



## **Mental Health Commission finds 10 high risk ratings in two out of three mental health centres**

### **Mental Health unit in Galway with exceptional compliance**

**Thursday 29 August 2019:** The Mental Health Commission (MHC) has today published three inspection reports from approved centres in Kildare, Louth and Galway which identified 10 areas of high risk non-compliance in two out of the three centres.

All three approved centres had a number of best practice initiatives highlighted in the inspection reports. Creagh Suite had developed residents' life storybooks as part of their person-centred approach to care and had recently won a HSE staff recognition award for this project. Lakeview Unit in Naas had introduced a de-escalation area, created to minimise episodes of aggression and the need for seclusion. St Ita's in St Brigid's Hospital had introduced a social farming and horticultural initiative and operated the 'Music in Mind' initiative, an eight-week programme providing tailored percussion and choral workshops to residents.

Commenting on the reports, Dr Susan Finnerty, Inspector of Mental Health Services, said: "It is heartening to see Creagh Suite, St Brigid's Healthcare Campus reaching such a high level of compliance. This provides an example to other approved centres and holds out the hope for patients and families that high levels of compliance are possible and can be achieved"

**Lakerview Unit, Naas General Hospital** was opened in 1988. The unit is registered for 29 beds, consisting of two 6-bed dormitories, three 4-bed dormitories and five single rooms. It is located over two floors. The unit was full at the time of the inspection. The unit caters for all acute mental health admissions from the region from 18 years of age upwards and serves a population currently exceeding 241,538, the communities of Kildare and West Wicklow. This places an increased burden on the service. The bed capacity of the approved centre does not reflect the needs of the community population. To cope with this the centre had a service level agreement with the Department of Psychiatry, Portlaoise 30 km away. This arrangement provided for the admission of up to ten residents who required higher levels of observation. On inspection, there were five residents in Department Of Psychiatry Portlaoise.

There was one condition attached to the centre at the time of the inspection related to the regulation on individual care plans, and the centre was not in breach of this condition.

The centre had seven high risk non compliances at the time of inspection for privacy; premises; staffing; register of residents; use of seclusion; mental health tribunals and admission of children. There were 15 areas of excellence at the time of the inspection.

The approved centre was not suitable for the care and treatment of people with a mental illness. There were insufficient internal and external spaces for residents to move about. There was only one sitting room downstairs as the upstairs area closed from 8pm, and it could not accommodate all residents at full capacity, as there was only 11 chairs available. Overcrowding within the premises necessitated the use of the seclusion room as a bedroom on six occasions since the last inspection.

There was a small garden that was also a smoking area. A garden upstairs was only open when there were two staff available to supervise, and was limited this garden was in an untidy condition on inspection.

Considerable work had been completed on the upgrade of the toilets, sinks and furniture within the bedrooms and new furniture had been purchased for the sitting room. The approved centre did not have a dedicated Mental Health Tribunals room, although structural building works have been planned to develop one.

The approved centre was not clean and hygienic. Dust was evident on the top on the wardrobes and in ceiling panels which also had numerous cobwebs, along the main corridor downstairs. External windows were observed to be dirty. The enclosed gardens upstairs and downstairs were littered with numerous cigarette butts, and the garden furniture and bin in the garden downstairs, were observed to be dirty and dusty. The deficiencies identified on inspection were remedied through additional cleaning resources and maintenance support during the inspection. Maintenance evidenced that they were in the process of obtaining various costings, e.g., weeding gardens, power hosing of garden, fixing garden furniture, deep cleaning of light fittings, new linoleum in the dining room and unit painting.

**St Ita's Ward, St Brigid's Hospital Ardee Co Louth** is the last in-patient unit still functioning within the hospital campus. While the approved centre is registered for 20 beds, the number of beds in operation had decreased to eight at the time of this inspection. There had been no admissions since the last inspection and an active process of moving residents to community settings was in place.

In 2017, compliance with regulations was 58%. There was a significant improvement in 2018 to 90% compliance. In 2019, compliance was 76%. Five compliances with regulations were rated excellent. There was one condition attached to the registration, related to the regulation on individual care plans of this approved centre at the time of inspection related to premises. The centre was not in breach of this condition.

The centre has three high risk non-compliances in the areas of general health; staffing and ordering, prescribing, storing and administration of medicines.

The six-monthly general health assessment records reviewed did not routinely include all of the requirements; family/personal history, body mass Index, weight, waist circumference, blood pressure, smoking status, nutritional status, medication review or dental health were not included consistently in the five clinical files inspected. There was no documented evidence that all residents on antipsychotic medication had received an annual assessment of their glucose regulation, blood lipids, an electrocardiogram, or prolactin levels. Full records were not available demonstrating residents' completed general health checks.

The approved centre operated a closed-door policy with the result that residents had to request to enter and leave the ward.

Menus for those on special diets were limited and residents were receiving the same meal options for long periods. Staff reported to the inspection team that they were consistently serving the same food options to residents.

**Creagh Suite, St Brigid's Healthcare Campus** is located on the grounds of St. Brigid's Hospital, Ballinasloe in a 1930s limestone building. The approved centre is registered for 14 beds and at the time of inspection, there were nine residents in the unit. The centre is a long-stay, continuing-care facility for residents living with dementia and experiencing psychological and behavioural symptoms of that illness. There was excellent overall compliance with regulations at 97%, an improvement from 73% in 2018. 14 compliances with regulations that were rated excellent. There were no conditions attached to the registration of this approved centre at the time of inspection.

Therapeutic services and programmes provided by the centre were evidence-based, reflective of good practice guidelines and met the assessed needs of the residents, as documented in the residents' individual care plans. Activities provided included hand massage, dance therapy, art therapy, life story work, one to one social work, psychology, occupational therapy, medical, and nursing. Chiropractic, podiatry, speech and language therapy, and dietetics were provided also. A record was maintained of participation, engagement, and outcomes achieved in therapeutic services or programmes, within residents' clinical files.

Resident bedrooms were personalised, and they were clean and bright. The approved centre was clean and well maintained. Residents in the approved centre had access to a secure, dementia friendly garden.

Mr. John Farrelly, Chief Executive Mental Health Commission, said: "The contrast between a centre with 97% compliance in Galway and less than satisfactory findings in Louth and Kildare is stark. The Commission's evidence is that the mental health service is inconsistent across the country despite being run by same provider. This indicates a deficit in the governance and management of our mental health services."

**ENDS**

## **Inspection Reports**

### **1. Lakeview Unit, Naas General Hospital**

[https://www.mhcirl.ie/File/2019IRs/Lakeview\\_IR2019.pdf](https://www.mhcirl.ie/File/2019IRs/Lakeview_IR2019.pdf)

Lakeview Unit is located within Naas General Hospital and catered for all acute mental health admissions from the region from 18 years of age upwards. The approved centre admits residents through nine consultant-led community mental health teams in addition to the Psychiatry of Later Life (POLL) team which is led by two consultants and the Rehabilitation team led by one consultant. The

approved centre is comprised of two floors. General access is through the main hospital entrance and the unit was well signposted within the hospital.

**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.

Non-compliant areas on this inspection:

Regulation/Rule/Act/Code	Compliance/Risk Rating 2017	Compliance/Risk Rating 2018	Compliance/Risk Rating 2019
Regulation 21: Privacy	✓	X Moderate	X High
Regulation 22: Premises	X Low	X High	X High
Regulation 23 : Ordering, Prescribing and Administration of Medicines	X High	X High	X Moderate
Regulation 26: Staffing	X Moderate	X High	X High
Regulation 27: Maintenance of Records	✓	X Moderate	X Moderate
Regulation 28: Register of Residents	X Moderate	X High	X High
Regulation 30: Mental Health Tribunals	X High	X High	X High
Rules Governing the Use of Electro-Convulsive Therapy (ECT)	✓	X Moderate	X Moderate
Rules Governing the Use of Seclusion	X Critical	X High	X High
Code of Practice on the Use of Physical Restraint in Approved Centres	X Low	X Low	X Moderate
Code of Practice Relating to the Admission of Children under the Mental Health Act 2001	X Moderate	X Moderate	X High
Code of Practice on the Use of Electro-Convulsive Therapy (ECT)	X High	X Moderate	X Moderate
Code of Practice on Admission, Transfer, and Discharge to and From an Approved Centre	X Moderate	X Moderate	X 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 5: Food and Nutrition
Regulation 6: Food Safety
Regulation 7: Clothing
Regulation 8: Residents’ Personal Property and Possessions
Regulation 9: Recreational Activities
Regulation 11: Visits
Regulation 12: Communication
Regulation 13: Searches
Regulation 16: Therapeutic Services and Programmes
Regulation 19: General Health
Regulation 20: Provision of Information to Residents
Regulation 25: Use of Closed Circuit Television
Regulation 29: Operation Policies and Procedures
Regulation 31: Complaints Procedures

**2. St. Ita’s Ward, St. Brigid’s Hospital, Ardee**  
[https://www.mhcirl.ie/File/2019IRs/StItas\\_IR2019.pdf](https://www.mhcirl.ie/File/2019IRs/StItas_IR2019.pdf)

St. Ita’s Ward is located within St. Brigid’s Hospital in Ardee. It is the last in-patient unit still functioning within the hospital campus. While the approved centre is registered for 20 beds, the number of beds in operation had decreased to eight at the time of this inspection. There had been no admissions since the last inspection and an active process of moving residents to community settings is in place.

**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, 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.

Non-compliant areas on this inspection:

Regulation/Rule/Act/Code	Compliance/Risk Rating 2017	Compliance/Risk Rating 2018	Compliance/Risk Rating 2019
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Regulation 5: Food and Nutrition	✓		✓		X	Low
Regulation 18: Transfer of Residents	X	Moderate	✓		X	Moderate
Regulation 19: General Health	✓		✓		X	High
Regulation 23: Ordering, Prescribing, Storing and Administration of Medicines	X	Moderate	X	High	X	High
Regulation 26: Staffing	X	Moderate	X	High	X	High
Regulation 29: Operating Policies and Procedures	✓		✓		X	Low
Code of Practice on Admission, Transfer and Discharge to and from an Approved Centre	X	Low	X	Low	X	Low

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Areas of compliance rated “excellent” on this inspection:

Regulation
Regulation 7: Clothing
Regulation 8: Residents’ Personal Property and Possessions
Regulation 9: Recreational Activities
Regulation 10: Religion
Regulation 11: Visits

**3. Creagh Suite, St Brigid’s Healthcare Campus, Ballinasloe**  
[https://www.mhcirl.ie/File/2019IRs/CreaghSuite\\_IR2019.pdf](https://www.mhcirl.ie/File/2019IRs/CreaghSuite_IR2019.pdf)

The approved centre is on the grounds of St. Brigid’s Hospital, Ballinasloe. The Creagh Suite is located on the ground floor within the eastern half of a 1930s limestone building, and was formerly known as St. Dymphna’s ward. It occupies the same building as the St Brigid’s Education Centre which facilitates courses run by the Centre of Nursing and Midwifery Education. The approved centre is registered for 14 beds. At the time of inspection, there were nine residents in the unit.

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
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Regulation 26: Staffing	X	Moderate	X	Moderate	X	Low
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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 8: Residents’ Personal Property and Possessions
Regulation 11: Visits
Regulation 12: Communication
Regulation 15: Individual Care Plan
Regulation 18: Transfer of Residents
Regulation 19: General Health
Regulation 20: Provision of Information to Residents
Regulation 21: Privacy
Regulation 23: Ordering, Prescribing, Storing and Administration of Medicines
Regulation 27: Maintenance of Records
Regulation 29: Operating Policies and Procedures

#### 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.