

## **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 Finbarr's Hospital – St Catherine's Ward**  
[http://www.mhcirl.ie/File/2015-Inspection-Reports/StFinbarrs\\_ir2015.pdf](http://www.mhcirl.ie/File/2015-Inspection-Reports/StFinbarrs_ir2015.pdf)
2. **Cappahard Lodge**  
[http://www.mhcirl.ie/File/2015-Inspection-Reports/CappahardLodge\\_ir2015.pdf](http://www.mhcirl.ie/File/2015-Inspection-Reports/CappahardLodge_ir2015.pdf)
3. **Linn Dara Child and Adolescent In-patient Unit, Cherry Orchard**  
[http://www.mhcirl.ie/File/2015-Inspection-Reports/LinnDaraCherryOrchard\\_ir2015.pdf](http://www.mhcirl.ie/File/2015-Inspection-Reports/LinnDaraCherryOrchard_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/](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/](http://www.mhcirl.ie/Inspectorate_of_Mental_Health_Services/Other_MHS_Inspection_Reports/)

## 1. St Finbarr's Hospital – St Catherine's Ward

### 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 7 - Clothing
Regulation 10 - Religion
Regulation 11 - Visits
Regulation 13 - Searches
Regulation 18 - Transfer of Residents
Regulation 19 - General Health
Regulation 28 - Register of Residents
Regulation 30 - Mental Health Tribunals
Regulation 33 - Insurance
Regulation 34 - Certificate of Registration
Code of Practice on the Use of Physical Restraint in Approved Centres

### Outstanding issues from previous inspection

The previous inspection of the approved centre on 2 October 2014 identified the following areas that were not fully compliant:

Regulation/Rule/Act/Code	Inspection Findings 2015
Regulation 21 - Privacy	Compliant
Regulation 22 - Premises	Non-Compliant
Regulation 23 - Ordering, Prescribing, Storing and Administration of Medicines	Compliant
Regulation 24 - Health & Safety	Compliant
Regulation 27 - Maintenance of Records	Non-Compliant
Regulation 31 - Complaints Procedures	Non-Compliant
Regulation 32 - Risk Management Procedures	Compliant
Code of Practice on Admission, Transfer, Discharge	Non-Compliant
Code of Practice on Notification of Deaths and Incident Reporting	Non-Compliant
Code of Practice on the Use of Physical Restraint in Approved Centres	Compliant
Code of Practice - Guidance for Persons Working in Mental Health Services with People with Intellectual Disabilities	Compliant

### Non-compliant areas on this inspection

Regulation/Rule/Act/Code	Risk Rating
Regulation 8 - Residents' Personal Property and Possessions	Moderate
Regulation 22 - Premises	Moderate
Regulation 27 - Maintenance of Records	Moderate
Regulation 31 - Complaints Procedure	Moderate

Code of Practice on Notification of Deaths and Incident Reporting	Low
Code of Practice 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.

## 2. Cappahard Lodge

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

The following condition to registration was in place:

(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 October 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.

### Areas of compliance rated Excellent on this inspection

Regulation/Rule/Act/Code
Regulation 6 Food Safety
Regulation 15 Individual Care Plan
Regulation 27 Maintenance of Records
Regulation 28 Register of Residents
Regulation 29 Operating Policies and Procedures
Regulation 33 Insurance
Regulation 34 Certificate of Registration

### Outstanding issues from previous inspection

The previous inspection of the approved centre on 10 July 2014 identified the following areas that were not fully compliant:

Regulation/Rule/Act/Code	Inspection Findings 2015
Regulation 14 Care of the Dying	Compliant
Regulation 15 Individual Care Plans	Compliant
Regulation 16 Therapeutic Services and Programmes	Compliant
Regulation 19 General Health	Non-compliant

Regulation 26 Staffing	Compliant
Regulation 32 Risk Management Procedures	Non-compliant
Code of Practice on the Notification of Deaths and Incidents	Non-compliant
Code of Practice on Admission, Transfer and Discharge	Compliant
Code of Practice Guidance for Persons working in Mental Health Services with People with Intellectual Disabilities	Non-compliant

### Non-compliant areas on this inspection

Regulation/Rule/Act/Code	Risk Rating
Regulation 19 General Health	High
Regulation 22 Premises	Low
Regulation 23 Ordering, Prescribing, Storing and Administration of Medicines	Moderate
Regulation 31 Complaints	Low
Regulation 32 Risk Management	High
Code of Practice on Notification of Deaths and Incident Reporting.	Moderate
Code of Practice on Intellectual Disability and Mental Illness	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.

### 3. Linn Dara Child and Adolescent In-patient Unit, Cherry Orchard

#### 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 8: Residents' Personal Property and Possessions
Regulation 9: Recreational Activities
Regulation 10: Religion
Regulation 11: Visits
Regulation 12: Communication
Regulation 14: Care of the Dying
Regulation 16: Therapeutic Services and Programmes
Regulation 17: Children's Education
Regulation 18: Transfer of Residents
Regulation 19: General Health
Regulation 20: Provision of Information to Residents

Regulation 27: Maintenance of Records
Regulation 28: Register of Residents
Regulation 31: Complaints Procedures
Regulation 33: Insurance
Regulation 34: Certificate of Registration
COP Admission of Children
COP on Notification of Deaths and Incident Reporting
Code of Practice on Guidance for Persons working in Mental Health Services with People with Intellectual Disabilities
COP on Admission, Transfer and Discharge

**Outstanding issues from previous inspection**

As this was the first inspection of the approved centre, there were no outstanding issues for consideration.

**Non-compliant areas on this inspection**

<b>Regulation/Rule/Act/Code</b>	<b>Risk Rating</b>
Regulation 13: Searches	Low
Regulation 15: Individual Care Plan	Low
Regulation 23: Ordering, Prescribing, Storing and Administration of Medicines	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.