



Mental Health Commission finds eight high risk ratings in two mental health centres

The dignity and safety of a child in seclusion is paramount, as seclusion of children is a very serious issue reports the Mental Health Commission

Thursday 26 September 2019: The Mental Health Commission (MHC) has today published two inspection reports from approved centres in Galway and Dublin which identified eight areas of high risk non-compliance in two centres.

Mr. John Farrelly, Chief Executive Mental Health Commission, said “Secluding children, at any stage is an extremely serious issue. If this occurs, rooms must be safe, clean and well ventilated to ensure the dignity and safety of the child”

Child & Adolescent Mental Health In-patient Unit, Merlin Park University Hospital, Galway is a Child and Adolescent Mental Health Service (CAMHS) in-patient unit providing care and treatment to young people from age 12 to 18. The residence is split into two units, the Willows, a 14-bed unit, and Woodsend, a 6-bed unit. At the time of the inspection there were 10 residents. There is a dedicated school on site. There is also a “parent flat”, which allows families to stay overnight. The centre had three high risk compliances in the areas of premises, staffing and the use of seclusion. In 2019, compliance was 85%. There were 14 compliances with regulations rated as excellent.

In relation to the high risk in the area of premises, the centre was not clean, hygienic, and free from offensive odours. The breakfast room in the Woodsend unit was observed to have a strong odour. The outside area of Woodsend was not clean; power hosing was completed during the inspection. The main kitchen area did not have the required wall tiles to maintain cleanliness. Despite efforts of staff to clean the lino on the kitchen floor, this remained stained and appeared to be dirty. There was poor maintenance of the garden areas including the widespread presence of weeds. This meant that the approved centre was not maintained with due regard to the specific needs of the residents.

Food safety was not maintained. The main kitchen did not have enough dry storage facilities, and dry food was stored on open countertops. Catering areas and associated catering and food safety equipment were not appropriately cleaned. There was no backsplash in the main kitchen. Walls were splashed with food markings and chipped paint was observed on the counter tops surrounding walls in the main kitchen where food was prepared and stored. Floors were stained and dirt was ingrained within the lino.

The location of the seclusion room meant that residents were required to go outside the building to access it, compromising their privacy and dignity. Residents in seclusion did not have access to adequate toilet and washing facilities. The seclusion room had been designed with a

hard floor fitting, which posed a risk to resident safety. There was graffiti on the walls. Seclusion facilities were not furnished, maintained, and cleaned to ensure respect for resident dignity and privacy, the temperature of the seclusion room was uncomfortably warm. Staff informed the inspection team that it was not possible to adjust the heating, as maintenance had to be contacted to do this. Once the maintenance team was contacted and the temperature changed, it could take one to two days for the temperature to adjust.

The registration for CAMHS Merlin Park is due to expire on 8 December 2019. Under the Mental Health Act 2001, it can only be reregistered if the Commission is satisfied that the approved centre is in compliance with the Mental Health Act 2001 (Approved Centre) Regulations 2006 and that all parts of the premises are fit for purpose

Central Mental Hospital, Dundrum is part of the National Forensic Mental Health Service, and is situated in Dundrum, Dublin. It comprises of a number of buildings, mainly Victorian, dating back to 1852. None of the buildings are fit for purpose. Building of a new hospital, in Portrane, is underway and plans are in place for transition in early 2020.

Patients are admitted under the Mental Health Act 2001 and the Criminal Law (Insanity) Act 2006. The approved centre comprises of nine separate units. There is only one unit for the care and treatment of up to ten female patients. The level of security in the female unit included high, medium, and low needs, which was not in keeping with best practice or the model of care afforded to the male population.

The centre has made little improvement in compliance with regulations over the last three years: 70% compliance in 2017, 79% compliance in 2018, and 69% compliance in 2019. Only one compliance was rated as excellent. The centre is registered for 103 beds. At the time of the inspection there were 102 patients present with 91 being there for more than six months.

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

The centre had five high risk non compliances in the areas of clothing, searches, privacy, premises and staffing.

The approved centre was not kept in a good state of repair externally and internally. Paint was peeling, plaster was chipped, floors were worn, there was discoloured ceiling tiles, there were rusting pipes and a broken curtain rail. Maintenance was undertaken on an as-needed basis. A malodour was detected in toilets on Unit 3 due to a blocked toilet. This was a recurring issue.

The bathroom floor in Laurel Lodge was unhygienic due to the presence of deeply engrained dirt on the flooring.

Bedrooms in Units 1, 2, 3, 5 and 7 were too small. Due to the inadequate storage space in the bedrooms, patients in Unit 7 were required to store their belongings in wardrobes located in corridors.

Hazards, including large open spaces, steps and stairs, slippery floors, hard and sharp edges, and hard and rough surfaces were not minimised. A rotting wooden picnic table was observed in the garden area. Where wood had deteriorated, two nails were exposed protruding from the timber. Water was leaking from a washing machine and sink on Unit 3 leading to a slip hazard.

The seclusion rooms were designed with furniture and fittings which posed a potential risk to patient safety. There was no soft padding in the seclusion rooms.

The approved centre was non-compliant in relation to searches. A log of searches was not maintained either on the unit or at hospital level. Patients' consent was not documented prior to all searches. There was no documentary evidence that patients were informed by those implementing the search of what was happening during a search and why.

At the time of the inspection, the female unit was overcapacity with 11 patients. One was sleeping in an interview room.

The recreation activities were not appropriately resourced due to a shortage of staff in the recreation activities department. This staffing shortage negatively impacted patients, and feedback from the patients' confirmed that activities were cancelled on a regular basis.

Commenting on the report, Dr Susan Finnerty, Inspector of Mental Health Services, said: "Securing funding to address old and outdated facilities is a pressing issue for some centres and prevents the approved centres from receiving compliance with regulations. The new buildings for the National Forensic Service is anticipated to bring about much improved living conditions for patients".

The two approved centres had a number of best practice initiatives highlighted in the inspection reports. The **CAMHS Mental Health In-patient Unit, Merlin Park University Hospital, Galway** had introduced a clinical dietetic specialist to meet the increasing needs of residents with eating disorders. **The Central Mental Hospital, Dundrum** operated a range of recovery programmes; Introduction to Recovery, Get Up, Stand Up, Exploring Schizophrenia, Exploring Anxiety and Be Well Stay Well. Six patients had co-facilitated a workshop.

Mr. Farrelly, added: "We are still encountering premises, for mental health patients that are not providing basic hygiene and require a deep clean. We are still inspecting premises that are not maintained to a required standard. Every approved mental health facility should have a comprehensive and systematic approach to both these fundamental regulations which are of primary importance to the dignity of residents"

Inspection Reports

1. **CAMHS Mental Health In-patient Unit, Merlin Park University Hospital, Galway** https://www.mhcirl.ie/File/2019IRs/CAMHSMerlinPark_IR2019.pdf

The approved centre is a Child and Adolescent Mental Health Service (CAMHS) in-patient unit located on the grounds of Merlin Park Regional Hospital, Galway. The approved centre provides care and treatment to young people from age 12 to 18, inclusive, with mental illness.

The residence is split into two units, the Willows, which is a 14-bed unit, and Woodsend, which is a 6-bed unit comprising one double bedroom and four single bedrooms. The approved centre has a dedicated school on site. There is also a "parent flat", which allowed a family to stay overnight when they travel to see one of the young people.

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 6: Food Safety	✓	✓	✗ Low
Regulation 22: Premises	✗ High	✗ Moderate	✗ High
Regulation 26: Staffing	✗ Moderate	✗ Moderate	✗ High
Regulation 27: Maintenance of Records	✗ Low	✓	✗ Moderate
Rules Governing the Use of Seclusion	✗ Low	✗ High	✗ High

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 7: Clothing
Regulation 8: Residents’ Personal Property and Possessions
Regulation 9: Recreational Activities
Regulation 10: Religion
Regulation 11: Visits
Regulation 16: Therapeutic Services and Programmes
Regulation 17: Children’s Education
Regulation 20: Provision of Information to Residents
Regulation 21: Privacy
Regulation 23: Ordering, Prescribing, Storing, and Administration of Medicines
Regulation 25: Use of CCTV
Regulation 29: Operating Policies and Procedures

2. The Central Mental Hospital, Dundrum

https://www.mhcirl.ie/File/2019IRs/CentralMentalHospitalIR_2019.pdf

Central Mental Hospital, Dundrum is part of the National Forensic Mental Health Service, and is situated in Dundrum, Dublin. It comprises of a number of buildings, mainly Victorian, dating back to 1852. None of the buildings are fit for purpose. Building of a new hospital, in Portrane, is underway and plans are in place for transition in early 2020.

Patients are admitted under the Mental Health Act 2001 and the Criminal Law (Insanity) Act 2006. The approved centre comprises of nine separate units. There is only one unit for the care and treatment of up to ten female patients. The level of security in the female unit included high, medium, and low needs, which was not in keeping with best practice or the model of care afforded to the male population.

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

Condition 1: The approved centre shall submit a plan to the Mental Health Commission for the closure of the approved centre, including the transfer or discharge of all current residents. The approved centre shall provide updates on the closure plan in a form and frequency prescribed by the Commission. The updates shall include the ongoing programme of maintenance for the approved centre, up until all residents have been transferred or discharged.

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	✓		✓		✗	High
Regulation 13: Searches	✓		✓		✗	High
Regulation 21: Privacy	✓		✗	High	✗	High
Regulation 22: Premises	✗	High	✗	High	✗	High
Regulation 25: CCTV	✓		✓		✗	Moderate
Regulation 26: Staffing	✗	Moderate	✗	Moderate	✗	High
Regulation 27: Maintenance of Records	✗	Moderate	✓		✗	Moderate
Regulation 29: Operating Policies and Procedures	✓		✓		✗	Moderate
Rules Governing the Use of Seclusion	✗	Low	✗	Moderate	✗	Moderate
Code of Practice on the Use of Physical restraint	✗	Moderate	✗	Low	✗	Moderate
Code of Practice on Admission, Transfer and Discharge	✗	Low	✗	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 6: Food Safety

ENDS

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.