



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

High risk non-compliance in staff training at all three approved mental health centres

Thursday 10 July 2019: The Mental Health Commission (MHC) has today published three inspection reports on two centres in Dublin, and one in Cork, which identified eight areas of high risk non-compliance.

All three approved centres have a range of quality best practice initiatives highlighted in the inspection reports. The Eist Linn Child and Adolescent Unit in Cork has introduced an e-rostering pilot to potentially manage staff more efficiently, the Sycamore unit in Connolly Hospital has introduced dementia related education sessions for clinical staff, and the O'Casey Rooms in Fairview has introduced the Compassion End of Life (CEOL) programme to improve end of life care for residents and their families.

Commenting on the reports, Dr Susan Finnerty, Inspector of Mental Health Services, said: "All three approved centres have high risk non-compliant ratings with staffing. This relates in the main to staff training and, in particular, to training in the Mental Health Act 2001. The Commission has developed a comprehensive e-learning programme in the Mental Health Act 2001 for all staff of approved centres. This programme is easily accessible on our website, and can be completed in stages."

At the time of inspection, **Eist Linn, located in Blackrock, Cork**, had 18 operational beds, with 15 residents present. Eist Linn is one of the four national Child and Adolescent Mental Health Service (CAMHS) in-patient facilities in Ireland. The approved centre serves a population of 1.2 million people and some residents and their families have to travel long distances, often via Dublin, due to poor regional public transport links.

In relation to governance, there was a well-established system in place, evidenced by the ongoing system of auditing and policy development, emphasis on staff development and strong risk management procedures. There was a strong ethos of staff supervision in all of the departments and clear lines of responsibility and reporting in place. A lot of work had taken place in order to ensure that nursing governance for CAMHS was clearly documented and the introduction of new roles - including the advanced nurse practitioner in child and adolescent mental health - facilitated development in this area.

The approved centre had three high risk ratings of non-compliances for use of CCTV, staffing and use of physical restraint. For three consecutive years, the centre has been non-compliant in two areas; the code of practice on physical restraint, and staffing.

Nine compliances with regulations had a quality rating of excellent.

Since the 2018 inspection, there had been no improvement in the numbers of staff trained in the area of the management of aggression and violence, as there were difficulties releasing staff to

attend these trainings. There was little or no change in the numbers of staff trained in the areas of basic life support and the Mental Health Act, 2001.

The approved centre did not physically restrain young people in accordance with the code of practice on physical restraint, where none of the episodes examined indicated that the resident was informed of the reasons for, likely duration of, and circumstances that would lead to the discontinuation of physical restraint. In one case, the consultant psychiatrist on duty was not notified of the physical restraint. In two cases, the registered medical practitioner did not complete a medical examination of the resident within three hours of the physical restraint taking place, and there was no evidence that the episodes of physical restraint were reviewed by members of the multi-disciplinary team within two working days.

The Sycamore unit at Connolly Hospital in Blanchardstown, Dublin 15 is registered to provide a service for Psychiatry of Later Life with a bed capacity of 25, comprised of five dormitories and one single bedroom. At the time of the inspection, there were 16 residents present. Compliance with regulations has remained relatively stable over a three-year period at 85 per cent in 2017, 87 per cent in 2018 and 81 per cent in 2019. The centre had three areas of high risk non-compliance relating to therapeutic services and programmes, general health and staffing.

Four compliances with regulations were rated as excellent.

Eight residents had died since the previous inspection. The end of life care provided was appropriate to the residents' physical, emotional, social, psychological and spiritual needs, and religious and cultural practices were respected. Representatives, family, relations and friends were involved where appropriate, and fully supported by staff.

In relation to the high risk rating for general health, not all assessments included a review of family or personal history, a record of Body Mass Index (BMI), weight, waist circumference, blood pressure, smoking status, nutritional status, medication, and dental health.

The numbers and skill-mix of staffing were insufficient to meet the assessed needs of residents, as the approved centre did not provide access to services from a variety of health professionals, including a physical health occupational therapist, a pharmacist, a social worker and a psychologist. Access to a dietitian was provided for urgent referrals only, and there were no routine assessments or reviews for any resident. In addition, registered general nurses comprised the majority of the nursing staff complement compared to registered psychiatric nurses. This meant that, occasionally, a registered psychiatric nurse was not always be on duty and in charge at all times. Not all health professionals had up-to-date mandatory training.

This lack of provision of health services for this patient group was unacceptable.

The approved centre was not kept in a good state of repair and the following issues were noted: holes in the walls where fixtures had been removed; scuff marks on the walls at many doorways; discoloured linoleum in one bathroom; unclean windows; and a broken curtain rail. A programme of general and decorative maintenance was not maintained.

Communal rooms, including the sitting room and dining room, had minimal furnishings and décor. This imparted a stark appearance which was not conducive to the well-being and comfort of residents and not in line with good practice in specialist care of people with dementia. This has been highlighted in previous inspection reports.

O'Casey Rooms, Fairview Community Unit is a 25-bed unit on the first floor of a community nursing unit owned by the Sisters of Charity at St. Vincent's Hospital in Fairview in Dublin. At the time of inspection there were 20 residents present. Most of the residents had been in residential mental health services for many years and as they age, their care and treatment requirements are now significantly focused on physical, palliative and end of life care. For most of the residents the approved centre was their home.

There had been a 9 per cent decrease in compliance with regulations since 2017, from 79 per cent in 2017 to 70 per cent in 2019. Four regulations were non-compliant for three consecutive years, including individual care plan. The centre had two ratings of high non-compliance related to premises and staffing. Five compliances with regulations were rated as excellent.

There were two conditions attached to the registration of this approved centre at the time of inspection and they related to the provision of a progress update on the closure plan and the prohibition of any direct admission or transfers of residents to the approved centre.

In two of 10 individual care plans (ICP) reviewed, there was no evidence that the ICP was discussed and drawn up with the participation of the resident or their representative/loved ones, or there was no documentation that it was not possible to do so. There was no evidence in two ICPs that the residents had access to the ICP, were informed of any changes, or were offered a copy. Three ICPs were not reviewed by the multi-disciplinary team in the previous six months.

There was inadequate monitoring of the physical health status of residents. Two residents did not have a general health assessment completed in the previous six months. In three completed general health assessments, Body Mass Index (BMI), weight and waist circumference were not recorded. Three residents on antipsychotic medication did not have an annual assessment of blood lipids, prolactin and an electrocardiogram (ECG). In addition, there were a number of medication practices which had the potential to lead to serious medication errors, and the medication policy was out of date.

Residents did not have access to personal space in the day room as the room was too small. There was limited outdoor space; the day room opened out onto a small courtyard or roof garden. This space was littered with cigarette butts and the smell of smoke was evident in the day room. Separately, residents and their visitors' could access a communal garden downstairs to the side of the building.

The approved centre had developed a number of initiatives to address these shortcomings and a summer garden party and afternoon tea on the lawn were held to enhance the *Breath of Fresh Air Programme*. This initiative was introduced to encourage families, visitors and residents to use the garden adjacent to the approved centre for walks and visits.

Mr. John Farrelly, Chief Executive Mental Health Commission, said: "While the Mental Health Commission rightly condemns bad practices in its inspections and areas of high risk non-compliance, it also highlights areas of good practice. In each inspection report, the Commission publishes best practices, positive initiatives and highlights innovations undertaken by services. If services want to understand how they can improve and implement best practices, they can refer to our inspection reports, which details plenty of good examples of best practices from around the country."

ENDS

For the Editor

Inspection Reports

1. Sycamore Unit, Connolly Hospital

https://www.mhcirl.ie/File/2019IRs/SycamoreUnit_IR2019.pdf

Sycamore Unit is located on the grounds of Connolly Hospital. The approved centre is registered to provide a service for Psychiatry of Later Life with a bed capacity of 25. All admissions to the approved centre are from the catchment area of the North Dublin Old Age Psychiatry Service. Residents are admitted to an acute unit in St Vincent’s hospital for a period of symptom stabilisation prior to transfer to Sycamore 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	
Regulation 16: Therapeutic Services and Programmes	✓		✗	High	✗	High
Regulation 19: General Health	✓		✗	High	✗	High
Regulation 22: Premises	✓		✓		✗	Moderate
Regulation 26: Staffing	✓		✗	Moderate	✗	High
Regulation 27: Maintenance of Records	✗	Moderate	✓		✗	Low
Code of Practice on Admission, Transfer and Discharge to and from an Approved Centre	✗	Low	✗	Moderate	✗	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
Regulation 7: Clothing
Regulation 10: Religion
Regulation 14: Care of the Dying

2. Eist Linn Child & Adolescent In-patient Unit

https://www.mhcirl.ie/File/2019IRs/EistLinn_IR2019.pdf

Eist Linn Child and Adolescent Mental Health inpatient unit is located in the Cork suburb of Blackrock in the grounds of the Bessborough Centre. It had 18 operational beds at the time of inspection, although it is registered for 20 in total. Eist Linn is one of four national child

and adolescent mental health inpatient facilities in Ireland. Admitting teams included Kerry, Cork, South Tipperary, Waterford, Wexford and Kilkenny/Carlow.

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 15: Individual Care Plan	✓		✓		✗	Low
Regulation 16: Therapeutic Services and Programmes	✓		✓		✗	Low
Regulation 21: Privacy	✓		✓		✗	Low
Regulation 25: Use of Closed Circuit Television	✓		✗	High	✗	High
Regulation 26: Staffing	✗	Low	✗	Moderate	✗	High
Regulation 27: Maintenance of Records	✗	Moderate	✓		✗	Moderate
Code of Practice on the Use of Physical Restraint in Approved Centres	✗	Low	✗	Low	✗	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 13: Searches
Regulation 23: Ordering, Prescribing, Storing and Administration of Medicines
Regulation 31: Complaints
Regulation 32: Risk Management Procedures

3. O’Casey Rooms, Fairview Community Unit

https://www.mhcirl.ie/File/2019IRs/OcaseyRooms_IR2019.pdf

O’Casey Rooms is a 25-bed unit on the first floor of a community nursing unit owned by the Sisters of Charity, St. Vincent’s Hospital, Fairview. The approved centre is under the governance and management of North Dublin Mental Health Services (NDMHS). Residents

in O’Casey Rooms are under the care of either the Rehabilitation Team or the Mental Health Service of Older Persons/Psychiatry of Later Life Team. Most of the residents have been in residential mental health services for many years and as they age, their care and treatment requirements are now significantly focused on physical, palliative and end of life care.

There were two conditions attached to the registration of this approved centre at the time of inspection.

Condition 1: The approved centre shall implement a plan to close O’Casey Rooms, Fairview Community Unit. The approved centre shall provide a progress update on the closure plan to the Mental Health Commission in a form and frequency prescribed by the Commission.

Condition 2: Effective 1st January 2018, the Mental Health Commission prohibits any direct admission or transfers of residents to the approved centre, with the exception of current residents that are transferred back to the approved centre following the receipt of care and treatment from an approved centre, hospital or other place.

Non-compliant areas on this inspection:

Regulation/Rule/Act/Code	Compliance/Risk Rating 2017		Compliance/Risk Rating 2018		Compliance/Risk Rating 2019	
Regulation 15: Individual Care Plan	✗	Low	✗	High	✗	Moderate
Regulation 19: General Health	✓		✓		✗	Moderate
Regulation 20: Provision of Information to Residents	✓		✗	Moderate	✗	Moderate
Regulation 22: Premises	✗	High	✗	High	✗	High
Regulation 23: Ordering, Prescribing, Storing and Administration of Medicines	✓		✓		✗	Moderate
Regulation 26: Staffing	✗	High	✗	High	✗	High
Regulation 27: Maintenance of Records	✗	Moderate	✗	Moderate	✗	Moderate
Regulation 28: Register of Residents	✓		✗	Moderate	✗	Moderate
Regulation 29: Operating Policies and Procedures	✓		✓		✗	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.

The following areas were rated excellent on this inspection:

Regulation
Regulation 9: Recreational Activities
Regulation 11: Visits
Regulation 12: Communication
Regulation 14: Care of the Dying
Regulation 18: Transfer of Residents

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.