

Mental Health Commission finds one critical and five high-risk ratings in two mental health centres

February 13th 2020: Two inspection reports published today by the Mental Health Commission have identified one critical and five high-risk non-compliance ratings at two of the country's in-patient mental health units.

While the centres improved their overall compliance by 11% and 9% from the previous year, both reports identified risks in the areas of premises and privacy, with general disrepair and an inadequate maintenance system of particular concern. Many of the reported maintenance faults in one centre were awaiting repair for over three months at the time of the inspection.

“When basic faults such as broken windows and doors are reported, there must be an efficient maintenance system in place to repair these issues as soon as possible,” said the Inspector of Mental Health Services, Dr. Susan Finnerty. “This is to ensure that the comfort of residents is maintained, and due regard is given to the specific needs of residents, and the safety and wellbeing of residents, staff and visitors. When there is evidence of an unacceptable delay in this regard, this concern will be duly called out in relevant inspection reports.”

The Chief Executive of the Mental Health Commission, John Farrelly, added that the regulation around privacy is there to ensure that the dignity of residents is respected at all times.

“When people are residing in our mental health centres, it is important that they are treated in a manner that is consistent to how they would be cared for by loved ones at home,” he said. “It is not acceptable that residents are not afforded the appropriate levels of privacy in their bedrooms, or that residents had to eat their meals at a table in a corridor. These are matters that are simply not satisfactory in a modern-day mental health service.”

Although the 87-bed in-patient mental health unit at **St Stephen's Hospital in Glanmire, County Cork**, improved overall compliance from 59% in 2018 to 70% in 2019, the compliance with regard to premises was rated as critical.

This was despite there being a condition attached to the registration of the centre with regard to this regulation.

The report observed that premises was listed as a critical risk in 2018, principally due to the inadequate maintenance of the buildings and the limited showering facilities relative to the number of residents in one of the units. Although corrective action plans to address these issues were authored by the service, they were not implemented.

Consequently, in 2019, the inspection team concluded that no improvement had been made and rated the non-compliance on premises as a critical risk once again. Specifically, the report found that the centre was not kept in a good state of repair externally and internally; it was not clean, hygienic or free from offensive odours, as toilets were observed to be dirty and malodorous. In one unit, the report noted, there was one shower for 18 residents, while furnishings in a number of areas were dilapidated and in need of replacement.

The report went on to state that although six compliances with regulations were rated as excellent, the centre had been non-compliant with seven regulations and codes of practice for three consecutive years. Apart from the critical risk, another two non-compliances in the area of privacy and staffing were rated as high risk.

In terms of privacy, the report found that not all toilets could be securely locked from the inside as one toilet's external handle could override the lock function; while single-room door observation panels in two units were not suitably screened to protect the privacy and dignity of the resident within the room.

The Commission subsequently held a regulatory compliance meeting with St Stephen's Hospital on foot of the findings of the inspection.

Quality initiatives identified on the inspection included the introduction and implementation of a six-monthly physical examination pro-forma across the service, and the implementation of an electronic ordering system and the procurement of scanning equipment that has improved the efficiency of dispensing and ordering medications in the pharmacy department.

Situated on the ground floor of Farnogue Residential Healthcare Unit, **Selskar House in Wexford town** had improved compliance from 68% in 2018 to 77% in 2019. Although 11 compliances with regulations were rated as excellent, three out of seven non-compliances were rated as high risk.

Described in the report as a modern, purpose-built facility that accommodated 20 elderly residents in single rooms with en suite bathroom facilities, the three high-rated non-compliances were found in the areas of privacy, premises and general health.

In the area of privacy, the report found that the centre was non-compliant because a resident's bedroom window was broken and the resulting draft caused the resident discomfort; staff were observed to stand over residents to assist with feeding at mealtimes; and two residents had to eat their meals at a table on a corridor as the dining room was observed to be too small for the current resident population and profile.

The inspectors also found that the centre was not maintained in a good state of repair internally. Numerous maintenance issues were noted by the inspection team including stained flooring, faulty sink taps in two bedrooms, a peeling fire door seal, a cracked window pane, two broken shower screens, a missing wardrobe door, a broken bedroom window, a broken door handle and lock, and broken door hold-back mechanisms on multiple bedroom doors.

Some of these issues were already identified by the service and reported to the maintenance team; all other identified faults were reported during the inspection. The maintenance team response rate was extremely slow; many of the reported faults were awaiting repair for over three months.

"While faults in the environment had been reported to the maintenance team many months previous, they were still not addressed," added Dr. Finnerty. "Other identified faults were not reported at all. Although issues concerning the responsiveness of the maintenance team were repeatedly discussed at the local quality and patient safety meetings, this had not translated into a responsive and effective maintenance service at Selskar House. The general lack of progress contributed to a sense of resignation and acceptance of this situation amongst staff. At the time of inspection, these issues had not been escalated to the area Quality and Safety Executive Committee."

On the positive side, the report noted the improvement in general compliance and observed that the centre was spacious and bright. It noted two internal courtyard areas that were used by residents throughout the day; an enclosed garden area with supervised access; and suitable areas for recreational activities and visiting inside the building.

A number of quality initiatives were identified on the inspection, including the introduction of a new physical restraint checklist to help ensure all necessary processes are adhered to; the installation of Wi-Fi within the approved centre; and the acquisition of an electronic tablet for the purposes of enhancing resident communication.

Ends

Notes to the Editor:

St Stephen's Hospital

https://www.mhcirl.ie/File/2019IRs/StStephens_IR_2019.pdf

- Overview of centre:
 - Location: Glanmire, County Cork
 - Beds: 87 beds (comprised of four buildings within St. Stephen's Hospital)
 - Care: acute and continuing care

- Conditions:
 - There were three conditions attached to the registration of this approved centre at the time of inspection. These were in the areas of premises, staffing and risk management.

- Compliance:
 - 70% overall (up from 59% in 2018)
 - 23 compliant; 10 non-complaint; 6 non-applicable
 - 2019 risk ratings (for the 10 non-compliances)
 - 2 low
 - 5 moderate
 - 2 high (privacy and staffing)
 - 1 critical (premises)

- 2019 areas rated as excellent:
 - 6 (identification of residents; food and nutrition; food safety; recreational activities; searches; transfer of residents)

Selskar House

https://www.mhcirl.ie/File/2019IRs/SelskarHouse_IR_2019.pdf

- Overview of centre:
 - Location: Wexford Town

- Beds: 20 beds
- Care: Psychiatry of Later Life
- Compliance:
 - 77% overall (up from 68% in 2018)
 - 24 compliant; 7 non-complaint; 8 non-applicable
 - 2019 risk ratings (for the 7 non-compliances)
 - 1 low
 - 3 moderate
 - 3 high (privacy, premises and general health)
- 2019 areas rated as excellent:
 - 11 (identification of residents; food and nutrition; food safety; clothing; religion; communications; care of the dying; transfer of residents; provision of information to residents; operating policies and procedures; 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.