

Mental Health Commission
Focused Inspection Report
(Mental Health Act 2001)



APPROVED CENTRE NAME:	Sliabh Mis Mental Health Admission Unit, University Hospital Kerry
IDENTIFICATION NUMBER:	AC0055
APPROVED CENTRE TYPE:	Acute adult mental health care Psychiatry of Later Life Mental health care for people with intellectual disability
REGISTERED PROPRIETOR:	Health Service Executive
REGISTERED PROPRIETOR NOMINEE:	Ms Sinead Glennon
MOST RECENT REGISTRATION DATE:	01 March 2014
NUMBER OF RESIDENTS REGISTERED FOR:	39
INSPECTION TYPE:	Unannounced Focused Inspection
INSPECTION DATE:	14 April 2016
PREVIOUS INSPECTION DATE:	03, 04 September 2015
CONDITIONS ATTACHED:	None
LEAD INSPECTOR:	Dr Susan Finnerty MCRN 009711
INSPECTION TEAM:	Ms Orla O'Neill
THE INSPECTOR OF MENTAL HEALTH SERVICES:	Dr Susan Finnerty MCRN 009711

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1.0 Mental Health Commission Focused Inspection Process

The principal functions of the Mental Health Commission are to promote, encourage and foster the establishment and maintenance of high standards and good practices in the delivery of mental health services and to take all reasonable steps to protect the interests of persons detained in approved centres.

The Commission strives to ensure its principal legislative functions are achieved through the registration and inspection of approved centres.

In addition to the principal function of the Inspector of Mental Health Services under Section 51 of the Mental Health Act 2001 to inspect every approved centre at least once a year (and other mental health services, as appropriate), the Inspector may also undertake a focused inspection.

During a focused inspection, the Inspector may visit and inspect any premises where mental health services are provided and make a report in writing to the Commission to ascertain whether or not due regard is being had to the Mental Health Act 2001 and its provisions.

2.0 Focused Inspection - Scope

Reason for Focused Inspection

Concerns were received by the Mental Health Commission as follows:

- a. 3-4 September 2015: Finding of non-compliance in relation to Regulation 21 Privacy, and deficits in the seclusion room identified on inspection September 2015.
- b. 22 January 2016: Alerted to a serious concern in relation to overcrowding leading to residents being accommodated in a manner that did not respect their privacy and dignity.
- c. 4 February 2016: Approved Centre provided an update in relation to the ongoing renovations in the Valentia ward which had led to 8 beds being out of use. The Approved Centre provided a plan in relation to their admissions policy to address potential overcrowding.
- d. 31 March 2016: Further report of a serious concern in relation to the accommodation of residents in corridors and in the seclusion room.

Focus of inspection

The aim of this focused inspection was to assess the accommodation of residents in the approved centre in light of the concerns received. The following legislative requirements were assessed:

1. Rules Governing the Use of Seclusion
Compliance was assessed against Rule 8.4: *“Seclusion facilities shall not be used as bedrooms.”*
2. Regulation 21 Privacy
Compliance was assessed against Regulation 21 Privacy: *“The registered proprietor shall ensure that the resident’s privacy and dignity is appropriately respected at all times.”*
3. Regulation 8 Residents’ Personal Property and Possessions
While not identified as a focus for the inspection, during the inspection concerns were identified in relation to Regulation 8 Residents’ Personal Property and Possessions. Compliance was assessed against Regulation 8(6): *“The registered proprietor shall ensure that provision is made for the safe keeping on all personal property and possessions”.*

The inspection was undertaken onsite from:

14 April 2016 at 09:30 to: 14 April 2016 at 14:00

3.0 Focused Inspection - Overview

3.1 Overview of the Approved Centre

The approved centre was located within the campus of University Hospital Kerry. The approved centre was registered for 39 beds but extensive renovations were ongoing and, at the time of inspection, the approved centre had 29 beds.

The unit consisted of two wards. Valentia had 19 beds but was closed for renovations at the time of the focused inspection. The Brandon high observation unit had been opened to accommodate up to six residents while Valentia was closed, and Reask accommodated 24 residents.

On the day of inspection, there were 29 residents.

Admissions to the unit were coordinated by five community adult mental health teams and one rehabilitation team. There were vacancies for psychologists on two teams.

It was expected that renovations would continue with bed closures for the remainder of 2016.

3.2 Meeting with Senior Management Team

The approved centre had a bed management meeting which took place twice a week. On 30 days since 1 January 2016 to date of inspection, the approved centre had exceeded its bed capacity of 29. There was work in progress to ensure that all admissions were assessed in Accident and Emergency. Communication with an Garda Síochána had improved so that notice was received by the approved centre of impending admissions of involuntary patients. Discussion was ongoing regarding a dedicated consultant psychiatrist for the approved centre.

There was an admission policy last reviewed in March 2016, which included processes on the provision of extra beds. This states that the provision of an extra bed

- Does not occur without the direct approval of the Executive Clinical Director or designated person on their behalf i.e. consultant psychiatrist on call.
- If in an emergency situation where an extra bed is authorised, it is the responsibility of the consultant psychiatrist who authorised it and the CNM2 on the relevant ward to make alternative arrangements within 24 hours and the extra bed must be removed in this time.
- If an extra bed is provided the patient must be afforded privacy, dignity and respect. This includes the use of temporary screens.

4.0 Focused Inspection – Findings

Regulation 8: Residents’ Personal Property and Possessions

(1) For the purpose of this regulation "personal property and possessions" means the belongings and personal effects that a resident brings into an approved centre; items purchased by or on behalf of a resident during his or her stay in an approved centre; and items and monies received by the resident during his or her stay in an approved centre.

(6) The registered proprietor shall ensure that provision is made for the safe-keeping of all personal property and possessions.

Inspection Findings

While not the focus of this inspection, it was found that the approved centre was not compliant with Regulation 8(6) as one resident had no storage for their clothes and personal possessions.

	Compliant	Non-Compliant	
Compliance with Regulation		X	
Risk Rating			
Low	Moderate	High	Critical
X			

Regulation 21: Privacy

The registered proprietor shall ensure that the resident's privacy and dignity is appropriately respected at all times.

Inspection Findings

Valentia was closed and in the process of being renovated. There were seven beds in the female six-bed room in Reask. The seventh bed was beside the nurses' station and screens were available to surround the bed. There was no bed in the corridor but staff stated that a bed had been put there to alleviate overcrowding. Screens were available for that bed.

There was an empty room in the Brandon unit that staff were considering using, instead of putting beds in the six-bed room and corridor. This room could accommodate two beds and had an en suite toilet.

No resident was accommodated in an armchair at the time of inspection. Staff reported that this had happened on one occasion for one night. There was access to only two extra physical beds and both had been filled on that occasion.

The approved centre was not compliant with this regulation because extra beds had been used which impacted on residents' privacy.

	Compliant	Non-Compliant	
Compliance with Regulation		X	
Risk Rating			
Low	Moderate	High	Critical
		X	

Rules governing the Use of Seclusion

Pursuant to Section 69(2) of the Mental Health Act, 2001

Part 3: Use of Seclusion

8.4 Seclusion facilities shall not be used as bedrooms.

Inspection Findings

Brandon high observation unit was open and accommodated four residents in four single bedrooms. There was one room which was identified as a seclusion room but had never been commissioned as a seclusion room. There was one bed in this room. The observation windows were screened and the door to the observation area was closed. The CCTV was not in operation. The inspection team spoke with the resident in this room. They stated that they were happy in the room, liked that it had plenty of space and had an en suite shower and toilet. They also stated that it was quiet.

There was no breach of the Rules governing the Use of Seclusion regarding the use of a seclusion room as a bedroom. The room had not been commissioned as a seclusion room and had never been used as a seclusion room.

	Compliant	Non-Compliant
Compliance with Rule	X	

Appendix 1: Corrective action and preventative action (CAPA) plans for areas of non-compliance identified in the focused inspection of 14 April 2016

Completed by approved centre: Sliabh Mis Mental Health Admission Unit, Kerry General Hospital **Date submitted:** 24/08/2016

For each finding of non-compliance the registered proprietor was requested to provide a corrective action and preventative action (CAPA) plan. Corrective actions address the specific non-compliance(s). Preventative actions mitigate the risk of the non-compliance reoccurring. CAPA plans submitted by the registered proprietor were reviewed by the Commission to ensure that they are **specific, measurable, achievable, realistic** and **time-bound** (SMART). Following the finalisation of the inspection report the implementation of CAPA plans are routinely monitored by the Commission.

The Commission has not made any alterations or amendments to the returned CAPA plans, including content and formatting.

Regulation 21: Privacy					
Area(s) of non-compliance	Specific	Measurable	Achievable/ Realistic	Time-bound	Post Holder Responsible
	<i>Define corrective and preventative action(s) to address the non-compliant finding and post-holder(s) responsible for implementation of the action(s)</i>	<i>Define the method of monitoring the implementation of the action(s)</i>	<i>State the feasibility of the action(s) (i.e. barriers to implementation)</i>	<i>Define time-frame for implementation of the action(s)</i>	
1. Extra beds had been used which impacted on residents' privacy	<p>Corrective action(s):</p> <ul style="list-style-type: none"> Careful control and review of the bed numbers on the Sliabh Mis Acute unit to ensure that the bed numbers do not exceed 30 beds during the period of renovations of Valentia Wards. This includes a twice weekly Bed Meeting on the unit with consultant/ medical and nursing and allied health attendance. Implementation of the Admission Policy - in relation to the Provision of an Extra Bed - that alternative arrangements be found within 24 hours and if an 	<p>Regular review between MDT and CMHT about appropriate discharge and support by the community teams.</p> <p>Weekly bed meetings attended by CNM2 and consultants</p> <p>Review of provision of extra beds and outcomes of same.</p>	<p>Achievable</p> <p>Achievable</p>	<p>Immediately and until renovations are complete</p> <p>Immediately and until renovations are complete</p>	<p>Consultants , ADon and CNM2</p> <p>Consultants , ADon and CNM2</p>

	extra bed is provided the resident must be afforded privacy and dignity - use of screens etc.				
	<p>Preventative action(s):</p> <ul style="list-style-type: none"> • The on-going completion of both the corrective measure above will also decrease the risk of non-compliance of Regulation 21: Privacy. • The completion of renovation works on Valentia will also ensure that residents will be afforded privacy through a more suitable environment and also increasing the bed numbers 	Completion of renovation works and increase in bed numbers for Sliabh Mis Unit	Achievable	September 2016	Estates Department and Projects Manager Kerry Mental Health Services

Regulation 8: Residents' Personal Property and Possessions					
Area(s) of non-compliance	Specific <i>Define corrective and preventative action(s) to address the non-compliant finding and post-holder(s) responsible for implementation of the action(s)</i>	Measurable <i>Define the method of monitoring the implementation of the action(s)</i>	Achievable/ Realistic <i>State the feasibility of the action(s) (i.e. barriers to implementation)</i>	Time-bound <i>Define time-frame for implementation of the action(s)</i>	Post Holder Responsible
2. One resident had no storage for their clothes and personal possessions	<p>Corrective action(s):</p> <ul style="list-style-type: none"> • For those residents who are being accommodated in rooms which are for other purposes (temporary measure while renovations works are being complete) alternative arrangements will be made to ensure that the provision is made for the safe –keeping of all personal property and possessions. These include • Side lockers being made available to all residents • Where appropriate some residents clothes and personal possessions safely stored in another room and can be 	<p>Continuous review of those residents being accommodated in the rooms of the new high observation unit which were not designed as bedrooms but are being temporarily used during the renovations.</p>	Achievable	Immediately	CNM2 and nursing staff

	accessed through nursing staff at any time.				
	<p>Preventative action(s):</p> <ul style="list-style-type: none"> The completion of renovation works on Valentia Ward will ensure Slaibh Mis Unit will be compliant with Regulation 8., as all residents will be accommodated with built in cabinets and side lockers for storage of their personal belongings. 	Completion of renovations works on Valentia Ward	Achievable	September 2016	Estates Department and Projects Manager Kerry Mental Health Services