



Belfast Health and
Social Care Trust



The Iveagh Centre Operational Policy

November 2022

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Introduction

Iveagh is a 6 bedded hospital in-patient centre that provides specialist inpatient multidisciplinary assessment and treatment services for young people with a learning disability who are resident in all Trust areas of Northern Ireland. Services are provided for children and young people aged 12 to 17 inclusive who have a learning disability, additional mental health difficulties and who may display associated behaviours of concern. Children under the age of 12 may be considered for assessment and treatment as a day patient if it is clinically appropriate.

The services provided are based on sound principles of collaborative, evidence based practice that are child centred. A systemic approach to understanding and working with young people is a core tenet of service delivery. The centre encourages the involvement of families/carers in all aspects of the young person's assessment, treatment and care. This will always be delivered in a respectful and sensitive manner.

Mission Statement

The Iveagh Centre Team works in collaboration with young people, families/carers and agencies. The aim of the service is to provide multidisciplinary assessment and evidence based interventions for children and young people who have a Learning Disability and other complex needs. Our core therapeutic ethos is based on positive behaviour support to ensure that our young people have the best quality of life possible.

Aims of the Iveagh Centre

The Centre has the following aims;

- To complete a multidisciplinary assessment of the young person's needs.
- To enable safe, evidence-based and appropriate interventions.

Philosophy

The Iveagh Centre subscribes to the following principles:

Each young person accessing services at The Centre will have their privacy, dignity and rights under the European Convention on the Exercise of Children's Rights (1996) protected whatever their disability, race, creed, culture, sexual orientation or belief.

Each young person will have access to Advocacy Services.

Each young person will be provided with a caring environment where assessment and treatment is provided in the least restrictive manner, compatible with ensuring their safety and that of others.

Each young person and their family will have their needs and wishes respected.

Each young person will have a person-centred care plan. This care plan will detail ongoing assessment, planned interventions and review of the treatment plan. It will be formulated in

consultation where possible with the young person, with their family/carers and with other professionals involved.

For each young person comprehensive child protection procedures will be followed to ensure their safeguarding in line with the Area Child Protection Committees' Regional Policy and Procedures (2005) and Children (NI) Order (1995).

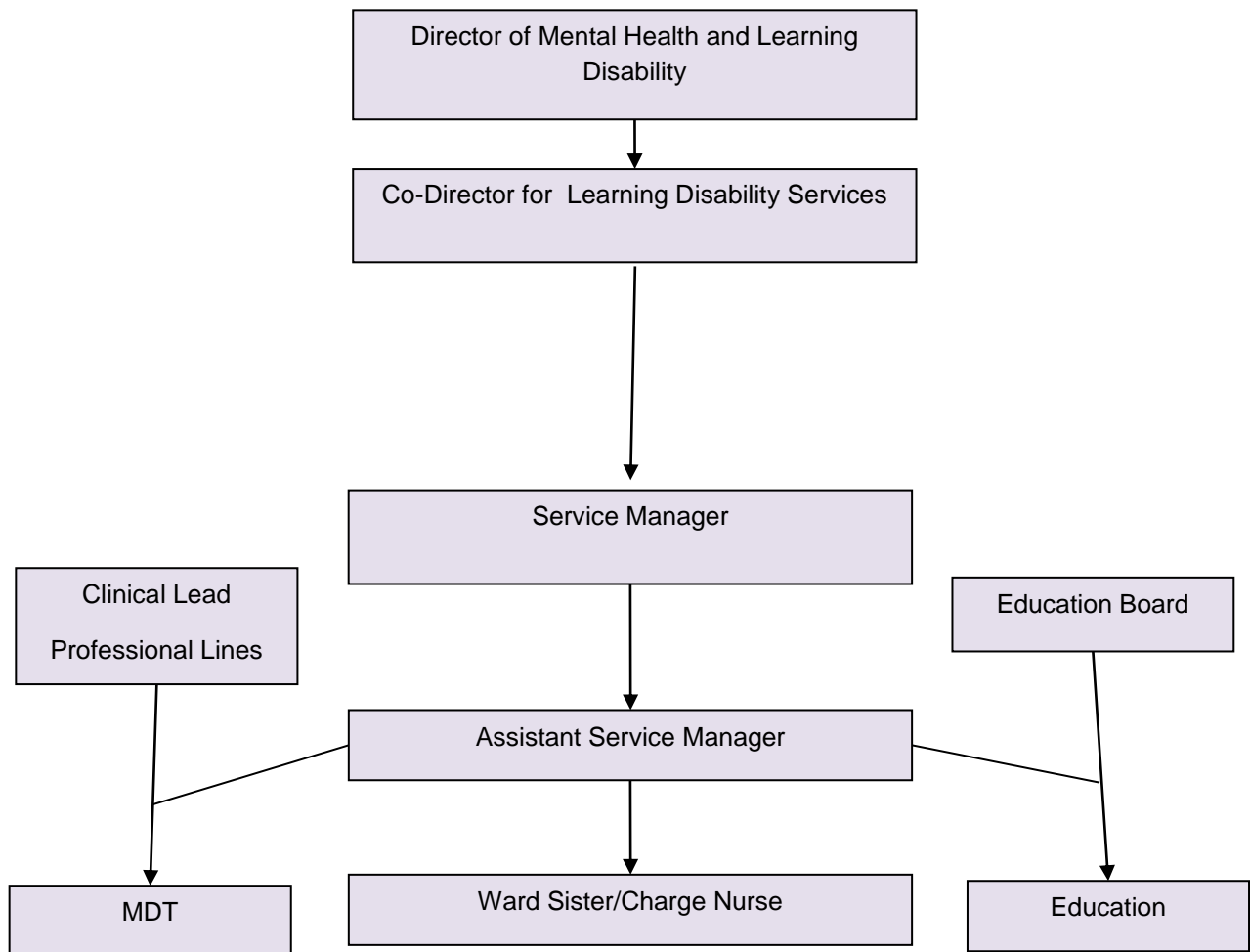
Each young person will have appropriate discharge planning processes in place on admission.

The service will be open and transparent, with policies, procedures and intervention to ensure that best practice is adhered to.

Each young person will have their educational and recreational needs prioritised and approaches taken will promote development and emotional wellbeing.

All professional and clinical staff will have appropriate supervision structures in place.

Organisational Chart



The Iveagh Centre Multidisciplinary Team

The core team consists of Nursing, Psychiatry, Clinical Psychology, Behavioural Nurse Therapy, Social Work, Speech and Language Therapy, Occupational Therapy and Education. The team is supported by administration and patient and client support services. The core team is further supported by a range of other disciplines including Pharmacy, Dietetics, Aromatherapy, Music Therapy and Arts-care.

Each young person will have a named nurse who will be responsible for co-ordinating his or her individual care and treatment. Each young person will also have a Consultant Psychiatrist responsible for their medical care and will have input from other members of the multidisciplinary team according to agreed need and best practice.

Client Group

Young people and their families accessing services at the Iveagh Centre will have experienced difficulties associated with a Learning Disability in combination with:

- Neuro-developmental disorders (e.g. Autism Spectrum Disorder, ADHD, Dyspraxia).
- Presentation of acute Psychiatric Disorders/illness
- Severe Behaviours of concern (e.g. aggression towards others, self injury, sexualised behaviour)

Referrals are accepted from clinicians working in Children's Community Learning Disability Services. Admissions will usually take place in a planned manner, following pre-admission assessment by the Iveagh Centre's team and recommendation from Regional Review Panel. It is important that all young people referred have a clearly identified home base as plans for discharge start when a referral is accepted. Emergency admissions are accepted providing admission criteria are met and bed availability. Some children / young people may notionally require more than one bed depending upon the complexity of their presentation thereby reducing the number of beds available for admission.

Admission Criteria

Prior to admission:*

- Young person must have had assessment and therapeutic intervention at step 3
- Pre-admission meeting/ consultation meeting with Iveagh
- FACE Risk assessment prior to admission and referral pro-forma filled in
- Young people 12years or older presenting with high risk to self/others
- Young person with severe mental impairment
- There must be a clear plan to meet the young person's care needs in the community so that discharge is not delayed once treatment is complete

*There will be exceptional circumstances where e.g a young person has just arrived in the country or has had an acute deterioration in mental health such as a psychotic illness where it is not possible to complete these

Admission Criteria:

- There must be a clear clinical question to be answered or hypothesis to be tested regarding the formulation or diagnosis of a complex mental health and/or behaviour problem.
- Usually there will be an acute change in the young person's presentation requiring further assessment
- Presenting difficulties need to be assessed in a clinical environment

- Presenting difficulties need to be amenable to treatment in hospital e.g young people with a complex trauma history often deteriorate in a hospital environment
- Psychotropic medication titration or rationalization that cannot safely be done in the community (Please note that this refers to medication that is inherently high risk including Clozapine, Lithium and high-dose antipsychotics)
- The environment of Iveagh must be better able to meet the needs of the child than the community (e.g consider if young person is currently looked after in a residential care setting, what additional benefit Iveagh can provide)
- Transfer to a more secure hospital setting needed

Inappropriate reasons for admission:

- Assessment of long-standing behaviour that challenges simply because the behaviours are high risk
- Risk of or actual placement breakdown or need for family respite
- Young people under age 12

Prioritisation criteria for admission to Iveagh:

4 points: a life-threatening state e.g catatonic stupor or acute excited state that cannot be managed in the community

3 points: deteriorating mental state (e.g psychosis) and/or deteriorating physical state and need for therapeutic security

2 points: stable but poor mental health that cannot be treated in present placement

1 point: assessment and treatment for severe mental illness/ID and behavior that challenges is possible in the community but would respond better or benefit to a greater degree if transferred to hospital.

0 points: No pre-admission assessment or no current evidence of a mental disorder

Other prioritization factors: ability of care-givers to meet need e.g if young person is in a residential placement with 24/7 professional support, consider what additional benefit is to be gained from an admission to hospital.

(based upon Dundrum toolkit for triage of admissions to hospital and agreed regionally 25/11/19 at Iveagh Workshop)

Community services must:

- have a clear and documented discharge plan at the point of admission.
- ensure appropriate supports are available to meet the child's assessed needs for when treatment is complete and the patient is deemed medically fit for discharge.. The DHSSPS target of discharge is within 7 days of being declared medically fit to leave hospital.

Admission Process

When community services are seeking admission for a young person, who needs assessment and treatment in hospital, the community key worker must complete a referral proforma and a FACE risk assessment that are available as e-documents. These must then be forwarded to the Iveagh team email address.

Routine admission

A pre admission assessment will be arranged with the referrer, this will be jointly undertaken by at least two health care professionals, namely an inpatient medic, nurse, psychologist or Allied Health Professional (AHP). The pre admission assessment will explicitly address the following

- Major treatment/care needs
- The type of environment in which the treatment/care should be provided
- Identified risks
- The compatibility of this patient with current inpatients on the unit
- The ability of the holding/referring organisation to safely care for the patient until an admission/transfer can be arranged
- The legal framework required for admitting the young person
- The identified discharge plans for the patient

If the criteria for admission are not met a letter will be sent to the referrer detailing the discussion which took place including advice/signposting to services that could be of assistance.

If the young person meets the criteria for admission this will be facilitated as soon as is practicable and an information pack will be forwarded to the family.

The Iveagh Centre can facilitate if required pre admission visits and provide information e.g. social story to allow appropriate communication with the young person about their admission.

When it has been clinically assessed that day treatment is the preferred option, this can be facilitated with the young person returning to their home address each day following a period of assessment and treatment within the Iveagh Centre. This may not be practical for young people who live far from Iveagh.

Emergency Admissions

In the event of an emergency admission, services involved and family members will be invited to a post-admission meeting on the next available Tuesday. Those invited to the review meetings will include the community social worker, community nurse, psychiatrist, psychologist, education, advocate, behavioural services and other disciplines involved. The young person will be given feedback following this meeting and will be invited to attend if this is considered by all involved to be in the young person's best interest. The Iveagh Centre team review progress together on a weekly basis at a multidisciplinary meeting. Progress is also reviewed on a day-to-day basis.

Process following Admission

1 Maintaining links with community services

It is essential that close links between the Iveagh team and other agencies/services involved are developed and maintained during the young person's in-patient stay. To maintain these links 6 weekly review meetings are organised throughout the young person's admission in addition to the weekly clinical MDT meeting. The purpose of these meetings is to review progress and plan for discharge in a timely manner. It is important that both a clinician from the community team and a social worker (where the child is open to social care) attends these meetings.

2 Assessment

Assessment at the Iveagh Centre is both multidisciplinary and systemic. The overarching therapeutic framework is Positive Behaviour Support. A focus is the understanding of current difficulties in the context of the young person's personal life experience including school, family, and peer relationships. The team will fully appreciate the impact of the person's disability on his/her comprehension of these difficulties and the assessment process with every effort made to facilitate communication.

During admission assessment is offered using a multidisciplinary model in the following areas:-

- Mental health (+/- use of Mental Health Order, 1986)
- Emotional wellbeing and development
- Functional Communication
- Diet
- Sensory needs
- Psychological assessment including psychometric assessment
- Behavioural Assessment and formulation
- Assessment of sexual knowledge/behaviour
- Family relationships, including lifecycle stages and life experience
- Identification of issues around child protection
- Physical health/epilepsy/genetic disorders
- Assessing education/Transition planning
- Risk

- Detailed assessment of care needs

The assessment process involves collaborative working and sharing of information with the young person's family and with other agencies involved in their care, (e.g. community support and treatment services, respite facilities, schools, family and childcare, police, etc.). Standardised assessment tools are used when appropriate.

3 Positive Behaviour Support (PBS)

The centre adheres to a positive behaviour support framework. This is a framework:

- that enhances the quality of life for the young person and others involved in his/her life
- for developing an understanding of the behaviours of concern displayed by the young person, based on an assessment of his/her social and physical environment and the broader context within which it occurs
- that is developed with the full inclusion and involvement of the young person being supported, his or her family members and/or advocates
- to develop, implement and evaluate the effectiveness of a personalised and enduring system of support
(Gore et al, 2013)

PBS is an approach which incorporates the safe use of reactive strategies (with restrictive practices if absolutely necessary) alongside proactive primary and secondary preventative approaches. All young people admitted to the centre will have individualised positive behaviour support plans that are reviewed regularly and adhere to the BILD Code of Practice (2014).

4 Educational Provision

The Iveagh Centre has a designated area designed to provide a safe learning environment, a teacher is included in the core multidisciplinary team.

For young people who are able to attend their own school, the Iveagh centre encourages this to continue during admission to keep up habits of learning, routines and school attendance. We will work to support a phased re-integration to school for young people whose school placement has broken down. For young people who are unable to attend their own school, education will be provided in the Iveagh Centre.

5 Treatment

Treatment plans are based upon the child's assessed needs. Families and children/young people are actively encouraged and supported to have involvement in making choices from the treatment options available. In all cases informed consent (as defined in DHSS Guide, March 2003) is sought from parents or carers and where possible from the young person before treatment is given and Trust policies are adhered to regarding this. Treatment is offered based on the best available evidence and in line with recommended best practice. The

approach is multidisciplinary and involves co-working between disciplines with collaboration and sharing of skills.

Treatment options offered include:

- Medical treatment of Psychiatric Disorder/Illness
- Behavioural Analysis and therapeutic plan including safe management of identified risks
- Implementation of communication strategies
- Addressing sensory needs
- Recreational therapy, group activities and physical activities
- Psychological Intervention –Emotional Regulation/Relaxation Therapy/ Personal Relationship Work/modified CBT or DBT/systemic work including Family Work/other individual therapeutic work
- Other therapies including – Music/Art therapy/Aromatherapy.

6 Outreach

Outreach to homes, residential services, schools and respite services may take place to facilitate planned discharge following treatment. This will only be considered when there is a clinical need to review interventions in another environment and will not be a substitute community support packages. The Iveagh team have capacity to work with six young people at any one time.

7 Discharge Planning

A pathway to discharge is agreed prior to admission and progress towards discharge is reviewed at weekly multidisciplinary team meetings and at 6 weekly review meetings which may be sooner if required.

All discharges should take place within 7 days of the young person being deemed medically fit for discharge. If a suitable placement is not available within 7 days this will be communicated via medical records to the SPPG and by Iveagh clinical team to Community Services. There will also be an escalation to the Responsible Director of the responsible Trust for the young person. In addition the relevant Commissioning lead at the SPPG will also be notified.

Community support and treatment services maintain ongoing contact throughout admission. Representatives attend 6 weekly review meetings and organise reviews under LAC (Looked After Children) procedures when necessary and in line with statutory procedures.

Following assessment and during the treatment phase discharge is supported through processes of centre-based working and liaison depending on the needs of the young person and their family.

All treatments plans will be transferable to community settings.

8 Discharge Process

At the Iveagh Centre assessment and discharge planning is a dynamic process which involves learning about each young person's specific needs. During assessment and discharge planning the Iveagh multidisciplinary team work collaboratively with parents/carers through a process of centre-based working where the parents/carers are supported in changing patterns at home which may have been contributing to some of the difficulties. Individual therapeutic work and family based therapeutic interventions are offered alongside practical modelling of effective behavioural approaches and communication systems which have been helpful to the young person in the Iveagh Centre.

For those young children/young people returning to residential services a process of collaboration and sharing of ideas between the Iveagh team and those working in residential services allows for joint development of a care plan, meeting each young person's individual needs. Community Residential staff are invited to work with and alongside the young person and the Iveagh Centre professionals prior to any transition. Movement to a new setting will be planned within a time scale dependent on each young person's needs and with agreement between the services involved.

Legal Rights

For young people who are admitted on a voluntary basis, but who lack capacity to consent to a deprivation of liberty, treatment and care is determined on the basis of best interests and in collaboration with those holding parental responsibility and complies with all statutory obligations and requirements.

For some young people the difficulties they are experiencing will necessitate their detention under the Mental Health (NI) Order 1986. Should this occur then the young person and their family/carers will be informed of their rights in this regard including the role of:

The Regulation and Quality and Improvement Authority
The Mental Health Review Tribunal
The Trust

For children detained under the Mental Health (NI) Order 1986, the restriction to liberty and family life they experience (as detailed in Articles 5 and 8 of the European Convention on Human Rights, 1998) is acknowledged and continuously reviewed by the multidisciplinary team.

Statutory obligations of social services under the Children (NI) Order 1995 are also to be adhered to.

Every effort is made to ensure that information is provided in a format that is easily understood by young people and their family/carers.

Quality Standards

Quality standards are monitored externally by the Regulation and Quality Improvement Authority (RQIA). The Centre is audited on a yearly basis by the Quality Network for Inpatient CAMHS (QNIC).

Clinical and Social Care Governance

The Belfast Trust has a statutory duty to assure the quality of clinical care, responsibility for which lies with the Chief Executive. Clinical and Social Care Governance provides the organisational framework for monitoring and improving care practice, which includes clinical audit, evidence based healthcare, professional self-regulation and lifelong learning. Ensuring that systems are in place and monitoring for effectiveness is the responsibility of senior managers and clinicians.

Appropriate structures are in place for monitoring Clinical and Social Care Governance within the Trust.

Outcome Measures

Standardised outcome measures are used for all young people admitted to the Iveagh Centre to measure progress towards goals set on admission. These include: patient reported outcome measures, parent reported outcome measures and clinician rated measures.

Policies and Procedures

All staff must adhere to Trust policies. These are based on good practice ratified by the Trust Board and regularly updated. Staff members employed at The Iveagh Centre also refer to the Mental Health (NI) Order 1986, the Children Order (1995), Regional Child Protection Policies (2005) and other relevant professional guidance. In addition, all registered staff will be guided by their professional codes of conduct.

Staff Development and Training

The Iveagh Centre promotes development and training within its staff team. As a specialist unit high priority is given to training that will enhance the staff skill base and therefore increase the number and quality of therapeutic options open to young people accessing the service. Staff members are also encouraged to participate in relevant research within the guidance issued by the Trust for this purpose.

All staff members are required to attend the Trust Induction Programme. The Iveagh Centre provides a local Induction Package for all new staff. Additionally all staff are required to attend

mandatory training, updates as required and identified in house training developed to enhance clinical skills.

The Trust provides appropriate clinical supervision for all professional staff working in the Iveagh Centre. A Personal Contribution Framework (PCF) is in place to support continuous professional development.

The Continuing Professional Development of medical staff is monitored through the processes of appraisal and revalidation.

Safeguarding Processes

Trust Child Protection Policy and Procedures will be adhered to.

References

Council of Europe (1996)

European Convention on the Exercise of Children's Rights

Council of Europe, Strasbourg

Department of Health (1995) **Children (Northern Ireland) Order 1995** Belfast: HMSO

Area Child Protection Committees' (2005) **Regional Policy and Procedures** Area Child Protection Committee

DHSS (2003) **Consent to Examination or Treatment / Good practice in Consent: Implementation Guide** DHSS

Council of Europe (1998) **European Convention on Human Rights** Council of Europe, Strasbourg

Gore, N et al (2013) Definition and scope for positive behavioural support. *International Journal of Positive Behavioural Support*, 3, 2, 14-23

BILD (2014) Code of practice for minimising the use of restrictive physical interventions: planning, developing and delivering training. Fourth Edition

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