



## **Mental Health Commission finds one critical and 20 high risk ratings in three mental health centres**

### **Inspection also found five breaches of human rights across all facilities**

**Tuesday 20 August 2019:** The Mental Health Commission (MHC) has today published three inspection reports from approved centres in Dublin, Wicklow and Kerry which identified one critical and 20 areas of high risk non-compliance, and five breaches of human rights.

All three approved centres had a number of best practice initiatives highlighted in the inspection reports. Sliabh Mis in Tralee had appointed an individual care plan champion who promoted best practice and has now been refurbished to a high standard; the Ashlin Centre in Dublin introduced a tobacco-free campus; and Avonmore in Greystones invited two representatives from the Wicklow mental health forum to join the centres operational forum.

Commenting on the reports, Dr Susan Finnerty, Inspector of Mental Health Services, said: “It is very disappointing when there is a decrease in compliance in approved centres despite all the efforts of staff and guidance provided by the Mental Health Commission. The three approved centres had a significant level of non-compliance and human rights breaches. The Commission strives to uphold and protect the human rights of persons receiving inpatient mental health services and the inspection team plays a key role in ensuring high standards of care and treatment are met.”

**Sliabh Mis** is a 34-bed acute psychiatric unit located in Kerry University Hospital in Tralee. No areas of compliance were rated excellent on this inspection. There has been a decrease in compliance with regulations from 65% in 2018 to 58% in 2019. Non-compliance with privacy was rated as a critical risk. There were seven high risk non compliances related to premises; ordering, prescribing, storing and administration of medicines; staffing; risk management; consent to treatment; use of physical restraint; and admission of children.

There are two conditions attached to the registration of Sliabh Mis relating to individual care planning, and privacy and regulation and premises maintenance. The approved centre was not in breach of these conditions.

Twenty-two children were admitted to the approved centre since the last inspection. Although appropriate accommodation was designated and included segregation according to age and gender, sleeping arrangements, and bathroom areas, the approved centre is an adult facility; therefore, age-appropriate facilities and a programme of activities appropriate to age and ability were not provided.

There were two breaches of human rights evident at the time of inspection. Residents' privacy and dignity were not respected. Five beds were located in four-bedded rooms that resulted in beds being very close each other. Residents were not afforded privacy, as there was not enough privacy screens. Four of the four-bedded rooms had five beds leading to an overcapacity which was a clinical, corporate and health and safety risk. Due to the overcapacity, one patient was not seen by a doctor because the patient had no bed. The disrespect for residents' privacy and dignity was also evidenced by the fact that residents were eating their meals at the bedside, in the cramped conditions, one with no bedside table. Adequate arrangements had not been put in place to provide for indoor or outdoor activities. The gardens were closed off due to ongoing building works. Not all residents were supported to keep and use personal clothing. There was a lack of storage facilities, with residents clothing found stored in the locked store room on inspection. Residents that occupied the additional beds had clothes stored under the bed or on the floor, as they had no wardrobe or press.

The second breach of human rights related to consent to treatment. A patient was administered medication without his/her consent and without an assessment of capacity to consent to treatment. There was no documented evidence to indicate that the consultant psychiatrist had undertaken a capacity assessment, which would have measured the patient's ability to consent to receiving treatment. The consultant psychiatrist did not document that the resident had no capacity to consent to treatment; instead, it was documented that the patient lacked insight. This was rectified during the inspection.

Major works were ongoing and near completion at the time of inspection. A follow up regulatory compliance meeting undertaken by the Commission at the approved centre in April showed significant improvements, which now ensures resident privacy and provides adequate personal space.

Since the inspection an immediate action notice was issued and a regulatory compliance meeting was held, showing significant improvement. The approved centre provided a corrective and preventative action plan to address all remaining issues and the Commission continues to monitor this closely.

**The Ashlin Centre** is a purpose-built facility located in the grounds of Beaumont Hospital. It comprises of two units, accommodating 46 residents at full capacity. Compliance with regulations has decreased. In 2017, compliance was 69%, in 2018, it was 82% and, in 2019 on this inspection, compliance was 66%. The centre had six high risk ratings of non-compliance. Five compliances with regulations were rated as excellent. There was one condition attached to the registration of this approved centre at the time of inspection, in relation to individual care planning.

There was a breach of human rights in the lack of privacy and dignity afforded to residents because of the inadequacy of screening in bedrooms and the seclusion room and the uncleanliness and poor maintenance of the approved centre. The two observation panels on the double doors leading to the seclusion facilities were fitted with transparent glass. At the time of the inspection, these observation panels were loosely covered with A4 paper and it was still possible see into the seclusion facilities. The seclusion facilities were dirty and cluttered. Despite the fact that the seclusion room had not been used in four days, the inspectors found that the floors, walls and observation mirror were all dirty. Various items such as pillows and paper towelling were scattered across the floor.

Ten individual care plans were inspected. Despite having a condition with regard to individual care plan, compliance with the regulation and quality of ICPs was poor. Four care plans inspected were not developed by the residents' multi-disciplinary team. There was no evidence of resident involvement in three care plans inspected. Three ICPs inspected did not contain specific and appropriate goals and two did not adequately identify the care and treatment provided.

The approved centre was not maintained in a good state of repair, internally and externally. The premises was not adequately ventilated; a malodour was emanating from the visitors' female toilet, one resident's toilet, the therapy kitchen, and the seclusion room. In the gardens, some of the plant boxes were rotting and the underlay was visible and tangled in areas where woodchip surfacing had worn away. The gravel on one of the pathways had worn away rendering the path uneven. There was peeling paint, two damaged door frames, and a broken shelf with sharp plastic edges. The lino in the property room was ripped and the ceiling tiles in the quiet room were discoloured. The activity kitchen and bathroom facilities were dirty and in the high observation sitting room, the upholstery of many chairs was ripped.

The inspectors found an absence of strong governance and management structures locally within the Ashlin Centre with the seclusion facilities dirty, cluttered and malodorous. Two property rooms were disorganised and untidy and there was evidence of deviation from the approved centre's personal property and possessions policy. Despite having a condition on individual care plan, the ICP committee did not have a chairperson and had not met in months. Staff within the approved centre were not aware of an established clinical audit working group. There were limited internal processes to facilitate communication within the approved centre. There was no local quality and patient safety or business meeting within the approved centre.

Since the inspection the Mental Health Commission's preventative and corrective actions has ensured training for staff on completing care plans has been completed, the seclusion room has been deep cleaned and a new cleaning schedule set up for contract cleaners. The seclusion room observation panel glass is now covered with opaque frosting. A regular garden upkeep and maintenance schedule is in place and new furniture ordered.

In relation to children, while the approved centre agreed that no children will be admitted to the centre, as it is not an age appropriate facility, this is not achievable or realistic as CAMHS service do not have an out of hours service for emergencies.

**Avonmore & Glencree Units** are located at Newcastle Hospital in Greystones, Co Wicklow. Glencree Ward, the acute admission unit, has capacity for 26 residents. Avonmore Ward provides continuing care and a long stay facility, with capacity for 26 residents.

Compliance with regulations had decreased from 77% in 2018 to 69% in this inspection 2019. Seven of these non-compliances were rated as high risk, including a breach of Part 4 of the Mental Health Act 2001. Ten individual areas of compliance with regulations were rated excellent. There were no conditions attached to the registration of this approved centre at the time of inspection.

There were two breaches in human rights at the centre. In the case of one patient who had been detained in hospital for more than three months there was no evidence that the patient had provided consent for the continuing administration of medication or if there had been a capacity assessment done to show that he/she had capacity or not to consent to treatment. This is in

contravention of Section 60 of the Mental Health Act 2001, and Article 3 of the UN Convention on the Rights of People with Disabilities.

There was no documented evidence to indicate that mechanical restraint was only practiced when the residents posed an enduring risk of harm to themselves or to others or to address a clinical need and no evidence to indicate that mechanical restraint was only used when less restrictive alternatives were not suitable,

There was no occupational therapy input into therapeutic programmes. Social workers and psychologists did not deliver any group work but attended MDT meetings and met with residents as required on a one to one basis. Not all residents could attend the Kilmullen Enterprise Centre and so had no access to therapeutic programmes. The individual care plans of residents were of very poor quality and showed a lack of training.

Accommodation was mainly dormitory style with only one single room available. The approved centre did not provide suitable furnishings to support resident independence, dignity and comfort. In Avonmore unit, four armchairs in the resident's sitting room were in a poor state of repair. None of the bedrooms in either unit had bedside lockers for residents to store personal items, or for their own comfort.

The seclusion room had been used as a bedroom regularly since the last inspection. It had been used for seven consecutive days as a bedroom and frequently as an alternative to a low stimulus room. Seclusion rooms are not suitable for use as bedrooms. Such use is in contravention of the rules governing the use of seclusion and mechanical restraint. Following the inspection, the centre confirmed this practice has ceased.

The number and skill mix of staffing was insufficient to meet resident needs. At the time of the inspection, there was no designated occupational therapist working in the approved centre, regularly visiting the approved centre to meet with residents or attending multi-disciplinary team meetings.

Mr. John Farrelly, Chief Executive Mental Health Commission, said: "There is no excuse for not having good governance in place. There were failures in, and an absence of, strong governance and management structures in two of the approved centres. Poor governance leads to an increase in non-compliance and breaches in human rights as evidenced in these reports. The Commission will continue to highlight these issues and work closely with the approved centres to rectify this immediately. An example of this is the recent capital investment in Sliabh Mis, Tralee in mental health facilities providing a modern location for people who use the service."

**ENDS**

## **Inspection Reports**

- 1. Avonmore and Glencree Units, Newcastle Hospital**  
[https://www.mhcirl.ie/File/2019IRs/Newcastle\\_IR2019.pdf](https://www.mhcirl.ie/File/2019IRs/Newcastle_IR2019.pdf)

The approved centre is located on the outskirts of Newtownmountkennedy, Co. Wicklow. It is comprised of two wards in single storey style, with an activities centre located in the grounds.

Glencree Ward, the acute admission unit, has capacity for 26 residents. Five sector teams Psychiatry of Old Age and a Mental Health Intellectual Disability team have admitting rights to the approved centre. Avonmore Ward provides continuing care and a long stay facility, with capacity for 26 residents. It also provides assessment and treatment for residents aged over 65 years from the Psychiatry of Old Age team or any of the sector teams.

There were no conditions attached to the registration of this approved centre at the time of inspection.

Regulation/Rule/Act/Code	Compliance/Risk Rating 2017		Compliance/Risk Rating 2018		Compliance/Risk Rating 2019	
Regulation 6: Food Safety	✓		✗	Moderate	✗	High
Regulation 15: Individual Care Plan	✗	High	✓		✗	High
Regulation 16: Therapeutic Services and Programmes	✓		✓		✗	High
Regulation 19: General Health	✓		✗	High	✗	Moderate
Regulation 22: Premises	✗	High	✗	High	✗	Low
Regulation 26: Staffing	✗	Moderate	✗	High	✗	High
Regulation 28: Register of Residents	✓		✗	Moderate	✗	High
Rules Governing the Use of Seclusion	✗	Moderate	✓		✗	High
Rules Governing the Use of Mechanical Means of Bodily Restraint	✓		✓		✗	Moderate
Part 4 of the Mental Health Act 2001 -Consent to Treatment	✓		✓		✗	High
Code of Practice on the Use of Physical Restraint in Approved Centres	✗	High	✓		✗	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 7: Clothing
Regulation 8: Residents’ Personal Property and Possessions
Regulation 10: Religion
Regulation 11: Visits
Regulation 12: Communication
Regulation 13: Searches
Regulation 20: Provision of Information to Residents
Regulation 25: Use of Closed Circuit Television
Regulation 29: Operating Policies and Procedures

**2. Sliabh Mis Mental Health Admission Unit, University Hospital Kerry**  
[https://www.mhcirl.ie/File/2019IRs/SliabhMis\\_IR2019.pdf](https://www.mhcirl.ie/File/2019IRs/SliabhMis_IR2019.pdf)

Sliabh Mis is a 34-bed acute psychiatric unit located in Kerry University Hospital in Tralee in Community Healthcare Organisation (CHO) 4. It has two acute admission wards, Reask and Valentia, and one high-observation ward, Brandon, which was not in use at the time of the inspection. Multi-disciplinary teams (MDTs) from five geographical sectors refer residents to the approved centre. As well as the sector area teams, there are also residents under the care of rehabilitation and recovery and psychiatry of old age (POA) teams.

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

Regulation/Rule/Act/Code	Compliance/Risk Rating 2017	Compliance/Risk Rating 2018	Compliance/Risk Rating 2019
Regulation 9: Recreational Activities	✓	✓	✗ Low
Regulation 15: Individual Care Plan	✗ Critical	✓	✗ Moderate
Regulation 17: Children's Education	✗ Moderate	Not applicable	✗ Moderate
Regulation 21: Privacy	✓	✗ Moderate	✗ Critical
Regulation 22: Premises	✗ High	✗ Critical	✗ High
Regulation 23: Ordering, Prescribing, Storing and Administration of Medicines	✓	✗ High	✗ High
Regulation 25: Use of Closed Circuit Television	Not applicable	Not applicable	✗ Low
Regulation 26: Staffing	✗ Critical	✗ High	✗ High
Regulation 27: Maintenance of Records	✗ Moderate	✗ High	✗ Moderate
Regulation 32: Risk Management Procedures	✗ High	✗ High	✗ High
Rules Governing the Use of Seclusion	✗ High	✗ Critical	✗ Moderate
Part 4 of the Mental Health Act 2001: Consent to Treatment	✓	✓	✗ High
Code of Practice on the Use of Physical Restraint in Approved Centres	✗ Low	✗ High	✗ High

Code of Practice Relating to the Admission of Children under the Mental Health Act 2001	X	High	X	Moderate	X	High
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.

No areas of compliance were rated excellent on this inspection.

### 3. Ashlin Centre, Beaumont

[https://www.mhcirl.ie/File/2019IRs/Ashlin\\_IR2019.pdf](https://www.mhcirl.ie/File/2019IRs/Ashlin_IR2019.pdf)

The Ashlin Centre is a purpose-built facility located in the grounds of Beaumont Hospital. The approved centre provides for the acute in-patient needs of the North Dublin Mental Health Service (NDMHS). The Ashlin Centre is comprised of two units, which can accommodate 46 residents at full capacity. The Joyce unit is a 38-bedded general adult and rehabilitation and recovery admissions unit, while the Sheehan unit is an 8-bedded unit for Psychiatry of Old Age (POA). There are twelve multi-disciplinary teams (MDTs) between the two units.

There was one condition 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.

Regulation/Rule/Act/Code	Compliance/Risk Rating 2017		Compliance/Risk Rating 2018		Compliance/Risk Rating 2019	
Regulation 8: Residents' Personal Property and Possessions	✓		✓		✗	Moderate
Regulation 15: Individual Care Plan	✗	High	✓		✗	High
Regulation 19: General Health	✓		✗	High	✗	High
Regulation 21: Privacy	✓		✗	Moderate	✗	High
Regulation 22: Premises	✓		✓		✗	High
Regulation 23: Ordering, Prescribing, Storing and Administration of Medicines	✓		✗	High	✗	High
Regulation 26: Staffing	✗	Moderate	✗	Moderate	✗	Moderate
Regulation 29: Operating Policies and Procedures	✓		✓		✗	Low
Rules Governing the Use of Seclusion	✗	Moderate	✓		✗	High
Code of Practice on the Use of Physical Restraint in Approved Centres	✗	Moderate	✗	Moderate	✗	Low
Code of Practice Relating to the Admission of Children	✗	Moderate		Not Applicable	✗	Moderate
Code of Practice on Admission, Transfer, and Discharge to and from an Approved Centre	✗	Moderate	✓		✗	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 7: Clothing
Regulation 11: Visits
Regulation 12: Communication

**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.