

Critical risk ratings of non-compliance identified - MHC publishes five inspection reports

41 areas of non-compliance identified in five approved centres – two approved centers had critical risk ratings and all five centres had high-risk ratings

Thursday 7th February 2019. The Mental Health Commission (MHC) has today published five inspection reports which identified a total of 41 areas of non-compliance. Two approved centres had critical non-compliance risk ratings. All five centres had high risk non-compliance ratings.

Elm Mount Unit, St. Vincent's University Hospital had two areas of non-compliance rated as critical risk and they referred to Individual Care Plans (ICPs) and the Code of Practice on Physical Restraint. The Department of Psychiatry, Connolly Hospital had two areas of non-compliance rated as critical risk and they referred to rules governing the use of seclusion and the Code of Practice on the use of Physical Restraint.

Commenting on the reports Dr Susan Finnerty, Inspector of Mental Health Services, said, "It is really disappointing that we have identified such a high level of non-compliance, and worrying that four areas of non-compliance were rated as critical risk. The use of seclusion and physical restraint should only occur in exceptional circumstances and the processes and procedures surrounding their use are of the utmost importance to ensure the safeguarding and wellbeing of patients. Non-adherence to the rules and codes set out is totally unacceptable.

"Individual Care Plans are based on a clear concept of setting goals and identifying treatments which guide towards the recovery of a patient. It is not acceptable that patients do not have fully complete ICPs and it is particularly worrying that this is the third year in a row that Elm Mount Unit in St. Vincent's was found to be non-compliant with this regulation."

John Farrelly, Chief Executive of the Mental Health Commission said, "The Commission has acted on findings of these reports by using its enforcement powers to attach conditions and ensuring implementation of corrective and preventative action plans. In addition, we monitor progress on an on-going basis. Today's reports show an improvement in compliance in some centres, however, there is still an unsatisfactory level of non-compliance, which is not acceptable. The Commission's priority is to ensure people who use our mental health services receive a good quality service which upholds their human rights. Consistent non-compliance with the law will result in further action being taken by the Commission."

Elm Mount Unit, St. Vincent's University Hospital, Dublin

https://www.mhcirl.ie/File/2018IRs/Elm_Mount_StVinUniHospital_ir2018.pdf

Elm Mount is a 36-bed approved centre operating in St. Vincent's University Hospital, Elm Park, Dublin 4. There had been some deterioration in compliance with regulations, rules and codes of practice; from 63% compliance in 2017 to 59% in 2018. In addition, there were two non-compliances rated as critical risk; Regulation 15 Individual Care Plans and the Code of Practice on Physical Restraint. There were no conditions to registration.

This centre was non-compliant in 14 areas: two areas were rated critical risk, six were rated high risk, five had a moderate risk rating and one rated low risk.

Critical Risk:

- Elm Mount Unit, St. Vincent's University Hospital had two areas of non-compliance rated as critical risk and they referred to Individual Care Plans (ICPs) and the Code of Practice on Physical Restraint.
- It is the third year in a row that it was found to be non-compliant with the regulation on ICPs. Several issues arose including that some ICPs did not identify: clear goals; treatment and care required; resources; and some were not developed by a multidisciplinary team.
- It is the fourth year in a row that it was non-compliant with the Code of Practice on Physical Restraint. Some of the concerns include: a medical examination of a resident (physical examination) not being completed within three hours of the episode; an episode was not recorded in the clinical file; a resident not having an opportunity to discuss the episode with members of the multi-disciplinary team; a resident's next of kin or representative were not always informed; and there was one case of a child being physically restrained. The parent/guardian was informed as soon as possible, child protection policies were in place, but the policies did not address appropriate training for staff in relation to child protection.

Regulation/Rule/Act/Code	Compliance/Risk Rating 2018	
Regulation 7: Clothing	X	Moderate
Regulation 12: Communication	X	Moderate
Regulation 13: Searches	X	High
Regulation 15: Individual Care Plan	X	Critical
Regulation 16: Therapeutic Services and Programmes	X	High
Regulation 20: Provision of Information to Residents	X	Low
Regulation 22: Premises	X	Moderate
Regulation 23: Ordering, Prescribing, Storing and Administration of Medicines	X	High
Regulation 26: Staffing	X	High
Regulation 27: Maintenance of Records	X	Moderate
Regulation 32: Risk Management Procedures	X	High
Code of Practice on the Use of Physical Restraint in Approved Centres	X	Critical
Code of Practice relating to the Admission of Children under the Mental Health Act 2001	X	Moderate
Code of Practice: Admission, Transfer and Discharge	X	High

St. Ita's Ward, St. Brigid's Hospital, Louth

https://www.mhcirl.ie/File/2018IRs/StBrigidsArdee_ir2018.pdf

St. Ita's Ward is located within St. Brigid's Hospital in Ardee. It is the last in-patient unit still functioning within the hospital. While the approved centre is registered for 20 beds, the number of beds in operation had decreased to nine at the time of this inspection and each resident had their own bedroom. There had been no admissions since the last inspection and an active process promoting the movement of residents to the community was in place.

There has been a very significant improvement in compliance with Regulations, Rules and Codes of Practice: from 58% in 2017 to 90% in this inspection. There were six compliances quality rated as excellent. There was one condition attached to the registration of this approved centre at the time of inspection.

Condition 1: 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.

During this inspection, the approved centre was found to be compliant with Regulation 22: Premises.

This centre was non-compliant in three areas: two areas were rated high risk and one was rated low risk.

Regulation/Rule/Act/Code	Compliance/Risk Rating 2018	
Regulation 23: Ordering, Prescribing, Storing and Administration of Medicines	X	High
Regulation 26: Staffing	X	High
Code of Practice on Admission, Transfer and Discharge to and from an Approved Centre	X	Low

Department of Psychiatry, Connolly Hospital, Dublin

https://www.mhcirl.ie/File/2018IRs/DOP_Connolly_IR2018.pdf

The Department of Psychiatry is located on the lower ground floor of Connolly Hospital in Blanchardstown. The approved centre struggled to improve compliance levels. In 2017 it was compliant with 75% of rules, regulations and codes of practice, whereas in 2018 it was compliant with only 63% of requirements. However, there was a quality rating of excellent on four regulations in 2018.

This centre was non-compliant in 13 areas: two areas were rated critical risk, four were rated high risk, six had a moderate risk rating and one rated low risk.

Critical Risk:

- Department of Psychiatry, Connolly Hospital, had two areas of non-compliance rated as critical risk and they referred to rules governing the use of seclusion and the Code of Practice on the use of Physical Restraint.
- The approved centre was non-compliant with the rules governing the use of seclusion because: The seclusion room en suite had ligatures, which endangered patient safety; The seclusion room ceiling was dirty and gloomy, which indicated that the seclusion facilities were not furnished, maintained, and cleaned to ensure respect for resident dignity and privacy; there were issues with the completion of forms required.
- The approved centre was non-compliant with the Code of Practice on Physical Restraint. Some of the reasons for this were: In one episode of physical restraint, the clinical practice form was not signed by the consultant psychiatrist within 24 hours; In two physical restraint episodes, residents were not informed of the reasons for, duration of, and circumstances leading to discontinuation of physical restraint. The reasons for not

informing them was not documented in either case; In some cases the resident's next of kin was not informed. In addition, in one of three physical restraint episodes reviewed there was no documented evidence to indicate the following:

- That physical restraint was used in rare and exceptional circumstances when the resident posed an immediate threat of serious harm to themselves or others.
- That the use of physical restraint was based on a risk assessment of this resident.
- That staff had first considered all other interventions to manage the resident's unsafe behaviour.
- Cultural awareness and gender sensitivity were not demonstrated when considering the use of and when using physical restraint. Two male nurses subjected one female resident to physical restraint.
- The same sex staff member was not present at all times during physical restraint episode.
- There was no record to indicate that this resident had received a medical exam at all, by a registered medical practitioner within three hours after the start of the physical restraint episodes.

Regulation/Rule/Act/Code	Compliance/Risk Rating 2018	
Regulation13: Searches	X	Moderate
Regulation 15: Individual Care Plan	X	High
Regulation 19: General Health	X	High
Regulation 21: Privacy	X	Moderate
Regulation 22: Premises	X	High
Regulation 23: Ordering, Prescribing, Storing & Administration of Medicines	X	Moderate
Regulation 26: Staffing	X	Moderate
Regulation 27: Maintenance of Records	X	High
Regulation 28: Register of Residents	X	Low
Rules Governing the Use of Seclusion	X	Critical
Code of Practice on the use of Physical Restraint in Approved Centres	X	Critical
Code of Practice Relating to the Admission of Children	X	Moderate
Code of Practice on Admission, Transfer, and Discharge to and from an Approved Centre	X	Moderate

Central Mental Hospital, Dublin

https://www.mhcirl.ie/File/2018IRs/CMH_IR2018.pdf

The Central Mental Hospital, Dundrum, Dublin is part of the National Forensic Mental Health Service. The main building dated back to 1852. While efforts had been made to refurbish and maintain the buildings, they were not fit for purpose and the Mental Health Commission had a condition attached to the approved centre's registration with regard to closure. A new premises was in construction phase in Portrane, Co Dublin, due to open in 2020.

The male patients progressed through a secure therapeutic care pathway which was sub-divided into three clusters; acute, medium, and rehabilitation and recovery. One unit provided care and treatment for those patients with a dual diagnosis of mental illness with intellectual disability. There was only

one unit for the care and treatment of up to ten female patients. The level of security in the one female unit included high, medium, and low, which was not in keeping with best practice or the model of care afforded to the male population. There were waiting lists for people in prison with severe mental illness (26) and also in a number of acute approved centres around the country (6), where their forensic treatment needs were not being met.

Compliance with regulations, rules and codes of practice had improved from 70% in 2017 to 79% in 2018. There were no compliances rated as excellent quality on this inspection.

This centre was non-compliant in seven areas: three were rated high risk, two had a moderate risk rating and two were rated low risk.

<i>Regulation/Rule/Act/Code</i>	<i>Compliance/Risk Rating 2018</i>	
Regulation 6: Food Safety	X	High
Regulation 21: Privacy	X	High
Regulation 22: Premises	X	High
Regulation 26: Staffing	X	Moderate
Rules Governing the Use Of Seclusion	X	Moderate
Code of Practice on the Use of Physical Restraint in Approved Centres	X	Low
Code of Practice on Admission, Transfer, and Discharge to and from an Approved Centre	X	Low

Sycamore Unit, Connolly Hospital, Dublin

https://www.mhcirl.ie/File/2018IRs/sycamoreUnit_Connolly_IR2018.pdf

Sycamore Unit is located on the grounds of Connolly Hospital Blanchardstown. It is a flat-roofed building, originally built in 1945. Sycamore Unit's compliance with regulations, rules and codes of practice has showed steady improvement over the previous three years: from 77% in 2016 to 84% in 2017 and now, in 2018, to 87%. It had no conditions to registration and had nine compliances rated as excellent. However, there were serious deficiencies in the provision of basic therapeutic and general health inputs.

This centre was non-compliant in four areas: two areas were rated high risk and two had a moderate risk rating.

<i>Regulation/Rule/Act/Code</i>	<i>Compliance/Risk Rating 2018</i>	
Regulation 16: Therapeutic Services and Programmes	X	High
Regulation 19: General Health	X	High
Regulation 26: Staffing	X	Moderate
Code of Practice on Admission, Transfer and Discharge to and from an Approved Centre	X	Moderate

ENDS

Issued by Murray on behalf of The Mental Health Commission.

For further information contact: Murray: 01 4980300

Aoibheann O'Sullivan 087 6291453 / Mark Brennock 087 233 5923

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.

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.