

Mental Health Commission Approved Centre Inspection Reports

Below you will find a number of Inspection Reports published by the Mental Health Commission.

The Approved Centres reported on are:

- 1. Department of Psychiatry, Roscommon County Hospital**
<http://www.mhcirl.ie/File/2015-Inspection-Reports/DOP-Roscommon-County-Hospital-IR-2015.pdf>
- 2. O'Connor Unit, St Finan's Hospital**
<http://www.mhcirl.ie/File/2015-Inspection-Reports/St-Finan-s-Hospital-IR-2015.pdf>
- 3. Teach Aisling**
<http://www.mhcirl.ie/File/2015-Inspection-Reports/Teach-Aisling-IR-2015.pdf>
- 4. St Anne's Unit, Sacred Heart Hospital**
<http://www.mhcirl.ie/File/2015-Inspection-Reports/St-Anne-s-Unit-Sacred-Heart-Hospital-IR-2015.pdf>
- 5. Selskar House**
<http://www.mhcirl.ie/File/2015-Inspection-Reports/Selskar-House-IR-2015.pdf>

Every Approved Centre registered by the Mental Health Commission must under law be inspected at least once a year. During each inspection the Approved Centre is assessed against all regulations, rules and codes of practice and Section 4 of the Mental Health Act 2001. A Judgement Support Framework has been developed as a guidance document to legislative requirements for Approved Centres. The Framework incorporates national and international best practice under each relevant section of the legislative requirements. In addition, the Inspectorate may inspect any mental health service.

Link below to approved centre inspection report documents on the Mental Health Commission website:

http://www.mhcirl.ie/Inspectorate_of_Mental_Health_Services/AC_IRs/

Link below to other mental health service inspection report documents on the Mental Health Commission website:

http://www.mhcirl.ie/Inspectorate_of_Mental_Health_Services/Other_MHS_Inspection_Reports/

1 Department of Psychiatry, Roscommon County Hospital

Conditions attached, and an update on Conditions status – if any.

There were no conditions attached to the registration of this approved centre at the time of inspection.

Areas of compliance rated Excellent on this inspection

Regulation/Rule/Act/Code
Regulation 30: Mental Health Tribunals
Regulation 33: Insurance
Regulation 34: Certificate of Registration

Outstanding issues from previous inspection

The previous inspection of the approved centre on 29 and 30 July 2014 identified the following areas that were not fully compliant:

Regulation/Rule/Act/Code	Inspection Findings 2015
Regulation 9: Recreational Activities	Compliant
Regulation 19: General Health	Compliant
Regulation 22: Premises	Non-Compliant
Regulation 23: Ordering, Prescribing, Storing and Administration of Medicine	Non-Compliant
Regulation 24: Health and Safety	Compliant
Regulation 27: Maintenance of Records	Compliant
Regulation 31: Complaints Procedures	Compliant
Regulation 32: Risk Management Procedures	Compliant

Non-compliant areas on this inspection

Regulation/Rule/Act/Code	Risk Rating
Regulation 15: Individual Care Plan	Moderate
Regulation 20: Provision of Information	Low
Regulation 22: Premises	Moderate
Regulation 23: Ordering, Prescribing, Storing and Administration of Medicine	Low
Regulation 28: Register of Residents	Low
Regulation 29: Operating Policies and Procedures	Low
Code of Practice on Physical Restraint	Moderate
Code of Practice on Admission, Transfer, Discharge	Moderate

The approved centre was requested to provide Corrective and Preventative Actions (CAPAs) for areas of non-compliance and these are included in the full report, in the relevant areas.

2 O'Connor Unit, St Finan's Hospital

Conditions attached, and an update on Conditions status – if any.

The service had one condition attached to its registration pertaining to direct admissions. The service was in compliance with this condition.

Areas of compliance rated Excellent on this inspection

Regulation/Rule/Act/Code
Regulation 5 : Food and Nutrition
Regulation 6 : Food Safety
Regulation 7: Clothing
Regulation 9: Recreational Activities
Regulation 15: Individual Care Plans
Regulation 20: Provision of Information to Residents
Regulation 27: Maintenance of Records
Regulation 28: Register of Residents
Regulation 29: Operating Policies and Procedures
Regulation 30: Mental Health Tribunals
Regulation 33: Insurance
Regulation 34: Certificate of Insurance

Outstanding issues from previous inspection

The previous inspection of the O' Connor Unit on 3 July 2014 identified that the approved centre was not fully compliant with the following Regulations, Rules, Act and Codes of Practice listed below. The compliance rating achieved for each of these in the 2015 inspection is presented below.

Regulation/Rule/Act/Code	Inspection Findings 2015
Regulation 8: Residents' Personal Property and Possessions	Compliant
Regulation 13: Searches	Compliant
Regulation 21: Privacy	Compliant
Regulation 23: Ordering, Prescribing, Storing & Administration of Medicines	Non-Compliant
Regulation 24: Health and Safety	Compliant
Regulation 26: Staffing	Compliant
Regulation 29: Operating Policies and Procedures	Compliant
Regulation 31: Complaints	Non-Compliant
Code of Practice on Admission, Transfer and Discharge to and from an Approved Centre.	Compliant
Code of Practice for Mental Health Services on Notification of Deaths and Incident Reporting	Non-Compliant
Guidance for persons working in Mental Health Services with People with Intellectual Disabilities	Non-Compliant
Code of Practice on the Use of Physical Restraint in Approved Centres	N/A

Non-compliant areas on this inspection

Regulation/Rule/Act/Code	Risk Rating
Regulation 19: General Health	Low
Regulation 22: Premises	High
Regulation 23: Ordering, Prescribing, Storing & Administration of Medicines	Moderate
Regulation 31: Complaints Procedure	Moderate
Regulation 32: Risk Management Procedure	Low
Code of Practice for Mental Health Services on Notification of Deaths and Incident Reporting	Moderate
Guidance for persons working in Mental Health Services with People with Intellectual Disabilities	Moderate

The approved centre was requested to provide Corrective and Preventative Actions (CAPAs) for areas of non-compliance and these are included in the full report, in the relevant areas.

3 Teach Aisling

Conditions attached, and an update on Conditions status – if any.

There were no conditions attached to the registration of this approved centre at the time of inspection.

Areas of compliance rated Excellent on this inspection

Regulation/Rule/Act/Code
Regulation 15 – Individual Care Plan
Regulation 28 – Register of Residents
Regulation 30 – Mental Health Tribunals
Regulation 32 – Risk Management Procedures
Regulation 33 - Insurance
Regulation 34 – Certificate of Registration

Outstanding issues from previous inspection

The previous inspection of the Approved Centre on 3 September 2014 identified the following areas that were not fully compliant:

Regulation/Rule/Act/Code	Inspection Findings 2015
Regulation 19 – General Health	Compliant
Regulation 21 – Privacy	Compliant
Regulation 22 – Premises	Compliant
Regulation 23 – Ordering, Prescribing, Storing, and Administration of Medicines	Compliant
Regulation 24 – Health and Safety	Non-compliant
Regulation 26 - Staffing	Compliant
Regulation 27 – Maintenance of Records	Compliant

Non-compliant areas on this inspection

Regulation/Rule/Act/Code	Risk Rating
Regulation 24 – Health & Safety	High

The approved centre was requested to provide Corrective and Preventative Actions (CAPAs) for areas of non-compliance and these are included in the full report, in the relevant areas.

4 St Anne's Unit, Sacred Heart Hospital

Conditions attached, and an update on Conditions status – if any.

There were no conditions attached to the registration of this approved centre at the time of inspection.

Areas of compliance rated Excellent on this inspection

Regulation/Rule/Act/Code
Regulation 4: Identification of Residents
Regulation 5: Food and Nutrition
Regulation 6: Food Safety
Regulation 7: Clothing
Regulation 9: Recreational Activities
Regulation 11: Visits
Regulation 12: Communication
Regulation 13: Searches
Regulation 14: Care of the Dying
Regulation 15: Individual Care Plan
Regulation 22: Premises
Regulation 24: Health and Safety
Regulation 26: Staffing
Regulation 28: Register of Residents
Regulation 29: Operating Policies and Procedures
Regulation 32: Risk Management Procedure
Regulation 33: Insurance
Regulation 34: Certificate of Registration
Code of Practice, The Use of Mechanical Restraint
Code of Practice : Physical Restraint
Code of Practice, Guidance for Persons working in Mental Health Services with People with Intellectual Disabilities
Code of Practice on Admission, Transfer and Discharge

Outstanding issues from previous inspection

The previous inspection of the approved centre on the 19 September 2014 identified it was not fully compliant in two areas. The compliance rating achieved in the 2015 inspection is presented below.

Regulation/Rule/Act/Code	Inspection Findings 2015
Regulation 15: Individual Care Plan	Compliant Excellent
Regulation 22: Premises	Compliant Excellent

Non-compliant areas on this inspection

Regulation/Rule/Act/Code	Risk Rating
Regulation 8: Residents' Personal Property and Possessions	Low
Regulation 27: Maintenance of Records	Moderate

The approved centre was requested to provide Corrective and Preventative Actions (CAPAs) for areas of non-compliance and these are included in the full report, in the relevant areas.

5 Selskar House

Conditions attached, and an update on Conditions status – if any.

The Mental Health Commission attached a condition to the registration of this approved centre on the 18 December 2014. The condition stated:

The Mental Health Commission requires that ongoing clinical audits must be conducted, by appropriately qualified clinical persons external to the approved centre, as a cyclical process to monitor compliance with Article 15 (Individual Care Plan) of S.I. No 551 of 2006; Mental Health Act 2001 (Approved Centres) Regulations 2006 for each in-patient resident of each sector team to ensure improvement has been achieved and sustained. A sectorised report of the results of the ongoing clinical audit, naming each specific sector team, must be submitted to the Commission on 1st February 2015 and on the 1st of each month thereafter.

The report must detail the following; (i) Persons responsible for collecting the data, (ii) Audit criteria (The sample audit tool provided in the MHC Guidance Document on Individual Care Planning may be used), (iii) Outcome of Audit - level of compliance with Article 15', (iv) Quality improvement plan, (v) Implementation dates for the improvement plan, (vi) Dates to repeat the data collection to measure sustainability and/or improvement, and (vii) Methods to communicate the results to key stakeholders.

The approved centre was compliant with Regulation 15 Individual Care Plan in 2015.

Areas of compliance rated Excellent on this inspection

Regulation/Rule/Act/Code
Regulation 7: Clothing
Regulation 10: Religion
Regulation 13: Searches
Regulation 11: Visits
Regulation 30: Mental Health Tribunals
Regulation 31: Complaints Procedures
Regulation 33: Insurance

Outstanding issues from previous inspection

The previous inspection of the approved centre on the 06 March 2014 identified that the centre was not fully compliant with the regulations, rules, act and codes of practice listed below. The compliance rating achieved for each of these during the 2015 inspection is presented below.

Regulation/Rule/Act/Code	Inspection Findings 2015
Regulation 7: Clothing	Compliant
Regulation 15: Individual Care Plan	Compliant
Regulation 16: Therapeutic Services and Programmes	Non-Compliant

Regulation 20: Provision of Information to Residents	Compliant
Regulation 26: Staffing	Non-Compliant
Regulation 27: Maintenance of Records	Compliant
Regulation 28: Register of Residents	Non-Compliant
Regulation 34: Certificate of Registration	Compliant
Code of Practice on the Use of Physical Restraint in Approved Centres	Compliant
Code of Practice on the Admission, Transfer and Discharge to and from an Approved Centre	Compliant

Non-compliant areas on this inspection

Regulation/Rule/Act/Code	Risk Rating
Regulation 16: Therapeutic Services and Programmes	Moderate
Regulation 21: Privacy	Moderate
Regulation 23: Ordering, Prescribing, Storing and Administration of Medicine	Low
Regulation 25: Use of Closed Circuit Television (C.C.T.V)	Moderate
Regulation 26: Staffing	Moderate
Regulation 28: Register of Residents	Low
Regulation 29: Operating Policies and Procedures	Moderate
Regulation 32: Risk Management	Moderate
Rules Governing the use of Mechanical Means of Bodily Restraint (Part 5)	Moderate

The approved centre was requested to provide Corrective and Preventative Actions (CAPAs) for areas of non-compliance and these are included in the full report, in the relevant areas.