



Wide range of compliance in approved centres - MHC publishes three inspection reports

7 High risk ratings of non-compliance identified in one approved centre

Thursday 14th February 2019. The Mental Health Commission (MHC) has today published three inspection reports, which identified a total of 18 areas of non-compliance. One approved centre had seven areas of high risk rated non-compliance.

Grangemore Ward, located in Waterford, had the lowest compliance rate at 62%, while Lois Bridges had a compliance rating of 90% and Linn Dara, in Ballyfermot had a compliance rate of 94% compliance.

Commenting on the reports Dr Susan Finnerty, Inspector of Mental Health Services, said, “On the one hand it is really heartening that approved centres are striving to continuously improve their compliance rate and yet it’s frustrating that others have such difficulty in improving their compliance rate.

Adequate arrangements must be in place for residents to access general health services. There are standards, processes and procedures surrounding patient’s access to general health ensuring the healthy wellbeing of patients. Non-adherence is unacceptable.

It is not appropriate that residents getting grade two pressure ulcers in St Aidans Ward had inadequate access to the tissue viability nurse. While nursing advice in relation to pressure ulcers was provided by phone, the tissue viability nurse did not come into the approved centre to assess the residents.”

John Farrelly, Chief Executive of the Mental Health Commission said, “The Commission has used its enforcement powers and acted promptly on the findings of the inspection reports attaching conditions that will ensure that the approved centres will immediately implement preventative actions.

Today’s reports show a continuous improvement in compliance in some centres, which is reflective of all the work the Commission has undertaken to improve standards and quality of mental health care for patients.

However, there is still a level of consistent non-compliance with the law, which the Commission monitors closely. If necessary we will take immediate action in line with our responsibility to the human rights of the people who use our mental health services”

Grangemore Ward & St Aidan's Ward, St Otteran's Hospital John's Hill

https://www.mhcirl.ie/File/2018IRs/St_Otterans_IR2018.pdf

Grangemore ward and St. Aidan’s ward are on the campus of St. Otteran’s Hospital, Waterford. Grangemore ward had 16 beds with an occupancy of 15 and St. Aidan’s ward had 24 beds with an occupancy of 14 at the time of inspection. Both wards were in need of refurbishment and there was no programme of planned general maintenance in the approved centre.

The approved centre has had difficulty in improving compliance with regulations, rules and codes of practice over the past three years: 64% compliance in 2016; 50% compliance in 2017 and 62% compliance in 2018.

There were no compliances rated as excellent on this inspection. Seven areas of compliance were rated high and six areas as moderate.

Regulation/Rule/Act/Code	Compliance/Risk Rating 2018	
Regulation 5: Food and Nutrition	X	High
Regulation 7: Clothing	X	Moderate
Regulation 16: Therapeutic Services & Programmes	X	High
Regulation 18: Transfer of Residents	X	Moderate
Regulation 19: General Health	X	High
Regulation 21: Privacy	X	High
Regulation 22: Premises	X	High
Regulation 23: Ordering, Prescribing, Storing, and Administration of Medicines	X	Moderate
Regulation 26: Staffing	X	High
Regulation 28: Register of Residents	X	High
Regulation 31: Complaints	X	Moderate
Code of Practice on the use of Physical Restraint in Approved Centres	X	Moderate
Code of Practice on Admission, Transfer, and Discharge to and from an Approved Centre	X	Moderate

The numbers and skill mix of staffing was inadequate to meet residents' needs, and the size and layout of the approved centre. There were attempts to mitigate staff shortages by using agency staff, staff overtime, and by moving staff from services within the Waterford and Wexford Mental Health Services. Despite this, rosters evidenced that the approved centre did not always have the registered numbers of staff required on duty each day.

Training of staff was inadequate to meet the needs of the residents. Not all staff were trained in wound care, dementia care, risk management and treatment, and incident reporting. Staff were not trained in manual handling, infection control and prevention, end of life care, recovery-centred approaches to mental health care and treatment, resident rights, caring for residents with an intellectual disability, and the protection of children and vulnerable adults.

Not all health care staff were trained in the following: fire safety, Basic Life Support, management of violence and aggression and The Mental Health Act 2001.

Linn Dara Child & Adolescent Mental Health In-patient Unit, Cherry Orchard, Ballyfermot, Dublin 10

https://www.mhcirl.ie/File/2018IRs/LinnDara_IR2018.pdf

Linn Dara Child and Adolescent Mental Health Services (CAMHS) in-patient unit is located on the Cherry Orchard Hospital campus in Ballyfermot, Dublin 10. It consists of two 11-bed units, giving a total of 22 beds, as well as a two-bed high observation unit. It provides treatment for young people under the age of 18.

During the inspection, the approved centre was operating at a reduced capacity of 13;

Compliance with Regulations, Rules and Codes of Practice has remained consistently high, with an improvement to 94% compliance on this inspection.

Seven compliances were rated as excellent quality. There were two non-compliance findings rated low and moderate.

Regulation/Rule/Act/Code	Compliance/Risk Rating 2018	
Regulation 26	X	Low
Code of Practice on Admission, Transfer, and Discharge to and from an Approved Centre	X	Moderate

Lois Bridges, Sutton, Dublin 13

https://www.mhcirl.ie/File/2018IRs/LoisBridges_IR2018.pdf

Lois Bridges is a for profit independent 7-bed approved centre for eating disorders. It is situated in a suburb of Dublin in what was previously a residential house. Involuntary patients, at the time of inspection, were not admitted and the approved centre only accepted planned admissions.

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

Condition 1: The approved centre must develop and implement protocols and procedures for the admission of residents, including detailed exclusion criteria reflective of the service provided.

Condition 2: The approved centre must develop and implement protocols and procedures to ensure access to necessary services and specialists, including but not limited to a gastroenterologist and daily blood testing.

Condition 3: The approved centre is not permitted to admit a high risk resident; with a Body Mass Index (BMI) of less than 13.

These had been attached due to concerns in previous inspections by the Inspector regarding the safety of residents in the approved centre. During the course of this inspections, the inspectors found that these conditions had been met.

There was an improvement in compliance with regulations, rules and codes of practice from 74% in 2017 to 90% in 2018. Two compliances with regulations had been rated as excellent. There were three non-compliance findings – as follows:

Regulation/Rule/Act/Code	Compliance/Risk Rating 2018	
Regulation 23: Ordering, Prescribing, Storing & Administration of Medicines	X	High
Regulation 27: Maintenance of Records	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.

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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.