

Mental Health Commission finds three children admitted to adult mental health service

Reports also show 12 high-risk ratings across three mental health centres

Friday 28 February 2020: An inspection report on an in-patient mental health centre published today by the Mental Health Commission found that three children had been admitted to the unit since the previous inspection.

The Commission released a total of three reports which identified 12 high-risk non-compliance ratings across three units in Limerick, Mullingar and Portlaoise.

In the time between the November 2018 inspection of the acute psychiatric unit at University Hospital Limerick and the June 2019 inspection, three children had been admitted there, despite it being an adult approved centre.

The report also noted that age-appropriate facilities and a programme of activities appropriate to children were not provided. While provisions were in place to ensure the safety of the child, and to respond to a child's special needs as a young person in an adult setting, the children did not have access to child advocacy services.

"The placing of children in adult units remains a totally unacceptable, but common feature of mental health care practice in Ireland," said the Chief Executive of the Mental Health Commission, John Farrelly. "The psychiatric unit at Limerick is an adult acute admission unit and, as such, is not structured or resourced to provide separate or specifically age-appropriate facilities.

Another area of concern highlighted in the reports was the consistent non-compliance with the regulation on staffing. All three approved centres had a high-risk non-compliance with staffing in relation to training. Not all staff were up to date or had been trained in mandatory training in fire safety, basic life support, prevention and management of aggression and violence, and the Mental Health Act 2001.

The Inspector of Mental Health Services, Dr. Susan Finnerty said: "The Mental Health Commission has outlined basic training requirements for staff in order to provide a safe professional service for residents of acute mental health services. Failure to provide or avail of training in fire safety, basic life support, prevention and management of aggression and violence, and the Mental Health Act 2001 puts service users and staff at risk."

The 42-bed **Acute Psychiatric Unit 5B in University Hospital Limerick** comprises of 4, 5 and 6 bedded dormitory style accommodation and two rooms each containing two beds and three single rooms. At the time of inspection there were 37 residents present. The High Observation unit which contains a seclusion room and eight single bedrooms was out of commission at the time of the inspection. This area has never been operational and there are no plans to open it in the immediate future. This affects the availability of space and accommodation for residents in the main approved centre.

The 5 bedded psychiatry of later life unit was currently being occupied by two residents both of whom had an intellectual disability and were awaiting long term residential placements. As a result the unit was not available to provide separate accommodation for older aged residents.

Compliance with regulations has remained the same for the past two years at 71%.

There were three conditions attached to the unit for individual care planning, privacy and risk management. The centre was not in breach of the conditions but was non-compliant with all three regulations.

There were six areas of concern identified by inspectors as was high risk non-compliances general health; privacy; premises; staffing; risk management and admission, transfer and discharge to and from an approved centre.

In relation to staff training not all staff were trained in basic life support, management of violence and aggression and fire safety. Annual staff training plans were not completed for all staff and the implementation and effectiveness of the staff training plan was not reviewed on an annual basis. Analysis had not been completed to identify opportunities to improve staffing processes and respond to the changing needs and circumstances of residents.

The centre received a high risk non-compliance in general health. Three general health checks had not been completed within the required 6 month timeframe. Two checks did not include a record of family history, three did not document resident weight, body mass index or waist circumference. None of the files inspected contained a record of the residents' smoking status. One of the files omitted nutritional status. One file was missing the resident's dental check. One of the residents files examined was on antipsychotic medication and it did not include blood glucose, blood lipids, an ECG or a test of prolactin levels.

Regarding the high risk non-compliance in premises the main sitting room was bare and stark in appearance. It was also a thoroughfare to the outdoor area where residents could smoke. The sitting room smelt of smoke as the adjoining door to the smoking area was often left open. The main sitting room of the approved centre was cold. The premises was unclean in some areas – particularly the fridge and the sink in the pantry. One outdoor area contained litter such as cigarette butts and one toilet was observed to be malodorous. The plant beds in all of the gardens were overgrown with weeds. There was graffiti on the wall of the outdoor area next to the psychiatry of later life area.

In terms of risk management in Acute Psychiatric Unit 5B in Limerick University Hospital the residents smoking, particularly at night time constituted a risk. The centres own ligature audit indicated that ligature risks remained. The policy of locking bedroom doors during the day went some way to mitigating these risks, however the risks remained at other times.

The 'locked bedroom door policy' within the approved centre meant that residents were opting to rest and sleep on couches in the public areas of the approved centre. Residents were lying on furniture and attempting to rest in communal spaces during the day. This practice was not conducive to maintaining resident privacy and dignity in the approved centre.

St. Edna's Unit, St Loman's Hospital in Mullingar comprises two units, the Admission Unit and St. Edna's Unit, providing accommodation for up to 44 residents. St. Edna's Unit provides continuing care for male residents only, most of whom had been in the approved centre for a number of years. During the inspection, there were 20 residents in total in the approved centre.

There was on going improvement in compliance of 17% with the regulatory requirements in the approved centre to an overall compliance of 89% in 2019.

The approved centre had a condition attached to its registration on staff training. The centre was not in breach of this condition but was non-compliant with the regulation staffing, with a risk rating of high at the time of inspection. Annual staff training plans were not completed for all staff to identify required training and skills development in line with the assessed needs of the resident group profile. Staff were not trained in recovery-centred approaches to mental health care and treatment, dementia care, end of life care or resident rights.

In terms of risk management St. Loman's health and safety risks, including fire risks, were not identified, assessed, reported, treated, monitored, and recorded in the risk register, ligature anchor points had not been minimised to the lowest practicable level. There was no documented action plan to reduce, remove, or effectively mitigate these risks. Ligature point risks were not documented in the risk register.

In relation to the premises there was no documented programme of proactive maintenance, including cleaning, decontamination, and repair of assistive equipment. There was evidence of exposed unshielded wiring, a number of broken doors and cracked ceiling glass. The corridors in St. Edna's ward were noticeably cold. Some furnishings were worn and in a poor state of repair.

The **Maryborough Centre, St Fintan's Hospital**, Portlaoise is a nineteenth century psychiatric hospital and is registered for 28 beds. At the time of inspection there were 24 residents, 22 of which had been resident for more than six months.

Overall over a three year period compliance with the regulatory requirements has improved from 64% in 2017 to 83% in 2019.

The report went on to state that although twelve compliances with regulations were rated as excellent, the centre had been non-compliant with five regulations and codes of practice with four out of those five being rated high-risk in the area of individual care planning, staffing, risk management and admission transfer and discharge.

In relation to a high risk rating for staff training the number and skill of staff was not appropriate to the assessed needs of the residents. Not all healthcare professionals had up-to-date, mandatory training, In addition there was no written staffing plan for the approved centre.

The approved centre was non-compliant with the regulation on risk management because not all clinical and health and safety risks identified, had been documented on the risk register.

In terms of individual care planning the approved centre was rated high risk non-compliant as one care plan did not contain appropriate goals for the resident. Another did not contain appropriate care and treatment for the resident, five ICPs did not adequately identify the resource required to provide the care and treatment, three care plans were not developed by the multi-disciplinary team and two ICPs were not developed within 7 days of admission.

In relation to the admission transfer and discharge of patients the centre was non-compliant with this code of practice as an admission assessment had not been fully completed. It did not include details regarding past psychiatric history, family history, current and historic information, medical history or any other relevant information. It was not known from the documentation if the resident's family member, carer or advocate had been involved in the admission process with resident's consent. The discharge plan did not include reference to early warning signs of relapse and risks and details relating to a timely follow up appointment were not documented.

Quality initiatives identified on the inspection including the establishment of a home-like environment by introducing safe fire stoves to the communal area, an intergenerational music group, the introduction of a tobacco free campus, an information leaflet on polydipsia for families and the introduction of the SafeWards initiative leading to a positive impact on the delivery of care to residents.

Ends

Notes to the Editor:

Acute Psychiatric Unit 5B

https://www.mhcirl.ie/File/2019IRs/Unit5b_UHL_IR2019.pdf

- Overview of centre:
 - Location: University Hospital Limerick
 - Beds: 42 beds
 - Care: acute care, rehabilitation, psychiatry of later life and mental health care for people with intellectual disability

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

- Compliance:
 - 71% overall (same level of compliance of 71% in 2018)
 - 25 compliant; 10 non-complaint; 4 non-applicable
 - 2019 risk ratings (for the 10 non-compliances)
 - 1 low
 - 3 moderate
 - 6 high (general health; privacy; premises; staffing; risk management and admission, transfer and discharge to and from an approved centre)

- 2019 areas rated as excellent:
 - 5 (identification of residents; clothing; resident's personal property and possessions; religion; mental health tribunals)

St Lomans, Admission Unit and St. Edna's Unit

https://www.mhcirl.ie/File/2019IRs/StEdnas_IR2019.pdf

- Overview of centre:
 - Location: Mullingar Town
 - Beds: 44 beds
 - Care: continuing care and psychiatry of later life

- Conditions:
 - There was one conditions attached to the registration of this approved centre at the time of inspection. This was in relation to staff training and the approved centre was not in breach of this condition. The approved centre was non-compliant with Regulation 26: Staffing, with a risk rating of high at the time of inspection.

- Compliance:
 - 89% overall (up from 72% in 2018)
 - 32 compliant; 4 non-complaint; 3 non-applicable
 - 2019 risk ratings (for the 4 non-compliances)
 - 2 moderate
 - 2 high (staffing and risk management)

- 2019 areas rated as excellent:
 - 4 (identification of residents; food and nutrition; religion; ordering, prescribing, storing and administration of medicines.

Maryborough Centre St Finian's Hospital

https://www.mhcirl.ie/File/2019IRs/MaryboroughCentre_IR2019.pdf

- Overview of centre:
 - Location: Portlaoise, Co Laois
 - Beds: 28 beds
 - No of residents on inspection: 24
 - Care: continuing care, psychiatry of later life and mental rehabilitation services

- Compliance:
 - 83% overall (down from 91% in 2018)
 - 24 compliant; 7 non-complaint; 8 non-applicable
 - 2019 risk ratings (for the 5 non-compliances)
 - 1 moderate
 - 4 high (staffing, risk management, individual care planning and admission, transfer and discharge to and from an approved centre)

- 2019 areas rated as excellent:

- 12 (identification of residents; food safety; clothing; personal property and possessions; recreational activities; religion; visits; communication; care of the dying; transfer of residents; provision of information to residents; ordering, prescribing and administration of medicines; 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.