

Mental Health Commission finds 14 high risk ratings across three centres in Kildare, Limerick and Monaghan

Friday 12 April 2019: The Mental Health Commission has today published three inspection reports, which identified 14 areas of high risk non-compliance. The three centres inspected also had 19 areas of excellent compliance.

St Davnet's Hospital – Blackwater House, Co Monaghan is a 19th century hospital building that can accommodate 20 residents. At the time of the inspection there were nine residents. It had three high risk ratings relating to privacy, premises and the use of mechanical restraint.

The approved centre was non-compliant with the regulation on premises for the third consecutive year and has four conditions attached to its registration. The premises was clean but poorly maintained. The building is from the 19th century and had no place in a modern mental health service and as a permanent residence for people. The construction of a new building had commenced within the campus in November 2018 and no further admissions were taking place to Blackwater House.

The approved centre was not compliant with the privacy regulation because nine residents were sleeping in a large dormitory. This did not respect residents' privacy and dignity and was deemed a high risk non-compliance. Although privacy curtains were around each bed, this sleeping arrangement did not respect people's dignity or privacy and was unacceptable, according to the report.

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.

Commenting on the reports released, Mr. John Farrelly Chief Executive of the Mental Health Commission, said: "There are far too many high risk non-compliances in the Inspectors reports and the Commission has moved immediately to the next stage of enforcement. Two of the premises are not adequate which can seriously undermine patient care. Some of our mental health centres have seen no real investment in their buildings in the past few years, leaving patients in cramped, unsuitable conditions that hinders the ability of the professionals to offer appropriate services."

Lakeview unit, Naas General Hospital is a 29 bed facility servicing a community of over 240,000 people. This inspection found six high risk ratings in the following areas: premises; ordering, prescribing, storing and administration of medicines; staffing; register of residents; mental health tribunals; and use of seclusion.

Lakeview is too small and the layout is not suitable for the care and treatment of people with a mental illness and as such it is not fit for purpose. After 8pm, residents could only access the TV in the downstairs sitting room which had only 11 chairs for 29 residents. Rooms were noisy and were not well ventilated, and some bedrooms were malodorous. The toilets were malodorous. Due to limitations in the physical layout of the approved centre, it was considered necessary to operate as a closed facility with locked external doors and with limited access to garden facilities. Overcrowding had, on occasion, led to the use of the seclusion room as a bedroom for periods of time for residents who do not require this. This breached the Rule Governing the Use of Seclusion.

Since 2016, there has been no overall improvement in compliance with regulations, rules and codes of practice. Compliance was sixty six percent in 2016, sixty one percent in 2017 and on this inspection was sixty two percent. Six of the regulations, rules and codes of practice had been non-compliant since 2016. Despite this, ten compliances with regulations were rated excellent and complaint with the condition on care planning attached to its registration.

Commenting on the inspection of Lakeview, Rosemary Smyth, Director of Standards and Quality Assurance said, "Overcrowding is a safety concern and is not conducive to resident health and wellbeing. The Commission subsequently issued an immediate action notice to address these concerns and has been monitoring this issue on an ongoing basis."

Acute Psychiatric Unit 5B, University Hospital Limerick is a 42 bed facility. This inspection found five high risk ratings for individual care plans, general health, premises, staffing and risk management procedures.

Five children had been admitted since the inspection in 2017. Age-appropriate facilities and a programme of activities were not provided, documentation did not support that provisions were in place to ensure that the child's view was heard, children did not have access to child advocacy services and clinical files did not record that children had their rights explained.

Commenting on the admission of children to adult mental health facilities the Inspector of Mental Health Services, Dr Susan Finnerty, said: 'A Vision for Change' recommends that all children under the age of 18 years be admitted to age appropriate inpatient facilities. Admitting any child to an adult service should only occur in exceptional circumstances. A contributory factor to the continued admission of children to adult units is a shortage of operational beds in dedicated child units."

The approved centre was not kept in a good state of repair externally and internally. This approved centre has three conditions attached to its registration. There was damaged flooring, cracked glass on a door observation panel, poor ventilation and internal paintwork unfinished. Externally there were areas that were not clean. One of the gardens had a large quantity of cigarette butts and other rubbish was observed. The main garden was dirty including the seating area.

Documentary evidence was not available to show that all residents were consulted in the review and update of their ICPs. Seven of nine ICPs inspected did not identify the resources required to provide the care and treatment identified.

Dr Finnerty said: "Care plans are a crucial part of supporting and helping the process of recovery. The involvement of the individual in his or her treatment and care is a significant cornerstone of the Mental Health Act, 2001. 'A Vision for Change' advocates the need for consultation with users and carers, in order to construct a comprehensive care plan. Good communication with the family with the patient's consent, and helping to involve them in the patient's care improves progress and patients experience a more recovery-focused approach to treatment and care.

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

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 Davnet's Hospital - Blackwater House**
https://www.mhcirl.ie/File/2018IRs/StDavents_IR2018.pdf

The approved centre is located within a listed 19th century hospital building on St. Davnet's Campus, approximately two kilometres outside Monaghan town. Blackwater House can accommodate 20 residents at full capacity, within two gender specific dormitories and two single bedrooms. The unit comprises of a large multi-functional dining/sitting room, a designated visitors room and a small enclosed-sensory garden.

There were four conditions attached to the registration of the 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 to the Mental Health Commission on the programme of maintenance in a form and frequency prescribed by the Commission.

Condition 3: The approved centre shall implement a plan to close St. Davnet’s Hospital – Blackwater House by 31st March 2019. The approved centre shall provide a progress update on the closure plan to the Mental Health Commission in a form and frequency prescribed by the Commission.

Condition 4: The Mental Health Commission prohibits any direct admissions or transfers of residents to the approved centre, with the exception of:

1. Current residents that are transferred back to the approved centre following the receipt of care and treatment from an approved centre, hospital or other place; and
2. Residents that are transferred to the approved centre from the Acute Psychiatric Unit, Cavan General Hospital.

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	Moderate	X	Moderate	X	Moderate
Regulation 21: Privacy	X	High	X	Moderate	X	High
Regulation 22: Premises	X	High	X	High	X	High
Regulation 23: Ordering, Prescribing, Storing and Administration of Medicines	X	Low	✓		X	Moderate
Regulation 26: Staffing	X	Moderate	X	Moderate	X	Moderate
Section 69: The Use of Mechanical Restraint	X	Moderate	X	High	X	High
Code of Practice on the Use of Physical Restraint in Approved Centres	X	Moderate	✓		X	Low
Code of Practice on Admission, Transfer and Discharge to and from an Approved Centre	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.

Areas of compliance 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 10: Religion

2. Lakeview Unit, Naas General Hospital

https://www.mhcirl.ie/File/2018IRs/Lakeview_Nass_IR2018.pdf

Lakeview Unit is located within Naas General Hospital and is located over two floors. Entry from the main hospital is through the upper level and resident accommodation is situated on the lower level. Bedrooms consist of a mixture of single rooms and shared rooms (three four-bed rooms and two six-bed rooms). There are a total of five showers available to residents.

The approved centre had a service level agreement with another approved centre (Department of Psychiatry, Portlaoise) for the admission of residents requiring higher levels of observation and could access up to ten beds in Portlaoise for this purpose.

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

Condition: 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.

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 21: Privacy	X	Moderate	✓		X	Moderate
Regulation 22: Premises	✓		X	Low	X	High
Regulation 23: Ordering, Prescribing, Storing and Administration of Medicines	✓		X	High	X	High
Regulation 26: Staffing	X	Moderate	X	Moderate	X	High
Regulation 27 : Maintenance of Records	X	Moderate	✓		X	Moderate
Regulation 28 : Register of Residents	✓		X	Moderate	X	High
Regulation 30: Mental Health Tribunals	X	Moderate	X	High	X	High
Rules Governing the Use of Electro-Convulsive Therapy (ECT)	✓		X	High	X	Moderate
Rules Governing the Use of Seclusion	X	High	X	Critical	X	High
Code of Practice on the Use of Physical Restraint in Approved Centres	X	High	X	Low	X	Low

Code of Practice on Relating to Admission of Children under the Mental Health Act 2001	X	Moderate	X	Moderate	X	Moderate
Code of Practice on the Use of Electro-Convulsive Therapy (ECT)	✓		X	High	X	Moderate
Code of Practice on Admission, Transfer, and Discharge to and from an Approved Centre	X	Moderate	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 5: Food and Nutrition
Regulation 6: Food Safety
Regulation 7: Clothing
Regulation 8: Residents' Personal Property and Possessions
Regulation 9: Recreational Activities
Regulation 11: Visits
Regulation 13: Searches
Regulation 25: Use of Closed Circuit Television
Regulation 29: Operating Policies and Procedures

3. Acute Psychiatric Unit 5B, University Hospital Limerick

https://www.mhcirl.ie/File/2018IRs/APU_5BLimerick_IR2018.pdf

Unit 5B is the approved centre for the Limerick Mental Health Services and is located in the grounds of University Hospital Limerick. A high observation area, including a seclusion room, had been built, but this was not open at the time of this inspection.

There were three 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 to the Mental Health Commission on the programme of maintenance in a form and frequency prescribed by the Commission.

Condition 3:

To ensure a comprehensive risk management policy is implemented in the approved centre in adherence to *Regulation 32(1) and (2)*, the approved centre shall submit a copy of their risk register 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 15: Individual Care Plan	X	High	X	High	X	High
Regulation 19: General Health	X	Moderate	X	Moderate	X	High
Regulation 22: Premises	X	Critical	X	Critical	X	High
Regulation 23: Ordering, Prescribing, Storing and Administration of Medicines	✓		X	Moderate	X	Moderate
Regulation 26: Staffing	X	Moderate	X	Moderate	X	High
Regulation 27: Maintenance of Records	X	Moderate	X	Low	X	Low
Regulation 28: Register of Residents	X	Low	X	Moderate	X	Low
Regulation 32: Risk Management Procedures	X	High	✓		X	High
Code of Practice on the use of Physical Restraint in Approved Centres	X	Moderate	X	High	X	Low
Code of Practice on the Admission of Children	X	High	X	High	X	Moderate

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Regulation 4: Identification of Residents
Regulation 7: Clothing
Regulation 10: Religion