



Four ‘critical’ and four ‘high-risk’ non-compliance ratings found in three mental health approved centres

MHC inspection reports also list 29 ratings of ‘excellent’ compliance in three centres

Thursday 28th March 2019: The Mental Health Commission (MHC) has today published three inspection reports, which identified four areas of ‘critical’ risk non-compliance, 4 areas of ‘high risk’ non-compliance and 29 areas of ‘excellent’ compliance across approved centres in Mayo and Cork.

The Adult Mental Health Unit, Mayo University Hospital had 4 critical risk ratings. The standard of developing individual care plans for residents was rated as a critical risk. Other areas judged to be a critical risk were therapeutic services and programmes, staffing and consent to treatment.

The inspectorate found there was not enough therapeutic programmes in place to meet residents’ assessed and identified needs. There was no dedicated occupational therapist. Residents did not have access to a dietitian. There were not enough occupational therapy staff, psychology staff, and social work staff. While funding was available for vacant posts in these disciplines, difficulties occurred within the staff recruitment process.

Other non-compliant areas identified related to safety. Hazards had not been minimised. The radiators were not cleaned for six months and posed a fire hazard. Ligation points had not been mitigated. The inspection team identified numerous ligation risks throughout the approved centre.

Under the codes of practice for admission, transfer and discharge the centre had a high risk rating. In addition the centre was rated high risk for premises, while there was a cleaning schedule in place it was not implemented adequately. The premises were not clean, hygienic, and free from offensive odours. Rooms were not well ventilated. Some of the dormitories and toilets were malodorous at the time of the inspection. There was rubbish on the floor in one toilet and towels on the floor in another.

Commenting on the Adult Mental Health Unit, Mayo University Hospital, Director of Standards and Quality Assurance for the Mental Health Commission, Ms Rosemary Smyth, said: “The Commission immediately requested a Regulatory Compliance Meeting with senior management of the approved centre to discuss its concerns and how the service was addressing these issues.

Following the meeting the approved centre provided corrective and preventative action plans (CAPAs) to deal with all areas of non-compliance. In three months we will seek an update to ensure that plans are being implemented.”

In contrast An Coillín based in Castlebar continued to have a high level of compliance with regulations and codes of practice. Thirteen regulations had an excellent compliance rating. Each resident had a multi-disciplinary individual care plan, developed with the resident and reviewed regularly. There was a range of appropriate and evidence-based therapeutic services and programmes which were based on residents’

assessed needs. Weekly cleaning audits were underway and since the last inspection, the garden was redesigned.

An Coillin had one non-compliance that was rated as high risk, that related to the premises. The approved centre was not observed to be kept in a good state of repair internally with a number of issues raised such as there was no storage space for bedpans and clothes for the laundry were stored in the toilet facility

Dr. Finnerty said: "Overall, we found a high standard of care across the approved centre with an 87% compliance in 2018. Inspectors saw many areas of excellent practice across the service including thirty-three new audit tools developed internally which incorporated our Judgement Support Framework and best practice guidelines for mental health services."

Another centre - Cois Dalua was compliant with 90% of regulations and codes of practice. Six compliances with regulations were rated as excellent. Cois Dalua is a new Specialist Rehabilitation Unit which opened in 2018 and therefore there were no previous years' inspections. At the time of the inspection the approved centre catered for 4 residents.

Cois Dalua was non-compliant with a high risk rating for individual care plans. One of the reasons was that three of the initial care plans had been developed by nursing staff and not the multi-disciplinary team.

Commenting on all of the inspection reports published today, Dr Finnerty said, "At all stages of the inspection process we keep the patient at the very centre. This is critically important to our work in order to assess whether the approved centre is achieving the best possible outcomes. The services have with a wide range of guidance from the Mental Health Commission, including the Judgement Support Framework as well as the regulatory framework of regulations rules and codes of practice to ensure high standards. When there are non-compliances, the Mental Health Commission will carry out enforcement actions.

Chief Executive of the Mental Health Commission, John Farrelly, said, "All of the issues identified in these reports need to be addressed as a priority. As a regulator we actively engage with the approved centres through a regulatory enforcement and monitoring process, based in pursuit of the best compliance outcomes and highest regulatory quality. This is a key element in safeguarding the health of patients.

Ensuring effective compliance with rules and regulations is an important factor in creating trust in the regulator, trust that we are doing our job. This enforcement process is essential and provides the patients and their loved ones with significant assurance about the quality of care they can expect to receive."

More detail on the three 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.

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 **prosecute** a service in relation to very serious and ongoing concerns.

Inspection Reports:

1. Cois Dalua, Meelin, Newmarket, Co. Cork

https://www.mhcirl.ie/File/2018IRs/CoisDalua_IR2018.pdf

Cois Dalua is a new Specialist Rehabilitation Unit which opened in 2018 and is operated by Nua Healthcare, a for-profit organisation. Nua Healthcare had a service-level agreement with the HSE to provide specialist inpatient rehabilitation care for service users from all over Ireland. Cois Dalua can accommodate eight residents, over the age of eighteen years, at full capacity. At the time of inspection it had four residents. The accommodation comprised of four single en suite bedrooms and four self-contained apartments.

There were no conditions attached to the registration of this approved centre at the time of inspection.

Non-compliant areas on this inspection:

The approved centre opened in June 2018 and therefore there were no previous years' inspections.

Regulation/Rule/Act/Code	Compliance/Risk Rating 2018	
Regulation 15: Individual Care Plan	X	High
Regulation 20: Provision of Information to Residents	X	Moderate

Regulation 27: Maintenance of Records	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 6: Food Safety
Regulation 7: Clothing
Regulation 8: Residents’ Personal Property and Possessions
Regulation 9: Recreational Activities
Regulation 10: Religion
Regulation 19: General Health

2. An Coillín, Castlebar, Co Mayo

https://www.mhcirl.ie/File/2018IRs/AnCoillín_IR2018.pdf

An Coillín is a 22-bed, single-storey building located on the grounds of St Mary’s hospital in Castlebar. At the time of inspection there were 22 residents in the approved centre. Many of the residents had comorbid physical health needs. Sleeping accommodation within the unit was a mix of single and shared rooms. The décor and furnishings made for a homely and relaxed environment.

There were no conditions attached to the registration of this approved centre at the time of 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 22 Premises	X	Moderate	X	High	X	High
Regulation 23: Ordering, Prescribing, Storing and Administration of Medicines	✓		✓		X	Moderate
Regulation 26 Staffing	X	High	X	Moderate	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 4: Identification of Residents
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 21: Privacy
Regulation 29: Operating Policies and Procedures

3. Adult Mental Health Unit, Mayo University Hospital

https://www.mhcirl.ie/File/2018IRs/AMHU_Mayo_IR2018.pdf

The Adult Mental Health Unit (AMHU) is a 32-bed acute unit in Mayo General Hospital. Admissions to the unit were referred from any of the area's five adult community mental health care teams, three specialist teams (Psychiatry of Old Age Team, the Mental Health Intellectual Disability Team, the Rehabilitation and Recovery Team) or via the emergency department.

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	Critical
Regulation 16: Therapeutic Services and Programmes	✓		X	High	X	Critical
Regulation 18: Transfer of Residents	X	Moderate	✓		X	Moderate
Regulation 19: General Health	✓		✓		X	Moderate
Regulation 22: Premises	X	High	X	High	X	High
Regulation 26: Staffing	X	Moderate	X	Moderate	X	Critical
Regulation 27: Maintenance of Records	✓		✓		X	Moderate
Regulation 28: Register of Residents	✓		✓		X	Moderate
Rules governing the Use of Electro-Convulsive Therapy	X	Low	✓		X	Low
Rules governing the Use of Seclusion	X	High	✓		X	Moderate
Part 4 of the Mental Health Act 2001: Consent to Treatment	X	High	X	High	X	Critical
Code of Practice on the use of Physical Restraint in Approved Centres	X	Moderate	X	Low	X	Moderate
Code of Practice on the Use of Electro-Convulsive Therapy for Voluntary Patients	X	Low	✓		X	Low
Code of Practice on Admission, Transfer and Discharge to and from an Approved Centre	X	Moderate	X	Low	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 4: Identification of Residents
Regulation 6: Food Safety
Regulation 7: Clothing
Regulation 10: Religion
Regulation 12: Communication
Regulation 13: Searches
Regulation 21: Privacy
Regulation 23: Ordering, Prescribing, Storing and Administration of Medicines
Regulation 29: Operating Policies and Procedures
Regulation 30: Mental Health Tribunals