

# Teach Aisling

**ID Number:** AC0069

## 2018 Approved Centre Focused Inspection Report (Mental Health Act 2001)

Teach Aisling  
Castlebar  
Co Mayo

**Approved Centre Type:**  
Continuing mental health care/long  
stay  
Rehabilitation and Recovery

**Most Recent Registration Date:**  
31 May 2016

**Conditions Attached:**  
None

**Registered Proprietor:**  
HSE

**Registered Proprietor Nominee:**  
Mr Steve Jackson, General Manager,  
CHO 2 - Mental Health Services

**Inspection Team:**  
Dr Susan Finnerty

**Inspection Date:**  
9 August 2018

**Previous Inspection Date:**  
20-23 March 2018 (Annual)

**Inspection Type:**  
Focused Inspection

**The Inspector of Mental Health Services:**  
Dr Susan Finnerty MCRN009711

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# 1.0 Introduction to the Inspection Process

The principal functions of the Mental Health Commission are to promote, encourage and foster the establishment and maintenance of high standards and good practices in the delivery of mental health services and to take all reasonable steps to protect the interests of persons detained in approved centres.

The Commission strives to ensure its principal legislative functions are achieved through the registration and inspection of approved centres. The process for determination of the compliance level of approved centres against the statutory regulations, rules, Mental Health Act 2001 and codes of practice shall be transparent and standardised.

Section 51(1)(a) of the Mental Health Act 2001 (the 2001 Act) states that the principal function of the Inspector shall be to “visit and inspect every approved centre at least once a year in which the commencement of this section falls and to visit and inspect any other premises where mental health services are being provided as he or she thinks appropriate”.

Section 52 of the 2001 Act states that, when making an inspection under section 51, the Inspector shall

- a) See every resident (within the meaning of Part 5) whom he or she has been requested to examine by the resident himself or herself or by any other person.
- b) See every patient the propriety of whose detention he or she has reason to doubt.
- c) Ascertain whether or not due regard is being had, in the carrying on of an approved centre or other premises where mental health services are being provided, to this Act and the provisions made thereunder.
- d) Ascertain whether any regulations made under section 66, any rules made under section 59 and 60 and the provision of Part 4 are being complied with.

On a focused inspection, the Inspector does not assess all regulations, rules, code of practice, and Part 4 of the 2001 Act. The focus of the inspection will be on specific legislative requirements, or parts of legislative requirements where it is determined that there may be a risk to the safety, health and well-being of residents and/or staff members.

Following the focused inspection of an approved centre, the Inspector prepares a report on the findings of the inspection. A draft of the inspection report, including provisional compliance ratings and risk ratings, is provided to the registered proprietor of the approved centre. Areas of inspection are deemed to be either compliant or non-compliant and where non-compliant, risk is rated as low, moderate, high or critical.

In circumstances where the registered proprietor fails to comply with the requirements of the 2001 Act, Mental Health Act 2001 (Approved Centres) Regulations 2006 and Rules made under the 2001 Act, the Commission has the authority to initiate escalating enforcement actions up to, and including, removal of an approved centre from the register and the prosecution of the registered proprietor.

## 2.0 Inspector of Mental Health Services – Summary of Findings

Inspector of Mental Health Services

Dr Susan Finnerty

### Summary

Teach Aisling was a 10-bed approved centre located in Castlebar. The approved centre was registered as a long-stay unit for residents with enduring mental illness and for mental health rehabilitation and recovery. There had been serious concerns following the annual inspection on 20-23 March 2018, which related to the therapeutic services and programmes for residents, the availability of recreational activity, the layout and use of the premises, availability of drinking water, restrictive practices and the staffing of the approved centre. Non-compliance with associated regulations was risk-rated as critical. A focused inspection was carried out on the 9 August 2018.

The Inspector found that all residents had free access to drinking water and some previously locked doors in the approved centre were open. Residents were free to move around the approved centre and garden, apart from the large sitting room and multi-sensory room. Therapeutic services and programmes were being delivered by occupational therapy, social worker, a psychologist and an art therapist. These activities were in accordance with the residents' individual care plans. Recreational activities were provided in an imaginative way and peer support workers were available to support residents in recreational activities. These were significant improvements in the appropriate care and treatment of residents and the staffing in the approved centre.

The layout and use of the approved centre did not meet the needs of the residents, with the large sitting room and multi-sensory room inaccessible due to the care needs of one resident. This resident was not appropriately placed in the approved centre as configured at the time of inspection.

# 3.0 Background

## 3.1 Reason for focused inspection

This focused inspection on 9 August 2018, was carried out as there had been serious concerns following the annual inspection on 20-23 March 2018. These serious concerns concerned the therapeutic services and programmes for residents, the availability of recreational activity, the layout and use of the premises, availability of drinking water, restrictive practices and the staffing of the approved centre. Non-compliance with associated regulations was risk-rated as critical.

While on inspection in March 2018, the Inspector requested the immediate rectification of the following:

- The service must ensure that the resident who was confined to a locked area was enabled to leave that area.
- Access to the garden and access to drinking water must be provided.
- The service must immediately terminate a punitive behavioural programme for a resident and ensure the resident was reviewed by a psychologist.
- Residents must have access to a range of recreational activities

This report is published on the Mental Health Commission website:

[http://www.mhcirl.ie/Inspectorate\\_of\\_Mental\\_Health\\_Services/AC\\_IRs/](http://www.mhcirl.ie/Inspectorate_of_Mental_Health_Services/AC_IRs/)

Following the annual regulatory inspection of Teach Aisling on 20-23 March 2018, the Director of Standards and Quality Assurance was alerted by the Inspector to serious concerns about critical risk ratings of non-compliances with:

- Regulation 5: Food and Nutrition
- Regulation 9: Recreational Activities
- Regulation 16: Therapeutic Services and Programmes
- Regulation 22: Premises
- Regulation 26: Staffing
- Regulation 32: Risk Management Procedures

These recent serious concerns were the latest in a series of reports dating back to 2015. Despite ongoing enforcement actions, including immediate action notices and a Regulatory Compliance Meeting in November 2017, the annual inspection of 2018 found no improvement. On the 28 March 2018, the Mental Health Commission notified the registered proprietor that it was considering issuing a proposal to close the approved centre pursuant to Section 64(5) and Section 64(11) of the Mental Health Act 2001. The Mental Health Commission continued to monitor the service closely by way of further requests for information and through the Corrective and Preventative Action Plan (CAPA) process.

## 3.2 Focus of inspection

The focus of this inspection was on:

- Regulation 5: Food and Nutrition
  - Residents' access to drinking water
- Regulation 9: Recreational Activities
  - Residents' access to recreational activities
- Regulation 16: Therapeutic Services and Programmes
  - Residents' access to therapeutic services and programmes
- Regulation 22: Premises
  - Layout and safety of the premises
- Regulation 26: Staffing
  - Availability of appropriate skill mix to provide appropriate care and treatment
- Regulation 32 Risk Management Procedures

# 4.0 Overview of the Approved Centre

## 4.1 Description of approved centre

Teach Aisling was a 10-bed approved centre located on a large, shared Health Service Executive (HSE) campus on the outskirts of Castlebar. The approved centre was registered as a long-stay unit for residents with enduring mental illness and for mental health rehabilitation and recovery. There had been one discharge and one admission since the annual inspection in March 2018. The service also provided outreach to two service users living in the community.

The approved centre was a single-storey building and included two very small bedsits, outside the building, which accommodated two of the ten residents. The layout of the building consisted of a central nursing station with a large sitting room, an activities room, a room with a pool table, and a dining room. Because of assessed need, one resident occupied the sitting room and sensory room at all times, with no access for other residents. This situation necessitated the residents accessing the dining room and activities room by a covered walkway in the garden. There were bedrooms along two short, dark corridors and there was a small sitting room on one of the corridors. All bedrooms were single rooms with an en suite bathroom.

At the time of the inspection, the hall door was open and residents had free access to the garden, the front of the building and their bedrooms, which was in contrast to the situation found at the annual inspection in March 2018, where residents were locked in a corridor area and had no free access to the garden.

## 4.2 Conditions to registration

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

## 4.3 Meetings

The Inspector met with the following staff members to obtain information and to feedback initial findings:

- Executive Clinical Director
- Director of Nursing
- Social Work Manager
- Senior Occupational Therapist
- Clinical Psychologist
- Clinical Nurse Manager 2
- Staff nurses

The Inspector also met with service users during the inspection.

## 6.0 Focused Inspection Findings



## Regulation 5: Food and Nutrition

**COMPLIANT**

(1) The registered proprietor shall ensure that residents have access to a safe supply of fresh drinking water.

(2) The registered proprietor shall ensure that residents are provided with food and drink in quantities adequate for their needs, which is properly prepared, wholesome and nutritious, involves an element of choice and takes account of any special dietary requirements and is consistent with each resident's individual care plan.

### INSPECTION FINDINGS

*During the annual inspection in March 2018 the approved centre was found to be non-compliant with this regulation because residents did not have access to a safe supply of fresh drinking water, 5(1).*

On this inspection, all restrictions on access to drinking water had been removed. Residents had free access to two water dispensers and were observed using them unrestricted. A new behavioural programme for one resident was in place that did not use restricted access to fluids as a punishment for challenging behaviour, as had been the situation in March 2018.

**The approved centre was compliant with this regulation.**

## Regulation 9: Recreational Activities

COMPLIANT

The registered proprietor shall ensure that an approved centre, insofar as is practicable, provides access for residents to appropriate recreational activities.

*The annual inspection in March 2018 found that the approved centre was non-compliant with this regulation because the approved centre did not ensure access to recreational activities appropriate to the resident group profile.*

On this inspection, it was evident that the approved centre provided an improved range of recreational activities appropriate to the resident group profile. As the only accessible sitting room was too small to enable all residents to watch TV, a new large TV and DVD player had been purchased and located in the activities room. Games, books and jigsaws were now provided. Newspapers were delivered to the approved centre and a current affairs group took place. Social and community outings took place at least weekly, with residents having input into the location of the outings. Music sessions were provided and these were to be increased to twice a week.

There was evidence that staff had shown initiative and creativity in planning recreational activities, such as purchasing a butterfly farm for one resident, organising beauty sessions, tickets for the pope's visit and sourcing a visit from the donkey sanctuary, farmyard animals and an ice-cream van.

Peer support workers facilitated trips to shops, coffee shops and other community activities for up to three residents.

There was supervised access to a pool table. There were structured programmes of activities prominently displayed and scheduled activities were observed to be taking place.

There was a marked decrease in challenging behaviour observed by staff and the Inspector since the previous inspection. Staff attributed this to more activities provided in the approved centre.

**The approved centre was compliant with this regulation.**

## Regulation 16: Therapeutic Services and Programmes

COMPLIANT

(1) The registered proprietor shall ensure that each resident has access to an appropriate range of therapeutic services and programmes in accordance with his or her individual care plan.

(2) The registered proprietor shall ensure that programmes and services provided shall be directed towards restoring and maintaining optimal levels of physical and psychosocial functioning of a resident.

*In the annual inspection in March 2018, the inspectors found:*

- a) The registered proprietor did not ensure that each resident had access to an appropriate range of therapeutic services and programmes in accordance with his or her individual care plan, 16(1).*
- b) The registered proprietor did not ensure that programmes provided shall be directed towards restoring and maintaining optimal levels of physical and psychosocial functioning of a resident 16(2).*

During this inspection, the Inspector found that the approved centre now provided therapeutic services and programmes for all residents. Each resident's needs had been assessed and a comprehensive individual care plan was in place which outlined the appropriate therapies required. An occupational therapist, psychologist, social worker and art therapist provided programmes for each resident. These were mostly on an individual basis as indicated in their individual care plans.

Therapeutic services and programmes provided included mindfulness, cookery, pre-therapy, animal therapy, recovery action group and community participation. There was also individual one to one psychotherapy. Each resident had weekly protected time with members of the multi-disciplinary team.

Some materials and equipment necessary to provide therapeutic services and programmes had been purchased. However, there were a number of items still outstanding, including bean-bag chairs for the sensory room.

It was evident that the activities room was used for appropriate therapies.

Each resident's therapeutic programmes, their attendance and outcomes were documented and discussed at the multi-disciplinary team meeting. There was also a weekly therapeutic and recreational activities group.

**The approved centre was compliant with this regulation.**

## Regulation 22: Premises

**NON-COMPLIANT**  
Risk Rating **CRITICAL**

- (1) The registered proprietor shall ensure that:
  - (a) premises are clean and maintained in good structural and decorative condition;
  - (b) premises are adequately lit, heated and ventilated;
  - (c) a programme of routine maintenance and renewal of the fabric and decoration of the premises is developed and implemented and records of such programme are maintained.
- (2) The registered proprietor shall ensure that an approved centre has adequate and suitable furnishings having regard to the number and mix of residents in the approved centre.
- (3) The registered proprietor shall ensure that the condition of the physical structure and the overall approved centre environment is developed and maintained with due regard to the specific needs of residents and patients and the safety and well-being of residents, staff and visitors.
- (4) Any premises in which the care and treatment of persons with a mental disorder or mental illness is begun after the commencement of these regulations shall be designed and developed or redeveloped specifically and solely for this purpose in so far as it practicable and in accordance with best contemporary practice.
- (5) Any approved centre in which the care and treatment of persons with a mental disorder or mental illness is begun after the commencement of these regulations shall ensure that the buildings are, as far as practicable, accessible to persons with disabilities.
- (6) This regulation is without prejudice to the provisions of the Building Control Act 1990, the Building Regulations 1997 and 2001, Part M of the Building Regulations 1997, the Disability Act 2005 and the Planning and Development Act 2000.

*In the annual inspection in March 2018, the inspectors found:*

- a) A programme of routine maintenance and renewal of the fabric and decoration of the premises was not developed and implemented. 22(1)*
- b) The approved centre did not have adequate and suitable furnishings having regard to the number and mix of residents. 22(2)*
- c) The environment in the approved centre was not developed and maintained with due regard to the specific needs of residents. 22 (3)*

The environment in the approved centre was not developed and maintained with due regard to the specific needs of residents. The large sitting room was occupied by one resident, and there was no access to this room for other residents. This sitting room was not suitable permanent location for the care and treatment of the resident, who was there all day and night. There was a small sitting room with television which was too small for nine residents and only had seating for four to five residents. The activity room with a television and pool room were accessible by residents. There were two extremely small single bedsits, which were attached to the building and were of insufficient size and poor layout.

The garden was now open and residents had free access to go outside. The approved centre did not have adequate and suitable furnishings having regard to the number and mix of residents. There was no garden furniture in the garden, which was very badly maintained and needed urgent maintenance and development. There was no programme of maintenance implemented in the approved centre.

Ligature points remained throughout the approved centre. The approved centre was clean and free from odours. Some areas required repainting.

**The approved centre was non-compliant with this regulation for the following reasons:**

- d) A programme of routine maintenance and renewal of the fabric and decoration of the premises was not developed and implemented. 22(1)**
- e) The approved centre did not have adequate and suitable furnishings having regard to the number and mix of residents. 22(2)**
- f) The environment in the approved centre was not developed and maintained with due regard to the specific needs of residents. 22 (3)**

## Regulation 26: Staffing

COMPLIANT

- (1) The registered proprietor shall ensure that the approved centre has written policies and procedures relating to the recruitment, selection and vetting of staff.
- (2) The registered proprietor shall ensure that the numbers of staff and skill mix of staff are appropriate to the assessed needs of residents, the size and layout of the approved centre.
- (3) The registered proprietor shall ensure that there is an appropriately qualified staff member on duty and in charge of the approved centre at all times and a record thereof maintained in the approved centre.
- (4) The registered proprietor shall ensure that staff have access to education and training to enable them to provide care and treatment in accordance with best contemporary practice.
- (5) The registered proprietor shall ensure that all staff members are made aware of the provisions of the Act and all regulations and rules made thereunder, commensurate with their role.
- (6) The registered proprietor shall ensure that a copy of the Act and any regulations and rules made thereunder are to be made available to all staff in the approved centre.

### INSPECTION FINDINGS

*At the inspection of March 2018, the inspectors found that the approved centre was non-compliant with this regulation for the following reasons:*

- a) The number and skill mix of staff was not appropriate to the assessed needs of the residents, 26(2).*
- b) Not all staff had up-to-date mandatory training in Basic Life Support, fire safety and MAPA and, as such, did not have access to training and education to enable them to provide care and treatment in accordance with best contemporary practice, 26(4).*
- c) Not all staff had up-to-date mandatory training in the Mental Health Act 2001, 26(5).*

Since the previous inspection in March 2018, the approved centre now provided a full time occupational therapist and full time psychologist to provide therapeutic activities and programmes for the residents. Both the occupational therapist and the psychologist were present in the approved centre delivering programmes during this unannounced inspection. A senior social worker was in the process of being assigned to the approved centre in a full time capacity. An art therapist had commenced providing art therapy twice a week. Two peer support workers were also employed in the approved centre.

Recovery training for staff had been organised for September 2018.

Staff were trained in fire safety, Basic Life Support, management of aggression and violence and the Mental Health Act 2001.

**The approved centre was compliant with this regulation.**

## Regulation 32: Risk Management Procedures

COMPLIANT

- (1) The registered proprietor shall ensure that an approved centre has a comprehensive written risk management policy in place and that it is implemented throughout the approved centre.
- (2) The registered proprietor shall ensure that risk management policy covers, but is not limited to, the following:
- (a) The identification and assessment of risks throughout the approved centre;
  - (b) The precautions in place to control the risks identified;
  - (c) The precautions in place to control the following specified risks:
    - (i) resident absent without leave,
    - (ii) suicide and self harm,
    - (iii) assault,
    - (iv) accidental injury to residents or staff;
  - (d) Arrangements for the identification, recording, investigation and learning from serious or untoward incidents or adverse events involving residents;
  - (e) Arrangements for responding to emergencies;
  - (f) Arrangements for the protection of children and vulnerable adults from abuse.
- (3) The registered proprietor shall ensure that an approved centre shall maintain a record of all incidents and notify the Mental Health Commission of incidents occurring in the approved centre with due regard to any relevant codes of practice issued by the Mental Health Commission from time to time which have been notified to the approved centre.

### INSPECTION FINDINGS

*During the inspection in March 2018, the inspectors found that the approved centre was non-compliant with this regulation for the following reasons:*

- a) Risk management procedures did not actively reduce risk to the lowest practicable level, 32 (1).*
- b) The risk register did not identify all risks, 32 (1).*
- c) The risk register was not maintained in accordance with policy, 32 (1).*
- d) Precautions in place to control identified risks on the register were not appropriate, 32 (1).*
- e) Confinement was a control measure used to protect vulnerable adults, 32 (1).*
- f) Serious reportable events were not notified to the MHC within the specified timeframes, 32(3).*

During this inspection, it was found that the risk management policy had been referred to the Area Management Team for sign-off. The draft policy contained all requirements of the regulation and *Judgement Support Framework*.

The risk register was up to date and was in the process of being transferred to an electronic format.

All doors were now open in the approved centre and risks to vulnerable adults was mitigated by increased one to one special nursing. Residents were no longer confined to a locked corridor.

Each resident had a comprehensive individual risk assessment and risk management plan.

The Mental Health Commission had received notification of SREs since the last inspection in March 2018.

**The approved centre was compliant with this regulation.**