

Mental Health Commission Approved Centre Inspection Reports

Below you will find an Inspection Reports published by the Mental Health Commission.

The Approved Centres reported on are:

1. **Department of Psychiatry, Midland Regional Hospital, Portlaoise**
http://www.mhcirl.ie/File/2015-Inspection-Reports/DOPMRHPortlaoise_ir2015.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, Midland Regional Hospital, Portlaoise**

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

The approved centre currently has conditions attached as follows –

- (A) The Mental Health Commission requires full compliance with Article 15 (Individual Care Plan) of S.I. No 551 of 2006; Mental Health Act 2001 (Approved Centres) Regulations 2006.
- (B) 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 April 2014 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.

Review of individual care plans during this inspection indicated that the approved centre was in breach of this condition.

Areas of compliance rated Excellent on this inspection

Regulation/Rule/Act/Code
Regulation 28 - Register of Residents
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 26 and 27 June 2014 identified the following areas that were not fully compliant:

Regulation/Rule/Act/Code	Inspection Findings 2015
Regulation 15 - Individual Care Plan	Non-compliant
Regulation 16 - Therapeutic Services and Programmes	Compliant
Regulation 19 - General Health	Compliant
Regulation 21 - Privacy	Non-compliant
Regulation 22 - Premises	Non-compliant
Regulation 23 - Ordering, Prescribing, Storing and Administration of Medicines	Non-compliant
Regulation 32 - Risk Management Procedures	Compliant
Rules - Use of Seclusion	Non-compliant
Rules on the Use of ECT for Involuntary patients	Compliant
Code of Practice on Physical Restraint	Compliant
Code of Practice on Admission of Children	Non-compliant
Code of Practice - Notification of Deaths and Incident Reporting	Non-compliant
Code of Practice on ECT for Voluntary patients	Non-compliant
Code of Practice - Admission, Transfer and Discharge	Non-compliant

Non-compliant areas on this inspection

Regulation/Rule/Act/Code	Risk Rating
Regulation 14 – Care of the Dying	Low
Regulation 15 – Individual Care Planning	High
Regulation 21 – Privacy	Moderate
Regulation 22 - Premises	Moderate
Regulation 23 – Ordering, Prescribing, Storing and Administration of Medicines	Critical
Regulation 24 – Health and Safety	Moderate
Regulation 26 – Staffing	Moderate
Regulation 27 – Maintenance of Records	Moderate
Rule on the Use of Seclusion	High
Part 4 Consent to Treatment	High
COP on Admission of Children	High
COP on Notification of Deaths and Incident Reporting	Moderate
COP on ECT for Voluntary Patients	High
COP on Admission, Transfer and 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 report, in the relevant areas.

