

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. Jonathan Swift Clinic
http://www.mhcirl.ie/File/2016IRs/JSC_StJames_s_ir2016.pdf
2. Lois Bridges
http://www.mhcirl.ie/File/2016IRs/LoisBridges_ir2016.pdf
3. O'Casey Rooms, Fairview Community Unit
http://www.mhcirl.ie/File/2016IRs/OCaseyRooms_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.

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/

Mental Health Commission Approved Centre Focused Inspection Report

The Approved Centre with a Focused Inspection Report is:

1. Sliabh Mis Mental Health Admission Unit, University Hospital Kerry
http://www.mhcirl.ie/File/2016IRs/SliabhMis_Kerry_FocInsp_ir2016.pdf

A focused inspection takes place where issues of concern regarding the approved centre have arisen.

1. Jonathan Swift Clinic

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 7 Clothing
Regulation 8 Residents' Personal Property and Possessions
Regulation 30 Mental Health Tribunals

Outstanding issues from previous inspection

The previous inspection of the approved centre on 28, 29, and 30 July 2015 identified the following areas that were not compliant:

Non-compliant areas from 2015 inspection	Inspection Findings 2016
Regulation 22 Premises	Non-compliant
Regulation 23 Ordering, Prescribing, Storing and Administration of Medicines	Compliant
Code of Practice on the Admission of Children	Not applicable

Management of the approved centre had recently met with the HSE in order to commence an 'options appraisal' to identify improvements that could be made to the physical environment in the short term. There was also a medium term plan in place to re-configure the unit and move William Fownes ward to the lower level of the building. Strategic plans to move the Jonathan Swift Clinic out of its current location involved longer-term planning, as other projects with the St. James's Hospital Campus were to take priority.

A working group had been established to review practices pertaining to medication administration. Education from the on-site pharmacist was provided to staff in terms of crushing medications and new documentation had been introduced to ensure that this procedure was recorded in the residents' clinical files. Finally, the approved centre had established contact with the CAMHS service in Linn Dara, Cherry Orchard and had not admitted a child resident since the previous inspection.

Non-compliant areas on this inspection

Regulation/Rule/Act/Code	Risk Rating
Regulation 6 Food Safety	Moderate
Regulation 9 Recreational Activities	High
Regulation 14 Care of the Dying	Low
Regulation 15 Individual Care Plan	Low
Regulation 19 General Health	Low
Regulation 22 Premises	High

Regulation 26 Staffing	Moderate
Regulation 27 Maintenance of Records	Low
Mental Health Act 2001: Part 4 Consent to Treatment	High
Code of Practice on the Use of Physical Restraint	Low
Code of Practice on the Notification of Deaths and Incident Reporting	Low
Code of Practice on Admission, Transfer and Discharge to and from an Approved Centre	Low

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. Lois Bridges

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

There were no conditions attached to the registration of Lois Bridges at the time of inspection.

Areas of compliance rated Excellent on this inspection

Regulation/Rule/Act/Code
Regulation 7 Clothing
Regulation 9 Recreational Activities

Outstanding issues from previous inspection

The approved centre was compliant with all applicable regulations, rules and codes of practice in 2015.

Non-compliant areas on this inspection

Regulation/Rule/Act/Code	Risk Rating
Regulation 22 Premises	Low
Regulation 26 Staffing	High
Regulation 27 Maintenance of Records	Low
Regulation 28 Register of Residents	Moderate
Regulation 32 Risk Management Procedures	Moderate
Code of Practice for Mental Health Services on the Notification of Deaths and Incident Reporting	Moderate
Code of Practice on Admission, Transfer and Discharge to and from an Approved Centre	Low

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. O'Casey Room, Fairview Community Unit

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 15 Individual Care Plan

Outstanding issues from previous inspection

The previous inspection of the approved centre on 19 and 20 October 2015 identified the following areas that were not compliant:

Inspection findings 2015 – Non compliant areas	Inspection Findings 2016
Regulation 21 Privacy	Compliant
Regulation 22 Premises	Non-compliant
Regulation 23 Ordering, Storing, Prescribing and Administration of Medicines	Compliant
Regulation 27 Maintenance of Records	Non-compliant
Regulation 29 Operating Policies and Procedures	Compliant
Rules Governing the Use of Mechanical Restraint	Compliant
Code of Practice on the Use of Physical Restraint	Compliant
Code of Practice on Admission, Transfer and Discharge	Non-compliant

Non-compliant areas on this inspection

Regulation/Rule/Act/Code	Risk Rating
Regulation 14 Care of the Dying	Moderate
Regulation 18 Transfer of Residents	High
Regulation 20 Provision of Information to Residents	Moderate
Regulation 22 Premises	High
Regulation 26 Staffing	Moderate
Regulation 27 Maintenance of Records	Moderate
Regulation 28 Register of Residents	Moderate
Code of Practice on the Notification of Deaths and Incident Reporting	Low
Code of Practice on Admission, Transfer and Discharge	High

The approved centre was requested to provide Corrective and Preventative Actions (CAPAs) for areas of non-compliance in 2016. These are included in **Appendix 1** of the report.

1. Sliabh Mis Mental Health Admission Unit, University Hospital Kerry

Reason for Focused Inspection

Concerns were received by the Mental Health Commission as follows:

- a. 3-4 September 2015: Finding of non-compliance in relation to Regulation 21 Privacy, and deficits in the seclusion room identified on inspection September 2015.
- b. 22 January 2016: Alerted to a serious concern in relation to overcrowding leading to residents being accommodated in a manner that did not respect their privacy and dignity.
- c. 4 February 2016: Approved Centre provided an update in relation to the ongoing renovations in the Valentia ward which had led to 8 beds being out of use. The Approved Centre provided a plan in relation to their admissions policy to address potential overcrowding.
- d. 31 March 2016: Further report of a serious concern in relation to the accommodation of residents in corridors and in the seclusion room.

Focus of inspection

The aim of this focused inspection was to assess the accommodation of residents in the approved centre in light of the concerns received. The following legislative requirements were assessed:

1. Rules Governing the Use of Seclusion

Compliance was assessed against Rule 8.4: *“Seclusion facilities shall not be used as bedrooms.”*

2. Regulation 21 Privacy

Compliance was assessed against Regulation 21 Privacy: *“The registered proprietor shall ensure that the resident’s privacy and dignity is appropriately respected at all times.”*

3. Regulation 8 Residents’ Personal Property and Possessions

While not identified as a focus for the inspection, during the inspection concerns were identified in relation to Regulation 8 Residents’ Personal Property and Possessions. Compliance was assessed against Regulation 8(6): *“The registered proprietor shall ensure that provision is made for the safe keeping on all personal property and possessions”*.

The inspection was undertaken onsite from:

14 April 2016 at 09:30 to: 14 April 2016 at 14:00

Meeting with Senior Management Team

The approved centre had a bed management meeting which took place twice a week. On 30 days since 1 January 2016 to date of inspection, the approved centre had exceeded its bed capacity of 29. There was work in progress to ensure that all admissions were assessed in Accident and Emergency. Communication with an Garda Síochána had improved so that notice was received by the approved centre of impending admissions of involuntary patients. Discussion was ongoing regarding a dedicated consultant psychiatrist for the approved centre.

There was an admission policy last reviewed in March 2016, which included processes on the provision of extra beds. This states that the provision of an extra bed

- Does not occur without the direct approval of the Executive Clinical Director or designated person on their behalf i.e. consultant psychiatrist on call.
- If in an emergency situation where an extra bed is authorised, it is the responsibility of the consultant psychiatrist who authorised it and the CNM2 on the relevant ward to make alternative arrangements within 24 hours and the extra bed must be removed in this time.
- If an extra bed is provided the patient must be afforded privacy, dignity and respect. This includes the use of temporary screens.

Focused Inspection – Findings

Regulation 8: Residents' Personal Property and Possessions

(1) For the purpose of this regulation "personal property and possessions" means the belongings and personal effects that a resident brings into an approved centre; items purchased by or on behalf of a resident during his or her stay in an approved centre; and items and monies received by the resident during his or her stay in an approved centre.

(6) The registered proprietor shall ensure that provision is made for the safe-keeping of all personal property and possessions.

Inspection Findings

While not the focus of this inspection, it was found that the approved centre was not compliant with Regulation 8(6) as one resident had no storage for their clothes and personal possessions.

	Compliant	Non-Compliant	
Compliance with Regulation		X	
Risk Rating			
Low	Moderate	High	Critical
X			

Regulation 21: Privacy

The registered proprietor shall ensure that the resident's privacy and dignity is appropriately respected at all times.

Inspection Findings

Valentia was closed and in the process of being renovated. There were seven beds in the female six-bed room in Reask. The seventh bed was beside the nurses' station and screens were available to surround the bed. There was no bed in the corridor but staff stated that a bed had been put there to alleviate overcrowding. Screens were available for that bed.

There was an empty room in the Brandon unit that staff were considering using, instead of putting beds in the six-bed room and corridor. This room could accommodate two beds and had an en suite toilet.

No resident was accommodated in an armchair at the time of inspection. Staff reported that this had happened on one occasion for one night. There was access to only two extra physical beds and both had been filled on that occasion.

The approved centre was not compliant with this regulation because extra beds had been used which impacted on residents' privacy.

	Compliant	Non-Compliant	
Compliance with Regulation		X	
Risk Rating			
Low	Moderate	High	Critical
		X	

Rules governing the Use of Seclusion

Pursuant to Section 69(2) of the Mental Health Act, 2001

Part 3: Use of Seclusion

8.4 Seclusion facilities shall not be used as bedrooms.

Inspection Findings

Brandon high observation unit was open and accommodated four residents in four single bedrooms. There was one room which was identified as a seclusion room but had never been commissioned as a seclusion room. There was one bed in this room. The observation windows were screened and the door to the observation area was closed. The CCTV was not in operation. The inspection team spoke with the resident in this room. They stated that they were happy in the room, liked that it had plenty of space and had an en suite shower and toilet. They also stated that it was quiet.

There was no breach of the Rules governing the Use of Seclusion regarding the use of a seclusion room as a bedroom. The room had not been commissioned as a seclusion room and had never been used as a seclusion room.

	Compliant	Non-Compliant
Compliance with Rule	X	