

## 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. **Sligo/Leitrim Mental Health in-patient unit**  
[http://www.mhcirl.ie/File/2015-Inspection-Reports/sligo\\_leitrimMHinPU\\_IR2015.pdf](http://www.mhcirl.ie/File/2015-Inspection-Reports/sligo_leitrimMHinPU_IR2015.pdf)
2. **Acute Psychiartric Unit, Cavan General Hospital**  
[http://www.mhcirl.ie/File/2015-Inspection-Reports/APUCavan\\_ir2015.pdf](http://www.mhcirl.ie/File/2015-Inspection-Reports/APUCavan_ir2015.pdf)
3. **Lakeview Unit, Naas General Hospital**  
[http://www.mhcirl.ie/File/2015-Inspection-Reports/Lakeview\\_ir2015.pdf](http://www.mhcirl.ie/File/2015-Inspection-Reports/Lakeview_ir2015.pdf)
4. **Grangemore Ward and St. Aidan's Ward, St Otteran's Hospital**  
[http://www.mhcirl.ie/File/2015-Inspection-Reports/StOtterans\\_ir2015.pdf](http://www.mhcirl.ie/File/2015-Inspection-Reports/StOtterans_ir2015.pdf)
5. **St Stephen's Hospital**  
[http://www.mhcirl.ie/File/2015-Inspection-Reports/StStephens\\_ir2015.pdf](http://www.mhcirl.ie/File/2015-Inspection-Reports/StStephens_ir2015.pdf)
6. **Department of Psychiartry, St. Luke's Hospital Kilkenny**  
[http://www.mhcirl.ie/File/2015-Inspection-Reports/DOPStLukes\\_ir2015.pdf](http://www.mhcirl.ie/File/2015-Inspection-Reports/DOPStLukes_ir2015.pdf)
7. **St. Joseph's Intellectual Disability Service**  
[http://www.mhcirl.ie/File/2015-Inspection-Reports/StJIDS\\_ir2015.pdf](http://www.mhcirl.ie/File/2015-Inspection-Reports/StJIDS_ir2015.pdf)
8. **Department of Psychiatry, Letterkenny General Hospital**  
[http://www.mhcirl.ie/File/2015-Inspection-Reports/DOPLetterkennyGH\\_ir2015.pdf](http://www.mhcirl.ie/File/2015-Inspection-Reports/DOPLetterkennyGH_ir2015.pdf)
9. **Ashlin Centre**  
[http://www.mhcirl.ie/File/2015-Inspection-Reports/AshlinCentre\\_ir2015.pdf](http://www.mhcirl.ie/File/2015-Inspection-Reports/AshlinCentre_ir2015.pdf)
10. **Le Brun House and Whitethorn House, Vergemount Mental Health facility**  
[http://www.mhcirl.ie/File/2015-Inspection-Reports/VergemountMHF\\_ir2015.pdf](http://www.mhcirl.ie/File/2015-Inspection-Reports/VergemountMHF_ir2015.pdf)
11. **Acute Mental Health Unit, Cork University Hospital**  
[http://www.mhcirl.ie/File/2015-Inspection-Reports/AcuteMHUCorkUniHosp\\_ir2015.pdf](http://www.mhcirl.ie/File/2015-Inspection-Reports/AcuteMHUCorkUniHosp_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. Sligo/Leitrim Mental Health in-patient unit

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

There was one condition attached to the registration of this approved centre at the time of inspection as follows;

The approved centre shall ensure that all staff who are involved in the operations of the Mental Health Act 2001 and associated rules and codes of practice receive mandatory training as set out in the registered proprietor's training plan received by the MHC on 28<sup>th</sup> January 2014. The Commission also requires quarterly reports on the progress of the delivery of the mandatory training with the first report due on 1st April 2014 and subsequent reports due every three months thereafter.

### Areas of compliance rated Excellent on this inspection

Regulation/Rule/Act/Code
Regulation 16 - Therapeutic Services and Programmes
Regulation 21 - Privacy
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

The previous inspection of the approved centre on the 7 and 8 October 2014 identified the following areas that were not fully compliant:

Regulation/Rule/Act/Code	Inspection Findings 2015
Regulation 15 - Individual Care Plan	Compliant
Regulation 16 - Therapeutic Services and Programmes	Compliant
Regulation 19 - General Health	Compliant
Regulation 20 - Provision of Information to Residents	Compliant
Regulation 21 - Privacy	Compliant
Regulation 22 - Premises	Non-compliant
Regulation 23 - Ordering, Prescribing, Storing and Administration of Medicines	Compliant
Regulation 24 - Health and Safety	Compliant
Regulation 25 - Use of Closed Circuit Television (CCTV)	Compliant
Regulation 26 - Staffing	Compliant
Regulation 29 - Operating Policies and Procedures	Compliant
Regulation 31 - Complaints Procedures	Compliant
Regulation 32 - Risk Management Procedures	Compliant
Rules - Use of Seclusion	Non-compliant
Code of Practice - Notification of Deaths and Incident Reporting	Compliant
Code of Practice - Admission, Transfer and Discharge	Compliant
Code of Practice - Guidance for Persons working in Mental Health Services with People with Intellectual	Non-compliant

Disabilities	
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**Non-compliant areas on this inspection**

<b>Regulation/Rule/Act/Code</b>	<b>Risk Rating</b>
Regulation 22 - Premises	Moderate
Rules Governing the Use of Seclusion	Low
COP on the Use of Physical restraint in Approved Centres	Low
COP Guidance for Persons working in Mental Health Services for People with Intellectual Disability	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.

## 2. Acute Psychiatric Unit, Cavan General Hospital

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

In 2014, the following condition was attached to the registration of the Acute Psychiatric Unit, Cavan General Hospital:

The Mental Health Commission requires notification in writing when a programme of electro-convulsive therapy (ECT) is prescribed for a patient or resident by the responsible consultant psychiatrist. The notification must be made prior to the administration of this programme and must include the following:

- (i) The proposed date of commencement of the programme of ECT;
- (ii) Confirmation that the requirements of Section 11: Staffing of the *Rules Governing the Use of Electro-Convulsive Therapy* or Section 12: Staffing of the *Code of Practice on the Use of Electro-Convulsive Therapy for Voluntary Patients*, as applicable, will be fully complied with throughout the administration of the programme of ECT; and
- (iii) Confirmation that all staff members who will be involved in the administration of the programme of ECT have completed an induction programme.

### Areas of compliance rated Excellent on this inspection

Regulation/Rule/Act/Code
Regulation 11 – Visits
Regulation 24 – Health and Safety
Regulation 28 – Register of Residents
Regulation 30 – Mental Health Tribunals
Regulation 31 – Complaints Procedures
Regulation 33 – Insurance
Code of Practice on the Notification of Deaths and Incident Reporting
Code of Practice on Admission, Transfer and Discharge

### Outstanding issues from previous inspection

The previous inspection of the approved centre on 3 and 4 June 2014 identified the following areas that were not fully compliant:

Regulation/Rule/Act/Code	Inspection Findings 2015
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 22 – Premises	Compliant
Regulation 23 – Ordering, Prescribing, Storing and Administration of Medication	Compliant
Regulation 26 – Staffing	Non-Compliant
Regulation 27 – Maintenance of Records	Non-Compliant
Regulation 32 – Risk Management Procedures	Non-Compliant
Rules Governing the Use of Electro-convulsive Therapy	Not Applicable
Rules governing the Use Mechanical Means of Bodily Restraint	Not Applicable
Code of Practice on the Use of Physical Restraint	Non-Compliant
Code of Practice on the Admission of Children	Non-Compliant
Code of Practice on Notifications of Deaths and Incident Reporting	Compliant

Code of Practice on Admission, Transfer and Discharge	Compliant
Code of Practice on the Use of Electro-convulsive Therapy for Voluntary Patients	Not Applicable

**Non-compliant areas on this inspection**

<b>Regulation/Rule/Act/Code</b>	<b>Risk Rating</b>
Regulation 21 – Privacy	Low
Regulation 26 – Staffing	Moderate
Regulation 27 – Maintenance of Records	High
Regulation 32 – Risk Management Procedures	Low
Part 4 – Consent to Treatment	Moderate
Code of Practice on the Use of Physical Restraint	High
Code of Practice on 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.

### 3. Lakeview Unit, Naas General 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 6 Food Safety
Regulation 14 Care of the Dying
Regulation 16 Therapeutic Services and Programmes
Regulation 19 General Health
Regulation 28 Register of Residents
Regulation 33 Insurance
Regulation 34 Certificate of Registration
Rules on the Use of Electro-convulsive Therapy

#### Outstanding issues from previous inspection

The previous inspection of the approved centre on 10 and 11 July 2014 identified the following areas that were not fully compliant:

Regulation/Rule/Act/Code	Inspection Findings 2015
Regulation 22 Premises	Compliant
Rules on the Use of Seclusion	Non-compliant
Code of Practice on Physical Restraint	Non-compliant
Code of Practice on the Admission of Children	Non-compliant
Part 4 Consent to Treatment	Non-compliant
Code of Practice on the Admission, Transfer and Discharge to and from an Approved Centre	Non-compliant

#### Non-compliant areas on this inspection

Regulation/Rule/Act/Code	Risk Rating
Regulation 8 Residents' Personal Property and Possessions	Low
Regulation 15 Individual Care Plan	Low
Regulation 21 Privacy	Low
Regulation 29 Operating Policies and Procedures	Low
Regulation 30 Mental Health Tribunals	Low
Regulation 32 Risk Management Procedures	Moderate
Rule on Seclusion	Moderate
Part 4 Mental Health Act 2001 Consent to Medication	Low
Code of Practice on the Use of Physical Restraint	Moderate
Code of Practice on the Admission of Children	Moderate
Code of Practice on the Notification of Deaths and Incidents	Low
Code of Practice on Admission, Transfer and Discharge of Residents	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.



#### 4. Grangemore Ward and St. Aidan's Ward, St Otteran's 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 5: Food and Nutrition
Regulation 6: Food Safety
Regulation 7: Clothing
Regulation 10: Religion
Regulation 13: Searches
Regulation 19: General Health
Regulation 24: Health and Safety
Regulation 28: Register of Residents
Regulation 29: Operating Policies and Procedures
Regulation 30: Mental Health Tribunals
Regulation 33: Insurance
Regulation 34: Certificate of Registration
Section 69: The Use of Mechanical Restraint
Code of Practice: The Use of Physical Restraint in Approved Centres

##### Outstanding issues from previous inspection

The previous inspection of the approved centre on the 29 May 2014 identified it was not fully compliant in the following 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
Regulation 16: Therapeutic Services and Programmes	Compliant
Regulation 21: Privacy	Compliant
Regulation 22: Premises	Compliant
Regulation 26: Staffing	Non-Compliant
Regulation 27: Maintenance of Records	Compliant
Regulation 29: Operating Policies and Procedures	Compliant
Regulation 31: Complaints Procedures	Compliant
Regulation 32: Risk Management Procedures	Non-Compliant
Section 69: The Use of Mechanical Restraint	Compliant
Code of Practice on the Use of Physical Restraint	Compliant
Section 60: Administration of Medicines	Compliant
Code of Practice on Admission, Transfer and Discharge	Non-Compliant

##### Non-compliant areas on this inspection

Regulation/Rule/Act/Code	Risk Rating
Regulation 8: Residents' Personal Property and Possessions	Low
Regulation 18: Transfer of Residents	Moderate
Regulation 23: Ordering, Prescribing, Storing and Administration of Medicines	Moderate

Regulation 26: Staffing	Moderate
Regulation 32: Risk Management Procedures	Moderate
Code of Practice on the 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.

## 5. St Stephen's 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 5: Food and Nutrition
Regulation 6: Food Safety
Regulation 7: Clothing
Regulation 10: Religion
Regulation 11: Visits
Regulation 14: Care of the Dying
Regulation 18: Transfer of Residents
Regulation 28: Register of Residents
Regulation 30: Mental Health Tribunals
Regulation 33: Insurance
Regulation 34: Certificate of Registration
Mental Health Act 2001 Part 4: Consent to Treatment
Code of Practice on Notification of Deaths and Incident Reporting

### Outstanding issues from previous inspection

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

Regulation/Rule/Act/Code	Inspection Findings 2015
Regulation 8: Residents' Personal Property and Possessions	Compliant
Regulation 15: Individual Care Plan	Compliant
Regulation 16: Therapeutic Services and Programmes	Compliant
Regulation 21: Privacy	Non-Compliant
Regulation 22: Premises	Non-Compliant
Regulation 24: Health and Safety	Compliant
Code of Practice on Physical Restraint	Non-Compliant
Code of Practice on Admission, Transfer and Discharge to and from an Approved Centre	Compliant

### Non-compliant areas on this inspection

Regulation/Rule/Act/Code	Risk Rating
Regulation 21: Privacy	Moderate
Regulation 22: Premises	Moderate
Regulation 23: Ordering, Prescribing and Administration of Medicines	Moderate
Regulation 26: Staffing	Moderate
Regulation 32: Risk Management Procedures	High
Code of Practice on the Use of Physical Restraint	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.

## 6. Department of Psychiatry, St. Luke's Hospital Kilkenny

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

The approved centre had one condition attached to its registration at time of inspection.

(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 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.

**Date attached:** 1<sup>st</sup> March 2014

### Areas of compliance rated Excellent on this inspection

Regulation/Rule/Act/Code
Regulation 15- Individual Care Plan
Regulation 29 - Operating Policies and Procedures
Regulation 30 - Mental Health Tribunals
Regulation 31 - Complaints Procedure
Regulation 33 - Insurance
Regulation 34 - Certificate of Registration
Rules - ECT
Code of Practice- Notification of Deaths and Incident Reporting
Code of Practice- ECT

### Outstanding issues from previous inspection

The previous inspection of the approved centre on 4, 5, and 6 March 2014 identified the following areas that were not fully compliant:

Regulation/Rule/Act/Code	Inspection Findings 2015
Regulation 15 - Individual Care Plan	Compliant
Regulation 16 - Therapeutic Services and Programmes	Compliant
Regulation 21 - Privacy	Compliant
Regulation 22 - Premises	Non-Compliant
Regulation 23 - Ordering, Prescribing, Storing and Administration of Medicines	Non-Compliant
Regulation 24 - Health and Safety	Non-Compliant
Regulation 26 - Staffing	Non-Compliant
Regulation 27- Maintenance of Records	Compliant
Rules - ECT	Compliant
Rules - Seclusion	Non-Compliant
Code of Practice - Admission of Children	Non-Compliant
Code of Practice - Physical Restraint	Non-Compliant
Code of Practice - ECT Voluntary Patients	Compliant
Code of Practice - Admissions, Transfer, Discharge	Non-Compliant

**Non-compliant areas on this inspection**

<b>Regulation/Rule/Act/Code</b>	<b>Risk Rating</b>
Regulation 9- Recreational Activities	Moderate
Regulation 18- Transfer of Residents	Moderate
Regulation 22- Premises	High
Regulation 23- Ordering, Prescribing, Storing & Administration of Medicines	Moderate
Regulation 24- Health and Safety	Low
Regulation 25 – Use of Closed Circuit Television	Moderate
Regulation 26- Staffing	Moderate
Rules - Seclusion	Moderate
Consent to Treatment	Moderate
Code of Practice - Physical Restraint	Moderate
Code of Practice - Admission of Children	High
Code of Practice - Admissions, 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 report, in the relevant areas.

## 7. St. Joseph's Intellectual Disability Service

### 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 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 12 Communication
Regulation 14 Care of the Dying
Regulation 15 Individual Care Plan
Regulation 16 Therapeutic Services and Programmes
Regulation 18 Transfer of Residents
Regulation 19 General Health
Regulation 23 Ordering, Storing, Prescribing and Administration of Medicines
Regulation 24 Health and Safety
Regulation 27 Maintenance of Records
Regulation 28 Register of Residents
Regulation 29 Operating Policies and Procedures
Regulation 30 Mental Health Tribunals
Regulation 32 Risk Management Procedures
Regulation 33 Insurance
Regulation 34 Certificate of Registration
Code of Practice on the Use of Physical Restraint
Code of Practice on the Notification of Deaths and Incident Reporting
Code of Practice on Guidance for Persons Working in Mental Health Services with People with Intellectual Disability

### Outstanding issues from previous inspection

The previous inspection of the approved centre on 22 and 23 July 2014 identified the following areas that were not fully compliant:

Regulation/Rule/Act/Code	Inspection Findings 2015
Regulation 21 Privacy	Non-compliant
Regulation 22 Premises	Non-compliant
Regulation 23 Ordering, Storing, Prescribing and Administration of Medicines	Compliant
Regulation 24 Health and Safety	Compliant
Regulation 26 Staffing	Compliant
Section 69: The Use of Seclusion	Compliant
Code of Practice on the use of Physical Restraint in Approved Centres	Compliant

### Non-compliant areas on this inspection

Regulation/Rule/Act/Code	Risk Rating
Regulation 21 Privacy	Moderate
Regulation 22 Premises	Moderate
Rules on the Use of Mechanical Restraint	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. Department of Psychiatry, Letterkenny General 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 8 Residents' Personal Property and Possessions
Regulation 9 Recreational Activities
Regulation 10 Religion
Regulation 11 Visits
Regulation 14 Care of the Dying
Regulation 18 Transfer of Residents
Regulation 19 General Health
Regulation 20 Provision of Information to Residents
Regulation 21 Privacy
Regulation 27 Maintenance of Records
Regulation 28 Register of Residents
Regulation 29 Operating Policies and Procedures
Regulation 30 Mental Health Tribunals
Regulation 32 Risk Management Procedures
Regulation 33 Insurance
Regulation 34 Certificate of Registration
Rules Governing the Use of ECT
Section 60 Mental Health Act 2001
Guidance for Persons Working in Mental Health Services with People with Intellectual Disabilities
Code of Practice on the Use of ECT for Voluntary Patients

### Outstanding issues from previous inspection

The previous inspection of the approved centre on 16 and 17 September 2014 identified the following areas that were not fully compliant:

Regulation/Rule/Act/Code	Inspection Findings 2015
Regulation 13 Searches	Compliant
Regulation 15 Individual Care Plan	Non-compliant
Regulation 16 Therapeutic Services and Programmes	Non-compliant
Regulation 21 Privacy	Compliant
Regulation 22 Premises	Non-compliant
Regulation 23 Ordering, Prescribing, Storing and Administration of Medicines	Non-compliant
Regulation 26 Staffing	Non-compliant
Regulation 27 Maintenance of Records	Compliant
Regulation 32 Risk Management Procedures	Compliant
Code of Practice on the Use of Physical Restraint in Approved Centres	Non-compliant
Code of Practice on the Admission of Children	Not Applicable
Code of Practice on the Notification of Deaths and Incident Reporting	Non-compliant
Code of Practice on the Use of ECT for Voluntary	Compliant



Patients	
Code of Practice on Admission, Transfer and Discharge to and from an Approved Centre	Non-compliant

**Non-compliant areas on this inspection**

<b>Regulation/Rule/Act/Code</b>	<b>Risk Rating</b>
Regulation 15 Individual Care Plan	High
Regulation 16 Therapeutic Services and Programmes	High
Regulation 22 Premises	Moderate
Regulation 23 Ordering, Prescribing, Storing and Administration of Medicines	Moderate
Regulation 26 Staffing	Moderate
Code of Practice on the Use of Physical Restraint in Approved Centres	Low
Code of Practice on the Notification of Deaths and Incident Reporting	Low
Code of Practice on 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.

## 9. Ashlin Centre

### 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 6 – Food Safety
Regulation 23 – Ordering, Prescribing, Storing and Administration of Medicines
Regulation 24 – Health and Safety
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 3 and 4 December 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 23 – Ordering, Prescribing, Storing, and Administration of Medicines	Compliant
Regulation 27 – Maintenance of Records	Compliant
Rule – The Use of Seclusion	Compliant
Code of Practice – The Use of Physical Restraint	Compliant
Code of Practice – Admission of Children	Non-compliant
Code of Practice – Admission, Transfer, and Discharge	Compliant

### Non-compliant areas on this inspection

Regulation/Rule/Act/Code	Risk Rating
Regulation 15 – Individual Care Plan	Moderate
Regulation 25 – Use of CCTV	Low
Regulation 26 – Staffing	High
Code of Practice - 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.

## 10. Le Brun House and Whitethorn House, Vergemount Mental Health facility

### 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 5 Food and Nutrition
Regulation 6 Food Safety
Regulation 33 Insurance
Regulation 34 Certificate of Registration

### Outstanding issues from previous inspection

As the approved centre was registered in 2015, there had been no previous approved centre inspection.

### Non-compliant areas on this inspection

Regulation/Rule/Act/Code	Risk Rating
Regulation 15 Individual Care Plan	Moderate
Regulation 20 Provision of Information to Residents	Low
Regulation 21 Privacy	Moderate
Regulation 22 Premises	High
Regulation 23 Ordering, Prescribing, Storing and Administration of Medicines	Moderate
Regulation 24 Health and Safety	High
Regulation 26 Staffing	Moderate
Regulation 27 Maintenance of Records	Low
Regulation 28 Register of Residents	Low
Regulation 29 Operating Policies and Procedures	Low
Regulation 31 Complaints	Moderate
Rules Governing the Use of Mechanical Restraint	Moderate
Guidance for Persons Working in Mental Health Services with People with Intellectual Disabilities	Low
Notification of Deaths and Incident Reporting	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.

## 11. Acute Mental Health Unit, Cork University 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 7 - Clothing
Regulation 13 - Searches
Regulation 14 - Care of the Dying
Regulation 19 - General Health
Regulation 29 - Operating Policies and Procedures
Regulation 33 - Insurance
Regulation 34 - Certificate of Registration
Consent to Treatment, Part 4 Mental Health Act 2001

### Outstanding issues from previous inspection

As this was the first inspection of the approved centre, there were no outstanding issues from previous inspections.

### Non-compliant areas on this inspection

Regulation/Rule/Act/Code	Risk Rating
Regulation 8 - Residents' Personal Property and Possessions	Low
Regulation 15 - Individual Care Plan	Low
Regulation 21 - Privacy	Low
Regulation 23 - Ordering, Prescribing, Storing and Administration of Medicines	High
Regulation 27 - Maintenance of Records	Moderate
Regulation 28 - Register of Residents	Low
Regulation 32 – Risk Management Procedures	Moderate
Code of Practice on the Use of Physical Restraint	Moderate
Code of Practice on Notification of Deaths and Incident Reporting	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.