

Two high and six moderate risks reported in inspection of two mental health centres

Thursday, April 7th, 2022: The Mental Health Commission (MHC) has this morning published two inspection reports which found two high and six moderate-risk non-compliances across two mental health centres in Cavan and Galway.

Dr Susan Finnerty, Inspector of Mental Health Services, commented: “It is concerning to see that doors to en suite bathrooms in the Adult Acute Mental Health Unit in Galway were removed without due regard to residents’ privacy and dignity. While the reasons for the removal may be to mitigate a risk, this was not balanced with residents’ right to privacy and dignity.

John Farrelly, Chief Executive of the Mental Health Commission, said: “It is heartening to see the Adult Psychiatric Unit in Cavan score above 90% compliance for the second year in succession. However, I would like to see the high risk in relation to ligature points be rectified soon. Removing ligature points in their entirety across a centre is crucial to patient safety and we want to see progress in that area.”

The **Adult Acute Mental Health Unit at University Hospital Galway** is located on the grounds of the hospital site. The centre is registered for 50 beds and consists of four separate suites: Hazel, Ash, Holly, and Oak.

The centre recorded an overall compliance rate of 83% in 2021. This was a drop on the 94% it received the previous year.

The centre recorded one high risk relating to risk management procedures. Not all health and safety risks were monitored and documented by the centre, as appropriate. The centre’s risk register did not document the identified risk that the bathroom en suite doors (which had been removed) potentially posed to residents, as appropriate. There was no documented evidence of the monitoring of this risk.

A moderate risk related to staffing was also found as the numbers and skill mix of staffing was not sufficient to meet residents’ needs. The centre had a multi-disciplinary team which included the disciplines of psychiatry, nursing, psychology, occupational therapy, social work, dietetics, and pharmacy. The centre has had a psychology post vacant since March 2021 and there was no date for a replacement. At the time of inspection, the arrangement was that the community treating team’s psychologist attended to the needs of the centre’s residents.

Privacy was another moderate non-compliance due to the removal of the bathroom en suite doors. This was not conducive to residents’ privacy and dignity when using the single bedroom en suites for showering and toileting purposes. Single bedrooms did not have locks (with an override function) on the inside of the door and upon entering the room there was clear visibility into bedroom en suites which further impacted resident’s privacy and dignity when using the single bedroom en suites. The other moderate risks found related to transfer of residents, register of residents and the code of practice on admission, transfer and discharge to and from the centre.

There were numerous quality initiatives on site including the implementation of a model with the aim of reducing conflict, improving safety, and enhancing nurse-resident relationships. Multi-disciplinary staff from the centre were trained in ‘Decider Skills’ to enhance their therapeutic skill

set. 'Decider Skills' uses cognitive behaviour therapy to enhance how young people and adults monitor and manage their emotions and mental health.

The **Adult Psychiatric Unit (APU) at Cavan General Hospital** is located on the lower ground floor of the hospital. It serves Monaghan and most of Cavan. The adult community mental health sector teams transfer care of their service users to the one inpatient treating team who work directly in the centre. The Psychiatry of Later Life team for Cavan/Monaghan also admit to the centre and this team manages the care and treatment of these residents.

The centre recorded an overall compliance rate of 91% upon inspection which was a slight reduction on the 97% it received in 2020.

There were only three non-compliances found, but one of these, relating to premises, was regarded as a high risk.

The centre was a well laid out unit with sufficient spaces provided for residents to move about, including outdoor spaces and a garden. Communal rooms were appropriately sized and included two sitting rooms, one large dining room with a seating area, a quiet room, and a music room. Private and communal areas are suitably sized and furnished to remove excessive noise. There was a sufficient number of toilets and showers for residents in the centre.

However, there was a ligature reduction programme that had only in parts been implemented throughout the year. Not all ligature points were minimized to the lowest practicable level, based on risk assessment. As identified in the centre's own ligature audit, there were a number of ligatures which had been risk rated with planned remediation for year end.

Among quality initiatives, the approved centre had been awarded a grant through a '*Bank of Ireland Begin Together Arts Fund*' in partnership with 'Business to Arts', a charitable organisation that enables and supports creative partnerships between businesses, individuals and the arts. The monies awarded were to be used to complete an art project with residents in the centre.

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:

These inspections were carried out during the COVID-19 pandemic. 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 centre. 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.

Adult Acute Mental Health Unit, University Hospital Galway

<https://www.mhcirl.ie/sites/default/files/2022-04/AC0076%20Adult%20Acute%20Mental%20Health%20Unit%2C%20University%20Hospital%20Galway.pdf>

- **Overview of Centre:**
 - Location: Adult Acute Mental Health Unit, University Hospital Galway, Newcastle Road, Galway
 - Beds: 50
 - Care: Acute Adult Mental Health Care, Psychiatry of Later Life, Mental Health Rehabilitation, Mental Health Care for people with Intellectual Disability

- **Conditions:** There were no conditions attached to the registration of this approved centre at the time of inspection

- **Compliance:**
 - 83% (down from 94% in 2020)
 - 30 compliant, 6 non-compliant, 3 non-applicable
 - Risk rating (for the 6 non-compliances):
 - **1 high**
 - **5 moderate**

- **2021 areas rated as excellent:** N/A

Acute Psychiatric Unit, Cavan General Hospital

<https://www.mhcirl.ie/sites/default/files/2022-04/AC0174%20Acute%20Psychiatric%20Unit%2C%20Cavan%20General%20Hospital.pdf>

- **Overview of Centre:**
 - Location: Acute Psychiatric Unit, Cavan General Hospital, Cavan, Co. Cavan
 - Beds: 25
 - Care: Acute Adult Mental Health Care, Psychiatry of Later Life, Mental Health Rehabilitation, Mental Health Care for people with Intellectual Disability

- **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 upto-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 compliant with Regulation 26: Staffing at the time of inspection.

- **Compliance:**

- 91% (down from 97% in 2020)
- 31 compliant, 3 non-compliant, 5 non-applicable
- Risk rating (for the 3 non-compliances):
 - **1 high**
 - **1 moderate**
 - **1 low**

- **2021 areas rated as excellent: N/A**