



## **Mental Health Commission finds critical risk ratings at two mental health units in Galway**

**Regulator also finds 10 'high-risk' ratings across six centres in Galway, Kerry, Cork and Dublin**

**Thursday 4 April 2019:** The Mental Health Commission (MHC) has today published six inspection reports, which identified two areas of 'critical' risk non-compliance, 10 areas of 'high risk' non-compliance and 52 areas of 'excellent' compliance across six approved centres in Galway, Kerry, Cork and Dublin.

**Woodview** - a 21-bed unit situated on the Merlin Park University Hospital campus in the eastern suburbs of Galway city - had one critical risk rating for premises and one high-risk rating for ordering, prescribing, storing and administration of medicines. Food safety audits were not carried out regularly, and hygiene was not adequately maintained to support food safety requirements. The area under the stainless steel kitchen units was dirty, and the kitchen required a deep clean.

The approved centre was in a poor state of repair, with numerous examples of inadequate repair evident. This included some external and bedroom lights not working, a handle missing on a wardrobe, a showerhead not working, cracked and peeling paint on windowsills, skirting boards, and walls, and two occurrences of decaying wood. The Commission issued an Immediate Action Notice to address these concerns and closely monitored the implementation of the service's action plan.

Commenting on Woodview, Inspector of Mental Health Services for the Mental Health Commission, Dr Susan Finnerty, said: "There had been no significant improvement in compliance with regulations, rules and codes of practice over the past three years. Compliance in 2016 was 61 per cent; in 2017, it was 73 per cent; and in 2018, compliance was 68 per cent.

The **Child and Adolescent Mental Health In-Patient Unit at Merlin Park** also had one critical risk rating in relation to risk management. The centre was unable to ensure the safety of residents or staff due to the structural environment. The seclusion area was off a main corridor, which was an administrative area. If a patient in seclusion needed to use the toilet facilities, the area was sectioned off, leaving a very confined area for nurses and the patient to enter. This area was so confined that if the patient attempted to assault the staff there was no room to deflect contact, leaving the risk of injury much higher for both parties.

The centre had a high-risk rating in relation to the use of seclusion. Residents in seclusion did not have access to adequate and private toilet and washing facilities. The seclusion room was too small and was poorly ventilated. The seclusion door was compromised as the reinforcement bars were damaged and they could not be locked. This indicated that the seclusion facilities were not furnished, maintained, and cleaned to ensure respect for resident dignity and privacy. The seclusion room was designed with a hard floor fitting which posed a risk to patient safety. The Commission issued an Immediate Action Notice and worked closely with the approved centre to monitor its concerns.

Commenting on this unit at Merlin Park, Dr Finnerty said: "While many of the approved centres struggle to comply with regulations, Merlin Park had the highest compliance rating of 88 per cent. Encouragingly, CAMHS (Galway) had the first national pilot advocacy group in the HSE for the young person. This enables the young person to voice their views and concerns, and explore their options and rights to enable them to

make informed decisions. These new initiatives are heartening as the patient is placed front and centre of the care they receive.”

There were ten non-compliances identified by inspectors in **The Jonathan Swift Clinic** in Dublin, a 47-bed approved centre located in St. James’s Hospital campus. The centre had two high risk ratings relating to premises and consent to treatment. The inspection report found that the centre was not clean; and the garden was littered with cigarette butts, despite it being a no smoking campus. There was evidence of smoking in one toilet, with a strong smell of smoke. Residents did not have access to adequate personal space or appropriate sized bedrooms, as some of the four and six-bedded dormitories were cramped. As part of addressing these issues, the centre is required to provide quarterly reports to the Commission to demonstrate compliance.

**Deer Lodge** - a purpose-built, residential Mental Health Recovery Unit in Killarney, Co Kerry - had three high-risk ratings related to staffing, therapeutic services and programmes, and on the use of physical restraint. The therapeutic services provided by the approved centre were not appropriate and did not meet the assessed needs of the residents.

In relation to the use of physical restraint, in three cases the residents were not informed of the reasons for, duration of, and circumstances leading to discontinuation of physical restraint. In two cases, the residents’ next of kin were not informed about the physical restraint episode. The centre provided corrective and preventative plans to address all areas of non-compliance identified and the Commission will seek an update in three months to ensure the plans are being implemented.

**The Centre for Mental Health Care and Recovery (CMHCR)** - an 18-bed acute unit located in the grounds of Bantry General Hospital in Cork - had three high-risk ratings in use of physical restraint, premises and complaints procedures.

The inspectors report highlighted ligature points such as door handles, radiators, beds, and window hinges that were not minimised throughout the approved centre with due regard to the specific needs, safety and wellbeing of residents. There was limited personal space for residents when the ward was at full capacity. There was one sitting room area, which could not accommodate 18 residents, and a small sitting area located beside the lift. The residents’ dining room was also too small to facilitate all residents dining together.

The inspectors found that there were seven non-compliances with the code of practice on physical restraint in the centre. While physical restraint was only used in rare, exceptional circumstances - where the resident posed immediate threat of serious harm to self or others, and only used after all alternative interventions to manage resident’s unsafe behaviour had been considered by staff - non-compliance was rated high-risk, as there were a number of discrepancies. In one of the episodes reviewed, there was no evidence that a designated staff member was responsible for leading the physical restraint, or for monitoring the head and airway of the resident during the physical restraint. The Commission will seek an update in three months to ensure corrective and preventative plans supplied by the centre are implemented.

Dr Finnerty said: “The use of physical restraint in the management of acute mentally ill patients is a very serious intervention and the Commission has an oversight role to ensure that restrictive interventions are only used where strictly necessary and safely undertaken in line with codes of practice. There is no therapeutic benefit to restrictive practices and a focus is needed on the use of preventive approaches.”

**The Adolescent In-Patient Unit at St Vincent's Hospital in Fairview** had no high-risk ratings, while 13 areas of compliance were excellent. There were two moderate risk ratings that related to staffing and maintenance of records. At the time of the inspection, hazardous chemicals were not safely stored in the kitchen. This was remedied immediately during inspection, when staff locked the hazardous chemicals

into the cleaning room. There was a significant improvement in compliance with regulations, rules and codes from 63 per cent in 2017, to 84 per cent in 2018. Corrective and preventative plans were supplied and the Commission will seek an update in three months to ensure the plans are being implemented.

Chief Executive of the Mental Health Commission, John Farrelly, said, “We are publishing six inspection reports today with a compliance rating ranging from of 68 per cent to 88 per cent. None of the approved centres are reaching the 90 to 100 per cent compliance that they should be hitting. We can’t expect people in mental health acute centres to receive a service that is consistently non-compliant.”

“People with a diagnosis of mental illness already experience exclusion in our society. It is incumbent on us to ensure that they get the highest standard of care in our mental health centres. As a regulator, we are committed to the provision of the highest quality mental healthcare and a consistent non-compliance rating is not acceptable in 2019.

“In our new strategy, we are committed to using all aspects of the current Mental Health Act to bring about significant change. Our team in the Mental Health Commission will continue to work relentlessly to pursue those operating poor standards.”

More detail on the six inspection reports are included below.

**Ends**

#### **Notes to 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. Child and Adolescent Mental Health In-Patient Unit Merlin Park University Hospital, Galway

[https://www.mhcirl.ie/File/2018IRs/CAMHS\\_Galway\\_IR2018.pdf](https://www.mhcirl.ie/File/2018IRs/CAMHS_Galway_IR2018.pdf)

The approved centre is a Child and Adolescent Mental Health Service (CAMHS) in-patient unit located on the grounds of University Hospital, Merlin Park, Galway. It provides care and treatment to young people from age 12 to 18, inclusive, with mental illness.

The residence is split into two units – the Willows, which is a 14-bed unit with three single bedrooms in a special care area, and Woodsend, which is a 6-bed unit. A dedicated new school on site was fully commissioned on the 1<sup>st</sup> September 2018. There is also a “parent flat”, which allowed a family to stay overnight when they had travelled to see one of the young residents.

There were no conditions attached to the registration of this 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 22: Premises	X	Moderate	X	High	X	Moderate
Regulation 26: Staffing	X	Moderate	X	Moderate	X	Moderate
Regulation 32: Risk Management	X	Moderate	X	High	X	Critical
Rules Governing the Use of Seclusion	X	High	X	Low	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 9: Recreational Activities
Regulation 10: Religion
Regulation 13: Searches
Regulation 17: Children’s Education
Regulation 18: Transfer of Residents
Regulation 20: Provision of Information to Residents
Regulation 25: Use of Closed Circuit Television
Regulation 29: Operating Policies and Procedures

### 2. Adolescent In-Patient Unit St. Vincent’s Hospital, Fairview, Dublin

[https://www.mhcirl.ie/File/2018IRs/AIPU\\_StVincent IR2018.pdf](https://www.mhcirl.ie/File/2018IRs/AIPU_StVincent IR2018.pdf)

The Adolescent In-patient Unit (AIPU) is located on the grounds of St. Vincent’s Hospital, Fairview. The AIPU provides care and treatment for adolescents between the ages of 16 and 18 years. The AIPU is registered for 12 beds; however, at the time of inspection the approved centre had reduced beds to admit only six residents due to medical staff shortages.

All residents were accommodated in single, en suite bedrooms. The approved centre had a school on the site as well as access to a large garden area.

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

Non-compliant areas on this inspection:

Regulation/Rule/Act/Code	Compliance/Risk Rating 2016		Compliance/Risk Rating 2017		Compliance/Risk Rating 2018	
Regulation 22: Premises	X	Moderate	X	Moderate	X	Low
Regulation 26: Staffing	X	Moderate	X	Moderate	X	Moderate
Regulation 27: Maintenance of Records	✓		✓		X	Moderate
Regulation 32: Risk Management Procedures	✓		X	Moderate	X	Low
Code of Practice on Admission, Transfer, and Discharge to and from an Approved Centre	X	Moderate	X	Low	X	Low

The approved centre was requested to provide Corrective and Preventative Actions (CAPAs) for areas of non-compliance. These are included in [https://www.mhcirl.ie/File/2018IRs/AIPU\\_StVincents\\_IR2018.pdf](https://www.mhcirl.ie/File/2018IRs/AIPU_StVincents_IR2018.pdf) 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 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 16: Therapeutic Services and Programmes
Regulation 17: Children’s Education
Regulation 18: Transfer of Residents
Regulation 23: Ordering, Prescribing, Storing, and Administration of Medicines

### 3. Centre for Mental Health Care and Recovery, Bantry General Hospital, Cork

[https://www.mhcirl.ie/File/2018IRs/CforMHCandR\\_bantry\\_IR2018.pdf](https://www.mhcirl.ie/File/2018IRs/CforMHCandR_bantry_IR2018.pdf)

The Centre for Mental Health Care and Recovery (CMHCR) is an 18-bed acute unit located in the grounds of Bantry General Hospital. The facility was located in a three floor building which was not purpose built. It provided in-patient care for the population of 56,000 spread throughout the West Cork catchment area.

There were no conditions 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 19: General Health	X	Moderate	✓		X	Moderate
Regulation 22: Premises	X	Moderate	X	High	X	High
Regulation 23: Ordering, Prescribing, Storing and Administration of Medicines	✓		X	Moderate	X	Moderate
Regulation 26: Staffing	X	Low	X	Low	X	Low
Regulation 27: Maintenance of Records	X	Low	✓		X	Low
Regulation 28: Register of Residents	✓		✓		X	Low
Regulation 31: Complaints Procedures	✓		✓		X	High
Code of Practice on the Use of Physical Restraint in Approved Centres	X	Moderate	✓		X	High
Code of Practice on Admission, Transfer and Discharge to and from an Approved Centre	X	Moderate	X	Low	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 7: Clothing
Regulation 8: Residents Personal Property and Possessions
Regulation 10: Religion
Regulation 12: Communication
Regulation 30: Mental Health Tribunals

### 4. Woodview, Merlin Park, Galway

[https://www.mhcirl.ie/File/2018IRs/WoodView\\_IR2018.pdf](https://www.mhcirl.ie/File/2018IRs/WoodView_IR2018.pdf)

Wood View is a 21-bed unit situated on the Merlin Park University Hospital campus in the eastern suburbs of Galway city. Since 2016, Wood View had reduced its bed number to 18. All residents were over 54 years of age and the majority had been resident at Wood View for 15 years or more.

Non-compliant areas on this inspection:

Regulation/Rule/Act/Code	Compliance/Risk Rating 2016	Compliance/Risk Rating 2017	Compliance/Risk Rating 2018
Regulation 6: Food Safety	✓	✓	✗ Low
Regulation 15: Individual Care Plan	✓	✓	✗ Low
Regulation 16: Therapeutic Services and Programmes	✗ High	✗ High	✗ Moderate
Regulation 18: Transfer of Residents	✗ Moderate	✓	✗ Moderate
Regulation 19: General Health	✓	✓	✗ Moderate
Regulation 22: Premises	✗ High	✗ High	✗ Critical
Regulation 23: Ordering, Prescribing, Storing and Administration of Medicines	✓	✗ Moderate	✗ High
Regulation 26: Staffing	✗ Moderate	✗ Moderate	✗ Moderate
Code of Practice on Admission, Transfer and Discharge to and from an Approved Centre	✗ Moderate	✗ Moderate	✗ 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 7: Clothing
Regulation 10: Religion
Regulation 29: Operating Policies and Procedures

## 5. Deer Lodge, Killarney Co. Kerry

[https://www.mhcirl.ie/File/2018IRs/DeerLodge\\_IR2018.pdf](https://www.mhcirl.ie/File/2018IRs/DeerLodge_IR2018.pdf)

The approved centre is a purpose-built, residential Mental Health Recovery Unit in Killarney, which opened in 2017. It can accommodate 40 residents at full capacity, within four ten-bedded units, with single en suite bedrooms in each unit. The approved centre had two multi-disciplinary teams, specialising in Rehabilitation and Recovery and Psychiatry of Later Life.

There was one condition to registration:

*To ensure adherence to Regulation 23: Ordering, Prescribing, Storing and Administration of Medicines, the approved centre shall audit their Medication Prescription and Administration Records (MPARs) 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.

Non-compliant areas on this inspection:

Regulation/Rule/Act/Code	Compliance/Risk Rating 2017		Compliance/Risk Rating 2018	
Regulation 6: Food Safety	✓		✗	Low
Regulation 16: Therapeutic Services and Programmes	✗	Low	✗	High
Regulation 19: General Health	✓		✗	Moderate
Regulation 21: Privacy	✓		✗	Moderate
Regulation 26: Staffing	✗	High	✗	High
Regulation 32: Risk Management Procedures	✗	Moderate	✗	Moderate
Code of Practice on the use of Physical Restraint	✗	Moderate	✗	High
Code of Practice on Admission, Transfer and Discharge to and from an Approved Centre	✗	Moderate	✗	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 7: Clothing
Regulation 9: Recreational Activities
Regulation 10: Religion
Regulation 11: Visits
Regulation 12: Communication
Regulation 13: Searches
Regulation 20: Provision of Information
Regulation 23: Ordering, Prescribing, Storing and Administration of Medicines
Regulation 31: Complaints Procedures

## 6. Jonathan Swift Clinic, St James’s Hospital, Dublin 8

[https://www.mhcirl.ie/File/2018IRs/JSC\\_StJames\\_IR2018.pdf](https://www.mhcirl.ie/File/2018IRs/JSC_StJames_IR2018.pdf)

The Jonathan Swift Clinic is a 47-bed approved centre located in St. James’s Hospital campus. The approved centre serves a population of approximately 136,000 in Dublin South Central. The unit

consists of three wards, which provides acute care, step-down/pre-discharge care and acute psychiatry of later life.

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

*To ensure adherence to 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	Low	✓		X	Low
Regulation 21: Privacy	✓		X	Moderate	X	Moderate
Regulation 22: Premises	X	High	X	Critical	X	High
Regulation 23: Ordering, Prescribing, Storing and Administration of Medicines	✓		X	High	X	Moderate
Regulation 26: Staffing	X	Moderate	X	Critical	X	Moderate
Regulation 28: Register of Residents	✓		X	Low	X	Moderate
Part 4 of the Mental Health Act 2001 - Consent to Treatment	X	High	✓		X	High
Code of Practice on the use of Physical Restraint in Approved Centres	X	Low	X	Critical	X	Moderate
Code of Practice on the Admission of Children under the Mental Health Act 2001		Not applicable		Not applicable	X	Moderate
Code of Practice on Admission, Transfer and Discharge to and from an Approved Centre	X	Low	X	Moderate	X	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.

Areas of compliance rated “excellent” on this inspection

Regulation
Regulation 4: Identification of Residents
Regulation 5: Food and Nutrition
Regulation 7: Clothing
Regulation 8: Residents’ Personal Property and Possessions
Regulation 10: Religion
Regulation 13: Searches

Regulation 14: Care of the Dying
Regulation 16: Therapeutic Services and Programmes
Regulation 29: Operating Policies and Procedures
Regulation 30: Mental Health Tribunals