

# **Mental Health Commission publishes focused Inspection Report**

## **Serious concerns in relation to seriously ill residents with anorexia nervosa, says Inspector**

**Outcome of Focused Inspection: Commission imposes three conditions to the registration of Lois Bridges, including the complete prohibition on the admission of seriously physically unwell residents.**

**Thursday 7<sup>th</sup> June.** The Mental Health Commission has today published a focused inspection report into Lois Bridges in Sutton, Dublin. Lois Bridges is an approved centre providing care and treatment for adults with an eating disorder.

Commenting on the publication Dr Enda Dooley, Assistant Inspector of Mental Health Services, said, “The Inspector found that elements of the care and treatment of seriously physically ill residents with anorexia nervosa admitted to Lois Bridges were inadequate and unsafe and that there had been little improvement in the provision of safe care since the annual inspection in March 2017.”

Following an annual inspection on 21 – 24 March 2017 and a focused inspection on 17 – 18 August 2017, there have been ongoing concerns about the safety of residents, risk management, and staffing in the approved centre. Despite an immediate action notice, these concerns continued and this second focused inspection, on 5 and 6 December 2017, was carried out. On this inspection, the Inspector was accompanied by a specialist in eating disorders to act as an advisor to the Inspector under section 51(2)(a) of the Mental Health Act 2001.

On this second focused inspection, there were again serious concerns about staffing and risk management procedures, particularly in relation to seriously physically ill residents with anorexia nervosa. These concerns were again risk-rated as critical. The Inspector found that seriously ill residents continued to be admitted to Lois Bridges, which did not have sufficient medical support in place to safely treat and care for them.

Staffing in Lois Bridges remained at unsafe levels. There was only one consultant psychiatrist who was also the clinical director. There was no other medical input apart from the local GP. The consultant psychiatrist provided regular input two days a week and also worked in another health care facility. Sixteen hours of consultant psychiatrist input on-site per week is not sufficient psychiatric input to meet the needs of up to seven in-patients, especially if some of those patients have severe and complex eating disorders associated with high clinical risk.

There was only one health care assistant and one nurse on duty for day and night. There was not always a registered psychiatric nurse on duty. Apart from one registered psychiatric nurse and the dietician, the medical, nursing, and health care assistants did not have any formal training in eating disorders, despite Lois Bridges functioning as an eating disorder unit.

On a focused inspection, the Inspector does not assess all regulations, rules, code of practice, and Part 4 of the 2001 Act. The focus of the inspection is on specific legislative requirements, or parts of legislative requirements where it is determined that there may be a risk to the safety, health and well-being of residents and/or staff members. In this case the focus of this inspection was Regulation 32: Risk Management Procedures and Regulation 26: Staffing. In particular, the inspection focused on the safety of residents and the staffing levels in the approved centre.

Following the inspection, the Commission attached three conditions to the registration of Lois Bridges, including the complete prohibition on the admission of seriously physically unwell residents. The Commission has met with the service to express its concerns and continues to closely monitoring the service's improvement plans.

#### **ENDS**

Issued by Murray on behalf of The Mental Health Commission.

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#### **Notes to the Editor:**

##### **Focused Inspection Process**

In addition to the principal function of the Inspector of Mental Health Services under Section 51 of the Mental Health Act 2001 to inspect every approved centre at least once a year (and other mental health services, as appropriate), the Inspector may also undertake a focused inspection.

During a focused inspection, the Inspector may visit and inspect any premises where mental health services are provided and make a report in writing to the Commission to ascertain whether or not due regard is being had to the Mental Health Act 2001 and its provisions.

##### **About the Mental Health Commission**

The Mental Health Commission is an independent statutory body. The primary functions of the Mental Health Commission are to foster and promote high standards of care and good practice in the delivery of mental health services and to ensure that the interests of those involuntarily admitted are protected, pursuant to the Mental Health Act 2001.

To operate an in-patient mental health service in Ireland, the service must be registered as an 'approved centre' with the Mental Health Commission. Upon registration the service must comply with regulations made under the Mental Health Act 2001. Failure to comply with regulations may result in enforcement action including: corrective and preventative action

plans, an immediate action notice, a regulatory compliance meeting, registration conditions, removal from the register (closure) and prosecution.