

Mental Health Commission publishes six inspection reports

Common themes of concern noted around risk management, staffing and restrictive practices

Friday, 24 May 2024: The Mental Health Commission (MHC) has this morning published annual inspection reports on approved inpatient mental health centres that, combined, show six critical and 29 high-risk non-compliances across a number of rules, regulations and codes of practice.

The reports released today focus on St Loman's Hospital in Westmeath (64% overall compliance, down from 74% in 2022); the Department of Psychiatry at St Luke's Hospital in Kilkenny (89% overall compliance, the same rating received in 2022); the Department of Psychiatry at Letterkenny University Hospital (74% overall compliance, down from 78% in 2022); the Acute Psychiatric Unit at Tallaght University Hospital (65% overall compliance, down from 77% in 2022); Sliabh Mis Mental Health Admission Unit at University Hospital Kerry (69% overall compliance, down from 71% in 2022); and St Michael's Unit at Mercy University Hospital, Cork (72% overall compliance, up from 69% in 2022).

Selected good practices and quality initiatives observed during the inspections included the introduction of new activity programmes that included an exercise programme, equine therapy, social farming, and kayaking; the purchase of new garden furniture and outdoor fitness equipment; the installation of a sensory space which incorporated light-based devices, tactile elements, music and appropriate furniture; the refurbished and remodelling of a therapeutic programmes area; and the facilitation of new focus groups for residents to discuss matters relating to resident safety.

However, there were common themes of concern across all six centres, which included failings in regulations for risk management procedures and staffing, and in the general area of restrictive practices.

The Inspector of Mental Health Services, Professor Jim Lucey, confirmed that all six centres inspected were found to either have critical or high-risk non-compliances with the regulation on risk management procedures.

“Most of the centres were non-compliant with this regulation because the registered proprietor did not ensure that the centre's risk management policy was implemented throughout the approved centre, particularly, it was noted, when it came to fire safety,” said Professor Lucey. “Our inspections discovered that daily fire checks and regular fire evacuation drills were not being carried out, while we also discovered faulty fire doors. There is little point having a comprehensive policy in place to counteract a potential fire outbreak unless management is confident that the policy can be properly implemented if such an event occurs.”

The Director of Regulation for the Mental Health Commission, Gary Kiernan, noted that five of the six centres had high-risk non-compliances relating to the regulation on staffing. In all five cases, a common reason for non-compliance centred around the fact that the registered proprietor did not ensure that all staff were trained, or had access to training, that would enable them to provide care and treatment for patients and residents in accordance with best contemporary practice.

“The provision of up-to-date training for staff in such areas as basic life support, fire safety, and management of violence and aggression so as to ensure the centre meets the minimum requirement for compliance is essential for the safety and wellbeing of residents. We must see improvements by more centres under this regulation.”

Meanwhile, four of the centres together were found to have six high-risk non-compliances relating to restrictive practices - three for the rules governing the use of seclusion, and three for the code of practice on the use of physical restraint.

Mr Kiernan has reminded providers that the MHC’s revised rules governing the use of seclusion and mechanical means of bodily restraint, and a revised code of practice on the use of physical restraint, came into effect at the start of 2023. “While we have witnessed an overall reduction in the use of restrictive practices in recent years, some centres are still receiving critical-risk and high-risk non-compliances in this area and we are urging those service providers to take immediate steps to bring their services into full compliance with the new rules.”

Non-compliances observed during the inspections included:

- Eight high risk non-compliances with the regulations on individual care planning, therapeutic services and programmes, privacy, staffing, general health, risk management procedures, the code of practice on the use of physical restraint, and with the ordering, storing, prescribing and administration of medicines at **St Loman's Hospital**
- One critical risk non-compliance with the regulation on risk management procedures, and one high risk non-compliance with the regulation on premises at the **DoP at St Luke's Hospital**
- Six high risk non-compliances with the regulations on individual care planning, staffing, risk management procedures, the code of practice on the use of physical restraint, with the regulation on the maintenance of records, and with rules governing the use of seclusion at the **DoP at Letterkenny University Hospital**
- Two critical risk non-compliances with the regulations on premises and risk management procedures; and seven high risk non-compliances with the regulations on clothing, general health, individual care planning, privacy, staffing, with the rules governing the use of seclusion, and with the code of practice on the use of physical restraint at **Tallaght University Hospital**
- Five high-risk non-compliances with the regulations on privacy, risk management procedures, staffing, the maintenance of records, and with the rules governing the use of seclusion at **Sliabh Mis**
- Three critical risk non-compliances with the regulations on privacy, premises and risk management procedures, as well as two high risk non-compliances with the regulations on CCTV and staffing at **St Michael's Unit**

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).

Link to individual reports:

- [St Loman's Hospital](#)
- [Department of Psychiatry, St Luke's Hospital](#)
- [Department of Psychiatry, Letterkenny University](#)
- [Acute Psychiatric Unit, Tallaght University Hospital](#)
- [Sliabh Mis Mental Health Admission Unit, University Hospital Kerry](#)
- [St Michael's Unit, Mercy University 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.