

Mental Health Commission finds two critical and nine high risk ratings in two mental health centres

Wednesday 22 January 2020: The Mental Health Commission (MHC) has today published two inspection reports from approved centres in Dublin and Laois which identified two critical and nine areas of high risk non-compliance.

Commenting on the reports, Dr Susan Finnerty, Inspector of Mental Health Services, said: “Having a critical risk rating is a very serious finding by the Inspectors. Both approved centres received critical risk ratings; one for use of electro-convulsive therapy (ECT) and the other for individual care planning. There are very strict rules governing the use of ECT. While ECT can be effective evidence based treatment for some severe and persistent mental illnesses, a programme of ECT shall not be administered to a patient unless the patient gives his or her consent in writing if deemed to be capable of consenting.

Department of Psychiatry, Midland Regional Hospital, Portlaoise, Co Laois is purpose-built located on the ground floor of the Midland Regional Hospital. At the time of the inspection the approved centre operated at a maximum capacity of 46 residents; 24 beds in the male ward and 22 in the female ward. Each ward contains a six-bed high observation area.

In 2017, compliance was 77%, in 2018 it was 68% and in 2019 it was 70%. Seven non-compliances with regulations had remained non-compliant for at least three years. There were six compliances with regulations that were rated as excellent.

There were two conditions attached to the registration. The first condition related to privacy and premises, requiring the approved centre to implement a programme of maintenance to ensure the premises are safe and meet the needs, privacy, and dignity of the residents. The centre was in breach of this condition and non-compliant. The second condition related to the use of seclusion. The centre was not in breach of this condition. A regulatory compliance meeting took place in November 2019 in the approved centre, where the registered provider presented a plan to address non-compliances. The Commission continues to monitor this plan and it will be considered when making a final decision on their application for re- registration in March 2020

The approved centre was rated critical non-compliant in the use of electro-convulsive therapy and received two high risk non-compliance ratings for therapeutic services and programmes and premises.

During administration of ECT for one patient, consent was not obtained in writing for the eighth and ninth ECT treatment session, including anaesthesia. Appropriate information on ECT was not given by the consultant psychiatrist to enable the patient to make a decision on consent for each treatment session. A comprehensive assessment of capacity by the consultant psychiatrist was not completed. Information was provided on the likely adverse effects of ECT, however, other appropriate information such as the nature, description, purpose, benefits of ECT treatment and alternatives to ECT were not given by the consultant psychiatrist to enable the patient to make a decision on consent. Written consent to subsequent ECT treatments and anaesthesia was not obtained from the patient. Following the inspection, the Mental Health Commission issued an immediate action notice to the registered proprietor of the approved centre.

The approved centre was non-compliant with the regulation therapeutic services and programmes. Residents in the high dependency unit were not provided with therapeutic programmes. Such programmes are directed towards restoring and maintaining optimal levels of physical and

psychosocial functioning. While it was possible for residents to be referred for assessment, allied health professionals were not involved in the design or provision of therapeutic programmes within the approved centre, and there was no dedicated occupational therapy input.

Ligature points had not been minimised. The ligature audit had identified a number of significant ligature risks requiring removal, including in bathrooms, showers, and bedrooms, which had not been addressed at the time of inspection. The interior of the approved centre was not kept in a good state of repair. There was general wear and tear and staining evident in a number of toilets, shower and bath areas.

The bathroom and shower facilities for the male seclusion room were across the corridor. Having to cross over from the seclusion room to use the facilities was not respectful of the residents' privacy and dignity.

Staff training plans were completed to identify required training; however, records indicated that not all health professionals had up-to-date mandatory training due to difficulties in planning training sessions and releasing staff from duty to attend these sessions. Staff performance appraisals were not completed for the majority of disciplines.

Multi-disciplinary participation within the local system of governance was absent. Previously, a multi-disciplinary governance meeting occurred on a bimonthly basis; however, these meetings were discontinued in October 2018 due to poor attendance. At the time of the inspection, there were no plans to reinstitute a forum for the multi-disciplinary oversight of local clinical governance.

There were nine admissions of children under the age of 18 years. Age-appropriate facilities and a programme of activities were not provided.

Acute Psychiatric Unit, Tallaght Hospital is a 52-bed acute mental health unit located on the ground floor of Tallaght University Hospital consisting of three units: Cedar (female admissions), Rowan (male admissions) and Aspen (high observations). The accommodation facilities on each of the three units consisted of shared dormitories, with a limited number of single bedrooms. At the time of inspection there were 49 residents.

There has been an overall decrease in compliance with regulations from 63% compliance in 2017 to 56% compliance in 2019. For three consecutive years, the approved centre remained non-compliant with the use of seclusion, Part 4 of the Mental Health Act: Consent to Treatment, one code of practice, and six regulations. The non-compliance with individual care plan was rated critical risk on this inspection. Three compliances with regulations were rated excellent.

There were two conditions attached to the registration of this approved centre at the time of inspection. The first condition related to individual care planning. The approved centre was not in breach of this condition but was non-compliant, risk rated critical, at the time of inspection.

The second condition related to staffing, requiring the centre to implement a plan to ensure all healthcare professionals were up-to-date in mandatory training areas and provide a progress update to the Mental Health Commission. The centre was not in breach of this condition but was non-compliant.

The centre was rated critical non-compliant in individual care planning and received seven high risk non-compliance ratings for general health, use of CCTV, staffing, maintenance of records, policies and procedures, use of seclusion, and Part 4 of the Mental Health Act 2001 - consent to treatment.

Due to significant concerns regarding the individual care planning process, the centre was rated non-compliant critical risk. A number of care plans were not developed by the multi-disciplinary team, did not identify appropriate goals, did not specify the care and treatment required to meet the identified goals, and did not identify specific resources required to provide the care and treatment identified. Two individual care plans were not reviewed on a weekly basis. There was no evidence that ten of the residents were offered a copy of their own care plans including any reviews.

The senior management team of the approved centre were required to attend a regulatory compliance meeting in August 2019 with the Commission to present their plan of action to address continuous non-compliance with individual care planning. A further regulatory compliance meeting took place in October 2019. The Commission continues to monitor this plan and it will be considered when making a final decision on their application for re- registration in March 2020

One clinical file inspected indicated that the resident had not received a physical examination within the six month time frame. Not all six-monthly general health assessments documented all of the following: a physical examination, BMI, weight, waist circumference, blood pressure, smoking status, nutritional status, a medication review or dental health.

The discharge process for one resident did not adhere to policy; assessment did not include a comprehensive risk assessment and risk management plan, there was no evidence that a preliminary discharge summary had been sent to the general practitioner/primary care/community mental health team within three days, or that a comprehensive discharge summary was issued within 14 days.

Not all internal areas of the centre were in a good state of repair at the time of the inspection, notably the bathrooms in Aspen, which had not yet been refurbished. The recently refurbished bathrooms in Cedar Ward did not contain hand dryers or tissue paper for residents to dry their hands. The ceiling tiles in the games room were loose in two areas, and a number of ceiling tiles were stained. The internal garden in Aspen Ward was in a poor state of repair and some of the old flooring in the approved centre was scuffed and in need of replacement.

CCTV cameras used to observe a resident transmitted images to a monitor which was not viewed solely by the health professional responsible for the resident. The monitor in Aspen Ward could be seen by any other person on the ward.

Records were secure but not maintained and used in accordance with national guidelines and legislative requirements. Records were not always up to date or in good order, and loose pages were observed in one file. Not all resident records reviewed were reflective of the residents' current status and care and treatment being provided. All records were not written legibly in black, indelible ink and were unreadable when photocopied. All record entries did not document the time of entry, and where errors were made, they were not properly corrected.

Seclusion facilities were not furnished, maintained, and cleaned to ensure respect for resident dignity and privacy. A number of dead flies and dust were observed in the seclusion room in Cedar Ward. In the case of one resident, the centre was in breach of Part 4 of the Mental Health Act 2001: consent to treatment.

In terms of governance the centre had a policy group, but some policies were out of date, not in place, or did not meet elements of the Mental Health Commissions judgement support framework. Also the centre had developed an auditing and analysis schedule; however, the schedule had not

been fully implemented and the mandatory training progress update provided to the Mental Health Commission indicated that the training levels of consultant psychiatrists and medical personnel were low.

The two approved centres introduced quality initiatives which were identified on inspection. In the Department of Psychiatry, Midland Regional Hospital, Portlaoise, a room for reflection was introduced in the male admission unit. In the Acute Psychiatric Unit, Tallaght Hospital they established a fresh air group, which aimed to improve residents' physical health with plans to implement a tobacco free campus in 2019.

The Chief Executive of the Mental Health Commission, John Farrelly said "There were nine admissions of children under the age of 18 years to the Department of Psychiatry, Midland Regional Hospital, Portlaoise, Admitting children to an adult acute unit is neither suitable or acceptable in our mental health services. Age-appropriate facilities and a programme of activities was not provided for these children. Access to CAMHS in-patient beds is a significant challenge. Waiting times for CAMHS remains unacceptably long. There had been a lack of investment in this area which has resulted in children and young people being admitted to adult psychiatric units. This practice has to cease and is not tolerable to the Mental Health Commission."

Ends

Inspection Reports

1. Department of Psychiatry, Midland Regional Hospital, Portlaoise

https://www.mhcirl.ie/File/2019IRs/DOP_Portlaoise_IR2019.pdf

Department of Psychiatry, Midland Regional Hospital, Portlaoise, Co Laois is purpose-built located on the ground floor of the Midland Regional Hospital. At the time of the inspection the approved centre operated at a maximum capacity of 46 residents; 24 beds in the male ward and 22 in the female ward. Each ward contains a six-bed high observation area.

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

Condition 1: To ensure adherence to Regulation 15: Individual Care Plan, the approved centre shall audit their individual care plans on a monthly basis. The approved centre shall provide a report on the results of the audits to the Mental Health Commission 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/Code	Compliance/Risk Rating 2017		Compliance/Risk Rating 2018		Compliance/Risk Rating 2019	
Regulation 6: Food Safety	✓		✓		✗	Moderate
Regulation 16: Therapeutic Services and Programmes	✓		✗	High	✗	High

Regulation 19: General Health	✓		✓		✗	Moderate
Regulation 21: Privacy	✗	Moderate	✗	Moderate	✗	Moderate
Regulation 22: Premises	✗	High	✗	High	✗	High
Regulation 26: Staffing	✗	Moderate	✗	Moderate	✗	Moderate
Rules Governing the Use of Electro-Convulsive Therapy	✓		✗	High	✗	Critical
Rules Governing the Use of Seclusion	✗	High	✗	High	✗	Moderate
Code of Practice on the Use of Physical Restraint in Approved Centres	✗	High	✗	Moderate	✗	Low
Code of Practice on the Admission of Children under the Mental Health Act 2001	✗	High	✗	Moderate	✗	Moderate
Code of Practice on Admission, Transfer and Discharge to and from an Approved Centre	✗	High	✗	Low	✗	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
Regulation 8: Residents’ Personal Property and Possessions
Regulation 10: Religion
Regulation 11: Visits
Regulation 12: Communication
Regulation 30: Mental Health Tribunals

2. Acute Psychiatric Unit, Tallaght Hospital

https://www.mhcirl.ie/File/2019IRs/PsychiatricUnit_Tallaght_IR2019.pdf

Acute Psychiatric Unit, Tallaght Hospital is a 52-bed acute mental health unit located on the ground floor of Tallaght University Hospital consisting of three units: Cedar (female admissions), Rowan (male admissions) and Aspen (high observations). The accommodation facilities on each of the three units consisted of shared dormitories, with a limited number of single bedrooms. At the time of inspection there were 49 residents.

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

Condition 2: To ensure adherence to the Rules Governing the Use of Seclusion, the approved centre shall provide the Mental Health Commission with a report on the rate and duration of episodes of seclusion within the approved centre 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	✓		✓		✗	Low
Regulation 8: Residents' Personal Property and Possessions	✓		✓		✗	Moderate
Regulation 15: Individual Care Plan	✗	High	✗	Moderate	✗	Critical
Regulation 19: General Health	✗	Moderate	✗	High	✗	High
Regulation 21: Privacy	✓		✓		✗	Moderate
Regulation 22: Premises	✗	High	✗	Critical	✗	Moderate
Regulation 23: Ordering, Prescribing, Storing and Administration of Medicines	✗	Moderate	✗	High	✗	Moderate
Regulation 25: Use of Closed Circuit Television	✓		✗	High	✗	High
Regulation 26: Staffing	✗	High	✗	High	✗	High
Regulation 27: Maintenance of Records	✗	Moderate	✗	High	✗	High
Regulation 28: Register of Residents	✗	Low	✓		✗	Moderate
Regulation 29: Operating Policies and Procedures	✓		✗	Moderate	✗	High
Rules Governing the Use of Electro-Convulsive Therapy	✓		✗	Low	✗	Low
Rules Governing the Use of Seclusion	✗	High	✗	High	✗	High
Part 4 of the Mental Health Act 2001 - Consent to Treatment	✗	High	✗	Moderate	✗	High
Code of Practice on Admission, Transfer and Discharge to and from an Approved Centre	✗	Moderate	✗	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 13: Searches
Regulation 18: Transfer of Residents

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.