



Mental Health Commission finds three critical risk and twenty four high risk ratings in six mental health centres

Inspector finds significant variation in compliance at six approved mental health centres

Thursday 25 April 2019: The Mental Health Commission (MHC) has today published six inspection reports, on centres in Dublin, Kilkenny, Galway and Westmeath, which identified three areas of critical risk non-compliance, 24 areas of high risk non-compliance. One approved centre was found to be 100% compliant.

The **Adult Acute Mental Health Unit, University Hospital Galway** was registered for 50 beds on 30th June 2018. The approved centre had four high risk ratings for non-compliance with staffing, register of residents, the use of physical restraint and admission, transfer and discharge. The approved centre was compliant with eighty one per cent of regulations, rules and codes of practice with nine regulations was rated as excellent.

In two episodes of physical restraint, there was no record to indicate that the resident had received a medical exam at all by a registered medical practitioner within three hours after the start of an episode of physical restraint. In one case, while a medical exam did take place, there was no time record to show that it took place within three hours after the start of the physical restraint episodes.

In two physical restraint episodes, residents were not informed of the reasons for, duration of, and circumstances leading to discontinuation of physical restraint.

In two episodes of physical restraint the resident's representative was not informed about the physical restraint and the reasons for not informing them was not documented in two cases.

In all three physical restraint episodes, there was no documented record to indicate that each episode of physical restraint was reviewed by members of the multi-disciplinary team and documented in the clinical file within two working days after the episode.

Discharge processes were unsatisfactory and did not ensure that prompt information was provided to the resident's GP following discharge. The discharge plan did not include documented communication with the relevant general practitioner. The preliminary discharge summary was not sent to the general practitioner within three days. A comprehensive discharge summary was not issued to relevant personnel within the required timeframe of fourteen days, instead it was sent twenty three days after the resident had been discharged. Discharge summaries did not include details of prognosis. A timely follow up appointment specific to the needs of the resident who was discharged was not arranged or detailed; instead, an untimely late appointment was recorded in the resident's file.

Commenting on the reports Dr Susan Finnerty, Inspector of Mental Health Services, said, “A number of the centres had non-compliance ratings for seclusion and physical restraint. The Commission had developed a Code of Practice on Physical Restraint that states that staff should only use physical restraint when no other option will work. Physical restraint is when one or more people use physical force to prevent a patient from moving freely. A patient can only be restrained for a maximum of thirty minutes at first, after which a doctor must review. The doctor may decide that further restraint is necessary and at this stage they must make a renewal order that allows the patient to be restrained for up to another thirty minutes.

Being restrained is a very serious action and if a patient is restrained, staff must tell the patient why they are being restrained, for how long and what needs to happen before physical restraint will end.

In addition if a patient agrees, the staff will contact the patient’s relatives and inform them. Staff will end physical restraint when a doctor or nurse decides that the patient is no longer a serious threat to themselves or others. Afterwards, they must provide an opportunity for the patient to discuss the restraint if requested.”

St. Aloysius Ward, is a 15-bed unit, located in the original building of the Mater Misericordiae University Hospital. The centre was found to have four high risk non-compliances for searches, privacy, premises and use of seclusion.

Residents were not informed by those implementing the search of what was happening during a search and why. There was not a minimum of two clinical staff in attendance at all times when the search was being conducted, instead only one staff member attended in both cases inspected. It was unknown whether searches were implemented with due regard to the resident’s dignity and privacy, with no documentary evidence to show where the search was conducted.

In relation to privacy, beds in the six-bedded room were too close together which compromised residents’ privacy and dignity.

There was no programme of routine maintenance and decorative maintenance. Not all bedrooms were appropriately sized to address resident needs. Residents had restricted access to the outdoor garden area due to concern regarding the security and safety of the garden.

The high-risk non-compliance on the use of seclusion issues related to documentation, with issues not being recorded in the clinical files. Only one compliance with regulations was rated as excellent.

Cluain Lir Care Centre Mullingar, County Westmeath can accommodate 42 elderly residents at full capacity, but at the time of inspection had 34 residents. Six compliances were rated as excellent. The centre had three areas of high risk non-compliance in the areas of food safety, staffing and codes for admission, transfer and discharge.

A June 2018 Environmental Health Officer report made several recommendations on the approved centre’s hygiene. These recommendations had not been actioned at the time of inspection. For example, multiple fly screens and a flytrap were observed to have several dead insects and the lid of the large bin in St. Marie Goretti’s ward was open and overflowing.

The numbers and skill mix of staffing were insufficient to meet resident needs. The approved centre relied heavily on agency staff and was short thirteen nurses. New staff had not completed orientation and induction training at the time of inspection.

Another risk rated high for non-compliance was the code of practice on admission, transfer and discharge of residents, for example one resident's admission assessment did not reference family history or social and housing circumstances and did not include a risk assessment or a physical examination. In the case of two other residents there was no documentary evidence that a resident's representative was involved in their admission process and no evidence that a resident's representative was involved in their discharge process. One resident's discharge meeting did not involve the resident's family or representative

Le Brun House & Whitethorn House, Vergemount Mental Health Facility is on the grounds of Clonskeagh Hospital in South Dublin. The centre had two high risk ratings for therapeutic services and programmes and premises.

The approved centre has shown steady improvement in compliance over a three year period: It had a fifty nine per cent compliance level in 2016; a seventy five compliance level in 2017; and an eighty six percent on this inspection. Eleven compliances with regulations were rated excellent.

At the time of the inspection, there was no social work, psychology or occupational therapy in the approved centre and, therefore, the therapeutic services and programmes provided by the approved centre did not meet the assessed needs for all the residents. The inspection team was concerned that the needs of the residents were not prioritised, with resources allocated mainly to the community. Plans to establish a Rehab and Recovery Team had not happened.

Adequate arrangements were not always in place for residents to access general health services and for their referral to other health services, as required. There was no occupational therapist and a referral for a seating assessment was considered an unmet need.

The approved centre was not kept in a good state of repair externally or internally. Examples included scuffed paintwork on walls and architraves, skimmed plastered areas that had not been painted and unfinished repair work. Other issues noted included broken call bells, skirting linoleum separating from the wall and older style sink units in poor repair in all the dormitories. The floor covering throughout Whitethorn unit was old, mismatched, torn and in need of replacement.

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.

Department of Psychiatry, St Luke's Hospital, Kilkenny is on the grounds of St Luke's General Hospital in Kilkenny city. It consists of two units, Sycamore and Oak, which has 25 and 19 beds respectively. The centre had three critical risk and eleven high risk ratings for non-compliance.

The Commission subsequently initiated legal proceedings against the HSE, the approved centre's registered proprietor, and was convicted of certain breaches of the 2001 Mental Health Act at Kilkenny District Court on Monday 25th February 2019.

St. Edmundsbury Hospital, Lucan, is a 52 bed facility and is part of St. Patrick's Mental Health Services. It consists of a renovated, refurbished 19th century Georgian house and provides treatment for voluntary residents only. There was one hundred per cent compliance with rules, regulations and codes of practice. Twenty-four (86%) compliances with regulations were rated as excellent. All staff and management were motivated to quality improvement and excellence in the services they provided. St Edmundsbury Hospital was one of two approved centres to be 100% compliant in 2018. This is the second time in three years the approved centre has been 100% compliant.

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. Edmundsbury Hospital, Lucan, Co. Dublin

[https://www.mhcirl.ie/File/2018IRs/St Edmundsbury IR2018.pdf](https://www.mhcirl.ie/File/2018IRs/St%20Edmundsbury%20IR2018.pdf)

St. Edmundsbury Hospital is located within large grounds in Lucan, Co. Dublin. It is part of St. Patrick's Mental Health Services and it shares management structures with the larger service. The approved centre provides treatment for voluntary residents only, and has a service agreement that residents requiring higher levels of observation or different clinical treatments to those offered in St. Edmundsbury would be transferred to St. Patrick's University Hospital.

There were no conditions to registration.

There were no non-compliant areas on this inspection.

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 9: Recreational Activities
Regulation 10: Religion
Regulation 11: Visits
Regulation 12: Communication
Regulation 13: Searches
Regulation 14: Care of the Dying
Regulation 15: Individual Care Plan
Regulation 16: Therapeutic Services and Programmes
Regulation 18: Transfer of Residents
Regulation 19: General Health
Regulation 20: Provision of Information to Residents
Regulation 21 Privacy
Regulation 22: Premises
Regulation 23: Ordering, Prescribing, Storing and Administration of Medicines
Regulation 26: Staffing
Regulation 27: Maintenance of Records
Regulation 29: Operating Policies and Procedures
Regulation 31: Complaints Procedures
Regulation 32: Risk Management Procedures

2. St. Aloysius Ward, Mater Misericordiae University Hospital
https://www.mhcirl.ie/File/2018IRs/StAloysius_Mater_IR2018.pdf

The approved centre is a 15-bed unit, located in the original building of the Mater Misericordiae University Hospital. It necessitated a walk through a general medical ward to gain access. It provides acute psychiatric care, and residents are admitted by a community general adult team and a liaison team.

There were two 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 16: Therapeutic Services and Programmes, the approved centre shall implement a plan to ensure all residents have access to an appropriate range of therapeutic services and programmes in line with their assessed needs, as documented in their care plan. The approved centre shall provide a progress update on the provision of therapeutic services and programmes 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 11: Visits	X	Moderate	✓		X	Moderate
Regulation 13: Searches	X	Moderate	X	Moderate	X	High
Regulation 18: Transfer of Residents	✓		✓		X	Moderate
Regulation 21: Privacy	X	Moderate	X	Moderate	X	High
Regulation 22: Premises	X	Moderate	X	High	X	High
Regulation 26: Staffing	X	High	X	High	X	Moderate
Regulation 27: Maintenance of Records	X	Moderate	✓		X	Moderate
Regulation 28: Register of Residents	✓		X	Low	X	Moderate
Rules Governing the Use of Seclusion	X	Low	✓		X	High
Code of Practice on the use of Physical Restraint in Approved Centres	✓		X	Low	X	Moderate
Code of Practice Relating to Admission of Children under the Mental Health Act 2001		Not applicable	X	Moderate	X	Moderate
Code of Practice on Admission, Transfer and Discharge to and from an Approved Centre	X	High	X	High	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

3. Department of Psychiatry, St Luke's Hospital, Kilkenny

https://www.mhcirl.ie/File/2018IRs/DOP_StLukes_IR2018.pdf

The approved centre is located on the grounds of St Luke's General Hospital in Kilkenny city. It consists of two units, Sycamore and Oak, which have 25 and 19 beds respectively. There is a high observation area in Oak Ward that accommodated a seclusion room and two single bedrooms.

The approved centre had two conditions to their registration:

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

Regulation/Rule/Act/Code	Compliance/Risk Rating 2016		Compliance/Risk Rating 2017		Compliance/Risk Rating 2018	
Regulation 12: Communication	✓		✓		✗	Moderate
Regulation 13: Searches	✓		✗	Moderate	✗	High
Regulation 15: Individual Care Plan	✗	Moderate	✗	Moderate	✗	Moderate
Regulation 16: Therapeutic Services and Programmes	✓		✓		✗	High
Regulation 19: General Health	✓		✗	Moderate	✗	High
Regulation 21: Privacy		High		High	✗	Critical
Regulation 22: Premises	✗	High	✗	High	✗	Critical
Regulation 23: Ordering, Prescribing, Storing and Administration of Medicines	✗	High	✗	Moderate	✗	High
Regulation 26: Staffing	✗	Moderate	✗	High	✗	High
Regulation 28: Register of Residents	✗	Moderate	✗	Moderate	✗	High
Regulation 29: Operating Policies and Procedures	✓		✗	Moderate	✗	High

Regulation 32: Risk Management Procedures	✓		X	Moderate	X	High
Rules Governing the Use of Electro-Convulsive Therapy	X	Low	X	Low	X	Moderate
Rules Governing the Use of Seclusion	X	High	X	High	X	Critical
Code of Practice on the Use of Physical Restraint in Approved Centres	X	Moderate	X	Moderate	X	High
Code of Practice Relating to the Admission of Children under the Mental Health Act 2001		Not Applicable	X	Moderate	X	High
Code of Practice on the Use of Electro-Convulsive Therapy for Voluntary Patients	X	Low	X	Low	X	Low
Commission Code of Practice on Admission, Transfer and Discharge to and from an Approved Centre	X	Moderate	X	High	X	High

Non-compliant areas on this inspection:

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 6: Food Safety
Regulation 7: Clothing

4. St Bridget’s Ward & St Marie Goretti’s Ward, Cluain Lir Care Centre, Mullingar
https://www.mhcirl.ie/File/2018IRs/CluainLirCareCentre_IR2018.pdf

The Cluain Lir Care Centre is located in Mullingar, and consisted of two units over two floors, St Bridget’s and St. Marie Goretti’s wards, which could accommodate 42 elderly residents at full capacity. The approved centre is a long-stay unit with six acute beds and there are eight consultant lead teams working in the approved centre.

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 6: Food Safety	✓	✓	X High
Regulation 15: Individual Care Plan	X Moderate	X Low	X Moderate
Regulation 19: General Health	✓	✓	X Moderate

Regulation 22: Premises	✓		✓		X	Low
Regulation 26: Staffing	X	High	X	High	X	High
Code of Practice on the Use of Physical Restraint in Approved Centres	X	Moderate	✓		X	Moderate
Code of Practice on Admission, Transfer and Discharge to and from an Approved Centre	X	Low	X	Mod erate	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 5: Food and Nutrition
Regulation 8: Residents’ Personal Property and Possessions
Regulation 10: Religion
Regulation 13: Searches
Regulation 14: Care of the Dying
Regulation 30: Mental Health Tribunals

5. Le Brun House + Whitethorn House, Vergemount Mental Health Facility

https://www.mhcirl.ie/File/2018IRs/Vergemount_MH_Facility_IR2018.pdf

The approved centre is on the grounds of Clonskeagh Hospital in South Dublin and part of Community Healthcare East (formerly CHO 6). It is set at the back of large grounds and there are a number of other health care facilities on-site. Vergemount consisted of two separate units, Whitethorn and Le Brun. Le Brun is under the care of Psychiatry of Later Life. Whitethorn is under the care of General Adult Psychiatry and provides continuing care to people with enduring mental illness.

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 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 16: Therapeutic Services and Programmes	✓	X High	X High

Regulation 19: General Health	✓		X	Moderate	X	Moderate
Regulation 22: Premises	X	High	X	High	X	High
Regulation 26: Staffing	X	Moderate	X	High	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 10: Religion
Regulation 11: Visits
Regulation 12: Communication
Regulation 14: Care of the Dying
Regulation 20: Provision of Information to Residents
Regulation 29: Operating Policies and Procedures
Regulation 31: Complaints Procedures

6. Adult Acute Mental Health Unit, University Hospital Galway

https://www.mhcirl.ie/File/2018IRs/AAMHHU_UniHospGalway_IR2018.pdf

The Adult Acute Mental Health Unit, University Hospital Galway is a newly built two-storey facility, located on the grounds of the University Hospital Galway site. The approved centre was registered for 50 beds on 30th June 2018 and consists of four separate wards, Hazel, Ash, Holly and Oak. Twelve consultant led teams, including two Psychiatry of Later Life teams, Mental Health Intellectual Disability team, and Rehabilitation and Recovery team, referred residents to the approved centre.

There is no conditions attached to the registration of the approved centre.

Non-compliant areas on this inspection:

Regulation/Rule/Act/Code	Compliance/Risk Rating 2018	
Regulation 25: Use of Closed Circuit Television	X	Moderate
Regulation 26: Staffing	X	High
Regulation 27: Maintenance of Records	X	Low
Regulation 28: Register of Residents	X	High
Rules Governing the Use of Seclusion	X	Moderate
Code of Practice on the Use of Physical Restraint in Approved Centres	X	High

Code of Practice on Admission, Transfer and Discharge to and from an Approved Centre	X	High
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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: Resident's Personal Property and Possessions
Regulation 10: Religion
Regulation 12: Communication
Regulation 13: Searches
Regulation 30: Mental Health Tribunals