



## **Mental Health Commission finds two critical risks and nine high risk ratings in three mental health centres**

### **Focused inspection identifies critical risk in Galway Unit with inadequate facilities for patients at Mental Health Tribunals**

**Tuesday 17 September 2019:** The Mental Health Commission (MHC) has today published three inspection reports from approved centres in Waterford, Dublin and Galway which identified two areas of critical risk non-compliance and nine areas of high risk non-compliance in three centres.

Two of the approved centres had a number of best practice initiatives highlighted in the inspection reports. Grangemore and St Aidans Wards, St Otteran's Hospital in Waterford had developed a new multi-purpose room in the Grangemore Ward, which was used as a relaxation or visitors' room. Le Brun in Vergemount Mental Health Facility Clonskeagh Hospital had added individual lockers to each resident's room providing extra space to safely store their belongings in their bedrooms.

**Grangemore and St Aidans Wards, St Otteran's Hospital in Waterford** are located in separate parts of St. Otteran's Hospital campus on the outskirts of Waterford city. Grangemore is a rehabilitation and recovery unit and St. Aidan's ward operates under the Psychiatry of Older Adult team. The number of registered beds is 40. At the time of the inspection there were twenty six residents; twenty five of which were in the centre for more than six months.

At the time of the inspection, a new build was in progress within St. Patrick's Hospital which will accommodate the residents in St. Aidan's ward. The accommodation in Grangemore ward consists of two four-bedded dormitories, one two-bedded dormitory and six single bedrooms. Residents in St. Aidan's ward are accommodated within two large mixed gender dormitories, with one resident accommodated within the sole single bedroom.

There continues to be low compliance (68%) with regulations. Seven non-compliances with regulations have been non-compliant for three years. Six non-compliances were rated high risk; transfer of residents, privacy, premises, use of CCTV, staffing and maintenance of records. Therapeutic services and programmes was rated critical risk. One regulation was rated excellent. There were six high risk non compliances:

There was a breach of human rights evident at the time of inspection: mechanical restraint was used in the form of lap-belts. It was not used in accordance with the rules governing the use of seclusion and mechanical restraint. Three clinical files did not indicate that mechanical restraint was only used when less restrictive alternatives were deemed unsuitable. One clinical file did not specify the duration of the mechanical restraint. Four clinical files did not specify a review date.

Commenting on the report, Dr Susan Finnerty, Inspector of Mental Health Services, said: "The principles underpinning mechanical bodily restraint are based within an ethical and legal framework. As mechanical restraint limits freedom, its use must be properly assessed, ordered and reviewed and used only when less restrictive alternatives are not suitable. These interventions are used in rare and exceptional circumstances. If you are mechanically restrained, you must be told: why you are being

restrained, how long you are likely to be restrained for, and what needs to happen before mechanical restraint will end.”

The number of staff was not sufficient to address the assessed needs of the residents. At the time of the inspection, there were 42 nursing posts vacant in County Waterford. The nursing staff complement on Grangemore ward was noted to be one nurse short on three occasions within a four-week period. The approved centre’s core nursing staff was augmented by 14 agency nurses. There was no principal social worker within the mental health service and due to the absence of a clinical director, the Executive Clinical Director was covering both medical roles.

There was no therapeutic programme for residents in St Aidan’s ward apart from a weekly yoga session and dog therapy. Individual multi-disciplinary team input was limited and no therapeutic programmes, including dementia appropriate therapies, were facilitated by the psychiatry of older adult team despite being responsible for care and treatment for the residents in St. Aidan’s ward. At the time of the inspection, a new basic grade agency occupational therapist was being inducted to the service. Furthermore, the approved centre had obtained funding for the development of a sensory garden and a sensory room within St. Aidan’s ward.

In St. Aidan’s ward, the residents’ privacy and dignity was not appropriately respected. The accommodation consisted of two large dormitories and one single bedroom. The beds within the dormitories were located too close together, which limited residents’ access to personal space. The unoccupied space, within the dormitories, was used for storage. The dormitories were not gender specific. There was insufficient number of toilets for the residents. At the time of the inspection, nine male residents shared one toilet. A second toilet was inaccessible.

The approved centre was not clean, hygienic and free from offensive odours. The outdoor spaces in Grangemore ward were littered with cigarette butts. Not all of the rooms were adequately ventilated and toilets in both wards were malodorous. It was not kept in a good state of repair. Internal wall paint was peeling or chipped and floor coverings were damaged in both units. The ceilings were damaged in three areas due to leaks. While there was evidence that maintenance issues had been previously reported, the issues had not been resolved.

The approved centre provided corrective and preventative plans 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.

**Le Brun House & Whitethorn House, Vergemount Mental Health Facility Clonskeagh Hospital** is located within the grounds of Clonskeagh Hospital near Ranelagh. Entry to Le Brun requires a swipe card, an access code and the key to a locked internal door. To gain access to Whitethorn, staff used a swipe card and a code. At the time of the inspection, no resident had access to these and had to request staff assistance to exit or enter the building. All residents were voluntary patients at the time of the inspection.

The centre was registered for 34 beds at the time of the inspection and there were 32 patients; 31 of whom were at the centre for more than 6 months.

The approved centre did not demonstrate improvement in overall compliance with regulations with 79% compliance on this inspection, 86% compliance in 2018, and 75% compliance in 2017.

Eight compliances with regulations were rated excellent compared to eleven in 2018. There was one condition attached to the registration at the time of inspection in relation to premises. The centre was in breach of this condition. A programme of decorative maintenance was underway in Whitethorn unit along with remedial works to address ligature risks. The centre had

three high risk non compliances in the areas of therapeutic services and programmes, general health and staffing.

Residents had limited access to psychology and social work support and, at the time of inspection, there was no occupational therapy input. Due to the limited resources available, the therapeutic services and programmes provided did not meet the appropriate needs of residents. The absence of a Rehabilitation and Recovery team in the Dublin South East area coupled with the occupational therapy (OT) staffing deficits within DSE, had implications for the provision of OT services to residents in Whitethorn.

Physical health reviews continued to fail to meet the minimum requirements, posing a potential risk to the on-going well-being of residents.

The approved centre was not in a good state of repair internally. Various maintenance works had not been commenced or were left unfinished. Scuffed paintwork was noted on walls and architraves. Skimmed plaster areas had not been painted. Repair work was unfinished or not commenced; there were broken call bells, skirting lino separating from the wall, and older style sink units in poor repair. Two dormitories had extra beds stored in them, and the floor covering throughout Whitethorn unit was old, mismatched, torn, and in need of replacement. Le Brun unit was in need of repainting and minor decorative repairs.

Compliance with premises is monitored as part of the condition attached to the approved centre's registration. The centre is required to provide quarterly reports to the Commission to demonstrate compliance.

**The Adult Acute Mental Health Unit, University Hospital Galway** is a newly built two-storey facility, located on the grounds of the University Hospital Galway site. The centre was registered for 50 beds on 30 June 2018. Twelve consultant-led teams, including two psychiatry of later life teams, mental health Intellectual disability team, and rehabilitation and recovery team, refer residents to the approved centre. The Mental Health Commission conducted a focused inspection on foot of receiving, in relation to its work, a complaint, in July 2019, from a Chairperson of a Mental Health Tribunal. The concerns related to the provision of appropriate private facilities and adequate resources to support the Mental Health Tribunal process.

This room where mental health tribunals were held was partitioned to provide a tribunal room and a training/multi-purpose room. It was not soundproofed and proceedings could be heard in the training room next door. The room was small, approximately five metres long and 3.5 metres wide. A narrow table with six chairs was in the centre of the room. The width of the table did not allow adequate space for people sitting opposite each other being insufficient to accommodate mental health tribunal members, the patient, his/her advocate, any attending nurses and the consultant psychiatrist.

There were no windows; there was a Velux style window in the ceiling, which could be opened remotely. The room was stuffy and hot at the time of the inspection. The room infringed the right of the patient to be treated with respect and dignity during the tribunal process.

At the previous inspection the original mental health tribunal room had been inspected. This room was bright and spacious, with natural light coming through a number of windows along one wall. It was well ventilated. Staff stated that this room was now used for a number of purposes such as training and meetings and that all mental health tribunals were now held in the smaller room.

The Commission issued an Immediate Action Notice to address these concerns and has been engaging with the approved centre to ensure the service is meeting the needs of patients attending a Mental Health Tribunal.

Mr. John Farrelly, Chief Executive Mental Health Commission, said: “The lack of progress in Grangemore and St Aidans Wards in Waterford is disappointing. The provision of safe, compliant, high-quality care should not be available on a post code lottery basis. People in the South East region should receive the same quality of acute mental health services as provided in other HSE approved centres throughout Ireland.”

**ENDS**

### Inspection Reports

**1. Grangemore Ward and St Aidan's Ward, St Otteran's Hospital, Waterford**  
[https://www.mhcirl.ie/File/2019IRs/StOtterans\\_IR2019.pdf](https://www.mhcirl.ie/File/2019IRs/StOtterans_IR2019.pdf)

The approved centre consists of two separate wards, Grangemore and St. Aidan’s. Both wards are located in separate parts of St. Otteran’s Hospital campus on the outskirts of Waterford city. Grangemore ward is a Rehabilitation and Recovery unit, which accommodates 16 residents at full capacity. St. Aidan’s ward is registered for 24 beds, which operates under the Psychiatry of Older Adult team. At the time of the inspection, a new build was in progress within St. Patrick’s Hospital which will accommodate the residents in St. Aidan’s ward who are under the care of the Psychiatry of Older Adult team.

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	✗	High	✗	High	✗	Critical
Regulation 18: Transfer of Residents	✓		✗	Moderate	✗	High
Regulation 19: General Health	✗	Critical	✗	High	✗	Moderate
Regulation 21: Privacy	✗	Moderate	✗	High	✗	High
Regulation 22: Premises	✗	Moderate	✗	High	✗	High
Regulation 25: Use of Closed Circuit Television	✗	High	✓		✗	High
Regulation 26: Staffing	✗	Critical	✗	High	✗	High
Regulation 27: Maintenance of Records	✗	Moderate	✓		✗	High
Regulation 28: Register of Residents	✗	Low	✗	High	✗	Moderate
Rules Governing the Use of Mechanical Means of Bodily Restraint	✓		✓		✗	Moderate
Code of Practice on Admission, Transfer and Discharge to and from an Approved Centre	✗	Low	✗	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 7: Clothing

#### 2. Le Brun House and Whitethorn House, Vergemount Mental Health Facility, Clonskeagh [https://www.mhcirl.ie/File/2019IRs/Vergemount\\_IR2019.pdf](https://www.mhcirl.ie/File/2019IRs/Vergemount_IR2019.pdf)

The approved centre is part of HSE Community Healthcare East (formerly CHO 6). It is located within the grounds of Clonskeagh Hospital and consists of Whitethorn unit, which provides the continuing care of adults with enduring mental health needs under the General Adult team, and Le Brun unit, which comes under the Psychiatry of Later Life services. The hospital campus incorporates a variety of healthcare facilities.

There was one condition attached to the registration of this approved centre at the time of inspection.

Condition 1: To ensure adherence to Regulation 22: Premises, the approved centre shall implement a programme of maintenance to ensure the premises are safe and meet the needs of the resident group. The approved centre shall provide a progress update on the programme of maintenance 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 16: Therapeutic Services and Programmes	X	High	X	High	X	High
Regulation 18: Transfer of Residents	✓		✓		X	Moderate
Regulation 19: General Health	X	Moderate	X	Moderate	X	High
Regulation 22: Premises	X	High	X	High	X	Moderate
Regulation 26: Staffing	X	High	X	Moderate	X	High
Code of Practice on Admission, Transfer and Discharge to and from an Approved Centre	X	Moderate	✓		X	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.

Areas of compliance rated “excellent” on this inspection:

## Regulation

### Regulation 4: Identification of Residents

### Regulation 5: Food and Nutrition

Regulation 6: Food Safety
Regulation 7: Clothing
Regulation 9: Recreational Activities
Regulation 10: Religion
Regulation 12: Communication
Regulation 29: Operating Policies and Procedures

### 3. Adult Acute Mental Health Unit, University Hospital Galway

[https://www.mhcirl.ie/File/2019IRs/AMHUGalwayFocInspec\\_2019.pdf](https://www.mhcirl.ie/File/2019IRs/AMHUGalwayFocInspec_2019.pdf)

The Adult Acute Mental Health Unit, University Hospital Galway is a newly built two-storey facility, located on the grounds of the University Hospital Galway site. The centre was registered for 50 beds on 30 June 2018. Twelve consultant-led teams, including two psychiatry of later life teams, mental health Intellectual disability team, and rehabilitation and recovery team, refer residents to the approved centre.

The Mental Health Commission conducted a focused inspection on foot of receiving, in relation to its work, a complaint, in July 2019, from a Chairperson of a Mental Health Tribunal. The concerns related to the provision of appropriate private facilities and adequate resources to support the Mental Health Tribunal process.

During this inspection the approved centre was found to be non-compliant with this regulation.

## Regulation 30: Mental Health Tribunals

**NON-COMPLIANT**  
Risk Rating **CRITICAL**

(1) The registered proprietor shall ensure that an approved centre will co-operate fully with Mental Health Tribunals.

(2) In circumstances where a patient's condition is such that he or she requires assistance from staff of the approved centre to attend, or during, a sitting of a mental health tribunal of which he or she is the subject, the registered proprietor shall ensure that appropriate assistance is provided by the staff of the approved centre.

### INSPECTION FINDINGS

An inspection of the Mental Health Tribunal (MHT) room under Regulation 30 took place on 18 July 2019.

The location of MHTs had been moved from what was the original room at the time of registration of the approved centre to another room along the same corridor.

This room was partitioned to provide a MHT room and a training/multi-purpose room. The resulting MHT room was small, approximately 5 metres long and approximately 3.5 metres wide. A narrow table with six chairs was in the centre of the room. The width of the table did not allow adequate personal space for people sitting opposite each other. There was insufficient space in the room for MHT members, the patient, his/her advocate, any attending nurses and the consultant psychiatrist.

There were no windows in the wall; there was a Velux style window in the ceiling, which could be opened remotely. The room was stuffy and hot at the time of the inspection.

The room infringed the right of the patient to be treated with respect and dignity during the MHT process.

The original MHT room was inspected. This room was bright and spacious, with natural light coming through a number of windows along one wall. It was well ventilated. Staff stated that this room was now used for a number of purposes such as training and meetings and that all MHTs were now held in the smaller room.

**The approved centre was non-compliant with this regulation because the registered proprietor did not cooperate fully with Mental Health Tribunals in ensuring that the Mental Health Tribunal room was adequately sized, ventilated and soundproofed and that the facilities respected the dignity of the patient during the Mental Health Tribunal, 30 (1).**

## **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.