

Three critical and six high-risk ratings identified in two mental health centres, according to the Mental Health Commission

Monday 16 March 2020: There have been three critical risk ratings and six high risk ratings identified by Inspectors from the Mental Health Commission at two of the country's in-patient mental health units.

Inspectors found that the Department of Psychiatry, St Luke's Hospital in Kilkenny saw a significant improvement in compliance, up 22% when compared to the previous year, however it still had 10 non-compliances in 2019. Inspectors found the Carraig Mór Centre in Cork had no improvement in compliance in 2019 and they identified three critical risk ratings at the centre.

"The three critical risk ratings identified at Carraig Mór Centre are serious and relate to fundamental human rights: privacy, seclusion and premises. We have said repeatedly that the environment in which you go to recover must be conducive to recovery. Small, cramped spaces, dirty rooms and the fact that not all of the rooms were ventilated or free from offensive odours is not acceptable. The seclusion room had bodily fluids smeared on the wall - it had been used a number of days previous but no cleaning had taken place. There was also an insufficient number of toilets and showers at the centre," said the Inspector of Mental Health Services, Dr. Susan Finnerty.

"Progress has been made at the Department of Psychiatry in St Luke's, however our inspectors still identified four high-risk ratings," Dr Finnerty said.

Commenting on the Inspection reports the Chief Executive of the Mental Health Commission, John Farrelly, said "Yet again we see privacy emerging as a non-compliance in these two centres. This is really disappointing as privacy speaks to our dignity and when we don't have private space, particularly where we sleep, it's unacceptable and hard to comprehend how one can recover in such circumstances."

Carraig Mór Centre, Cork saw its compliance levels drop by 6%

The Carraig Mór Centre is an 18-bed Psychiatric Intensive Care Unit located in Shanakiel, Co. Cork. There were 17 patients present at the time of the inspection. The Inspector's report on The Carraig Mór Centre noted that there has been no improvement in compliance with regulations, rules and codes of practice over a three-year period: compliance was 64% in 2017; 71% in 2018; and 65% in 2019. Eleven compliances with regulations were rated excellent.

Out of its eleven non-compliances, three were deemed critical (relating to privacy, premises and rules governing the use of seclusion), two high (relating to maintenance of records and risk management procedures), four moderate and two low.

Critical risk ratings:

- The approved centre was non-compliant with the privacy regulation because residents' privacy and dignity were compromised. Eleven beds were observed within the male dormitory, which limited residents' privacy and dignity. Two beds did not have a privacy screen between two of the residents. Residents were not facilitated to make phone calls in private.

- It also received a critical risk rating for its premises, and was deemed non-compliant with this regulation for a number of reasons including: residents not having access to personal space as the male dormitory and communal dining room were not appropriately sized to address the residents' needs; the male dormitory did not have adequate furnishings to support resident independence and comfort; there was an insufficient number of toilets and showers for residents; female residents were not provided with sufficient outdoor space as their access to the garden was limited; ligature points were not minimised to the lowest practicable level, based on risk assessment; hazards relating to the male nursing office were not minimised; hazards relating to the current design of the seclusion room were not minimised; one toilet was not adequately ventilated; and the seclusion room and one toilet were not clean, hygienic or free from offensive odours.
- The third critical risk rating was given for non-compliance with the rules relating to the use of seclusion. There were several reasons given for this rating including that residents did not have access to adequate toilet and washing facilities, the furniture and fittings were not of a design and quality as to not endanger patient safety and the seclusion facilities were not cleaned. In one seclusion episode, the resident was not informed of the reasons, duration, and circumstances leading to discontinuation of seclusion. There was no explanation for this documented in the resident's clinical file. In two seclusion episodes, the residents' family were not informed about seclusion taking place, and the reasons for not informing them were not documented in both clinical files. In two seclusion episodes, there was no evidence of each resident receiving direct observation by a registered nurse for the first hour and continuous observation thereafter. In two seclusion episodes, the resident was not informed of the ending of the episode of seclusion and in one seclusion episode, the reason for ending seclusion was not recorded in the clinical file

High risk ratings:

- The approved centre received a high risk rating for maintenance of records because records were not maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. It also received a high risk rating for the regulation on risk management procedures because the risk management policy did not include all the required elements and also because the risk policy was not implemented fully.

The approved centre provided corrective and preventative action plans (CAPAs) to address all areas of non-compliance identified by the Inspector. The Commission will seek an update in three months to ensure the plans are being implemented.

Some quality initiatives identified at the inspection included an animal assisted therapy pilot programme, quarterly meetings with multi-disciplinary teams and the catering service, a weekend therapy service, a seclusion management booklet and a new vehicle that was available for social and recreational activities. Some areas of the centre were also renovated and decorated.

Department of Psychiatry, St Luke's Hospital, Kilkenny, saw its compliance levels increase by 22%

The Department of Psychiatry, St Luke's Hospital is located on the grounds of St. Luke's General Hospital in Kilkenny City and has 44 beds across two units. According to the inspection report, The Department of Psychiatry, St Luke's Hospital, saw a significant improvement, up 22% in compliance with regulations, rules and codes of practice from 46% in 2017, 51% in 2018 to 73% in 2019, reflecting considerable efforts by staff to improve the quality of services delivered. There were 13 compliances with regulations rated as excellent.

There are two conditions attached to the registration of the approved centre relating to individual care planning and privacy and premises. The approved centre is required to audit their individual care plans on a three monthly basis and provide a report on the results of the audits to the Mental Health Commission. The centre was not in breach of this condition but was non-compliant with the regulation individual care plans.

In terms of privacy and premises the approved centre is required to implement a programme of maintenance to ensure the premises are safe and meet the needs, privacy and dignity of the resident group. The centre is required to provide a progress update on the programme of maintenance to the Mental Health Commission. On this inspection, the approved centre was not in breach of this condition but was non-compliant with the regulations privacy and premises at the time of inspection.

A substantial amount of work on the premises of the approved centre had been completed since last year's (2018) inspection. Since this last inspection a support services manager had been appointed in order to improve premises, hygiene and catering processes and a Mental Health Commission compliance officer had been newly appointed on a pilot basis. The inspection found that there was a culture of implementing quality improvement audit tools to monitor and evaluate standards of care.

However, Inspectors identified four **high risk ratings** relating to:

- General health: because the six-monthly general health assessment records and associated tests were not fully complete.
- Privacy: because the window in one shared bedroom dormitory did not have blinds or curtains on the first day of the inspection; the seclusion room was visible to residents and members of the public from the bedroom located opposite and from the main corridor; and because the approved centre had operated at overcapacity on several occasions. As a result, residents were accommodated in the sitting room, which infringed upon their privacy and dignity.
- Staffing: because not all staff had up-to-date mandatory training in Basic Life Support and fire safety; not all staff had up-to-date mandatory training in the Mental Health Act 2001; and the number and skill mix of staffing were insufficient to meet residents' needs.
- Admission of Children: because age-appropriate facilities and a programme of activities appropriate to age and ability were not provided for child admissions. The children did not have access to age-appropriate advocacy services. Children's understanding of their rights was not recorded.

Some quality initiatives identified during the inspection were the establishment of a Seclusion Reduction Working Group, quarterly Nurse Management and Consultation Group meetings, an '8 Step Safety Plan' of support and crisis care for service users to aid in the prevention of acting on suicidal thoughts and/or thoughts of self-harm when they occur. This initiative has subsequently been shortlisted for the Irish Healthcare Centre Awards 2019.

Ends

Notes to the Editor:

Carraig Mór Centre

https://www.mhcirl.ie/File/2019IRs/CarraigMor_IR2019.pdf

- Overview of centre:
 - Location: Cork
 - Beds: 18 beds
 - Care: Psychiatric Intensive Care Unit.

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

- Compliance:
 - 65% in 2019 down from 71% in 2018. It had a 64% compliance rate in 2017
 - 23 compliant; 11 non-complaint; 5 non-applicable
 - 2019 risk ratings (for the 11 non-compliances)
 - 2 low
 - 4 moderate
 - 2 high (maintenance of records and risk management procedures)
 - 3 critical (privacy, premises and rules governing use of seclusion)

- 2019 areas rated as excellent:
 - 12 (Identification of Residents; Food Safety; Clothing; Residents' Personal Property and Possessions; Religion; Searches; Therapeutic Services and Programmes; Transfer of Residents; Provision of Information to Residents; Ordering, Prescribing, Storing & Administration of Medicines; Operating Policies and Procedures; and Mental Health Tribunals)

Department of Psychiatry, St Luke's Hospital

https://www.mhcirl.ie/File/2019IRs/DOPStLukes_IR2019.pdf

- Overview of centre:
 - Location: Kilkenny
 - Beds: 44 beds
 - Care: Adult mental health care, psychiatry of later life, mental health rehabilitation.

- Conditions: There were two conditions attached to the registration of this approved centre at the time of inspection.
 1. The first relates to adherence to Regulation 15, Individual Care Plans. The approved centre was not in breach of Condition 1 but was non-compliant with Regulation 15: Individual care plans at the time of inspection.
 2. The second relates to adherence to Regulation 21, Privacy and Regulation 22, Premises. On this inspection, the approved centre was not in breach of Condition 2

but was non-compliant with Regulation 21: Privacy and Regulation 22: Premises at the time of inspection.

- Compliance:
 - 73% in 2019 up from 51% in 2018 and 46% in 2017
 - 27 compliant; 10 non-complaint; 2 non-applicable
 - 2019 risk ratings (for the 10 non-compliances)
 - 3 low
 - 3 moderate
 - 4 high (general health, privacy, staffing and code of practice on the admission of children)

- 2019 areas rated as excellent:
 - 13 (Identification of Residents; Food and Nutrition; Food Safety; Clothing; Residents' Personal Property and Possessions; Religion; Visits; Communication; Searches; Care of the Dying; Therapeutic Services and Programmes; Operating Policies and Procedures; and Mental Health Tribunals)

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.

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 three 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 (CAPA) 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.

Over a three day period, inspectors 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 and 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's 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 2001 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.