



## Two 'critical' and 14 'high-risk' non-compliance ratings found in mental health centres

**MHC inspection reports also list 31 ratings of 'excellent' compliance in four of five centres**

**Tuesday 5 March 2019:** The Mental Health Commission (MHC) has today published five inspection reports, which identified two areas of 'critical' risk non-compliance, 14 areas of 'high risk' non-compliance and 31 areas of 'excellent' compliance across approved centres in Cavan, Dublin, Waterford and Cork.

The Department of Psychiatry at University Hospital Waterford had two areas of critical non-compliance in relation to the use of seclusion and maintenance of records, with five instances of 'high' risk rating in the areas of privacy, premises, staffing, registration, and admission of children.

The inspection of the same centre also found that residents could not access the new communal and dining areas in the acute unit. This meant that the centre was in breach of a condition that the centre would, by December 31, 2017, 'undertake building works, essential maintenance and refurbishments' of the unit 'to ensure there are adequate and appropriate communal spaces for therapeutic services, recreational activities, dining, and to facilitate visitors'.

The inspection also found that the centre remained non-complaint in relation to another condition around mandatory training for staff. Both conditions were, and remain, attached to the registration of the centre.

Commenting on the breach of the condition in the Department of Psychiatry in University Hospital, Waterford, Inspector of Mental Health Services for the Mental Health Commission, Dr Susan Finnerty, said: "there was a new communal area and dining area designed and built in the acute unit, which was ready for use since February 2018. Residents did not have access to this new communal and dining area, and residents were eating meals by their bedside at the time of the inspection [in July 2018]."

In relation to the same centre, Dr Finnerty said, "Clinical files were in very poor order. There were potential confidentiality breaches, and there was lack of logical sequencing in records. Clinical files were not stored securely. This non-compliance was risk rated as critical.

"Generally, it is disappointing that in three of the approved centres not all staff had received the required training in basic life support, fire safety, the management of aggression and violence, and on the Mental Health Act 2001.

On the other hand, it is heartening to see that in two approved centres all the health care professionals had up-to-date, mandatory training completed. This is the high standard we require from approved centres"

“Other areas of concern to the Inspectorate are in the area of hygiene, where catering areas and catering and food safety equipment were not appropriately cleaned. These areas of non-compliance do not support food safety requirements.”

Another centre - the Acute Psychiatric Unit in Cavan General Hospital – was ‘high risk’ non-compliant in the areas of food safety; privacy; premises; staffing; and ordering, prescribing, storing and administration of medicines.

The Phoenix Care Centre in Dublin had three high-risk non-compliances in the area of premises; use of closed circuit television; and the use of physical restraint. The Phoenix Care centre in Dublin also had three compliance areas rated as excellent.

Dr Finnerty, also highlighted “Willow Grove Adolescent Unit in Dublin had the highest compliance rate, being fully compliant in 2017 and 2018 with twenty-four compliances rated as excellent. Owenacurra in Midleton was 90 per cent compliant, with three compliance areas rated as excellent, despite the unit only being registered as an approved centre for the past three years. These compliance rates reflect the work of the Commission and the consistent approach of the approved centres year on year”

Chief Executive of the Mental Health Commission, John Farrelly, said, “The Commission has used its enforcement powers effectively recently in Kilkenny District Court, acting on the findings of the inspection reports to secure a conviction. These reports are crucial to the improvement of the mental health service in this country. Each approved centre is provided with an opportunity to address the findings in the inspection reports and furnish the Commission with preventative actions for immediate implementation, which the Commission monitors closely.

“Today’s five reports show an increasing compliance and a continuous improvement to an excellent standard in some centres. This reflects the Commission’s work to improve standards and quality of mental health care for patients, which is our responsibility to the human rights of the people who use our mental health services.

“However, standards of service are still not compliant in many cases, and are listed as critical or high-risk in a number of cases. As we have demonstrated in Kilkenny, if service providers repeatedly do not act on our feedback, or are consistently non-compliant, they can expect us to take effective and appropriate action.”

More detail on the five inspection reports are included under ‘notes to the editor’ 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.

### **Inspection Reports:**

1. Acute Psychiatric Unit, Cavan General Hospital  
[https://www.mhcirl.ie/File/2018IRs/APU\\_Cavan\\_IR2018.pdf](https://www.mhcirl.ie/File/2018IRs/APU_Cavan_IR2018.pdf)

The Acute Psychiatric Unit is located on the ground floor of Cavan General Hospital. The approved centre is registered for 25 residents and has a catchment area of the counties Cavan and Monaghan.

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

Condition 1: 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 6: Food Safety	✓		✓		✗	High
Regulation 7: Clothing	✓		✓		✗	Low
Regulation 19: General Health	✓		✓		✗	Moderate
Regulation 21: Privacy	✓		✗	Moderate	✗	High
Regulation 22: Premises	✗	Moderate	✗	High	✗	High
Regulation 23: Ordering, Prescribing, Storing and Administration of Medicines	✓		✗	Moderate	✗	High
Regulation 26: Staffing	✗	Moderate	✗	High	✗	High
Regulation 27: Maintenance of Records	✓		✓		✗	Moderate
Regulation 28: Register of Residents	✗	Moderate	✓		✗	Moderate
Regulation 31: Complaints Procedures	✗	Low	✗	Low	✗	Moderate
Code of Practice on the Use of Physical Restraint	✗	Low	✗	Moderate	✗	Moderate
Code of Practice on the Admission of Children		Not applicable	✗	Moderate	✗	Moderate
Admission, Transfer and Discharge – Discharge	✗	Low	✗	Low	✗	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:

No areas of compliance were rated excellent on this inspection.

- Willow Grove Adolescent Unit, St Patrick's University Hospital James St Dublin 8  
[https://www.mhcirl.ie/File/2018IRs/Willow\\_Grove\\_IR2018.pdf](https://www.mhcirl.ie/File/2018IRs/Willow_Grove_IR2018.pdf)

Willow Grove Adolescent Unit is a 14-bed independent facility located on the grounds of St. Patrick's University Hospital, Dublin, and is part of St. Patrick's Mental Health Services. It provides treatment to young people with mental illness between the ages of 12 and 17 nationally. There were 10 young people resident on the first day of inspection.

The approved centre has been fully compliant with regulations, rules and codes of practice in 2017 and 2018. Twenty-four compliances with Regulations were rated excellent at the time of inspection.

Non-compliant areas on this inspection:

There were no areas rated non-compliant on this inspection.

Areas of compliance rated “excellent” on this inspection:

The following areas were rated excellent on this inspection:

Regulation
Regulation 4: Identification of Residents
Regulation 5: Food and Nutrition
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 15: Individual Care Plan
Regulation 16: Therapeutic Services and Programmes
Regulation 17: Children’s Education
Regulation 18: Transfer of Residents
Regulation 19: General Health
Regulation 20: Provision of Information to Residents
Regulation 21: Privacy
Regulation 23: Ordering, Prescribing, Storing and Administration of Medicines
Regulation 25: Use of Closed Circuit Television
Regulation 26: Staffing
Regulation 27: Maintenance of Records
Regulation 29: Operating Policies and Procedures
Regulation 31: Complaints Procedures
Regulation 32: Risk Management Procedures

3. Department of Psychiatry, University Hospital Waterford  
[https://www.mhcirl.ie/File/2018IRs/DOP\\_Waterford\\_IR2018.pdf](https://www.mhcirl.ie/File/2018IRs/DOP_Waterford_IR2018.pdf)

The Department of Psychiatry is located on the lower ground floor of University Hospital Waterford. It contains 44 beds in two areas – an acute unit with 14 beds and a sub-acute unit with 30 beds.

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

Condition 1: The approved centre shall undertake building works, essential maintenance and refurbishments of the 14-bed unit to ensure there are adequate and appropriate communal spaces

for therapeutic services, recreational activities, dining, and to facilitate visitors. These works shall be completed by 31st December 2017.

On this inspection, this condition was found to be breached, as residents could not access the new communal and dining areas in the acute unit.

Condition 2: 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 remained non-compliant with Regulation 26 Staffing in the area of mandatory training.

Although the number of non-compliances remain high, there has been an improvement in overall compliance over three years: 49% in 2016; 64% in 2017; 66% in 2018. One area of compliance with the Regulations has a quality rating of excellent on this inspection.

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
Regulation 21: Privacy	X	Critical	X	Moderate	X	High
Regulation 22: Premises	X	High	X	Moderate	X	High
Regulation 23: Ordering, Prescribing, Storing & Administration of Medicines	X	Moderate	X	Moderate	X	Moderate
Regulation 25: Use of Closed Circuit Television	✓		✓		X	Moderate
Regulation 26: Staffing	X	High	X	High	X	High
Regulation 27: Maintenance of Records	X	Moderate	X	High	X	Critical
Regulation 28: Register of Residents	X	High	X	Moderate	X	High
Rules Governing the Use of Seclusion	X	Critical	X	High	X	Critical
Code of Practice on the Use of Physical Restraint in Approved Centres	X	Moderate	✓		X	Moderate
Code of Practice Relating to Admission of Children under the Mental Health Act 2001	X	Moderate	X	High	X	High
Code of Practice on Admission, Transfer and Discharge to and from an Approved Centre	X	Low	X	Moderate	X	Moderate

Areas of compliance rated “excellent” on this inspection:

The following area was rated excellent on this inspection:

**Regulation**

Regulation 14: Care of the Dying

4. Phoenix Care Centre, North Circular Road, Dublin 7

[https://www.mhcirl.ie/File/2018IRs/Phoneix\\_Care\\_Centre\\_IR2018.pdf](https://www.mhcirl.ie/File/2018IRs/Phoneix_Care_Centre_IR2018.pdf)

Phoenix Care Centre (PCC) is a purpose built 54-bed facility located on North Circular Road, Dublin. The approved centre consists of four wards located over three levels.

Over three years the compliance rate has slightly improved 75% compliance in 2016; 67% compliance in 2017; 76% compliance in 2018. Three compliances were rated as excellent. There were no conditions to 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 15: Individual Care Plan	✓		X	High	X	Moderate
Regulation 19: General Health	✓		✓		X	Moderate
Regulation 21: Privacy	X	Moderate	✓		X	Moderate
Regulation 22: Premises	X	Low	X	Moderate	X	High
Regulation 25: Use of Closed Circuit Television	X	Moderate	X	Critical	X	High
Regulation 26: Staffing	X	Moderate	X	High	X	Moderate
Code of Practice on the Use of Physical Restraint in Approved Centres	X	Low	✓		X	High
Code of Practice on Admission, Transfer and Discharge to and from an Approved Centre	✓		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 [Appendix 1](#) of the report.

Areas of compliance rated “excellent” on this inspection:

Regulation
Regulation 5: Food and Nutrition
Regulation 6: Food Safety
Regulation 7: Clothing

5. Owenacurra Centre, Midleton, Co. Cork

[https://www.mhcirl.ie/File/2018IRs/Owenacurra\\_Centre\\_IR2018.pdf](https://www.mhcirl.ie/File/2018IRs/Owenacurra_Centre_IR2018.pdf)

The Owenacurra centre is a 24-bed unit situated in Midleton, a single storey prefab building centred around an internal courtyard. There are sixteen single bedrooms and four twin bedrooms.

At the time of inspection, 16 of the residents were continuing care and had resided in the approved centre for lengthy periods so this was considered their home. Three residents were part of the rehabilitative short stay recovery programme, with specific care and intervention needs focusing on the resident returning to community living. The age profile of the resident ranged from early thirties to early nineties.

The approved centre has shown excellent improvement in compliance with Regulations and Codes of Practice, despite only being registered as an approved centre for three years. Compliance increased from 52% in 2016 to 70% in 2017 and on this inspection was 90% compliance. Three compliance areas were rated as excellent. There were no conditions to registration. These findings are a reflection of emphasis on quality improvement.

Non-compliant areas on this inspection:

Regulation/Rule/Act/Code	Compliance/Risk Rating 2016		Compliance/Risk Rating 2017		Compliance/Risk Rating 2018	
Regulation 21: Privacy	X	Moderate	✓		X	High
Regulation 22: Premises	X	Moderate	✓		X	Moderate
Regulation 23: Ordering, Prescribing, Storing and Administration of Medicines	✓		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.

Areas of compliance rated “excellent” on this inspection:

Regulation
Regulation 4: Identification of Residents
Regulation 5: Food and Nutrition
Regulation 7: Clothing