



Mental Health Commission finds eight children admitted to one adult mental health service

Twelve high risk ratings in three mental health centres

Monday 14 October 2019: The Mental Health Commission (MHC) has today published three inspection reports from approved centres in Waterford, Clare and Cork which identified twelve areas of high risk non-compliance in three centres.

Commenting on the report, Dr Susan Finnerty, Inspector of Mental Health Services, said: admitting any child to an adult service should only occur in exceptional circumstances. Children, continue to be admitted to adult mental health centres despite the absence of age-appropriate facilities and a programme of activities.”

Department of Psychiatry, University Hospital Waterford is located on the lower ground floor of the University Hospital. It has 44 beds in two areas, an acute unit Brandon ward, with 14 beds, and a sub-acute unit, Comeragh ward, with 30 beds. There were 43 residents at the time of the inspection.

The approved centre struggles to achieve compliance with regulations. Compliance in 2017 was 64% and 68% compliance in 2018. In 2019 compliance decreased to a low level of 57%. Seven areas of non-compliance in this inspection have remained non-compliant for the past three years. One area of compliance had a quality rating of excellent on this inspection.

Seven non-compliances were rated high risk in this inspection for person property and possessions, premises, staffing, use of CCTV, register of residents, use of physical restraint and admission of children.

There were two conditions attached to the registration for premises and staffing. The approved centre was not in breach of either condition.

Eight children had been admitted since the last inspection in July 2018. Not all staff involved in the care of children had training in Children First. Age-appropriate facilities and a programme of activities were not available. Child residents did not have access to age-appropriate advocacy services. The admission of children policy did not address the procedures in relation to family liaison, parental consent, confidentiality or the requirement for each child to be individually risk-assessed.

Residents’ general health needs were not monitored and assessed by their specific needs. Physical examinations were inadequate, and did not consistently include an assessment of residents’ body mass index, weight, waist circumference, blood pressure, smoking status, and dental health.

Residents did not have access to a supply of appropriate emergency personal clothing. There was only old clothing which was stored in a disorganised manner and it was unclear what was available concerning size and gender-specific clothing. No emergency underwear was available to residents. On Comeragh Unit, property was stored in the Electro Convulsive Therapy (ECT) recovery room. There were many bags of clothing in the room, some without labels. The staff nurse present did not know who owned the unlabelled bags of clothing or whether owners were presently admitted or discharged from the unit. On Brandon Unit, property was stored in the assisted bathroom. Again, many of the bags were unlabelled and the staff nurse was unsure who owned what items, or whether they were still admitted to the unit.

The approved centre did not ensure that two staff were in attendance at all times when searches were being conducted and at least one staff member was not the same gender as one resident who had been searched. A written record of all environmental searches was not kept.

The centre was not clean, hygienic, and free from offensive odours: Two toilets were malodorous. Bins were overflowing in both the male and female communal toilets. Discarded cigarette butts were found in the sink of the ladies communal toilet. Thick cobwebs were observed on the skylight in Brandon Unit. Brown staining was observed in the assisted bathroom.

CCTV monitors were not viewed solely by the health professional responsible for the health and safety of the resident. Monitors in both nurses' stations could be viewed by the public from the corridors through glass panels and anyone passing the nurses' office could see the monitor and CCTV images.

Acute Psychiatric Unit, Ennis Hospital, Co Clare is a 39-bed unit, located in Ennis General Hospital. It provides acute in-patient mental health care to residents of North Tipperary County Clare, a total catchment area of approximately 220,000 people. There were 37 residents present at the time of the inspection. The centre had three high risk ratings for personal property and possessions, individual care planning and general health. In 2019, compliance was 74%. Eight compliances with regulation were rated excellent, an improvement from four in 2018.

There were two conditions attached to the registration of this approved centre at the time of inspection. The first condition related to privacy and premises, and the second condition related to staffing. The centre was not in breach of either condition. The centre is required to provide quarterly reports to the Commission to demonstrate compliance.

Six-monthly general health assessments were inadequately completed in a number of cases. Family and personal history, Body Mass Index, weight, waist circumference, nutritional status, and dental checks were not completed and documented.

In individual care plans, resident goals were not appropriately identified; instead, unspecific goals such as 'optimise mental health' were documented. In three cases, the care and treatment required to meet the resident goals was not appropriately documented.

There was one shower in the high dependency unit (HDU) which had four beds. Residents could only access this shower by walking through another person's bedroom, and only if the resident in this bedroom agreed to it. Otherwise, residents in the HDU unit were escorted to the main unit to use the showers there. Three bedrooms in the HDU did not have blinds or opaque glass on the windows, which potentially compromised privacy. Blinds were also missing from the observation window on the seclusion room door.

On admission, the approved centre did not consistently compile detailed property checklists with each resident of their personal property and possessions. Residents' personal property and possessions were not safeguarded when the approved centre assumed responsibility for it. The property room contained several bags and boxes of residents' property with no labels on them, so the property owner was not identifiable. The safe for valuables was untidy and contained many items that did not have resident identifiers on them, including a gift card, a purse, and an iPod. It was unclear whether this particular safe was for lost property or for storing valuables belonging to current residents.

The Irish Advocacy Network representative feedback from residents was they did not like having to 'sleep out' in Cappahard Lodge when the approved centre was over its bed numbers.

Owenacurra Centre, Midleton, Co Cork was a single storey building with a large internal courtyard. There are 16 single bedrooms and 4 twin bedrooms, the latter with adjoining toilet facilities. A day centre service, accessible to all residents, is located within the premises. This service is also used by non-residents from the local community. The service caters for up to 24 residents and, at the time of the inspection, there were 21 residents, 20 of whom were in the centre for more than 6 months

Compliance with regulations has increased over the last three years (70% in 2017, 90% in 2018, and 79% in 2019). There has been some dis-improvement since 2018. Compliance with three regulations was rated as excellent.

There were two high risk non compliances for therapeutic services and programmes and privacy.

Medication management procedures were not consistently safe. The medication trolley did not remain locked at all times. Medication due for return to the pharmacy was observed as being stored in an open box. In three cases medication administration records had not been signed to indicate that medications had been administered.

Access to some mental health disciplines was limited. At the time of the inspection, the approved centre only had access to approximately five hours of occupational therapy time per week. As a result of this limitation in service provision, the occupational therapy service was unable to meet all residents' needs. In the context of the growing occupational therapy needs of the resident population and the ongoing development of the rehabilitation facet of the service, this was insufficient to meet the needs of residents. In 2017, a business case for a full time occupational therapist (OT) post dedicated to the Owenacurra Centre was submitted to the Mental Health Division; however, at the time of inspection, the service was still awaiting a response.

Privacy was issue for residents. The female residents' corridor, which contained six female bedrooms, also had three staff offices. The day centre activity room was located just beyond this area, and outpatients and day hospital attendees accessed this corridor on a regular basis.

There were only two showers available for resident use at the time of inspection. This was insufficient for the 21 residents.

The three approved centres had a number of best practice initiatives highlighted in the inspection reports. The **Acute Psychiatric Unit Ennis Hospital** had developed the 'Seclusion Care Plan'. This care plan ensured that the practices required under the rule on seclusion were adhered to at all times when a resident was nursed in the seclusion room. The **Department of Psychiatry, University**

Hospital Waterford had introduced an Electronic Register of Residents introduced January 2019. **The Owenacurra Centre, Cork** received training by the Mental Health and Intellectual Disability Service on the topic of personalised communication booklets or communication passports as part of a person centres planning approach.

John Farrelly, Chief Executive Mental Health Commission, said “the continued admission of children and adolescents to adult mental health units is totally unacceptable yet it is still a common feature of mental health care practice in Ireland. The shortage of operational beds in dedicated child units, and the provision of unsuitable adult facilities for children is not the solution to the mental health care needs of children”.

Mr Farrelly commented further that “wards and units that are unclean are a clear indication of a lack of fundamental management oversight and capability to provide the basics. It is hard to comprehend and understand how this is occurring in modern Ireland. We will be raising this matter with the HSE leadership through formal risk escalation protocols”

Inspection Reports

1. Department of Psychiatry, University Hospital Waterford

https://www.mhcirl.ie/File/2019IRs/DOP_Waterford_IR_2019.pdf

The Department of Psychiatry is located on the lower ground floor of University Hospital Waterford. It contains 44 beds in two areas, an acute unit Brandon ward, with 14 beds, and a sub-acute unit, Comeragh ward, with 30 beds. Recently developed dining room and sitting room facilities in Brandon ward are now fully operational. Residents are admitted under eight adult teams, three psychiatry of later life teams, and two rehabilitation teams.

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

Condition 1: The approved centre shall undertake building works, essential maintenance and refurbishments of the 14-bed unit to ensure there are adequate and appropriate communal spaces for therapeutic services, recreational activities, dining, and to facilitate visitors. These works shall be completed by 31st December 2017. Any potential delays to the works must be reported to the Mental Health Commission.

Condition 2: To ensure adherence to Regulation 26(4): Staffing, the approved centre shall implement a plan to ensure all healthcare professionals working in the approved centre are up to date in mandatory training areas. The approved centre shall provide a progress update on staff training 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 2017	Compliance/Risk Rating 2018	Compliance/Risk Rating 2019
Regulation 7: Clothing	✓	✓	✗ Moderate
Regulation 8: Residents' Personal Property and Possessions	✓	✓	✗ High
Regulation 11: Visits	✓	✓	✗ Moderate
Regulation 13: Searches	✓	✓	✗ Moderate
Regulation 19: General Health	✓	✗ Moderate	✗ Moderate

Regulation 21: Privacy	X	Moderate	X	High	X	Moderate
Regulation 22: Premises	X	Moderate	X	High	X	High
Regulation 25: The Use of Closed Circuit Television	✓		X	Moderate	X	High
Regulation 26: Staffing	X	High	X	High	X	High
Regulation 28: Register of Residents	X	Moderate	X	High	X	High
Rules Governing the Use of Electro-Convulsive Therapy	✓		✓		X	Moderate
Rules Governing the Use of Seclusion	X	High	X	Critical	X	Low
Code of Practice on the Use of Physical Restraint in Approved Centres	✓		X	Moderate	X	High
Code of Practice relating to the Admission of Children under the Mental Health Act 2001	X	High	X	High	X	High
Code of Practice on the Use of Electro-Convulsive Therapy for Voluntary Patients	X	Low	✓		X	Moderate
Code of Practice on Admission, Transfer and Discharge to and from an Approved Centre	X	Moderate	X	Moderate	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 16: Therapeutic Services and Programmes

2. Owenacurra Centre, Midleton, Co. Cork

https://www.mhcirl.ie/File/2019IRs/OwenacurraCentre_IR_2019.pdf

Owenacurra Centre is located in the town of Midleton, which facilitates community integration and social inclusion for residents. The approved centre is registered to provide a service for psychiatry of later life, continuing mental health care and mental health rehabilitation. The service caters for up to 24 residents and, at the time of the inspection, 21 residents were in the approved centre.

The approved centre is a single storey building with a large internal courtyard. There are 16 single bedrooms and 4 twin bedrooms, the latter with adjoining toilet facilities. A day centre service, accessible to all residents, was located within the premises. This service is also used by non-residents from the local community.

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 2017		Compliance/Risk Rating 2018		Compliance/Risk Rating 2019	
Regulation 16: Therapeutic Services and Programmes	✗	Moderate	✓		✗	High
Regulation 21: Privacy	✓		✗	High	✗	High
Regulation 22: Premises	✓		✗	Moderate	✗	Low
Regulation 23: Ordering, Prescribing and Administration of Medicines	✗	Moderate	✗	Moderate	✗	Low
Regulation 26: Staffing	✗	High	✓		✗	Moderate
Regulation 27: Maintenance of Records	✗	Moderate	✓		✗	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 4: Identification of Residents
Regulation 6: Food Safety
Regulation 7: Clothing

3. Acute Psychiatric Unit, Ennis Hospital

[https://www.mhcirl.ie/File/2019IRs/APU Ennis IR 2019.pdf](https://www.mhcirl.ie/File/2019IRs/APU%20Ennis%20IR%202019.pdf)

The Acute Psychiatric Unit, Ennis Hospital, Co Clare is a 39-bed unit, located in Ennis General Hospital. It provides acute in-patient mental health care to residents of North Tipperary County Clare, a total catchment area of approximately 220,000 people. There were 37 residents present at the time of the inspection. The centre had three high risk ratings for personal property and possessions, individual care planning and general health. In 2019, compliance was 74%. Eight compliances with regulation were rated excellent, an improvement from four in 2018.

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

Condition 1: 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 to the Mental Health Commission on the programme of maintenance in a form and frequency prescribed by the Commission.

Condition 2: To ensure adherence to Regulation 26(4): Staffing the approved centre shall implement a plan to ensure all healthcare professionals working in the approved centre are up-to-date in mandatory training areas. The approved centre shall provide a progress update on staff training to the Mental Health Commission in a form and frequency prescribed by the Commission.

Non-compliant areas on this inspection:

Regulation/Rule/Act/Cod e	Compliance/Risk Rating 2017	Compliance/Ris k Rating 2018	Compliance/Risk Rating 2019
Regulation 8: Personal Property and Possessions	✓	✓	✗ High
Regulation 15: Individual Care Plan	✓	✗ Critical	✗ High
Regulation 18: Transfer of Residents	✓	✗ Low	✗ Low
Regulation 19: General Health	✓	✗ Moderate	✗ High
Regulation 21: Privacy	✓	✗ Low	✗ Moderate
Regulation 22: Premises	✗ Moderate	✗ Moderate	✗ Moderate
Regulation 26: Staffing	✗ Moderate	✗ High	✗ Moderate
Regulation 27: Maintenance of Records	✗ Moderate	✗ High	✗ Moderate
Code of Practice on Admission, Transfer and Discharge to and from an Approved Centre	✗ High	✗ Moderate	✗ 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.

The following areas were rated excellent on this inspection:

Regulation
Regulation 4: Identification of Residents
Regulation 5: Food and Nutrition
Regulation 7: Clothing
Regulation 10: Religion
Regulation 11: Visits
Regulation 12: Communication
Regulation 30: Mental Health Tribunals
Regulation 31: Complaints Procedures

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.