

Mental Health Commission publishes four inspection reports

Common themes of concerns around privacy, premises and risk management

05 March 2024: The Mental Health Commission (MHC) has this morning published four inspection reports on approved inpatient mental health centres that, combined, show five critical and 14 high non-compliances in areas such as privacy, premises and risk management.

The reports released today focus on the Selskar House at Farnogue Residential Healthcare Unit outside of Wexford Town (81% overall compliance); the Department of Psychiatry at Roscommon University Hospital (75% compliance); Eist Linn Child & Adolescent In-patient Unit at Blackrock, Co. Cork (78% compliance); and Avonmore & Glencree Units in Newcastle Hospital at Greystones, Co. Wicklow (68% compliance).

Selected good practices and quality initiatives observed during the inspections included the provision of song workshops, storytelling, folklore, and pet farm visits; a 'breakfast club' initiative where staff and young people prepared a morning meal one day a week, thereby providing opportunities for social engagement within the centre; visits by a therapy dog; and the introduction of QR codes to information booklets that provided residents with a direct link to their treating team.

However, there were common themes of concern across all four centres, which included failings in key regulations - such as privacy, premises and risk management - which directly impact on residents' experience of care and the care environment.

"The design and layout of any approved mental health centre must be conducive to maintaining residents' privacy and dignity at all times," said the Director of Regulation for the Mental Health Commission, Gary Kiernan. "Privacy - and, indeed, maintaining one's dignity - is an essential component of recovery and this is reflected in the regulations. Residents have a right to experience an environment in which their right to privacy is respected and the MHC views any breach of this regulation in the most serious of terms."

Mr Kiernan also pointed to the critical and high-risk non-compliances on premises, which, once again, demonstrate that there is still much to do and significant improvements to be made to the physical environment of many approved centres.

"Unfortunately, while progress has been made in many areas, the fact remains that the current approach to structural improvements in a number of our public mental health centres remains inadequate," he said. "The MHC believes that poor physical environments and unresolved maintenance issues fail to respect residents' human rights. Quite apart from that, these reports once again emphasise the need for a targeted, funded strategic capital investment programme in our public system."

Non-compliances observed during inspections included:

- critical risk non-compliances with the regulations on privacy and premises and with the rules on seclusion and the code of practice on physical restraint, along with high-risk non-compliances with individual care planning and staffing at the **Department of Psychiatry at Roscommon University Hospital**;
- three high risk non-compliances for therapeutic services and programmes; the ordering, prescribing, storing and administration of medication; and risk management at **Selskar House**;
- four high risk non-compliances for privacy; premises; CCTV; and the code of practice for admission, transfer and discharge at **Eist Linn** and;
- one critical risk non-compliance for risk management, and five high risk non-compliances for therapeutic services and programmes; privacy; premises; the use of CCTV; and staffing at **Newcastle Hospital**.

The MHC requires corrective and preventive action plans (CAPAs) from all services where non-compliances are identified, each of which must address each non-compliance specifically. The MHC monitors the implementation of these CAPAs on an ongoing basis and requests further information and action as necessary. Enforcement action is taken when the MHC is concerned that the care and treatment provided in an approved centre may be a risk to the safety, health and wellbeing of residents, or where there has been a failure by the provider to address an ongoing area of non-compliance.

All critical risk issues are considered by the MHC's Regulatory Management Team (RMT) as a matter of course. Enforcement actions commonly arise from inspection findings, quality and safety notifications, and compliance monitoring.

Enforcement actions available to the MHC range from the aforementioned CAPAs (at the lower end of enforcement) to removing an approved centre from the register and/or pursuing prosecution (at the higher end).

Links to Inspection Reports

- [Selskar House at Farnogue Residential Healthcare Unit](#)
- [Department of Psychiatry at Roscommon University Hospital](#)
- [Eist Linn Child & Adolescent In-patient Unit at Blackrock](#)
- [Avonmore & Glencree Units in Newcastle Hospital](#)

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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.