Mental Health Commission finds two critical risks and eleven high risk non-compliances across three inpatient centres in Cork and Kerry

Monday, February 21st, 2022: The Mental Health Commission (MHC) has this morning published inspection reports on three inpatient centres in Cork and Kerry which found two critical risks and eleven high risk non-compliances across the three facilities.

The Inspector of Mental Health Services, Dr Susan Finnerty, said that it was concerning that compliance standards across all centres had disimproved since their previous inspection. “We expect services to improve year on year, but to have these three centres fall in standards, and some precipitously so, is very disappointing.”

The Chief Executive of the Mental Health Commission, John Farrelly, noted the wide range of issues that these inspections uncovered. “To have such a high number of critical and high risks across just three centres is unacceptable. We have issues with premises but also staffing and the therapeutic programmes offered to residents. All of the centres are operated by the HSE in the same Community Healthcare Organisation, and we expect to see those involved in governance here to lead on the significant improvements that are needed.”

St. Michael’s Unit is located in the Mercy Hospital, Cork, and has 50 beds in acute and sub-acute wards. Eight multi-disciplinary teams work in the centre, including adult mental health and psychiatry of later life teams.

The centre received an overall compliance rate of 75%. This was down on its performance in 2020 of 82%. The centre was found to have two critical risks upon inspection. One of these related to privacy because there was an overall lack of space in two of the shared bedrooms. The rooms were too small and cramped, the spacing between the beds was insufficient, while the beds and lockers were not adequately spaced.

The regulation relating to premises was also rated as a critical risk. Residents in the centre had limited access to personal indoor or outdoor space to relax and to move about in. The centre was designed and located on the first floor with the main entrance leading onto the street, and residents had no access to a garden or an outdoor space.

The centre also did not have suitable furnishings to support residents’ independence and comfort, including a limited number of chairs in the communal areas. Due to the overall lack of personal space and not having enough chairs for residents, it was noted that residents were spending time around bed areas.

Hazards were not minimised in the centre. These included cleaning trolleys, a large metal roll holder and several blood pressure machines which were left in the communal area at the time of the inspection. Ligatures were not minimised to the lowest practicable level based on risk assessment.

The centre was also not in a good state of repair, and it was unclean in some areas. At the time of the inspection, several ceiling tiles were stained, the shower flooring in the male side of the acute ward was stained, a glass roof in the acute ward was dirty, and one shower was dirty. All windows were dirty throughout the centre.

MHC took immediate escalation steps on foot of these inspection findings and required the registered proprietor to take urgent action to address the critical non-compliances identified. The registered proprietor has provided assurances that improvements have been made. MHC continues to closely monitor the progress of these matters.

Deer Lodge is a purpose-built, residential mental health recovery unit in Killarney, County Kerry. It provides continuing mental health care, psychiatry of later life, mental health rehabilitation and mental health care for people with an intellectual disability. The centre consists of four houses: Mountain View, River View, Wood View and Lake View.

The centre recorded an overall compliance rate of 79% with three high-risk non-compliances. In 2020 the facility had no non-compliances and received a 100% compliance rate.

Since the previous inspection, there had been a reduction in the occupational therapy service provision available to the centre. The reduction in resources impacted on the service's ability to meet all residents' occupational therapy needs. Referrals, based on resident needs that were deemed urgent, were assessed and treated only. All other referrals, where needs were deemed non-urgent, were not attended to. The centre received high risk non-compliances with the regulations on staffing, and therapeutic services and programmes, partly because the registered proprietor did not ensure that the number of occupational therapy staff were appropriate to the assessed needs of residents.

The centre also received a high-risk non-compliance with the regulation on individual care planning. Two of the five Individual Care Plans (ICPs) inspected were not developed by the multi-disciplinary team following a comprehensive assessment within seven days of admission. Three of the ICPs did not identify appropriate and specific goals for the resident, instead inappropriate and vague goals were identified, while five ICPs did not fully identify the care and treatment required to meet the goals identified, including the frequency and responsibilities for implementing the care and treatment.

Sliabh Mis Mental Health Admission Unit has 34 beds and is located on the ground floor of University Hospital Kerry. The approved centre consists of three wards and has one designated multi-disciplinary team, and a psychiatry of later life team.

The facility received a rating of 76% overall, which has disimproved from 88% in 2020. There were four high-risks recorded, including one for the regulation on premises. The centre was not in a good state of repair internally. There were several minor repair issues noted throughout the centre. These issues had been reported to the maintenance department but had been outstanding at the time of inspection. They included paint damage, holes in walls from previous building work in the Brandon unit clinical room, conference room and nurses' station - which were all outstanding for 10 months. There were damaged ceiling tiles in the Brandon Unit clinical room from a previously repaired leak.

The centre also received a high-risk non-compliance for the regulation on staffing. The numbers and skill mix of staffing were not sufficient to meet resident needs as the approved centre did not have a dedicated occupational therapist (OT) at the time of inspection. An OT post was vacant in the approved centre since the end of June 2020.

The centre also received a high-risk non-compliance for the code of practice for the admission of children as the child resident was not provided with age-appropriate facilities as the centre was an adult facility; the child did not have access to age-appropriate advocacy services; and there was no

documented evidence to suggest the child resident had their rights explained and information about the ward and facilities provided in a form and language they could understand.

Ends

Notes to the Editor:

About the Mental Health Commission:
The Mental Health Commission (MHC) is an independent statutory body. The primary functions of the MHC 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. The MHC also has statutory responsibility for the Decision Support Service (DSS) under the Assisted Decision-Making (Capacity) Act 2015.

Note regarding these inspections:
In order for the MHC to safely complete inspections of all approved centres, it continues to be necessary to have announced inspections to ensure inspectors and staff and residents of individual centres are in a position to abide by public health guidelines in the context of COVID-19. Due to public health restrictions, certain activities within approved centres were not able to take place. The inspectors have taken these restrictions into account when assessing compliance with regulations, rules and codes of practice. In line with public health guidance, the inspectors restricted the amount of time spent in resident areas of the approved centres. Because of this, only compliance with regulations, rules and codes of practice was assessed, as required by the Mental Health Act 2001, and quality ratings have not been included.

St Michael's Unit, Mercy University Hospital:

https://www.mhcirl.ie/sites/default/files/2022-02/St-Michaels-Unit-IR-2021.pdf

- Overview of centre:
    - Location: Grenville Place, Cork
    - Beds: 50
    - Care: Acute adult mental health care, psychiatry of later life.

- Conditions: There were three conditions attached to the registration of this approved centre at the time of inspection.

    - **Condition 1:** To ensure adherence to Regulation 22(1)(a): Premises, the approved centre shall implement a programme of maintenance to ensure the premises are safe and meet the needs 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.
        - **Finding on condition:** The approved centre was in breach of Condition 1 and the approved centre was non-compliant with Regulation 22: Premises at the time of inspection.

    - **Condition 2:** To ensure adherence to Regulation 22(3): Premises the approved centre shall develop a costed, funded and time-bound plan to minimise ligatures. This plan shall be developed by a date specified by the Mental Health Commission. The approved centre shall provide a progress

update on implementation of this plan to the Mental Health Commission in a form and frequency prescribed by the Commission
        - **Finding on condition:** The approved centre was not in breach of Condition 2 and the approved centre was non-compliant with Regulation 22: Premises at the time of inspection.

    - **Condition 3:** To ensure adherence to Regulation 22(3): Premises the approved centre shall develop a costed, funded and time-bound plan for scheduled building works to reconfigure the approved centre and ensure residents have appropriately sized sleeping accommodation and adequate communal areas. This plan shall be developed by a date specified by the Mental Health Commission. The approved centre shall provide a progress update on implementation of this plan to the Mental Health Commission in a form and frequency prescribed by the Commission.
        - **Finding on condition:** The approved centre was not in breach of Condition 3 and the approved centre was non-compliant with Regulation 22: Premises at the time of inspection.

- Compliance:
    - 75% (down from 82% in 2020)
    - 24 compliant; 8 non-compliant; 7 non-applicable
    - 2021 risk ratings (for the 8 non-compliances)
        - 2 critical
        - 4 high
        - 2 moderate

- 2021 areas rated as excellent: n/a

Deer Lodge: **https://www.mhcirl.ie/sites/default/files/2022-02/Deer-Lodge-IR-2021.pdf**

- Overview of centre:
    - Location: St. Margaret's Road, Killarney, Co. Kerry
    - Beds: 40
    - Care: Continuing mental health care/long stay, psychiatry of later life, mental health rehabilitation, mental health care for people with intellectual disabilities

- Conditions: there was one condition attached to the registration of this approved centre at the time of inspection.

    - **Condition 1:** To ensure adherence to Regulation 26(4) and 26(5): Staffing the approved centre shall develop and implement a plan to ensure all healthcare professionals working in the approved centre are up-to-date in mandatory training areas. The approved centre shall provide a progress update on staff training to the Mental Health Commission in a form and frequency prescribed by the Commission.
        - **Finding on condition:** The approved centre was not in breach of Condition 1 and the approved centre was non-compliant with Regulation 26: Staffing at the time of inspection.

- Compliance:
    - 79% (down from 100% in 2020)
    - 26 compliant; 7 non-compliant; 6 non-applicable

    - 2021 risk ratings (for the 7 non-compliances)
        - 3 high
        - 3 moderate
        - 1 low

- 2021 areas rated as excellent: n/a

Sliabh Mis Mental Health Admission Unit:

https://www.mhcirl.ie/sites/default/files/2022-02/Sliabh-Mis-IR-2021.pdf

- Overview of centre:
    - Location: University Hospital Kerry, Rathass, Tralee, Co. Kerry
    - Beds: 34
    - Care: Acute adult mental health care

- Conditions: there was one condition attached to the registration of this approved centre at the time of inspection.

    - **Condition 1:** To ensure adherence to Regulation 26(4) and 26(5): Staffing the approved centre shall develop and implement a plan to ensure all healthcare professionals working in the approved centre are up-to-date in mandatory training areas. The approved centre shall provide a progress update on staff training to the Mental Health Commission in a form and frequency prescribed by the Commission.
        - **Finding on condition:** The approved centre was not in breach of Condition 1 and the approved centre non-compliant with Regulation 26: Staffing at the time of inspection.

- Compliance:
    - 76% (down from 88% in 2020)
    - 26 compliant; 8 non-compliant; 5 non-applicable
    - 2021 risk ratings (for the 8 non-compliances)
        - 4 high
        - 2 moderate
        - 2 low

- 2021 areas rated as excellent: n/a