

Mental Health Commission Approved Centre Inspection Reports

Below you will find a number of Inspection Reports published by the Mental Health Commission.

The Approved Centres reported on are:

1. Department of Psychiatry, University Hospital Galway
http://www.mhcirl.ie/File/2016IRs/DOP_Galway_ir2016.pdf
2. Lakeview Unit, Naas General Hospital
http://www.mhcirl.ie/File/2016IRs/Lakeview_NassGH_ir2016.pdf
3. Haywood Lodge
http://www.mhcirl.ie/File/2016IRs/HaywoodLodge_ir2016.pdf

Every Approved Centre registered by the Mental Health Commission must under law be inspected at least once a year. During each inspection the Approved Centre is assessed against all regulations, rules and codes of practice and Section 4 of the Mental Health Act 2001. A Judgement Support Framework has been developed as a guidance document to legislative requirements for Approved Centres. The Framework incorporates national and international best practice under each relevant section of the legislative requirements. In addition, the Inspectorate may inspect any mental health service.

The Approved Centre with a Focused Inspection Report is: A focused inspection takes place where issues of concern regarding the approved centre have arisen.

1. Department of Psychiatry, Midland Regional Hospital, Portlaoise
http://www.mhcirl.ie/File/2016IRs/DOP_MRHPortlaoise_FocInsp_ir2016.pdf

General:

Link below to approved centre inspection report documents on the Mental Health Commission website:

http://www.mhcirl.ie/Inspectorate_of_Mental_Health_Services/AC_IRs/

Link below to other mental health service inspection report documents on the Mental Health Commission website:

http://www.mhcirl.ie/Inspectorate_of_Mental_Health_Services/Other_MHS_Inspection_Reports/

1. Department of Psychiatry, University Hospital Galway

Conditions attached, and an update on Conditions status – if any.

There were no conditions attached to the registration of this approved centre at the time of inspection.

Areas of compliance rated Excellent on this inspection

No areas of compliance were rated excellent on this inspection.

Outstanding issues from previous inspection

The previous inspection of the approved centre on 17, 18, 19 and 20 November 2015 identified the following areas that were non-compliant:

Regulation/Rule/Act/Code	Inspection Findings 2016
Regulation 21 Privacy	Non-Compliant
Regulation 22 Premises	Non-Compliant
Regulation 23 Ordering, Prescribing, Storing and Administration of Medicines	Non-Compliant
Regulation 31 Complaints Procedures	Compliant
Consent to Treatment Part 4 MHA 2001	Non-Compliant
Code of Practice on the Use of Physical Restraint	Non-Compliant

Corrective and Preventative Action plan

Following the inspection of 2015, the service was requested to submit corrective and preventative actions (CAPAs) in relation to five regulations, one code of practice and Consent to Treatment Part 4 MHA 2001, with which the approved centre was not compliant. The CAPAs in relation to privacy and the opening of the high observation area had been completed but, despite this, storage remained a difficulty. Some refurbishment of shower rooms and toilets had been carried out but was not yet completed.

Audits on the medication prescription and administration records (MPARs) had been completed but no documentation in respect of training had been maintained.

The CAPA regarding maintenance of records of complaints had been implemented.

The template for recording a patient's consent to continued treatment had been amended to include details of medication.

The inspection of the physical restraint register supported the service's report that security personnel were no longer involved in the physical restraint of residents.

Non-compliant areas on this inspection

Regulation/Rule/Act/Code	Risk Rating
Regulation 7 Clothing	Low
Regulation 15 Individual Care Plan	Moderate
Regulation 20 Provision of Information to Residents	Moderate
Regulation 21 Privacy	Moderate
Regulation 22 Premises	High
Regulation 23 Ordering, Prescribing, Storing	Moderate

and Administration of Medicines	
Regulation 25 Use of Closed Circuit Television	High
Regulation 26 Staffing	Moderate
Regulation 27 Maintenance of Records	Moderate
Regulation 28 Register of Residents	Moderate
Consent to Treatment Part 4 MHA 2001	Moderate
Code of Practice on the Use of Physical Restraint	High
Code of Practice on Admission, Transfer and Discharge	Moderate

The approved centre was requested to provide Corrective and Preventative Actions (CAPAs) for areas of non-compliance. These are included in **Appendix 1** of the report.

2. Lakeview Unit, Naas General Hospital

Conditions attached, and an update on Conditions status – if any.

There were no conditions attached to the registration of this approved centre at the time of inspection.

Areas of compliance rated Excellent on this inspection

Regulation/Rule/Act/Code
Regulation 6 Food Safety
Regulation 16 Therapeutic Services and Programmes

Outstanding issues from previous inspection

The previous inspection of the approved centre on 2, 3 and 4 December 2015 identified the following areas that were not compliant:

Regulation/Rule/Act/Code	Inspection Findings 2016
Regulation 8 Residents' Personal Property and Possessions	Compliant
Regulation 15 Individual Care Plan	Non-compliant
Regulation 21 Privacy	Non-compliant
Regulation 29 Operating Policies and Procedures	Compliant
Regulation 30 Mental Health Tribunals	Non-compliant
Regulation 32 Risk Management Procedures	Non-compliant
Rule on Seclusion	Non-compliant
Part 4 Mental Health Act 2001 Consent to Treatment	Not applicable
Code of Practice on the Use of Physical Restraint	Non-compliant
Code of Practice on the Admission of Children	Non-compliant
Code of Practice on the Notification of Deaths and Incident Reporting	Non-compliant
Code of Practice on Admission, Transfer and Discharge	Non-compliant

Corrective and Preventative Action plan

Following from the last inspection, a number of CAPAs were submitted by the service to address findings of non-compliance a number of which were at various stages of being implemented:

- Regulation 8 Residents' Personal Property and Possession: A property log was in the process of being implemented.
- Regulation 15 Individual Care Plan: Training and audit commitments pending.
- Regulation 21 Privacy: Still outstanding.
- Regulation 29 Operating Policies and Procedures: CAPA completed
- Regulation 32 Risk Management Procedures: CAPA completed.
- Regulation 30 Mental Health Tribunals: Incomplete.
- Rules: The Use of Seclusion: In the final stages of implementation.
- MHA Part 4 Consent: CAPA completed.
- Code of Practice Physical Restraint: Still outstanding, particularly in relation to clarifying the role of security staff.
- Code of Practice on the Admission of Children: Still outstanding particularly in relation to staff training.
- Code of Practice on the Notification of Deaths and Incidents: Completed.
- Code of Practice Admission, Transfer and Discharge: This CAPA had been part completed; the transfer criteria to other treatment settings in the patients' best interests was unresolved.

Non-compliant areas on this inspection

Regulation/Rule/Act/Code	Risk Rating
Regulation 15 Individual Care Plan	High
Regulation 19 General Health	Moderate
Regulation 20 Provision of Information to Residents	Low
Regulation 21 Privacy	Moderate
Regulation 26 Staffing	Moderate
Regulation 27 Maintenance of Records	Moderate
Regulation 30 Mental Health Tribunals	Moderate
Regulation 32 Risk Management Procedures	Moderate
Rule on the Use of Seclusion	High
Code of Practice Physical Restraint	High
Code of Practice Admission of Children	Moderate
Code of Practice Notification of Death and Incident Reporting	Moderate
Code of Practice Admission, Transfer and Discharge	Moderate

The approved centre was requested to provide Corrective and Preventative Actions (CAPAs) for areas of non-compliance. These are included in **Appendix 1** of the report.

3. Haywood Lodge

Conditions attached, and an update on Conditions status – if any.

There were no conditions attached to the registration of this approved centre at the time of inspection.

Areas of compliance rated Excellent on this inspection

Regulation/Rule/Act/Code
Regulation 22 Premises

Outstanding issues from previous inspection

The previous inspection of the approved centre on 12 and 13 November 2015 identified the following areas that were not compliant:

Regulation/Rule/Act/Code	Inspection Findings 2016
Regulation 8 Residents' Personal Property and Possessions	Compliant
Regulation 18 Transfer of Residents	Compliant
Regulation 32 Risk Management Procedures	Non-Compliant
Code of Practice on Admission, Transfer and Discharge	Non-Compliant

Corrective and Preventative Action plan

Comment on the status of CAPAs from the previous inspection –

Regulation 8 Residents' Personal Property and Possessions - a system had been put in place to ensure that a record of personal possessions was documented and kept on file with a copy available to the resident.

Regulation 18 Transfer of Residents and Code of Practice on Admission, Transfer and Discharge – a process had been put in place to ensure that a copy of all relevant documentation relating to the transfer was kept on file. Review of recent transfers indicated that this process was satisfactorily implemented.

Regulation 32 Risk Management Procedures – a ligature audit had been undertaken to identify risks and address them. The approved centre still did not have an emergency plan in place. Policy had been reviewed and contained reference to the specified risks, albeit in other related policy documents.

Non-compliant areas on this inspection

Regulation/Rule/Act/Code	Risk Rating
Regulation 15 - Individual Care Plan	High
Regulation 19 - General Health	Moderate
Regulation 23 - Ordering, Prescribing, Storing, and Administration of Medicines	High
Regulation 26 - Staffing	Moderate
Regulation 27 - Maintenance of Records	Moderate
Regulation 29 - Operating Policies and Procedures	Low
Regulation 31 - Complaints Procedures	Moderate
Regulation 32 - Risk Management Procedures	High
Rules Governing the Use of Mechanical Restraint (Part 5)	High
Part 4 Consent to Treatment	Moderate
Code of Practice on Notification of Deaths and Incident Reporting	Low
Code of Practice on Admission, Transfer and Discharge to and from an Approved Centre	Moderate

The approved centre was requested to provide Corrective and Preventative Actions (CAPAs) for areas of non-compliance. These are included in **Appendix 1** of the report.

1. Department of Psychiatry, Midland Regional Hospital, Portlaoise

Reason for Focused Inspection

The 2015 inspection report identified areas of concern that included:

Areas of non-compliance in 2015	Risk rating	Findings from inspection 2015
Breach of a condition of registration with regard to Regulation 15 Individual Care Plan	High	The approved centre was deemed non-compliant with the regulation as the individual care plan (ICP) template structure did not clearly identify the resource or discipline required to deliver an intervention and, in a number of clinical files, the ICP did not reflect the residents' current needs or care. The approved centre was also in breach of a condition requiring full compliance with Regulation 15.
Part 4 of the Mental Health Act 2001	High	The approved centre was in breach of Part 4 of the Act because the consent procedure had not been complied with and the specified form was not completed.
Regulation 23 Ordering, Prescribing, Storing and Administration of Medicines	Critical	The approved centre was deemed to be in breach of the requirements of this regulation due to: 1) the inadequacy of policies and practices in relation to medication management, 2) the lack of any audit or oversight mechanism, 3) the inadequacy of the documentation procedure for medication prescription and administration.
Rules Governing the Use of Seclusion	High	The approved centre was deemed to be in breach of the requirements of the rules relating to this section due to: 1) the failure to specify the procedures to be followed should the seclusion of a child be considered necessary 2) the failure to maintain adequate documentary records (the seclusion register was not signed by the responsible consultant) of the monitoring of seclusion, 3) the failure to document policy and procedure for staff training in relation to seclusion. In 16 cases during 2015, the duration of seclusion episodes was in excess of 60 hours.

The Code of Practice Relating to the Admission of Children under the Mental Health Act 2001	High	<p>Since the inspection in June 2014 to December 2015, a total of 21 children had been admitted to the approved centre.</p> <p>The approved centre was not compliant with the code of practice as the facilities were not age-appropriate.</p>
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The approved centre was required to provide evidence of the corrective and preventative actions taken to address these areas of non-compliance. Upon review of the evidence provided, the Commission was concerned that these issues had not been addressed. Due to the seriousness of the non-compliant findings a focused inspection was undertaken.

Focus of inspection

This was an unannounced focused inspection in which the following areas were inspected against:

Regulation/Rule/Act/Code
Regulation 15 Individual Care Plan
Regulation 23 Ordering, Prescribing, Storing and Administration of Medicines
Rules Governing the Use of Seclusion
Part 4 Consent to Treatment
Code of Practice Relating to the Admission of Children under the Mental Health Act 2001

The inspection was undertaken onsite in the approved centre from:

Tuesday 21 June 09:30 to Thursday 23 June 16:00.

Focused Inspection – Findings

Regulation/Rule/Act/Code	Compliance	Risk rating
Regulation 15 Individual Care Plan	Non-compliant	Critical
Regulation 23 Ordering, Prescribing, Storing and Administration of Medicines	Non-compliant	High
Rules Governing the Use of Seclusion	Non-compliant	Critical
Part 4 Consent to Treatment	Compliant	Not applicable
Code of Practice Relating to the Admission of Children under the Mental Health Act 2001	Non-compliant	Critical

Initial Meeting with the Senior Management

A meeting was convened with senior managers on the first morning of the focused inspection. All the members of the inspection team were in attendance and a consultant psychiatrist representing the acting executive clinical director, an administrator representing the registered proprietor nominee, the acting area director of nursing, the clinical nurse manager 3 allocated to the approved centre and two assistant directors of nursing, one of whom had specific responsibility for the approved centre (0.5 whole time equivalent) but was based in Lakeview, Naas.

The inspection team set out the parameters of the inspection and sought clarification in related areas. In discussion as to why seclusion rates were high in the approved centre it was suggested by management that the residents who came from the Kildare West Wicklow service may have more acute management and safety needs as there was no high observation unit in their approved centre, Lakeview in Naas. Kildare/West Wicklow had an allocation of ten beds for the approved centre. There was a memorandum of understanding with this service and the bed capacity had increased from six to ten beds since the last inspection.

The inspection team were informed that a multi-disciplinary working group had been convened to develop a new Individual Care Plan template and that this was currently being piloted in the approved centre.

Management confirmed that a pharmacist (0.5 whole time equivalent) had commenced in the service on the week of the inspection.