

## **Mental Health Commission heavily criticises overcapacity at Waterford mental health unit**

### **Patients sleeping in chairs is ‘absolutely unacceptable’**

The Mental Health Commission has been made aware of the present situation of overcapacity in the Department of Psychiatry, University Hospital Waterford, whereby 54 residents being treated in a service that is registered as being able to care for 44 residents, and where five of those residents, due to lack of space, were being forced to sleep in chairs.

“This is an absolutely unacceptable situation, and one which we are approaching with the utmost of seriousness,” said Chief Executive of the Mental Health Commission, John Farrelly.

“The approved centre is registered to facilitate 44 residents, but it has become apparent that there are insufficient beds to deal with the overflow of residents from other approved centres in its catchment area. Additionally, the 10 private beds assigned to Waterford Mental Health Services at St Patrick’s Mental Health Services in Dublin are at present at capacity, which means that patients who otherwise would have been treated through the private healthcare system have been sent back to the public DOP Waterford, putting additional strain on the staffing and resources in the hospital, and contributing to the extreme overcapacity.”

The Commission has consistently addressed the issue of overcapacity at a local level. An initial notice outlining its ongoing concerns regarding bed capacity following an unannounced inspection at the same unit was sent in May 2019, and a Regulatory Compliance Meeting with the senior HSE officials was facilitated on 3 July 2019 to discuss the Commission’s serious worries about the recurrent issue, and the plans being put in place to address it.

The Commission had been advised that a Memorandum of Understanding (MOU) was implemented on 4 February 2019 with St Patrick’s Mental Health Service in relation to the transfer of private residents from Waterford, initially for four beds and increasing to 10 on 16 September 2019. A Surge Capacity Management Plan was implemented in August 2019, nominally allowing excess public residents to be transferred to the DOP in Kilkenny in the case of overcapacity in DOP Waterford.

“In spite of the introduction of additional risk management controls, including increased staffing and alternative external placements, it is obvious that this Surge Capacity Management Plan is insufficient to address the needs of the service and needs to be revised,” added Mr Farrelly. “The Commission has engaged with the HSE at the highest level, organising a meeting with David Walsh, National Director, Community Operations to discern how the HSE plans to implement effective governance and management in DOP Waterford in order to mitigate the issue at hand.”

The centre’s registration is due to expire in March 2020. A meeting is scheduled for the coming weeks in relation to whether the centre will be permitted to be re-registered as an approved centre in the future unless significant improvements and changes are made.

Ends

**Notes to the Editor:**

## 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. [www.mhcirl.ie](http://www.mhcirl.ie)

### 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.

### 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.