

Two critical and two high-risk ratings in two mental health centres, while one centre achieves 97% compliance

Mental Health Commission publishes three inspection reports

Monday March 9 2020: The Mental Health Commission has today published three inspection reports which identify two critical and two high-risk non-compliance ratings at two of the country's in-patient mental health units, while a third unit achieves 97% compliance.

An Coillín (Mayo) and Highfield Hospital (Dublin) improved their overall compliance by 10% and 9% respectively, while the third unit, St Michael's Unit, Mercy University Hospital (Cork) saw its compliance level drop by 8%.

"Two approved centres showed an increase in compliance levels, with one of them achieving 97% compliance, said the Inspector of Mental Health Services, Dr. Susan Finnerty. "On the other hand, compliance levels for St Michael's acute approved centre decreased, which is a concern.

"The two critical ratings at St Michael's Unit are serious and relate to privacy and premises. It also had a high risk rating for staffing. Our inspection team observed mould on the ceiling and floors of showers, chipped paint on many doors, a number of ceiling tiles were missing, floors were badly stained and engrained with dirt," Dr Finnerty said.

The Chief Executive of the Mental Health Commission, John Farrelly, added: "A mental health unit should be a place for recovery, and a bright, clean space, with privacy for residents and open spaces for when they want to engage with people is absolutely necessary for each resident's recovery. When such spaces are not provided we are simply not meeting their needs and it strips them of their dignity. It seems to me that we tolerate conditions in mental health services that we would not tolerate elsewhere.

"It's important to say that the inspectors noted that staff at the St Michael's unit put great effort and imagination into compensating for the environmental constraints. However the fact remains that not all residents had access to personal space within their bedrooms; there was no quiet space available to residents; there was no sitting room in the acute unit of the approved centre, but instead a lounge area with seating was actually situated in front of the nurse's station. I also think it's very disappointing that Tribunals were held in the Occupational Therapy kitchen where the table, sink and floor were badly stained with paint, which was not conducive to respecting the residents' dignity."

St Michael's Unit, Mercy University Hospital, saw its compliance level drop by 8%.

This Cork based unit provides acute adult mental healthcare and psychiatry of later life care. It has 50 beds. At the time of the inspection there were 43 service users with nine residents there for over six months.

There was no improvement in compliance with regulations, rules and codes of practice since 2017. Compliance was 71% in 2017; 79% in 2018 and 71% in 2019. Ten compliances with regulations were rated excellent.

The Inspector identified nine non-compliances, two of which were deemed critical (privacy and premises), one high (staffing), five moderate (individual care plans (ICPs), general health, mental health tribunals, risk management procedures and use of physical restraint) and one low (ordering, prescribing, storing and administration of medicines).

There was one condition attached to the registration of this approved centre at the time of inspection relating to privacy and premises. The finding on this inspection showed that the approved centre was in breach of this condition and was non-compliant with regulations on privacy and premises at the time of inspection. Both of these non-compliances were deemed critical.

On foot of the approved centre's breach of condition and non-compliance with the regulations, the Commission issued an enforcement action which saw an inspection team visit the centre late last year to observe steps being taken to address non-compliance and hold a regulatory compliance meeting with senior management. At this meeting the centre outlined plans to address non-compliance and the Commission will monitor the implementation of these plans on an ongoing basis.

It was considered non-compliant with privacy because the two 2-bedded rooms within the sub-acute unit were not of an adequate size to ensure residents' privacy and dignity.

The regulation on premises was deemed non-compliant due to a number of issues as follows: the premises was not maintained in good structural or decorative condition; it was not free of offensive odours; a programme of routine maintenance and renewal of fabric and decoration of the premises was not developed or implemented and records of such a programme were not maintained; the physical structure of the premises was not developed and maintained having due regard for the number and mix of residents in the approved centre; and ligature points had not been minimised.

The high-risk rating given in relation to staffing was due to the fact that not all healthcare professionals were documented as having been trained in fire safety, basic life support, management of violence and aggression, the Mental Health Act 2001, or Children First.

Ten ICPs were reviewed during the inspection. One was not developed by the multi-disciplinary team (MDT) following a comprehensive assessment, within seven days of admission; one was not reviewed by the MDT; and one of the ICPs reviewed did not identify appropriate goals for the resident.

When reviewing general health, one of the clinical files indicated that a general health assessment had not been completed within the required six months.

The approved centre was non-compliant with the regulation on Mental Health Tribunals as adequate resources were not provided. Tribunals were held in the Occupational Therapy kitchen where the table, sink and floor were badly stained with paint which was not conducive to respecting residents' dignity.

The non-compliance in relation to risk management procedures related to the registered proprietor not ensuring: that risk management policy included the required elements for the identification, assessment, treatment, reporting and monitoring of risks throughout the approved centre; the risk management policy included arrangements for responding to medical emergencies; and that the approved centre's risk management policy was implemented throughout the approved centre as the risk register was updated and reviewed by the Incident Review Group and not the Quality and Safety Committee as per the services policy.

The centre was also non-compliant in, and given a moderate risk rating for, the use of physical restraint because the policy on physical restraint did not include child protection processes where a child is physically restrained.

Quality initiatives identified at the inspection included the formulation of a pathway for the acute management of eating disorders for residents presenting to the Mercy University Hospital emergency department, which included the process for admission to St. Michael's Unit.

Highfield Hospital

This independently-operated unit provides care of the elderly and mental healthcare and has 112 beds in total. At the time of the inspection, there were 102 residents with 84 there for more than six months. The unit improved its compliance levels in 2019 increasing from 76% in 2018 to 85% in 2019. It also achieved an excellent rating for fourteen compliances.

However, it did see five non-compliances which were deemed high (1) and moderate (4).

The high-risk non-compliance rating identified during this inspection related to privacy. Three four-bed rooms on Farnham Ward did not have privacy screens for two of the beds nearest the window in each room. This was rectified and privacy screens were applied prior to the completion of inspection. Two noticeboards displayed residents' names and identifiable information; full names and photographs were displayed in a family tree within three wards. There were no consent forms for most of the photographs. Bedrooms in older persons units' doors displayed the residents' full name and photograph.

The moderate risk non-compliance ratings identified related to individual care plans, general health, staffing and maintenance of records.

Although the report noted that each resident had an individual care plan, three care plans did not contain appropriate goals for the residents, two care plans did not contain applicable care and treatment for the resident and three care plans did not appropriately document the resources required.

While each resident had a physical examination at least every six months, three out of five six-monthly general health assessments were missing an annual assessment of the residents' fasting glucose and prolactin levels; two out of five six-monthly general health assessments were missing an annual assessment of the residents' blood lipids; and one out of five six-monthly general health assessments was missing an annual electrocardiogram.

The moderate risk rating given on staffing related to the fact that not all healthcare professionals were trained in basic life support, fire safety, the professional management of aggression and violence, Children First, or the Mental Health Act, 2001.

Finally, the moderate risk rating given in relation to maintenance of records was due to the impeded ease of retrieval of records and documentation not being stored in a secure location.

Quality initiatives identified included the establishment of a new family and resident choir for the long term care units; the facilitation of a baby room had been set up in order to enable a family friendly service and to cater for perinatal presentations; the opening of a new specialist rehabilitation unit to foster a recovery approach to mental health care; and the development of a new online feedback system to facilitate the capturing and recording of service user's feedback and the local issues being raised.

The Inspector's report observed an ethos of continuous improvement within the approved centre, which was borne out in its compliance levels. The 22-bed unit in Mayo improved its compliance with regulations and codes of practice by 10%, achieving 97% in 2019. This represents only one non-compliance. There were 19 compliances with regulations that were rated as excellent. At the time of the inspection, there were 21 residents with 19 residents there for more than six months.

The non-compliance related to staffing and was given a moderate risk rating. The number and skill mix of staffing was not appropriate to meet resident needs as the approved centre's multi-disciplinary team did not have an assigned psychologist. In addition, not all healthcare professional staff were trained in fire safety, basic life support and the management of violence and aggression. The report noted that fire safety training levels were concerning as only 33% of nursing staff had up-to-date training.

Quality initiatives identified at the inspection included the introduction of new recreational activities, which included a service user led music group, a visit to Kiltimagh Pet Farm; and the expansion of the therapeutic programme to include a baking group, a box-fit group and an imagination gym group.

Ends

For more information:

Notes to the Editor:

St Michael's Unit, Mercy University Hospital

https://www.mhcirl.ie/File/2019IRs/StMichaelsUnit_IR2019.pdf

- Overview of centre:
 - Location: Grenville Place, Cork
 - Beds: 50 beds
 - Care: Acute adult mental health care, psychiatry of later life
- Conditions: There was one condition attached to the registration of this approved centre at the time of inspection in the area of premises.
- Compliance:
 - 71% in 2019 down from 79% in 2018
 - 22 compliant; 9 non-complaint; 8 non-applicable
 - 2019 risk ratings (for the 9 non-compliances)
 - 1 low
 - 5 moderate
 - 1 high (staffing)
 - 2 critical (privacy and premises)
- 2019 areas rated as excellent:
 - 10 (Identification of Residents; Food Safety; Clothing; Residents' Personal Property and Possessions; Recreational Activities; Religion; Visits; Searches; Therapeutic Services and Programmes; and Provision of Information to Residents)

Highfield Hospital

https://www.mhcirl.ie/File/2019IRs/Highfield_IR2019.pdf

- Overview of centre:
 - Location: Whitehall, Dublin 9
 - Beds: 112 beds
 - Care: Acute adult mental health care, continuing mental health care/long stay, psychiatry of later life, mental health rehabilitation, forensic mental health care, mental health care for people with intellectual disability
- Conditions:
 - None.
- Compliance:
 - 85% in 2019 up from 76% in 2018
 - 28 compliant; 5 non-complaint; 6 non-applicable
 - 2019 risk ratings (for the 5 non-compliances)
 - 4 moderate
 - 1 high (privacy)
- 2019 areas rated as excellent:
 - 14 (Food and Nutrition; Food Safety; Clothing; Residents' Personal Property and Possessions; Recreational Activities; Religion; Visits; Communication; Care of the Dying; Therapeutic Services and Programmes; Premises; Ordering, Prescribing, Storing and Administration of Medicines; Mental Health Tribunals; and Risk Management Procedures)

An Coillín

https://www.mhcirl.ie/File/2019IRs/AnCoillin_IR2019.pdf

- Overview of centre:
 - Location: Castlebar, Mayo
 - Beds: 22 beds
 - Care: continuing mental health care/Long stay
- Conditions:
 - None.
- Compliance:
 - 97% in 2019 up from 87% in 2018
 - 30 compliant; 1 non-complaint; 8 non-applicable
 - 2019 risk ratings (for the 1 non-compliance)
 - 1 moderate
- 2019 areas rated as excellent:
 - 19 (Identification of Residents; Food and Nutrition; Food Safety; Clothing; Residents' Personal Property and Possessions; Recreational Activities; Religion; Visits; Communication; Care of the Dying; Individual Care Plan; Therapeutic Services and Programmes; General Health; Privacy; Ordering, Prescribing, Storing and

Administration of Medicines; Maintenance of Records; Operating Policies and Procedures; Mental Health Tribunals; and Complaints Procedures).

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.