

# Close to full compliance at three Dublin mental health units

## Increased number of 'excellent ratings' in latest inspection of St.Patrick's Mental Health Service

**Thursday 12 March 2020:** The Mental Health Commission (MHC) today published an inspection report for St Patrick's Mental Health Services which showed nearly full compliance across its three approved centres in Dublin.

Due to continued high compliance over a number of years, the service, which comprises St Patrick's University Hospital, St Edmundsbury Hospital and Willow Grove Adolescent Unit, the MHC decided to perform an announced inspection rather than unannounced of the approved centres.

From 2020 onwards, all centres regulated by the MHC will undergo one announced inspection in a three-year inspection cycle regardless of compliance levels. This will allow the Commission to work in conjunction with the approved centre and build trust and collaboration to improve compliance and quality of care.

In this inspection, the centres maintained their high level of compliance with regulations and there was an increased number of compliances rated as excellent at St Patrick's University Hospital. (25 out of 34; equating to 74% of all regulations). This was an increase from 18 excellent ratings (58%) recorded on the previous inspection in 2018.

There was one area of non-compliance in both Willow Grove and St Edmundsbury, for the use of physical restraint and the register of residents respectively. Both of these were rated as low risk. The service identified these non-compliances in advance of the announced visit and put in place corrective and preventative action plans by the time of the inspection. Regulation was used to improve the quality of services provided, and to improve engagement with service users.

Across the three centres there was a strong emphasis on person-centred care, involving service users at all levels of management and in an advisory capacity. Staff were well trained and were engaged with providing a quality service. Despite this, the recruitment of staff does remain a challenge for the service.

Commentating on the reports, John Farrelly, Chief Executive of the Mental Health Commission said: "These approved centres have consistently performed well during inspection reports. It is pleasing to see a commitment to achieving an excellent rating across all regulations rather than simply being compliant."

The Inspector of Mental Health Services, Dr.Susan Finnerty said: "Given St.Patrick's Mental Health Services' excellent performance over a number of years, we decided to conduct announced inspections on this occasion. It is encouraging to see services working with the Mental Health Commission to improve the quality of their service."

**St Patrick's University Hospital**, is an independent hospital located in central Dublin. The original hospital structure is an 18th century listed building and is well maintained and decorated throughout. It is registered for up to 241 residents. There were 232 residents at the time of inspection.

There are eight wards in St Patrick's Hospital: Dean Swift, including Special Care Unit (acute admissions); Stella, Grattan, Delaney, and Kilroot (general admissions); Vanessa (care of the elderly);

Clara (eating disorders); and Temple (addictions service). Residents are under the care of 13 consultant teams.

From the reception area in the hospital to all the wards, the décor and furnishings make for a respectful and relaxed environment for service-users. The approved centre was compliant with all regulations, rules and codes of practice.

Among a number of quality initiatives, there was a physical monitoring programme to improve service users' physical health. Each service user was offered extensive monitoring of their physical health when they presented to the service. There was a separate dedicated team of GPs, GP nurses and phlebotomy to provide this programme.

**St Edmundsbury**, is a refurbished 19<sup>th</sup> century Georgian house which includes sitting rooms, recreational rooms, therapy rooms and kitchen-dining room facilities, as well as modern purpose-built resident accommodation. It has 52 beds, which are almost exclusively in single en suite rooms, with a small number of twin rooms. The approved centre provides treatment for voluntary residents only. Therapeutic services and programmes are provided either on-site or in St. Patrick's University Hospital. The approved centre provides transport between St. Edmundsbury and St. Patrick's Hospitals to enable residents to attend therapeutic and recreational programmes in both locations.

There were 23 areas (77%) rated as excellent on the inspection. The one non-compliance reported related to the code of practice on the use of physical restraint in approved centres. It was noted that not all personnel involved in physical restraint had undertaken the mandatory training. The risk was rated as low.

**Willow Grove Adolescent Unit**, is a dedicated, stand-alone unit located within the grounds of St. Patrick's Hospital. It provides treatment to young people aged from 12 to 17 from all over Ireland. Willow Grove accommodates up to 14 young people and plans are in development to build a further unit which would bring accommodation up to 27 beds when completed. All admissions to Willow Grove are planned, and an emergency service is not provided. For young people, Willow Grove offers a transgender service and dexameter scanning (to measure bone density) for those with eating disorders. YAP, the youth advocacy service, provided an advocacy service for young people in residence in Willow Grove.

There were 25 areas (78%) rated as excellent on the inspection. The one non-compliance reported related to the register of residents but was also rated as low. The approved centre was non-compliant with this regulation because the admission date specified on the register was not accurate in all cases.

As quality initiatives, the summer therapeutic programme had been further developed to meet the needs of young people during the school holiday period. A Parent Support group had also been developed as a six-week programme to prioritise support and information to parents.

**Ends**

**Notes to the Editor:**

**St Patrick's University Hospital**

[https://www.mhcirl.ie/File/2019IRs/StPatricksMHS\\_IR2019.pdf](https://www.mhcirl.ie/File/2019IRs/StPatricksMHS_IR2019.pdf)

- Overview of centre:
  - Location: Central Dublin
  - Beds: 242 beds
  - Care: acute care, general care, care of the elderly, eating disorders, addiction services
- Compliance:
  - 100% compliance (up from 95% in 2018)
  - 34 regulations compliant
- 2019 areas rated as excellent:
  - 25 out of 34

### **St Edmundsbury's Hospital**

[https://www.mhcirl.ie/File/2019IRs/StPatricksMHS\\_IR2019.pdf](https://www.mhcirl.ie/File/2019IRs/StPatricksMHS_IR2019.pdf)

- Overview of centre:
  - Location: Lucan, County Dublin
  - Beds: 52 beds
  - Care: general care for voluntary residents only
- Compliance:
  - 97% compliance (down from 100% in 2018)
  - 29 regulations compliant
- 2019 areas rated as excellent:
  - 23 out of 30 area

### **Willow Grove Adolescent Unit**

[https://www.mhcirl.ie/File/2019IRs/StPatricksMHS\\_IR2019.pdf](https://www.mhcirl.ie/File/2019IRs/StPatricksMHS_IR2019.pdf)

- Overview of centre:
  - Location: Central Dublin
  - Beds: 14 beds
  - Care: young people from 12 -17
- Compliance:
  - 97% compliance (down from 100% in 2018)
  - 29 regulations compliant
- 2019 areas rated as excellent:
  - 25 out of 30

**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.

### **Announced inspections**

To allow the MHC work in conjunction with approved centres to improve compliance and quality, the regulatory team introduced announced inspections on a pilot basis in 2019 for five centres with consistently high-compliance ratings.

The centres that received announced inspections in 2019 were the three centres that make up St Patrick's Mental Health Services (St Patrick's University Hospital, St Edmundsbury Hospital and Willow Grove; Tearmann Ward in St Camillus' Hospital; and Linn Dara Child and Adolescent Mental Health in-patient Unit at Cherry Orchard.

As each centre will still receive a minimum of two unannounced inspections over a three-year period, the MHC will continue to acquire an accurate picture of the level of care that each centre is providing.

Although we based our 2019 selection on a high level of compliance, from 2020 onwards all centres will receive one announced inspection in a three-year cycle regardless of compliance levels.

In preparation for announced inspections, the centre is required to self-assess on every applicable regulation, rule and code. This self-assessment is then verified by the inspectors during the announced inspection itself.

### **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.