Chief Psychiatrist

Inspection Protocol

Version No.: 01
Approval date: 26/02/2019

Government of South Australia
SA Health

Contents

1. Introduction / Policy Statement

The *Mental Health Act 2009* (the Act) establishes the position of Chief Psychiatrist and provides the position with a number of powers and functions, including the power to conduct inspections of incorporated public hospitals and licensed private hospitals. Inspections provide the Chief Psychiatrist with an essential mechanism to carry out their mandatory tasks, such as monitoring: the standard of mental health care, the treatment of patients, the use of restrictive practices and the administration of the Act. Inspections also supply the Chief Psychiatrist with data that will inform other functions, such as promoting the continuous improvement of mental health service delivery and organisation, and advising the Minister on issues relating to mental health.

This Protocol describes how inspections are conducted, the criteria they use, and the reporting and recommendation processes in place. This Protocol applies to incorporated public hospitals, licensed private hospitals and all facilities determined by the Chief Psychiatrist to be an Approved Treatment Centre, a Limited Treatment Centre or an Authorised Community Mental Health Facility.

This Protocol is made within the framework of the *Mental Health Act 2009,* the National Safety and Quality Health Service Standards, and the SA Health Strategic Plan 2017-20.

2. Roles and Responsibilities

2.1 SA Health Chief Executive

- Ensure appropriate SA Health systems and resources are available for the implementation of this Guideline.
- Participate in the management or oversight of inspection recommendations with system- or state-wide implications.

2.2 Chief Executive Officers and Chief Operating Officers of Local Health Networks

- Ensure Local Health Network facilities and staff have the capacity to facilitate inspections.
- Ensure appropriate Local Health Network systems and resources are available for the implementation of inspection recommendations.
- Participate in the management or oversight of inspection recommendations with Local Health Network-wide implications.

2.3 Chief Psychiatrist

- Establish, maintain and review the effectiveness of this Guideline.
- Ensure allocated Office of the Chief Psychiatrist systems and resources are available for the implementation of this Protocol Guideline.
- Ensure inspectors are trained and oriented.
- Support the implementation of this Protocol through the provision of resource materials.
- Provide advice to health services in response to specific matters arising from inspections.

- Participate in and provide advice for the local, regional and statewide implementation of recommendations.

2.4 Chief Medical Officer, Chief Public Health Officer, Chief Allied and Scientific Health Officer, Chief Nurse and Midwifery Officer and Executive Director Quality Information Performance

- Ensure that professional, public health and safety and quality systems and processes have the capacity to manage or monitor relevant inspection recommendations.

2.5 Clinical Directors, Directors of Nursing and Strategic Directors

- Facilitate and participate in inspections as required.
- Ensure facilities which provide mental health services and staff have the capacity to facilitate inspections.
- Ensure appropriate mental health systems and resources are available for the implementation of inspection recommendations.
- Participate in the management or oversight of inspection recommendations as required.

2.6 Safety, Quality and Risk Directors and Managers

- Facilitate and participate in inspections as required.
- Ensure safety and quality staff have the capacity to facilitate inspections.
- Ensure appropriate safety and quality systems and resources are available for the implementation of inspection recommendations.
- Participate in the management or oversight of inspection recommendations as required.

2.7 All SA Health staff, students and contractors

- Facilitate and participate in inspections as required.
- Facilitate the implementation of practice, process and system change that may result from inspection recommendations.

3. Inspection Protocol

The protocols for the conduct of Chief Psychiatrist inspections under the *Mental Health Act 2009* are described below.

3.1 Legislative Framework

The Chief Psychiatrist of South Australia is a statutory position established by section 89 of the *Mental Health Act 2009* (the Act). Broadly, the powers and functions of the Chief Psychiatrist, and through them the Office of the Chief Psychiatrist, are:

- Administering and monitoring the use of the Act
- Monitoring and improving the delivery and standard of mental health care
- Monitoring the treatment and care of patients
- Conducting inspections and investigations
- Administering the Prescribed Psychiatric Treatment Panel
- Determining and documenting the facilities and officers required by the Act
- Determining the forms, statements of rights and other instruments required by the Act
- Publishing Chief Psychiatrist Standards
- Publishing an Annual Report
- Advising the Minister and reporting on matters of concern

The Chief Psychiatrist powers and functions for monitoring, service improvement, inspections and delegations that govern this Inspection Protocol are described below.

3.1.1 Monitoring and Service Improvement Powers

The Chief Psychiatrist has specific powers and functions, described in subsection 90(1), to monitor the treatment of patients, the use of restrictive practice, the administration of the Act and the standard of mental health care. In addition to monitoring complaints, safety and quality activity, best practice and the use of the Act through established reporting mechanisms, a core component of active monitoring is the use of inspections to examine clinical practice, and supporting processes, in a live environment.

The Chief Psychiatrist also has specific powers and functions to improve the delivery, and organisation, of mental health services. The recommendations made from Chief Psychiatrist inspections will become part of the service improvement regime of the Local Health Networks and the Department for Health and Wellbeing to inform improvement at the local and state level.

90 – Chief Psychiatrist's functions

(1) The Chief Psychiatrist has the following functions:

(a) to promote the continuous improvement in the organisation and delivery of mental health services in South Australia;

(b) to monitor the treatment of voluntary and involuntary patients, and the use of restrictive practices in relation to such patients;

(c) to monitor the administration of the Act and the standard of mental health care provided in South Australia;

(d) to advise the Minister on issues relating to mental health and to report to the Minister any matters of concern relating to the care or treatment of patients;

(e) any other functions assigned to the Chief Psychiatrist by this Act or any other Act or by the Minister.

3.1.2 Inspection Powers

The Chief Psychiatrist has powers and functions to conduct inspections of public and private hospitals, and community health services, that provide treatment and care for people with mental illness. Those powers are described in subsections 90(4) and 90(5) of the *Mental Health Act 2009* and subsection 88(2) of the *Health Care Act 2008.* Subsections 90(4)(a) and 90(5) of the *Mental Health Act 2009* describe how inspections of public inpatient and community mental health services can be conducted. Subsection 90(4)(b) of the *Mental Health Act 2009* and subsection 88(2) of the *Health Care Act 2008* describe how inspections of private inpatient and community mental health services can be conducted.

The Act does not require a particular regime of announced and unannounced inspections, or a particular frequency for inspections to be carried out. The Office of the Chief Psychiatrist has designed an inspection regime to include announced and unannounced inspections, within timeframes that will complement existing inspection, visit and accreditation schedules.

Mental Health Act 2009, Part 12

90—Chief Psychiatrist's functions

(4) The Chief Psychiatrist will—

- (a) have the authority to conduct inspections of the premises and operations of any hospital that is an incorporated hospital under the *Health Care Act 2008*; and
- (b) be taken to be an inspector under Part 10 of the *Health Care Act 2008*.

(5) For the purposes of subsection (4)(a), the Chief Psychiatrist may, at any reasonable time, enter the premises of an incorporated hospital and, while on the premises, may—

- (a) inspect the premises or any equipment or other thing on the premises; and
- (b) require any person to produce any documents or records; and
- (c) examine any documents or records and take extracts from, or make copies of, any of them.

Health Care Act 2008, Part 10

88—Inspectors

(1) The Minister may appoint suitable persons to be inspectors for the purposes of this section.

(2) An inspector appointed under subsection (1) may, at any reasonable time, enter the premises of a private hospital and, while on the premises, may—

- (a) inspect the premises or any equipment or other thing on the premises; and
- (b) require any person to produce any documents or records; and
- (c) examine any documents or records and take extracts from, or make copies of, any of them.

3.1.3 Delegation Powers

The Chief Psychiatrist can delegate a power or function of the Act, under section 91 of the Act, to another person. The Chief Psychiatrist will delegate their inspection powers to appropriate trained staff of the Office of the Chief Psychiatrist and the Local Health Networks, and occasionally consultant experts from other jurisdictions, as a matter of course to ensure a fulsome inspection regime can be carried out.

Mental Health Act 2009, Part 12

91—Delegation by Chief Psychiatrist

(1) The Chief Psychiatrist may delegate a power or function of the Chief Psychiatrist under this Act to a particular person or to the person for the time being performing particular duties or holding or acting in a particular position.

(2) A power or function delegated under this section may, if the instrument of delegation so provides, be further delegated.

(3) A delegation under this section—

(a) may be absolute or conditional; and

(b) does not derogate from the power of the delegator to act in a matter; and

(c) is revocable at will by the delegator.

3.2 Inspection Types, Sites and Teams

3.2.1 Inspection Types

Inspections with be undertaken in country and metropolitan health services. The Chief Psychiatrist will undertake three types of inspections:

- **Standard Inspection** – An inspection to consider particular areas of a facility and/or particular aspects of treatment and care, relevant to the type of facility inspected. May be announced or unannounced, with most to be unannounced. To occur at period intervals.
- **Comprehensive Inspection** – A broad inspection to consider all areas of a facility and all aspects of treatment and care. May be announced or unannounced, with most to be unannounced. To occur at periodic intervals for all Approved Treatment Centres, Limited Treatment Centres and Authorised Community Mental Health Facilities.
- **New Unit Inspection** – A broad inspection to consider all areas of a new building and the environment of a facility, to enable the Chief Psychiatrist to make a determination via the Gazette about the status of the unit/facility. To occur as required. (Such inspections will usually be followed up by a Standard Inspection within 3 months to confirm the effective operation of the unit and the model of care.)

3.2.2 Inspection Sites

The Chief Psychiatrist will undertake inspections at the following sites and facilities:

- **Approved Treatment Centres** – The inpatient mental health units and emergency departments of public and private hospitals determined as Approved Treatment Centres. (Other inpatient units that provide treatment to people with mental illness may also be inspected from time to time.)
- **Limited Treatment Centres** – The inpatient mental health units and emergency departments of public and private hospitals determined as Limited Treatment Centres. (Other inpatient units that provide treatment to people with mental illness may also be inspected from time to time.)
- **Authorised Community Mental Health Facilities** – The community clinics and residential units of public and private services determined as Authorised Community Mental Health Facilities, including Community Mental Health Services, Community Rehabilitation Centres and Intermediate Care Centres.

The Chief Psychiatrist can undertake inspections at the following sites and facilities:

- **Other Public and Private Hospitals** – The inpatient units and emergency departments of other public and private hospitals that provide treatment to people with mental illness.

3.2.3 Inspection Teams

Inspection teams will be composed of individuals who will bring different skills, knowledge and perspectives, depending on the type and scope of the inspection. Each inspection team is led by a member of the Office of the Chief Psychiatrist. The size of an inspection team will depend on the type and scope of the inspection. All members will have delegated inspection powers from the Chief Psychiatrist and will carry their instrument of delegation. Membership of inspection teams will be drawn from (but is not limited to):

- Chief Psychiatrist.
- Office of the Chief Psychiatrist clinical staff and/or legislative staff.
- Public and private clinicians and safety quality risk officers.
- People with Lived Experience.
- Interstate clinical and/or legislative experts.

3.3 Inspection Activation

In addition to inspections conducted when a facility or service is commencing, and those conducted periodically for established facilities or services, an inspection may be carried out at any time at the instigation of the Chief Psychiatrist, and may be in response to one or a combination of the following:

- Complaint.
- Request of a patient, carer or family.
- Community Visitor Scheme report.
- Incident report.
- Safety and quality activity or report.
- Request of the manager, team leader or staff of a facility or service.
- Request of the Chief Executive Officer or other executive of a Local Health Network.
- Request of the Chief Executive or other executive of SA Health.
- Request of the Principal Community Visitor, Public Advocate or Health and Community Services Complaints Commissioner.
- Request of the Minister.

3.4 Inspection Process

The process for each inspection will vary according to its nature and purpose, and may include relevant steps such as those listed below. It is expected that clinical staff on duty will prioritise their clinical duties while an inspection is underway but will assist the inspectors as they are able.

- Collate and analyse documentation.
- Form inspection team with appropriate skill mix and delegations.
- Notify and/or attend facility.
- Inspect facility and equipment.
- Engage with consumers, carers and staff.
- Provide information about inspection process to consumers, carers and staff.
- Inspect documentation.
- Observe engagement with consumers and carers.
- Observe particular practices as required.
- Write up draft report.
- Consult with staff and managers regarding errors of fact and progress of actions so far.
- Write up final report and recommendations.
- Submission of report to service provider and into safety quality risk systems for action.
- Follow up actions and recommendations with service provider.

3.5 Inspection Criteria

Inspection teams may assess against the following criteria:

- Adequacy of duress systems
- Assessment of patient mental and physical health, and other factors
- Availability of information and resources for staff, patients and families
- Communication with internal and external partners in care
- Compliance with clinical best practice
- Compliance with Policy Directives, Policy Guidelines and Chief Psychiatrist Standards
- Compliance with the *Mental Health Act 2009* and other legislation
- Documentation of clinical, legislative, policy, communication and handover matters
- Engagement with carers and families
- Engagement with patients
- Equipment condition and maintenance
- Evidence of therapies offered
- Handover, referral and discharge processes
- Management of ligature risk
- Personalised care relating to age, Aboriginality, cultural and linguistic diversity, gender and gender identity, sexual diversity, disability, and experience of torture and trauma
- Site / facility condition and maintenance
- Site / facility fitness for purpose
- Site / facility security
- Staff skills, knowledge, competency and training
- Staffing numbers and skill / profession mix
- Workplace culture

Inspection teams may also consider before, during or after the inspection:

- Accreditation reports against National Standards and actions taken
- CBIS and EPAS electronic medical records
- Community visitor reports and actions taken
- Consumer feedback and actions taken
- Incident reports and actions taken
- Models of care
- Quality improvement activities and outcomes
- Range of therapies and services available
- Risk registers
- Workplace instructions

3.6 Inspection Documentation, Reporting and Response

3.6.1 Inspection Documentation

The inspection team will take notes during the inspection and may take copies of documents available on site. In addition, the inspection team will examine other documentation, such as legislation, policy, safety and quality reports, and reports from other inspection regimes. The inspection team will consider the informing documents and their observations during the inspection and document them, along with recommendations, in the Inspection Report.

3.6.2 Inspection Report

The Inspection Report will constitute a summary of the informing factors, observations, analysis and recommendations for a particular inspection. Once the initial draft is completed, it will be provided to the health service responsible for a review of errors in fact and a report of progress so far. That feedback will inform the final version of the Inspection Report, which will then be formally submitted to the service responsible for action.

3.6.3 Inspection Response

The service will then provide a response outlining their plans for addressing the recommendations and timelines for doing so.

The inspection team will document the recommendations, identified actions and timelines in a database, to enable follow up by the Chief Psychiatrist.

The service and the inspection team may identify particular recommendations and actions that are within the scope of existing safety and quality or service improvements systems and mechanisms, and may refer recommendations for attention through those systems and mechanisms.

Recommendations will be finalised and closed through mutual agreement of the OCP and the health service.

3.6.4 General Reporting

The OCP will provide a copy of the final version of the Inspection Report to the Strategic Mental Health Quality Improvement Committee, so that Safety Quality Risk Managers from all Local Health Networks are aware of issues across the state.

The OCP will provide a quarterly inspections report to the Minister summarising sites inspected, issues identified, recommendations made and service responses and timelines.

The OCP will also publish a broad summary of inspections made and issues identified in the Annual Report of the Chief Psychiatrist.

3.7 Interface with Other Inspections and Visits

Inspections made under this Protocol are not intended to replicate inspections under existing visit, audit, inspection or service improvement regimes, such as:

- Accreditation audits against the National Safety and Quality Health Service Standards.
- Accreditation of aged care facilities by the Australian Aged Care Quality Agency.
- Complaint reviews and investigations by the Local Health Network or the Health and Community Complaints Commissioner.
- Incident reviews and investigations.

- Ligature audits of inpatient units.
- New facility or redevelopment inspections against the Australasian Health Facility Guidelines and the Health Planning Unit Mental Health – Overarching Guideline.
- Reviews by the Public Advocate.
- Safety quality risk audits against local, state and national policy and procedure.
- Visits and inspections by the Community Visitor Scheme.

To this end, inspections under this Protocol will be designed to overlap as little as possible with other regimes.

If the inspection team has noted an issue in a report from another agency about a particular site before the inspection commences, the team may decide to only briefly examine that issue to confirm its existence or may decide to carry out a more thorough review of the issue.

When the inspection team finds an issue that would be better addressed through an alternative mechanism, the inspection report may note this and make a referral to the other mechanism.

On occasion, it may be of benefit for different regimes to review a particular issue, either jointly or separately, to provide broader findings and recommendations than could be made by one scheme alone.

4. Implementation and Monitoring

The Office of the Chief Psychiatrist will document inspection findings, recommendations, service responses, timelines and consequent service improvement outcomes, for consumers, carers, staff and the service as a whole. That data will inform regular and periodic evaluation of service improvement and the effectiveness of this Protocol.

The routine reporting, monitoring and evaluation of the Protocol will occur as below:

- Monthly – Strategic Mental Health Quality Improvement Committee.
- Quarterly – Minister for Health and Wellbeing.
- Annually – Annual Report of the Chief Psychiatrist.

Additionally, the Chief Psychiatrist will conduct a formal annual review of Protocol effectiveness and service improvement outcomes in collaboration with the Local Health Networks and the Executive Director of Quality Information and Performance.

As required, the Chief Psychiatrist may seek external expert review and evaluation of the Protocol or service improvement outcomes.

5. National Safety and Quality Health Service Standard

National Standard 1 Clinical Governance	National Standard 2 Partnering with Consumers	National Standard 3 Preventing & Controlling Healthcare-Associated Infection	National Standard 4 Medication Safety	National Standard 5 Comprehensive Care	National Standard 6 Communicating for Safety	National Standard 7 Blood Management	National Standard 8 Recognising & Responding to Acute Deterioration
☒	☒	☐	☒	☒	☒	☐	☒

This Chief Psychiatrist Protocol is relevant to National Standards 1, 2, 4, 5, 6 and 8, as described in more detail below.

Standard 1 – Clinical Governance

The clinical governance, and safety and quality systems that are required to maintain and improve the reliability, safety and quality of health care, and improve health outcomes for patients.

Standard 2 – Partnering with Consumers

The systems and strategies to create a person-centred health system by including patients in shared decision making, to ensure that patients are partners in their own care, and that consumers are involved in the development and design of quality health care.

Standard 4 – Medication Safety

The systems and strategies to ensure that clinicians safely prescribe, dispense and administer appropriate medicines to informed patients, and monitor use of the medicines.

Standard 5 – Comprehensive Care

The integrated screening, assessment and risk identification processes for developing an individualised care plan, to prevent and minimise the risks of harm in identified areas.

Standard 6 – Communicating for Safety

The systems and strategies for effective communication between patients, carers and families, multidisciplinary teams and clinicians, and across the health service organisation.

Standard 8 – Recognising and Responding to Acute Deterioration

The systems and processes to respond effectively to patients when their physical, mental health or cognitive condition deteriorates.

6. Definitions

announced inspection means: an inspection that is carried out by an inspection team with prior notification to the health service.

inspector means: the Chief Psychiatrist, or delegated person, using the powers of inspection provided for in subsections 90(4) and 90(5) of the *Mental Health Act 2009* and subsection 88(2) of the *Health Care Act 2008*.

unannounced inspection means: an inspection that is carried out by an inspection team without prior notification to the health service.

7. Associated Policy Directives / Policy Guidelines and Resources

- Aboriginal Cultural Respect Framework 2007.
- Accreditation Policy Directive 2013.
- Charter of Health and Community Services Rights Policy Directive 2015.
- Child Safe Environments (Child Protection) Policy Directive 2018.
- Clinical Handover Policy Directive 2013.
- Clozapine Management Clinical Guideline 2017.
- Consumer Feedback Management Policy Directive 2015.
- Electro-Convulsive Therapy Policy Guideline 2018.
- Forensic Mental Health Patient Admission to SA Health Facilities Policy Directive 2013.
- *Mental Health Act 2009.*
- Mental Health Services Pathways to Care Policy Directive 2014.
- National Safety and Quality Health Service Standards, 2nd Edition, 2017.
- Patient and Solicitor Access to Patient Records Chief Psychiatrist Standard 2012.
- Patient Incident Management and Open Disclosure Policy Directive 2017.
- Recognising and Responding to Clinical Deterioration Policy Directive 2012.
- Reporting and Management of Incidents of Suspected or Alleged Sexual Assault of an Adult, or Sexual Misconduct by an Adult, within SA Health Facilities and Services Policy Directive 2015.
- Restraint and Seclusion in Mental Health Services Policy Guideline 2016.
- Whistleblowers Protection Policy Directive 2015.

8. Document Ownership and History

Document developed by: Office of the Chief Psychiatrist, Department for Health and Wellbeing
File / Objective No.: 2018-04922 | A1121516
Next review due: 31/12/2019
Policy history: Does this policy amend or update an existing policy version? **N**
If so, which version?
Does this policy replace another policy with a different title? **N**
If so, which policy (title)?

ISBN No.: 978-1-76083-104-2

Approval Date	Version	Who approved New / Revised Version	Reason for Change
26/02/2019	V1.0	Chief Psychiatrist	Original version for consultation