

Mental Health Commission finds twenty six high risk ratings in four mental health centres

Inspector finds three centres did not reach acceptable standards of cleanliness and maintenance

Thursday 2 May 2019: The Mental Health Commission (MHC) has today published four inspection reports, on centres in Westmeath, Louth, and Cork, which identified twenty six areas of high risk non-compliance.

Commenting on the reports Dr Susan Finnerty, Inspector of Mental Health Services, said, "The approved centres must provide care that respects the human rights of service users and enables them to work towards a meaningful life with hope and optimism. This includes providing clean, well maintained premises that offer privacy and respect for the service user. Three out of four of the approved centres, whose reports are published today, did not meet those standards."

St. Michael's Unit, Mercy University Hospital is a 50-bed unit on the first floor of the Mercy Hospital, in Cork city centre. The centre had five high risk ratings of non-compliance for general health, privacy, premises, staffing and the ordering, prescribing, storing and administration of medicines. The approved centre did not have access to outdoor space, quiet rooms or relaxation areas. The premises of the approved centre was not suitable to provide a modern mental health service and there was little evidence to demonstrate that this situation would change.

There was some improvement in compliance with requirements since 2016, from 70% in 2016 to 79% in 2018. However, the approved centre had not been compliant with the regulations on privacy, premises and staffing for three consecutive years. Less than one third of nursing staff were trained in fire safety at the time of the inspection. The two-bed bedrooms were small and did not ensure and safeguard resident privacy and dignity, despite the use of bed screening. There were ten compliances with regulation rated as excellent.

Not all residents had been followed up in relation to national health screening programmes; there was no evidence that residents who required breast check, cervical screening, retina check or bowel screening had engaged with these screenings. The six monthly physical examinations carried out did not include an assessment of BMI, weight, waist circumference, nutritional status (diet and physical activity including sedentary lifestyle) and dental health, and not all residents in receipt of anti-psychotic medication had been assessed for glucose regulation, blood lipids, ECG and prolactin. The approved centre had not ensured that an electrocardiogram assessment had been completed for all of these residents.

The centre did not provide resident access to personal space or enough space for residents to move around. There was no garden. There was no access to appropriately sized communal rooms and it did not have a sitting room. The acute unit did have a sitting area of 12 chairs, arranged in rows in front of the television, in front of the dormitories and nurses station. This was not a comfortable area and there was an echo evident within the sitting room. Overall, the approved centre was noisy. There was a significant temperature difference between the Sub Acute and Acute units - the Acute unit feeling significantly colder. The centre was not kept in a good state of repair internally. There was no evidence of a programme of general or decorative maintenance: internal walls were stained and in need of repainting; internal doors were chipped and badly marked; ceiling tiles were stained;

mould was observed on the ceiling of one of the shower rooms; and the skylight windows in the acute unit were dirty.

Corrective and preventative plans were provided and the Commission will seek an update in three months to ensure the plans are being implemented.

Carraig Mór Centre is an 18-bed psychiatric intensive care unit in Shanakiel, Co. Cork. The inspection found that the building was outdated and not suitable for a modern mental health service. The service had six high non-compliance areas on inspection relating to transfer of residents, premises, use of CCTV, maintenance of records, use of seclusion and admission, transfer and discharge. Ten compliances with regulations were rated as excellent.

Accommodation was in dormitories, which were small and outdated, and compromised privacy. The approved centre was non-compliant with regulations concerning privacy for the third consecutive year.

The level of cleanliness and the condition of the toilet and showering facilities were of a poor standard, compromising the dignity of residents. All three male toilets were malodorous, with dirty floors, unclean windowsills, brown surfaces on bathtubs, an unclean toilet bowl and mould on the shower room ceiling; cigarette butts were observed on the corridor floor on the female side. This meant that current national infection control guidelines were not followed.

While there was ongoing maintenance of the approved centre, it was not a suitable premises to provide psychiatric intensive care. Residents mentioned they would like a more home-like environment with brighter rooms and improvements to the grey steel doors in terms of appearance and noise reduction. This was the third consecutive year that the approved centre was non-compliant with regulations on premises.

Residents in seclusion did not have access to adequate toilet and washing facilities. In one episode of seclusion, the resident was not informed of reasons for, likely duration of, and circumstances leading to discontinuation of seclusion. This is the third consecutive year that the approved centre has been non-compliant with the rules governing the use of seclusion and mechanical restraint.

The approved centre provided corrective and preventative plans and the Commission will seek an update in three months.

Admission Unit & St Edna's Unit, St Loman's Hospital is located on the campus of St Loman's Hospital, Mullingar, Co Westmeath. St. Edna's Ward has accommodation for up to 20 residents; at the time of inspection there were 11 residents and the Admissions Ward had two residents and eight vacancies. There was one condition attached to the registration regarding *Regulation 26(4): Staffing - to ensure all healthcare professionals working in the approved centre are up-to-date in mandatory training*. The approved centre was non-compliant with this regulation for the third consecutive year, although there was some improvement. Nine compliances with regulations were rated as excellent. The centre had seven high risk non compliances at the time of the inspection.

Residents had no regular access to occupational therapy, and there was no occupational therapist employed directly in the approved centre. Nursing groups were frequently cancelled due to staff shortages and residents had reported to the advocate that there were not enough activities. The services and programmes that were provided were not always evidence based.

There were 11 non-compliances with the rules governing the use of seclusion which constituted a breach of human rights. Seclusion facilities were not furnished, maintained, and cleaned to ensure respect for resident dignity and privacy. The approved centre was non-compliant with these rules for the third consecutive year. There were four non-compliances on the use of physical restraint.

The centre was not clean and hygienic, nor was it in a good state of repair, with broken ceiling panes, cracked glass in the conservatory, and two broken doors, rubbish on the ground of the courtyard and cigarette butts in the garden. There was not an adequate programme of maintenance and maintenance was reactive in nature.

The centre was non-compliant with general health, as the six monthly physical examinations did not include dental health checks, and not all residents in receipt of anti-psychotic medication had been assessed annually for blood lipids and prolactin levels.

The approved centre provided corrective and preventative plans to address areas of non-compliance and the Commission will seek an update in three months. Compliance with mandatory staff training requirements is monitored as part of the condition attached to the approved centre's registration and it is required to provide quarterly reports to the Commission to demonstrate compliance.

Drogheda Department of Psychiatry is a 46-bed purpose-built acute mental health unit. At the time of inspection there were 44 residents. Compliance with regulations, rules and codes of practice has decreased between 2016 (77%) and 2018 (66%). However, there were nine compliances rated as excellent and there was an impressive list of recently developed quality initiatives.

There was insufficient access to recreational activities especially in the high dependency unit and there were fourteen nursing vacancies, most of which were at the clinical nurse manager grades.

The approved centre was non-compliant with the regulation on searches. Not all searches were recorded. Bags were searched when a resident returned from leave. However, staff did not document this as a search unless contraband was found. General written consent was not sought for routine environmental searches. Where recorded, searches were only conducted for the purpose of creating and maintaining a safe and therapeutic environment for residents and staff.

The centre was high risk rated for non-compliance with the ordering prescribing storing and administration of medicines: medication causing allergies were not named; not all medications administered to the resident were recorded; and withholding of medication was not documented in the clinical file, or the file did not identify a justification for why a resident's medication was withheld.

In the use of physical restraint, the centre was found to have a high risk rating of non-compliance. In no case was there documentary evidence that the resident was informed of reasons for, likely duration of, or circumstances leading to discontinuation. The reason for this was not documented in a clinical file. In two cases, the registered medical professional did not complete a medical examination within three hours of the end of the episode. In one of the three cases, the resident's representative was not informed of the use of physical restraint, and the reason for this was not

recorded in the clinical file. There was no documentary evidence that residents were afforded an opportunity to discuss the episode with members of their multi-disciplinary team.

The approved centre provided corrective and preventative plans to address all areas of non-compliance and the Commission will seek an update in three months to ensure the plans are being implemented.

ENDS

For the Editor

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.

Approved Centres:

A 'centre' is "a hospital or other in-patient facility for the care and treatment of persons suffering from mental illness or mental disorder" (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. Each centre must re-register for approval every 3 years.

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.

MHC inspection process:

There are 39 areas in the inspection process of approved mental health centres. Each approved centre is assessed against a suite of regulations, rules, and codes of practice.

Inspectors, over a three day period, use a combination of documentation review, observation and interview to assess compliance. The Inspection team

- speak with residents to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell them,
- review documents to see if appropriate records are kept, that they reflect practice, in line with the standards and are what people tell them.

Areas of inspection are deemed either compliant or non-compliant. Where areas are considered non-compliant, this is risk rated. Risk measurements are rated as low, moderate, high or critical.

Following the inspection, the Inspector prepares a report on the findings. A draft of the report is furnished to the registered proprietor of the approved centre, and includes provisional compliance ratings, risk ratings and quality assessments.

The registered proprietor is provided with an opportunity to review the draft and comment on any of the content or findings. The Inspector takes into account the comments by the registered proprietor and amends the report as appropriate.

Following this, the registered proprietor is requested to provide a Corrective and Preventative Action (CAPA) plan for each finding of non-compliance addressing the specific non-compliances identified.

The Commission monitors the implementation of the CAPAs on an ongoing basis and requests further information and action as necessary.

Enforcement and monitoring processes

The Commission has a range of powers in relation to monitoring compliance of approved centres and where necessary, taking enforcement action.

The Commission will generally request a **corrective and preventative action** (CAPA) plan in the first instance and work with the service to address the concern. A CAPA plan must specifically address the non-compliance and put measures in place to prevent recurrence.

The Commission may issue an **Immediate Action Notice** where a concern needs to be addressed urgently.

The Commission can also direct services to attend a **Regulatory Compliance Meeting** at the Commission offices where they must provide evidence that they are implementing plans to address the concern. Where the Commission is not satisfied with plans provided, then the matter will be escalated.

The Commission may attach **conditions** to an approved centre's registration (similar to a penalty or endorsement on a driver licence). It is an offence to breach a condition of registration. Where the Commission has ongoing and serious concerns about the care and treatment provided by an approved centre then it may **remove the service from the register**. This in effect means the closure of the approved centre.

Finally, there are a number of offences under the Act including offences relating to the failure or refusal to comply with the provision of the regulations. The Commission may decide to **prosecute** a service in relation to very serious and ongoing concerns.

Inspection Reports

1. St Michael's Unit, Mercy University Hospital

https://www.mhcirl.ie/File/2018IRs/Mercy_Hospital_IR2018.pdf

St. Michael's ward is a 50-bed unit on the first floor of the Mercy Hospital, in Cork city centre. The approved centre is made up of two wards: the acute and the sub-acute units. Although staffed separately, these wards are linked and residents could walk freely between them. The approved centre did not have access to outdoor space, quiet rooms or relaxation areas.

There were two conditions attached to the registration of this approved centre at the time of inspection.

Condition 1: To ensure adherence to Regulation 15: Individual Care Plan, the approved centre shall audit their individual care plans on a monthly basis. The approved centre shall provide a report on the results of the audits to the Mental Health Commission in a form and frequency prescribed by the Commission.

Condition 2: To ensure adherence to Regulation 21: Privacy and Regulation 22: Premises, the approved centre shall implement a programme of maintenance to ensure the premises are safe and meet the needs, privacy and dignity of the resident group. The approved centre shall provide a progress update on the programme of maintenance to the Mental Health Commission in a form and frequency prescribed by the Commission.

Non-compliant areas on this inspection:

| Regulation/Rule/Act/Code | Compliance/Risk Rating 2016 | Compliance/Risk Rating 2017 | Compliance/Risk Rating 2018 |
|--|-----------------------------|-----------------------------|-----------------------------|
| Regulation 19: General Health | ✓ | ✓ | X High |
| Regulation 21: Privacy | X Moderate | X High | X High |
| Regulation 22: Premises | X High | X High | X High |
| Regulation 23: Ordering, Prescribing, Storing and Administration of Medicines | ✓ | ✓ | X High |
| Regulation 26: Staffing | X High | X Moderate | X High |
| Code of Practice on the Use of Physical Restraint in Approved Centres | X High | ✓ | X Low |
| Code of Practice on Admission, Transfer, and Discharge to and from an Approved Centres | X Low | X Moderate | X 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.

The following areas were rated excellent on this inspection:

| Regulation |
|--|
| Regulation 4: Identification of Residents |
| Regulation 6: Food Safety |
| Regulation 7: Clothing |
| Regulation 8: Residents' Personal Property and Possessions |
| Regulation 9: Recreational Activities |
| Regulation 10: Religion |
| Regulation 11: Visits |
| Regulation 12: Communication |
| Regulation 13: Searches |

Regulation 30: Mental Health Tribunals

2. Carraig Mór Centre, Shanakiel, Co.Cork

https://www.mhcirl.ie/File/2018IRs/Carraig_Mor_IR2018.pdf

Carraig Mór is an 18-bed psychiatric intensive care unit (PICU) in Shanakiel, Co. Cork, which opened in 2002. The unit is comprised of two floors with resident accommodation on the ground floor and facilities for activities and therapies on the first floor. The unit consists of a male observation ward, a female observation ward, and three single rooms. The building is outdated and not suitable for a modern mental health service.

There were no conditions attached to registration.

Non-compliant areas on this inspection:

| Regulation/Rule/Act/Code | Compliance/Risk Rating 2016 | Compliance/Risk Rating 2017 | Compliance/Risk Rating 2018 |
|--|-----------------------------|-----------------------------|-----------------------------|
| Regulation 18: Transfer of Residents | ✓ | X Moderate | X High |
| Regulation 19: General Health | ✓ | ✓ | X Moderate |
| Regulation 21: Privacy | X High | X Moderate | X Moderate |
| Regulation 22: Premises | X High | X High | X High |
| Regulation 23: Ordering, Prescribing, Storing and Administration of Medicines | X Moderate | ✓ | X Moderate |
| Regulation 25: Use of Closed Circuit Television | ✓ | X High | X High |
| Regulation 26: Staffing | X Moderate | X Moderate | X Moderate |
| Regulation 27: Maintenance of Records | X Moderate | X Moderate | X High |
| Rules Governing the Use of Seclusion | X Low | X High | X High |
| Code of Practice on Admission, Transfer and Discharge to and from an Approved Centre | ✓ | X Moderate | X High |

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.

Areas of compliance rated “excellent” on this inspection:

| Regulation |
|---|
| Regulation 4: Identification of Residents |
| Regulation 7: Clothing |
| Regulation 10: Religion |
| Regulation 11: Visits |

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|--|
| Regulation 12: Communication |
| Regulation 13: Searches |
| Regulation 16: Therapeutic Services and Programmes |
| Regulation 20: Provision of Information to Residents |
| Regulation 29: Operating Policies and Procedures |
| Regulation 30: Mental Health Tribunals |

3. Admission Unit & St. Edna's Unit, St. Loman's Hospital

https://www.mhcirl.ie/File/2018IRs/StLomans_Mullingar_IR2018.pdf

The approved centre is comprised of two units, the Admissions Ward and St Edna's Ward. It is located on the campus of St Loman's Hospital on the outskirts of Mullingar. St Edna's Ward provides continuing care for male residents, all who have been in the approved centre for longer than six months and many for a number of years. St. Edna's Ward had accommodation for up to 20 residents. The Admissions Ward is an acute facility providing care and treatment for residents from five community sector teams and a rehabilitation and recovery team.

There was one condition attached to the registration of this approved centre at the time of inspection.

Condition: *To ensure adherence to Regulation 26(4): Staffing the approved centre shall implement a plan to ensure all healthcare professionals working in the approved centre are up-to-date in mandatory training areas. The approved centre shall provide a progress update on staff training to the Mental Health Commission in a form and frequency prescribed by the Commission.*

Non-compliant areas on this inspection:

| Regulation/Rule/Act/Code | Compliance/Risk Rating 2016 | | Compliance/Risk Rating 2017 | | Compliance/Risk Rating 2018 | |
|---|-----------------------------|----------------|-----------------------------|----------|-----------------------------|----------|
| Regulation 16: Therapeutic Services and Programmes | X | High | X | High | X | High |
| Regulation 19: General Health | ✓ | | ✓ | | X | High |
| Regulation 22: Premises | ✓ | | X | High | X | High |
| Regulation 23: Ordering, Prescribing, Storing and Administration of Medicines | ✓ | | X | Low | X | High |
| Regulation 26: Staffing | X | High | X | High | X | Moderate |
| Regulation 31: Complaints Procedures | X | Moderate | ✓ | | X | High |
| Regulation 32: Risk Management Procedures | X | Low | ✓ | | X | High |
| Rules Governing the Use of Seclusion | X | Moderate | X | Moderate | X | High |
| Code of Practice on the Use of Physical Restraint | ✓ | | X | Moderate | X | Moderate |
| Code of Practice Relating to the Admission of Children | | Not applicable | X | High | X | 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.

Areas of compliance rated “excellent” on this inspection:

| Regulation |
|---|
| Regulation 4: Identification of Residents |
| Regulation 5: Food and Nutrition |
| Regulation 10: Religion |
| Regulation 11: Visits |
| Regulation 13: Searches |
| Regulation 14: Care of the Dying |
| Regulation 15: Individual Care Plan |
| Regulation 20: Provision of Information |
| Regulation 30: Mental Health Tribunals |

4. Drogheda, Department of Psychiatry

https://www.mhcirl.ie/File/2018IRs/Drogheda_DOP_IR2018.pdf

Drogheda Department of Psychiatry is a 46-bed purpose-built acute mental health unit. The approved centre is located close to, but separate from, the campus of Our Lady of Lourdes Hospital. There is no governance relationship with Our Lady of Lourdes Hospital; however, the Louth Meath Mental Health Service does have a liaison team based in the general hospital. The approved centre provides acute in-patient services to counties Louth and Meath.

There were no conditions to the registration of the approved centre.

Non-compliant areas on this inspection:

| Regulation/Rule/Act/Code | Compliance/Risk Rating 2016 | Compliance/Risk Rating 2017 | Compliance/Risk Rating 2018 |
|---|-----------------------------|-----------------------------|-----------------------------|
| Regulation 7: Clothing | ✓ | ✓ | ✗ Moderate |
| Regulation 9: Recreational Activities | ✓ | ✓ | ✗ Moderate |
| Regulation 13: Searches | ✓ | ✓ | ✗ High |
| Regulation 19: General Health | ✓ | ✓ | ✗ Moderate |
| Regulation 21: Privacy | ✓ | ✗ High | ✗ High |
| Regulation 23: Ordering, Prescribing, Storing and Administration of Medicines | ✗ High | ✗ Moderate | ✗ High |
| Regulation 26: Staffing | ✗ Moderate | ✗ Moderate | ✗ High |
| Regulation 27: Maintenance of Records | ✓ | ✗ Moderate | ✗ High |
| Regulation 28: Register of Residents | ✗ Low | ✗ Moderate | ✗ High |

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|--|----------|----------------|----------|----------|----------|----------|
| Code of Practice: Use of Physical Restraint in Approved Centres | X | Moderate | ✓ | | X | High |
| Code of Practice relating to the Admission of Children under the Mental Health Act 2001 | | Not applicable | X | Moderate | X | Moderate |
| Code of Practice on Admission, Transfer and Discharge to and from an Approved Centre | X | Moderate | X | Moderate | X | High |

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.

The following areas were rated excellent on this inspection:

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|--|
| Regulation |
| Regulation 6: Food Safety |
| Regulation 8: Residents Personal Property and Possessions |
| Regulation 10: Religion |
| Regulation 12: Communication |
| Regulation 16: Therapeutic Services and Programmes |
| Regulation 18: Transfer of Residents |
| Regulation 25: Use of Closed Circuit Television |
| Regulation 29: Operating Policies and Procedures |
| Regulation 30: Mental Health Tribunals |