accurate record reflecting care and treatment in the adolescent in-patient unit which was a separately titled and registered approved centre. Inspectors suggested that the documentation be stamped or printed with the title of the unit.

There was a policy on records. All relevant documentation of inspections relating to food safety, health and safety and fire inspections were maintained in the approved centre.

**Article 28: Register of Residents**

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

**Justification for this rating:**

The Register of Residents complied with Schedule 1 of the Regulations.

**Article 29: Operating policies and procedures**

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

**Justification for this rating:**

Policies and procedures were up to date.

**Article 30: Mental Health Tribunals**

---

This was not applicable as all residents were children.

**Article 31: Complaint Procedures**

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>X</b>	<b>X</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
<b>Not compliant</b>	<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 on the making, handling and investigation of complaints. The complaints procedure was displayed in a prominent position in the unit. The CNM was identified as the person to deal with complaints in the first instance and there was a nominated complaints officer also. A community meeting was held weekly in the unit and issues and complaints were raised here by residents and detailed minutes were recorded. Inspection of the minutes book indicated that complaints were given due consideration and acted upon in a timely manner.



**Article 32: Risk Management Procedures**

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>X</b>	<b>X</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
<b>Not compliant</b>	<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 risk management policy. Risk assessment and management was recorded at the time of admission and updated in the individual care plan. The Administrator was the identified risk manager for the mental health service.

**Article 33: Insurance**

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

**Justification for this rating:**

The certificate of insurance was available for inspection.

**Article 34: Certificate of Registration**

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>X</b>	<b>X</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
<b>Not compliant</b>	<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 inside the entrance to the approved centre.

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

**SECLUSION**

**Use:** Seclusion had been used on one occasion in 2012 up to the time of inspection.

SECTION	DESCRIPTION	FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	MINIMAL COMPLIANCE	NOT COMPLIANT
1	General principles	X			
3	Orders	X			
4	Patient dignity and safety	X			
5	Monitoring of the patient	X			
6	Renewal of seclusion orders	NOT APPLICABLE			
7	Ending seclusion	X			
8	Facilities	X			
9	Recording	X			
10	Clinical governance	X			
11	Staff training	X			
12	CCTV	NOT APPLICABLE			
13	Child patients	X			

**Justification for this rating:**

One child had been secluded and this was for a period of approximately six hours. The seclusion register and the individual clinical file were inspected. All documentation was well completed and in order. There was an excellent seclusion care and observation record form in operation. The next of kin or guardian had been informed, the episode of seclusion had been reviewed by the multidisciplinary team and the child had an opportunity to discuss the episode of seclusion with the team.

**Electroconvulsive Therapy (ECT) (DETAINED PATIENTS)**

---

ECT was not used in the approved centre. No child resident had received ECT in another hospital.

**MECHANICAL RESTRAINT**

---

Mechanical restraint was not used in the approved centre.

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

**PHYSICAL RESTRAINT**

**Use:** Physical restraint had been used on three occasions in 2012 up to the time of inspection.

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:**

There was an excellent checklist for care in relation to the application of physical restraint. The Clinical Practice Form book was inspected and was recorded satisfactorily. The individual clinical file of one resident who had been physically restrained was inspected and the episode was well documented and had been reviewed and discussed with the child.



**ADMISSION OF CHILDREN**

---

**Description:** The unit was designated for the admission of children only.

SECTION	DESCRIPTION	FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	MINIMAL COMPLIANCE	NOT COMPLIANT
2	Admission	X			
3	Treatment	X			
4	Leave provisions	X			

**Justification for this rating:**

Two residents were hospitalised under section 25 of the Mental Health Act 2001 and leave provisions were well documented and signed. All individual clinical files contained written consent forms signed by the parent or guardian. At the time of inspection two residents were on leave.

**NOTIFICATION OF DEATHS AND INCIDENT REPORTING**

**Description:** There had been no deaths in the approved centre in 2012 up to the time 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:**

The approved centre notified incidents and deaths to the Mental Health Commission as required. All incidents were reported and logged and reviewed by the multidisciplinary team. There was an identified risk manager.

**Electroconvulsive Therapy (ECT) FOR VOLUNTARY PATIENTS**

---

ECT was not used in the approved centre. No child resident had received ECT in another hospital.

**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
<b>X</b>			

**Justification for this rating:**

The approved centre had policies on the admission, transfer and discharge of residents. Staff training was satisfactory and responsibilities were clearly assigned. Parental or guardian consent was provided for each admission. The approved centre was compliant with Article 32 on Risk Management.

### 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
	<b>X</b>		

**Justification for this rating:**

All admissions were planned. Referrals were only accepted from consultant psychiatrists on CAMHS or General Adult teams. Where appropriate the child and family visited the approved centre prior to admission. The consultant psychiatrist made the decision to admit. Consent was provided by the child’s next of kin or guardian.

Five individual clinical files were inspected. Assessment on admission was comprehensive and was well recorded, including diagnostic formulation. Families and residents were actively involved in the individual care planning process. A key worker system operated and ICPs were reviewed weekly by the multidisciplinary team. The individual clinical files evidenced excellent collaboration and care planning as appropriate with relevant statutory and voluntary agencies. The approved centre was fully compliant with Article 18 on the Transfer of Residents and Article 27 on the Maintenance of Records. The approved centre was not fully compliant with Article 15 on Individual Care Plans.

**Breach: 17**

**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
<b>NOT APPLICABLE</b>			

**Justification for this rating:**

No child had been transferred in 2012 to the date of inspection. There was a policy on the transfer of residents and the consultant psychiatrist took the decision to transfer in the best interests of the child. The approved centre was 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
<b>X</b>			

**Justification for this rating:**

Discharge planning was evident from the outset in all the individual clinical files inspected. The multidisciplinary team was involved in discharge planning and there was extensive consultation with family and relevant agencies. Follow up and aftercare were addressed in detail in the care planning process.

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

---

Children with an intellectual disability and mental illness were not admitted to the approved centre.



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

**SECTION 60 – ADMINISTRATION OF MEDICINE**

---

**Description:** The approved centre only admitted children and section 60 was not applicable.

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

---

**Description:** No child admitted under Section 25 of the Mental Health Act had been inpatient for a period in excess of three months. Section 61 did not apply.

## **SECTION THREE: OTHER ASPECTS OF THE APPROVED CENTRE**

### **SERVICE USER INTERVIEWS**

Inspectors greeted residents during the course of the inspection and chatted briefly with the residents in class.

### **OVERALL CONCLUSIONS**

The newly refurbished Adolescent In-patient Unit was located on the first floor of the St. Vincent's Hospital building complex. Six of the twelve beds were in commission on the day of inspection. Management reported that the nursing staff resources were in place to open the remaining beds now. On the day of inspection there were five young persons on the waiting list for admission. Two of the five young persons resident on the day of inspection had a mental illness and substance misuse problems. Myriad agencies had been involved in the welfare of a couple of residents over a long period and inspection of the clinical files highlighted the challenges in child-centred coordination of care. Two residents had been hospitalised under section 25 of the Mental Health Act 2001 and no further order was sought as the clinical judgment was that the children no longer met the criteria for detention. The upshot was that the timing and pace of the discharge planning and care pathway was such that it did not facilitate optimised community placement and psychosocial rehabilitation. There was no advocacy service available for residents. The staff impressed the inspectors as being committed and enthusiastic, as working well as a team and were observed to have open and warm interaction with the young residents. The individual care plans were excellent but one detained child did not have any care plan.

The unit was comfortable and fitted out with attractive age appropriate furniture and recreational resources. Bedrooms were a good size and provided a comfortable and private space for each resident. Access to the on-site school and the outdoor sports and garden areas was key to providing a therapeutic environment. It was regrettable that the in-patient unit had no appropriate occupational therapy cooking facility to enable assessment and independent living skills. The space provided for this was inappropriate and unsafe, being cramped with insufficient worktops and there was access to scalding water.

There was excellent documentation and practice in the approved centre in relation to both seclusion and physical restraint.

### **RECOMMENDATIONS 2012**

1. Each resident must have an individual care plan.
2. Information must be provided to residents on advocacy.
3. All twelve beds should be commissioned for use.