



## Regional Rangatahi Adolescent Inpatient Unit (RRAIS), Kenepuru Hospital

### Recommendations, feedback and comments: OPCAT Report 2022

Recommendations	Accept/ Partial/ Reject	Comments
1. Refurbish Rangimarie urgently to protect mokopuna privacy and dignity	<b>Accept</b>	This work is in progress. However, due to the national importing restrictions following Covid-19, the building materials have not been available in New Zealand. With the restrictions now lifted we are hopeful we can continue to progress this work.
2. Limit the number of beds to meet safe occupancy levels until fully staffed	<b>Partial</b>	<p>Please see the attached RRAIS occupancy document for occupancy rates over the period January 2014 to April 2022.</p> <p>The draft OPCAT report received in 2022 states that on occasions, there are 15 mokopuna on the unit. This is inaccurate. Whilst RRAIS at times have had 15 mokopuna under the care of the unit, some of the mokopuna would have been on extended leave or day leave from the unit. From January 2014 – April 2022 (RRAIS occupancy) over occupancy was recorded 9 times. On each of these occasions the recorded over occupancy was due to mokopuna on leave from the unit but not yet discharged from the</p>

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		<p>service. There has never been an instance recorded where 15 mokopuna have been on the unit at the same time overnight.</p> <p>In terms of the recommendation to “limit the number of beds to meet safe staffing level until fully staffed”, it is noted that different mokopuna have different staffing needs at different times. Optimal staffing is therefore a dynamic concept.</p> <p>Capital and Coast District Health Board (CCDHB) has taken the following steps to achieve optimal staffing as follows:</p> <p>Since the previous visit of the Children’s Commissioner in March 2021, CCDHB has implemented the Care Capacity Demand Management Programme (CCDMP) on RRAIS. Full Time Equivalent (FTE) calculations have been completed using CCDMP to determine the establishment FTE based on acuity data.</p> <p>CCDMP also allows for optimal staffing levels to be accurately calculated for each shift, based on data beyond a simple count of the number of mokopuna in the unit at a given time. The CCDMP data includes the clinical acuity of the individual mokopuna, and includes other factors such as staff working overtime or missing breaks, to arrive at a Variance Indicator Scoring (VIS) which is then used on a shift-by-shift basis to determine optimal staffing numbers. The VIS is used by the Team Leader and the duty managers to make decisions about numbers of admissions that can be safely accommodated at a given time. Using the VIS, RRAIS endeavours to provide optimal staffing at all times.</p>

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		<p>The Team Leader of RRAIS remains actively engaged with the recruitment manager, to ensure vacancies continue to be advertised. RRAIS currently has 5.35 FTE nursing vacancy, 0.5 FTE Senior Medical Officer vacancy, 1.0 FTE Social Worker vacancy and 1.0 FTE support worker vacancy. The use of CCDMP has improved the reporting of staffing shortages within RRAIS raising the awareness across the organisation.</p>
<p>3. Address unsafe staffing levels urgently</p>	<p><b>Accept</b></p>	<p>As per our response to Recommendation 2, CCDMP has allowed for the establishment FTE to be calculated. Using the data from CCDMP and the safe staffing reportable events, which highlight the current resourcing issues in RRAIS, the Mental Health, Addictions and Intellectual Disability Service (MHAIDS) Senior Leadership Team have agreed to increase RRAIS staff by 21.7FTE. This has been approved by the CCDMP council and the 2DHB Executive Leadership Team.</p> <p>RRAIS continue to monitor staffing levels through Trend Care (the CCDMP workforce planning and workload management system), which helps RRAIS management to focus on resource planning to effectively manage current clients. When resource gaps are identified through Trend Care, casual staff are contacted through the use of the MHAIDS Integrated Operations Centre allocation tool. In addition we closely monitoring the use of overtime to ensure the health and wellbeing of our staff is not impacted.</p>

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		<p>Although the inspectors comment specifically on staffing levels in RRAIS, we would like to note that the overall workforce challenges in mental health continue to be widely recognised in New Zealand as well as overseas.</p>
<p>4. Develop a recruitment strategy for nursing staff, with emphasis on attracting more males and Māori staff</p>	<p><b>Accept</b></p>	<p>As noted in Recommendation 3, there is a recognised nursing staff shortage in New Zealand. However CCDHB continue to progress the work outlined in “Taurite Ora: New Māori Health Strategy” (attached) which challenges the organisation to rebuild itself as a pro-equity organisation from the ground up. Taurite Ora particularly identifies child and youth mental health services as an area that would benefit from directing efforts to improve outcomes for Māori, whānau and communities. The document clearly defines the issues that mokopuna experience and addresses these issues head on, by making child and youth services a service focus area. Taurite Ora also outlines the 5 strategic priorities that make up our organisational action plan to improve health equity and optimal health for Māori by 2030. Strategic priority 2 specifically focuses on how CCDHB will grow and empower our workforce to be culturally appropriate with clear measurable outcomes.</p> <p>MHAIDS are actively involved in a number of initiatives to assist in recruitment in relation to our Māori workforce including:</p>

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		<ul style="list-style-type: none"> <li>• Involvement in the Kia ora hauora initiative – This gives Māori mokopuna exposure to health careers and encourages as well as supports mokopuna in training.</li> <li>• Participation in the career expo held in Wellington</li> <li>• Involvement in Virtual Healthcare Fairs UK</li> <li>• Engagement with the New Entry to Specialist Practice (NESP) educators and Māori workforce development leaders to support students thinking about working for MHAIDS</li> <li>• Initiation of Māori and Pacific supervision groups as part of the NESP programme to assist with staff retention</li> <li>• Monthly meetings with the recruitment leader to review opportunities for improving recruitment</li> </ul> <p>In addition to these initiatives, any applicant that identifies as Māori and meets criteria is automatically shortlisted for interview.</p> <p>Outside of nursing, RRAIS continue to focus on increasing their Māori workforce and in 2021 appointed a new Kaumātua for the unit. The Kaumātua has helped the service to better support mokopuna through embedding Māori kaupapa more deeply throughout the service.</p>

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		RRAIS has also had success in other areas of recruitment, appointing two new Occupational Therapists, a Social Worker and additional Mental Health Support Workers.
5. Update policy to insure informal mokopuna have access to the same protections as those under compulsory treatment	<b>Accept</b>	<p>The report states that informal mokopuna are unaware that they do not have access to District Inspectors. Although informal clients do not technically have access to District Inspectors, the District Inspectors do have a mandate to overview the state of services and, can provide information to informal clients about the Mental Health Act. District Inspectors have a keen interest in upholding mokopuna rights and have indicated they would raise issues affecting informal clients where appropriate.</p> <p>The report also noted that the Nationwide Health and Disability Service was the only source of independent advocacy service. Although the number of independent advocacy services is limited, on admission, RRAIS provide mokopuna and their whānau with information on additional independent services available to them. These services are documented in the MHAIDS Supporting Parents Healthy Children: community support services leaflet (attached).</p> <p>We accept that at the time of the Commissioner’s visit, the Younger Persons’ Sector had no dedicated consumer advisor. MHAIDS as an organisation do employ a team of Lived Experience Advisors who are available to all RRAIS mokopuna if required. Following the Children’s Commissioner’s visit to RRAIS, the Younger Persons’ Sector have actively prioritised employing a</p>

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		consumer advisor. We have interviewed and expect to appoint into the role shortly.
Facility Recommendations	Accept/ Partial/ Reject	Comments
1. Address the high and increasing use of seclusion and restraint	<b>Accept</b>	<p>The report notes that between 1 July 2021 and 31 December 2021 there was an increase in the number of seclusion events and restraint events compared to the six months prior. It is important to acknowledge that although there was an increase in seclusion events, these were mainly attributed to three clients with very complex mental health needs. Two of these clients did not meet criteria for RRAIS but were admitted to the unit due to resourcing issues in other areas. Therefore, RRAIS staff were struggling to provide the specialist support needed for these mokopuna, whilst they were waiting to be transferred to services better equipped to manage their needs and support their recovery. Unfortunately, this resulted in an increase in seclusion and restraint events for these specific clients.</p> <p>As an organisation, we are aware that the elimination of seclusion in mental health has been a government policy for over a decade. To address this issue, we continue to engage with the Health Quality and Safety Commission (HQSC) and work in partnership with all other national DHBs in the context of the “Zero Seclusion: Safety and Dignity for All” project. The Zero Seclusion project work</p>

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		<p>continues to progress within our two DHBs, with established project teams within three of our inpatient units. Further, we are collaborating through the national forums to further reduce, prevent and eliminate seclusion in a sustainable, person-centred, safe and evidence-based way. The Zero Seclusion project steering group continues to include RRAIS in the strategic direction for the project and share resources to help reduce seclusion within the unit.</p> <p>With regard to the increasing use of restraint on mokopuna, the MHAIDS Younger Persons' sector began a project in August 2021 within RRAIS called 'Towards Restraint-Free Care'. The aim of the project is to develop ways in which we can improve safety, mitigate risk and reduce the need for restraint within our inpatient service. The foundation of the project is based upon the Six Core Strategies service review tool (attached), which provides guidance for mental health services in implementing least restrictive practice. Since the Commissioner's visit in January 2022 there has been a significant decrease in the amount of physical, personal and environmental restraints on the unit. There have been 14 reported personal restraints and only two instances of environmental restraint recorded from 1 January 2022 – 23 May 2022. Work in this space is ongoing, and we are hopeful our continued efforts will lead to eliminating the need for restraint and result in improved outcomes for mokopuna.</p>



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2. Provide Safe Practice Effective Communication (SPEC) training to all staff. Ensure all staff are up to date with this training.	<b>Accept</b>	The Team Leader and Clinical Nurse Specialist (CNS) for RRAIS will work with the RRAIS staff and Learning and Development team to ensure that all staff are up to date with SPEC training.
3. Reduce the use of cardboard potties	<b>Accept</b>	<p>The use of cardboard potties is not standard practice on RRAIS. Cardboard potties have only been used in circumstances when mokopuna in seclusion are deemed to be at a risk to themselves or to staff, and are therefore not able to use the bathroom provided in Rangimarie. The Rangimarie bathroom can be locked from the inside and has no viewing window. This is a safety risk for mokopuna and staff, as staff need to be able to remain in contact with mokopuna who may be highly distressed.</p> <p>As noted in Facility Recommendation 1, the Rangimarie area of RRAIS is awaiting refurbishment. Part of the refurbishment will be to redevelop the bathroom to meet standards that uphold the safety and dignity of mokopuna.</p>
4. Evidence in case files that all mokopuna sign a consent to treatment form.	<b>Accept</b>	Consent is a continuous discussion with all mokopuna throughout their care in RRAIS and is always discussed with mokopuna prior to their admission. However, we do accept that there were gaps in the documentation reviewed. To increase the awareness of and compliance with documenting consent, the Team Leader and CNS for RRAIS will provide training and review the current processes with the team. In addition, the requirement to complete the consent to treatment form has been formally written into the

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		RRAIS operations manual which is in the final stages of development.
5. Review the consent process and documentation standards for informal mokopuna, including consent to remain on a locked unit	<b>Accept</b>	<p>We note that the report states that RRAIS is designated as an open unit which is incorrect. RRAIS was an open unit at the time it opened in 2002. However, upon reviewing the RRAIS procedures, documentation and current practices in a clinical governance meeting in September 2021, it was decided that the open status of the unit was no longer accurate or appropriate to safely care for the mokopuna. RRAIS formally became a locked unit on 20 September 2021 after consultation with the District Inspectors. This is discussed and agreed with all mokopuna and their whānau prior to admission. As noted in the report, RRAIS have since finalised the information leaflet which includes information about the locked status of the unit (included). This is provided to all mokopuna and whānau on admission with additional copies available on the unit.</p> <p>In addition, RRAIS staff will utilise the 'MHAIDS consent to treatment for informal clients' form to document that mokopuna consent to remaining on the unit where there may be restrictions to their freedom.</p> <p>It is also noted in the report that mokopuna raised concerns of a lack of staff to accompany them on leave. RRAIS staff will always endeavour to accompany mokopuna on all planned and agreed leave from the unit. However, due to the structure of the service,</p>

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		RRAIS staff are not always able to accompany mokopuna with respect to spontaneous requests.
6. Record in any case files any instances where informal mokopuna are prevented from leaving the unit as environmental restraint	<b>Accept</b>	As noted in response to Facility Recommendation 5, RRAIS staff will always endeavour to accompany mokopuna on all planned and agreed leave from the unit. Moving forward, instances where leave has not been able to be facilitated will be reported as an environmental restraint.
7. Establish independent peer advocacy to support all mokopuna	<b>Accept</b>	RRAIS remain committed to progressing this work. RRAIS will consult with the MHAIDS Lived Experience Team and the Younger Person's Consumer Advisor (when appointed) to develop a plan for establishing independent peer advocacy.
8. Establish structured activities for mokopuna in evenings and weekends	<b>Partial</b>	<p>The report notes that the weekday therapeutic day programme is comprehensive. This is by design. Weekends remain flexible to support whānau visits, leave requests and therapeutic relaxation. Part of recovery is providing mokopuna with time to reflect and process their therapy.</p> <p>However, RRAIS do provide some structured activities on the weekend. On Saturday yoga is facilitated on the unit by a contracted yoga therapist and outings are arranged for most weekends.</p>

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		Further, as stated in the report, RRAIS staff are working with the Kaumātua to deliver more weekend activities and will work with our mokopuna to develop a more structured approach.
Previous Recommendations	Accept/Partial /Reject	Comments
1. Amend the Mental Health (Compulsory Assessment and Treatment) Act 1992 to represent the unique needs of mokopuna	<b>Partial</b>	We are aware that He Ara Oranga, the report of the Government Inquiry into Mental Health and Addiction recognised that the Mental Health (Compulsory Assessment and Treatment) Act 1992 has not kept pace with the shift towards a recovery and wellbeing approach to care, and has never been comprehensively reviewed. We support the recommendations found in this report, the current process that is underway to repeal and replace the Act, and any future changes in legislation that improve outcomes for mokopuna.
2. Provide training to staff on child rights	<b>Accept</b>	<p>All MHAIDS staff complete training on the Mental Health (Compulsory Assessment and Treatment) Act 1992 as a core requirement as part of their orientation to the service. The training outlines the rights of all consumers subject to compulsory mental health treatment and the obligations of mental health clinicians.</p> <p>Additional online training resources and workshops informing clinicians on different aspects of working with young people and their rights are available via ConnectMe. These include:</p> <ul style="list-style-type: none"> <li>• MHAIDS – Oranga Tamariki Act 1989</li> </ul>

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		<ul style="list-style-type: none"> <li>• MHAIDS - Culturally and Linguistically Diverse (CALD) Programmes – Working in a mental health context with CALD children and adolescents</li> <li>• MHAIDS - Supporting Parents, Healthy Children (SPHC)</li> </ul> <p>MHAIDS staff are also required to complete the MHAIDS Consumer Participation in Practice workshop. This workshop is facilitated by the MHAIDS Lived Experience Team and helps clinicians to develop consumer participation within their own area of work. 27 RRAIS staff members have completed this training.</p> <p>It is a requirement for all registered mental health professionals within our organisation to hold a valid Annual Practising Certificate (APC) issued by their regulatory authority. This ensures registered staff are up to date with current legislation and uphold consumer rights in line with the Code of Health and Disability Services Consumers' Rights.</p>
3. Involve mokopuna and whānau in the co-design of new or refurbished facilities	<b>Accept</b>	<p>We acknowledge that there is limited opportunity for co-design to occur in our current building developments and refurbishments. However, RRAIS has involved mokopuna in the recent interior refurbishments, consulting them on choosing the new interior paint colour. Additionally, all of the art work displayed in the unit has been completed by mokopuna.</p>

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		We continue to support this recommendation and aim to develop a standardised process to achieve this within the MHAIDS Younger Persons' sector.
4. Eliminate the use of seclusion and restraints on distressed mokopuna	<b>Accept</b>	Please see our response to Facility Recommendation 1.
5. Prioritise workforce strategy to recruit, retain and train staff to be  Culturally appropriate  Clinically competent and well trained  Child, youth and whānau focused	<b>Accept</b>	<p>Please see our response to Systemic Recommendation 3.</p> <p>All MHAIDS staff are required to complete core competency training modules to ensure they meet clinical standards. CCDHB also provides additional training which is accessible through ConnectMe. Individual learning plans are also available through ConnectMe for staff who want to increase their learning and move into more specialised areas. We also provide training workshops in collaboration with external partners.</p> <p>All new staff are required to complete the MHAIDS Te Rā Whakamāramatanga – Cultural Orientation. This is an all-day event run in accordance with Māori processes and traditions. The training allows staff to explore and experience Māori and Pacific world views alongside culturally-relevant assessment and treatment tools. Additionally, the MHAIDS Cultural Awareness in Practice training is available to staff via ConnectMe. 23 RRAIS staff have completed this additional training.</p>

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6. Provide accessible acute mental health care for all mokopuna and their whānau close to home	<b>Accept</b>	Providing acute inpatient services closer to home for mokopuna and their whānau is not possible with current resourcing as there are only three child/adolescent inpatient units nationally. Out of necessity to have critical numbers of staff, these units are located in or near large cities. However, as a regional service we do provide accommodation for whānau that have mokopuna in our service from non-local areas. Although the space in the accommodation is limited, it is free for whānau who need or wish to access it.
7. Develop an independently administered complaints process co-designed by mokopuna at all mental health facilities	<b>Partial</b>	MHAIDS has a robust complaints system. Please see attached for the MHAIDS complaint management policy. As noted in the report, the complaints process for CCDHB is included in the RRAIS admission packs, which is provided to all mokopuna entering our services. RRAIS will ensure that mokopuna’s attention is drawn to this information.
8. Embed Te Tiriti o Waitangi in a way that is genuine and responsive to the needs of mokopuna Māori and their whānau, hapu and iwi	<b>Accept</b>	As outlined above in our response to Systemic Recommendation 4, “Taurite Ora: New Māori Health Strategy” identifies the systemic issues that need to be addressed in order to embed Te Tiriti o Waitangi in a way that is genuine and responsive to the needs of rangatahi Māori and their whānau, hapu and iwi.  The appointment of the Kaumātua on the unit has helped the service to better support mokopuna through embedding Māori

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		<p>kaupapa more deeply throughout the service. RRAIS has achieved this in the following ways;</p> <ul style="list-style-type: none"> <li>• Increased visits for mokopuna to Te Whare Mārie (the Māori specialist service) to help mokopuna connect with Māori culture.</li> <li>• Collaborating with mokopuna to develop a whakatauki for the unit; ‘Mahia I runga I te rangimarie me te ngakau mahaki – With a peaceful mind and a respectful heart we will strive to get the best result’.</li> <li>• All mokopuna learn their pepeha whilst at RRAIS</li> <li>• Karakia and waiata are part of everyday practice</li> </ul>
<p>9. Urgently refurbish the facility to:</p> <p>a) Address maintenance issues that prevent use of the outdoor courtyard.</p> <p>b) Address maintenance issues that make the unit unsafe.</p> <p>c) Create a private space for phone calls. (p 16, 18-19)</p>	<p><b>Accept</b></p>	<p>Following the Children’s Commissioner visit in March 2021, a business case supported by the Younger Persons’ Operations Manager to refurbish RRAIS was submitted by the Director of Property and Facilities for Capital Coast and Hutt Valley District Health Boards (2DHB). The report addressed the key maintenance issues within the unit to ensure the unit is safe. These include access and use of the internal and outer courtyards, the main bathroom and the carpets and furniture in the entertainment area.</p> <p>Since the visit in January 2022 the following items have been addressed as part of this work:</p> <p>Inner Courtyard</p>



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		<ul style="list-style-type: none"> <li>• The inner courtyard has been cleared, paved, and “carpeted” with artificial turf</li> <li>• Downpipes have been removed or covered to remove ligature points</li> <li>• The netting to be installed to prevent roof access has been ordered and is awaiting delivery from Auckland</li> </ul> <p>Internal</p> <ul style="list-style-type: none"> <li>• The walls and ceilings have been repainted</li> <li>• Carpets in the entertainment area have been refurbished</li> </ul> <p>As mentioned in our response to Systemic Recommendation 1, the limitations on importing into New Zealand has delayed the additional internal and external work. However, once materials are readily available the outstanding work will be completed.</p>
<p>10. Provide meals that are youth-friendly and cater to individual needs.</p>	<p><b>Accept</b></p>	<p>Currently evening meals are provided by the hospital catering services. The Team Leader for RRAIS has contacted the manager of the hospital catering services to discuss providing healthier food choices for our mokopuna. We are also exploring how we can utilise other options.</p> <p>RRAIS intends to transition away from hospital catering services to a service where the mokopuna prepare their own food. To help support this change, RRAIS are consulting with a local charity to help RRAIS grow their own vegetables on the unit. This will not</p>

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		<p>only help to provide healthier food choices but also provide the opportunity to teach mokopuna about sustainable eating.</p> <p>Additionally, mokopuna continue to prepare two cooked lunches on the unit per week, with support from RRAIS staff about healthy choices. RRAIS also continues to engage with whānau during admission to the unit and provide guidelines on the healthy food choices whānau can bring when visiting their mokopuna on the unit.</p>
11. Provide the appropriate number of staff to cover each shift.	<b>Accept</b>	As noted in our response to Systemic Recommendations 2 and 3, RRAIS staff continue to monitor staffing levels through CCDMP, which helps RRAIS management focus on resource planning to effectively manage current clients. Additional support is sought through the use of the MHAIDS Integrated Operations Centre allocation tool, casual pool staff and via duty managers.
13. Provide ongoing and appropriate training for staff to support and respond effectively to mokopuna with complex mental health needs.	<b>Accept</b>	All MHAIDS staff have access to our learning management system, ConnectMe, and to external training provided by Whāraurau, the national centre for Infant Child and Adolescent Mental Health (ICAMH) workforce development. ConnectMe provides online education and training materials for courses that are core requirements for all MHAIDS staff, such as risk formulation, the Mental Health Act, and involving whānau in practice. ConnectMe also creates learning plans to allow staff to complete additional training courses that will improve their practice.

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		<p>Since the previous report in March 2021, regular education sessions have been implemented on the unit. The education sessions are run by the Team Leader and CNS and help promote best practice as well as how to deliver effective and efficient care. In the last year training sessions on reportable events, understanding self-harm and sensory modulation have all been completed on the unit. As noted in the report, although some education sessions have been postponed due to ward acuity and resourcing issues, it is our intention to continue providing regular education sessions for all RRAIS staff.</p>