

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. St. Gabriel's Ward, St. Canice's Hospital
http://www.mhcirl.ie/File/2015-Inspection-Reports/StCanices_ir2015.pdf
2. Department of Psychiatry, Waterford Regional Hospital
http://www.mhcirl.ie/File/2015-Inspection-Reports/DOPWaterford_ir2015.pdf
3. Carraig Mór Centre
http://www.mhcirl.ie/File/2015-Inspection-Reports/CarraigMor_ir2015.pdf
4. Elm Mount Unit, St. Vincent's University Hospital
http://www.mhcirl.ie/File/2015-Inspection-Reports/ElmMountUnit_ir2015.pdf
5. Sliabh Mis Adult Mental Health Admission Unit, Kerry General Hospital
http://www.mhcirl.ie/File/2015-Inspection-Reports/SliabhMisKerry_ir2015.pdf
6. Lois Bridges
http://www.mhcirl.ie/File/2015-Inspection-Reports/LoisBridges_ir2015.pdf
7. St. Davnet's Hospital – Blackwater House
http://www.mhcirl.ie/File/2015-Inspection-Reports/StDavnets_ir2015.pdf
8. St. Aloysius Ward, Mater Misericordiae University Hospital
http://www.mhcirl.ie/File/2015-Inspection-Reports/StAloysiusMater_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 St. Gabriel's Ward, St. Canice's Hospital

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

N/A

Areas of compliance rated Excellent on this inspection

Regulation/Rule/Act/Code
Regulation 6: Food Safety
Regulation 14: Care of the Dying
Regulation 33: Insurance
Regulation 34: Certificate of Registration
Code of Practice on Notification of Deaths and Incident Reporting

Outstanding issues from previous inspection

Three Regulations and two Rules were identified as having outstanding issues arising from the previous onsite inspection. These issues included:

- Individual Care Plans were incomplete
- Therapeutic Programmes and Activities were not clearly linked to Care Plans
- The Register of Residents was incomplete.

These were considered in the evaluation of the related Regulations and Rules, and the findings are documented within part 3 of the full report.

Non-compliant areas on this inspection

Regulation/Rule/Act/Code	Risk Rating
Regulation 15: Individual Care Plan	Low
Regulation 18: Transfer of Residents	Moderate
Regulation 28: Register of Residents	Moderate
Regulation 31: Complaints Procedure	Moderate

The approved centre has been requested to provide CAPAs for areas of non-compliance and these are included in the report, in the relevant areas.

2 Department of Psychiatry, University Hospital Waterford

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

N/A

Areas of compliance rated Excellent on this inspection

Regulation/Rule/Act/Code
Regulation 33 Insurance
Regulation 34 Certificate of Registration

Outstanding issues from previous inspection

The previous inspection of the Department of Psychiatry, University Hospital Waterford on the 31 July and 1 August 2014 identified that the approved centre was not fully compliant with the following Regulations, Rules, Part 4 of the Mental Health Act 2001 and Codes of Practice:

Non-Compliant Regulations, Rules and Codes of Practice in 2014	Compliance rating in 2015
Regulation 6 Food Safety	Compliant
Regulation 9 Recreational Activities	Compliant
Regulation 11 Visits	Compliant
Regulation 15 Individual Care Plan	Compliant
Regulation 16 Therapeutic services and Programmes	Compliant
Regulation 21 Privacy	Non-compliant
Regulation 27 Maintenance of Records	Compliant
Regulation 22 Premises	Non-compliant
Regulation 31 Complaints Procedure	Compliant
Regulation 32 Risk Management Procedures	Compliant
The Use of Seclusion	Compliant
Physical Restraint	Compliant
Section 60 of the Mental Health Act 2001	Compliant

These were considered in the evaluation of the related Regulations, Rules, Part 4 of the Mental Health Act 2001 and Codes of Practice and the findings are documented within Part 3 of the full report.

Non-compliant areas on this inspection

Regulation/Rule/Act/Code	Risk Rating
Regulation 7 Clothing	Moderate
Regulation 13 Searches	Low
Regulation 20 Provision of Information to Residents	Moderate
Regulation 21 Privacy	Moderate

Regulation 22 Premises	High
Regulation 23 Ordering, Prescribing, Storing and Administration of Medicines	High
Regulation 31: Complaints Procedures	Moderate
Code of Practice on Admission of Children	Moderate

The approved centre has been requested to provide CAPAs for areas of non-compliance and these are included in the report, in the relevant areas.

3. Carraig Mór Centre

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

N/A

Areas of compliance rated Excellent on this inspection

Regulation/Rule/Act/Code of Practice
Regulation 4 Identification of Residents
Regulation 5 Food and Nutrition
Regulation 6 Food Safety
Regulation 16 Therapeutic Services and Programmes
Regulation 28 Register of Residents
Regulation 33 Insurance
Regulation 34 Certificate of Registration
Part 4 of the Mental Health Act 2001 Consent to Treatment
Code of Practice on the Use of Physical Restraint

Outstanding issues from previous inspection

The previous inspection of the approved centre on 01 October 2014 identified the following areas which were not compliant:

Regulation/Rule/Act/Code	Inspection findings 2015
Regulation 15 Individual Care Plan	Compliant
Regulation 16 Therapeutic Services and Programmes	Compliant
Regulation 22 Premises	Non-Compliant
Regulation 23 Ordering, Prescribing, Storing and Administration of Medicines	Non-Compliant
Regulation 27 Maintenance of Records	Non-Compliant
Code of Practice on The Use of Physical Restraint	Compliant

Non-compliant areas on this inspection

Regulation/Rule/Act/Code	Risk Rating
Regulation 13 Searches	High
Regulation 22 Premises	High
Regulation 23 Ordering, Prescribing, Storing	Moderate

and Administration of Medicines	
Regulation 27 Maintenance of Records	Low

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.

4. Elm Mount Unit, St. Vincent's University Hospital

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

N/A

Areas of compliance rated Excellent on this inspection

Regulation 4 Identification of Residents
Regulation 5 Food and Nutrition
Regulation 6 Food Safety
Regulation 7 Clothing
Regulation 10 Religion
Regulation 15 Individual Care Plan
Regulation 16 Therapeutic Services and Programmes
Regulation 20 Provision of Information to Residents
Regulation 27 Maintenance of Records
Regulation 28 Register of Residents
Regulation 33 Insurance
Regulation 34 Certificate of Registration
Section 59: Rules on The Use of Electro-Convulsive Therapy
Code of Practice on The Use of Electro-Convulsive Therapy (ECT) for Voluntary Patients
Code of Practice on Admission, Transfer and Discharge to and from an Approved Centre

Outstanding issues from previous inspection

Two Regulations were identified as having outstanding issues arising from the previous onsite inspection. These issues included:

Regulation/Rule/Act/Code	Inspection Findings 2015
Regulation 19 Privacy	Compliant
Regulation 33 Ordering, Prescribing, Storing and Administration of Medicines	Compliant

Non-compliant areas on this inspection

Regulation/Rule/Act/Code	Risk Rating
Regulation 21 Privacy	Moderate
Regulation 23 Ordering, Prescribing, Storing and Administration of Medicines	Low
Regulation 26 Staffing	Moderate
Regulation 30 Mental Health Tribunals	Moderate
Regulation 32 Risk Management Procedures	Low

Code of Practice Relating to Admission of Children Under the Mental Health Act 2001	Moderate
Code of Practice on the Use of Physical Restraint in Approved Centres	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.

5. Sliabh Mis Adult Mental Health Admission Unit, Kerry General Hospital

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

N/A

Areas of compliance rated Excellent on this inspection

Regulation/Rule/Act/Code
Regulation 5 – Food and Nutrition
Regulation 7 – Clothing
Regulation 10 – Religion
Regulation 12 – Communication
Regulation 14 – Care of the Dying
Regulation 19 – General Health
Regulation 28 – Register of Residents
Regulation 29 – Operating Policies and Procedures
Regulation 30 – Mental Health Tribunals
Regulation 33 – Insurance
Regulation 34 – Certificate of Registration
COP – Notification of Deaths and Incident Reporting

Outstanding issues from previous inspection

A number of issues were identified during the previous inspection in July 2014 as indicating non-compliance and requiring attention. These included –

- The general physical environment of the unit was rundown and shabby and, in places, overtly dilapidated. Access to outdoor recreation was limited and inconsistent.
- Visiting space was limited.
- Therapeutic facilities were inadequate.
- Privacy was inadequate.
- The premises were inadequate.
- Legal requirements in relation to the management of medication, monitoring of seclusion, and monitoring of physical restraint were not consistently observed.

These issues were specifically considered in this inspection against the related Regulations and Rules and the findings are documented within the full report.

Non-compliant areas on this inspection

Regulation/Rule/Act/Code	Risk Rating
Regulation 6 – Food Safety	High
Regulation 15 – Individual Care Plans	High
Regulation 21 – Privacy	Moderate

Regulation 23 – Ordering, Prescribing, Storing, and Administration of Medicines	Moderate
Regulation 25 – Use of Close Circuit Television (CCTV)	Low
Regulation 27 – Maintenance of Records	High
COP – Admission of Children	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.

6. Lois Bridges

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

N/A

Areas of compliance rated Excellent on this inspection

Regulation/Rule/Act/Code
4 Identification of Residents
5 Food and Nutrition
7 Clothing
9 Recreational Activities
11 Visits
16 Therapeutic Services and Programmes
22 Premises
28 Register of Residents
29 Operating Policies and Procedures
32 Risk Management Procedure
34 Certificate of Registration
Notification of Deaths and Incident Reporting
Admission, Transfer and Discharge to and from an Approved Centre

Outstanding issues from previous inspection

The previous inspection of the approved centre on 12 February 2014 identified the following areas of non-compliance:

Regulation/Rule/Act/Code	Inspection findings 2015
21 Privacy	Compliant
22 Premises	Compliant
23 Ordering, Prescribing, Storing and Administration of Medicines	Compliant
26 Staffing	Compliant
31 Complaints Procedure	Compliant
32 Risk Management Procedure	Compliant
Notification of Deaths and Incident Reporting	Compliant
Admission, Transfer and Discharge	Compliant
Guidance for Persons working in Mental Health Services with People with Intellectual Disabilities	Not applicable

Non-compliant areas on this inspection

Lois Bridges was compliant in all the Regulations, Rules and Codes of Practice applicable to the approved centre.

7. St. Davnet's Hospital – Blackwater House

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

The Mental Health Commission has attached the following condition with effect from 1st March 2014:

The Mental Health Commission requires quarterly reports on the development and construction of facilities to replace St Davnet's Hospital - Blackwater House. The first report must be submitted to the Commission by no later than 1st June 2014 and subsequent reports are due every three months thereafter.

Areas of compliance rated Excellent on this inspection

Regulation/Rule/Act/Code
Regulation 10 – Religion
Regulation 27 – Maintenance of Records
Regulation 28 – Register of Residents
Regulation 31 – Complaints Procedure
Regulation 32 – Risk Management
Regulation 33 - Insurance
Regulation 34 – Certificate of Registration

Outstanding issues from previous inspection

The previous inspection of the approved centre on 17th April 2014 identified the following areas of non-compliance:

Regulation/Rule/Act/Code	Inspection findings 2015
Regulation 15 – Individual Care Plan	Non-compliant
Regulation 16 – Therapeutic Services and Programmes	Compliant
Regulation 21 - Privacy	Compliant
Regulation 22 - Premises	Non-compliant
Regulation 26 - Staffing	Compliant
COP – Guidance for Persons working in Mental Health Services with people with Intellectual Disabilities	Compliant
COP – Notification of Deaths and Incident Reporting	Compliant

Non-compliant areas on this inspection

Regulation/Rule/Act/Code	Risk Rating
Regulation 13 - Searches	Moderate
Regulation 15 – Individual Care Plan	Moderate
Regulation 18 – Transfer of Residents	Moderate
Regulation 19 – General Health	Moderate
Regulation 22 – Premises	Low
Regulation 23 – Ordering, Prescribing, Storing and Administration of Medicines	Low
COP – Admission, Transfer, and Discharge to and from an Approved Centre	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.

8. St. Aloysius Ward, Mater Misericordiae University Hospital

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

N/A

Areas of compliance rated Excellent on this inspection

Regulation/Rule/Act/Code
Regulation 6 Food Safety

Outstanding issues from previous inspection

The previous inspection of the Approved Centre on 13 February 2014 identified the following areas of non-compliance:

Regulation/Rule/Act/Code	Inspection findings 2015
Regulation 15 Individual Care Plans	Compliant
Regulation 16 Therapeutic Services and Programmes	Compliant
Regulation 22 Premises	Compliant
Regulation 23 Ordering, Prescribing, Storage and Administration of Medicines	Not compliant
Regulation 26 Staffing	Not compliant
Regulation 27 Maintenance of Records	Not compliant
Regulation 29 Operating Policies and Procedures	Compliant

Non-compliant areas on this inspection

Regulation/Rule/Act/Code	Risk Rating
Regulation 9 Recreational Activities	Moderate
Regulation 23 Ordering, Prescribing, Storage and Administration of Medication	Low
Regulation 26 Staffing	Critical
Regulation 27 Maintenance of Records	Low

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