

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. Adult Mental Health Unit, Mayo General Hospital
http://www.mhcirl.ie/File/2016IRs/AMHU_Mayo_ir2016.pdf
2. Acute Psychiatric Unit 5B, University Hospital Limerick
http://www.mhcirl.ie/File/2016IRs/APU5B_Limerick_ir2016.pdf
3. Admissions Unit and St Enda's Ward, St Loman's Hospital, Mullingar
http://www.mhcirl.ie/File/2016IRs/StLomansMullingar_ir2016.pdf
4. Acute Psychiatric Unit, Tallaght Hospital
http://www.mhcirl.ie/File/2016IRs/APU_Tallaght_ir2016.pdf
5. Acute Pysciatric Unit, Cavan General Hospital
http://www.mhcirl.ie/File/2016IRs/APU_Cavan_ir2016.pdf
6. Department of Pysychiartry, Connolly Hospital
http://www.mhcirl.ie/File/2016IRs/DOP_Connolly_ir2016.pdf
7. Acute Psychiatric Unit, Ennis Hospital
http://www.mhcirl.ie/File/2016IRs/APU_Ennis_ir2016.pdf
8. Units 2, 3, 4, 5 and Unit 8, St Stephen's Hospital
http://www.mhcirl.ie/File/2016IRs/St_Stephens_ir2016.pdf
9. St Catherine's Ward, St Finbarr's Hospital
http://www.mhcirl.ie/File/2016IRs/St_Finbarr_ir2016.pdf
10. O'Connor Unit, St Finan's Hospital
http://www.mhcirl.ie/File/2016IRs/St_Finan_ir2016.pdf
11. St Vincent's Hospital
http://www.mhcirl.ie/File/2016IRs/StVincentFairview_ir2016.pdf
12. Sliabh Mis Mental Health Admission Unit, University Hospital Kerry
http://www.mhcirl.ie/File/2016IRs/SliabhMisKerry_ir2016.pdf
13. Tearmann Ward, St Camillus' Hospital
http://www.mhcirl.ie/File/2016IRs/TearmannWard_ir2016.pdf
14. Linn Dara, Child and Adolescent In-patient Unit, Cherry Orchard
http://www.mhcirl.ie/File/2016IRs/LinnDarraCherryOchard_ir2016.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.

General:

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. Adult Mental Health Unit, Mayo 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

There were no areas of excellence on this inspection.

Outstanding issues from previous inspection

The previous inspection of the approved centre on 13, 14 and 15 October 2015 identified the following areas that were not fully compliant:

Regulation/Rule/Act/Code	Inspection Findings 2016
Regulation 21 Privacy	Non-Compliant
Regulation 23 Ordering, Prescribing, Storing and Administration of Medicines	Compliant

Corrective and Preventative Action plan

After the report publication of the 2015 inspection, services within the Adult Mental Health Unit were requested to submit a Corrective and Preventative Action plan (CAPA) for each aspect of inspection with which they were non-compliant. Services submitted seven CAPAs in total, which were related to the following non-compliant areas: two CAPAs related to Regulation 21 Privacy, which remains non-compliant. Five CAPAs related to Regulation 23 Ordering, Prescribing, Storing and Administration of Medicines and Regulation 23, which was compliant at the time of the inspection.

Non-compliant areas on this inspection

Regulation/Rule/Act/Code	Risk Rating
Regulation 15 Individual Care Plan	Moderate
Regulation 18 Transfer of Residents	Moderate
Regulation 21 Privacy	Moderate
Regulation 22 Premises	High
Regulation 26 Staffing	Moderate
Regulation 31 Complaints Procedure	Moderate
Rule Governing the Use of Electro-Convulsive Therapy	Low
Rules Governing the Use of Seclusion	High
Mental Health Act: Part 4 Consent to Treatment	High
Code of Practice on the Use of Physical Restraint in Approved Centres	Moderate
Code of Practice on the Notification of Deaths and Incidents	Low
Code of Practice- Guidance for Persons working in Mental Health Services with People with Intellectual Disabilities	Low
Code of Practice on the Use of Electro-Convulsive Therapy (ECT) for Voluntary Patients	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. These are included in **Appendix 1** of the report.

2. Acute Psychiatric Unit 5B, University Hospital Limerick

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

There were no conditions attached to the registration of the approved centre at the time of inspection. A condition in relation to Regulation 15, Individual Care Plans was removed following a finding of compliance in 2015. The approved centre was found non-compliant in 2016.

Areas of compliance rated Excellent on this inspection

There were no areas of excellence on this inspection.

Outstanding issues from previous inspection

The previous inspection of the approved centre on 5, 6, and 7 August 2015 identified the following areas that were not compliant:

Regulation/Rule/Act/Code	Inspection Findings 2016
Regulation 13 Searches	Non-compliant
Regulation 21 Privacy	Non-compliant
Part 4 of the Mental Health Act 2001 - Consent to Treatment	Non-compliant
Code of Practice relating to the Admission of Children under the Mental Health Act 2001	Non-compliant
Code of Practice on the Use of Electro-Convulsive Therapy for Voluntary Patients	Not applicable

Corrective and Preventative Action plan

The approved centre was required to submit details of Corrective and Preventative Actions (CAPAs) to address areas of non-compliance as a result of the inspection of 2015. In all, there were five areas of non-compliance requiring CAPAs. The inspection team assessed the actions taken by the approved centre as follows:

- Regulation 13 Searches – the policy had been reviewed in February 2016 and an audit completed in March 2016.
- Regulation 21 Privacy – Curtains were installed, in August 2015, to ensure residents had privacy and additional wardrobes and lockers were purchased.
- Mental Health Act: Part 4 Consent to Treatment – all relevant staff were updated on the documentation requirements.
- Code of Practice on the Admission of Children – staff were trained and updated on the documentation requirements.
- Code of Practice on the Use of Electro-Convulsive Therapy (ECT) for Voluntary Patients – this code of practice was not applicable in 2016 as there were no voluntary residents receiving ECT.

Non-compliant areas on this inspection

Regulation/Rule/Act/Code	Risk Rating
Regulation 6 Food Safety	Moderate
Regulation 7 Clothing	Low

Regulation 13 Searches	High
Regulation 15 Individual Care Plan	High
Regulation 18 Transfer of Residents	Moderate
Regulation 19 General Health	Moderate
Regulation 21 Privacy	Critical
Regulation 22 Premises	Critical
Regulation 24 Health and Safety	High
Regulation 26 Staffing	Moderate
Regulation 27 Maintenance of Records	Moderate
Regulation 28 Register of Residents	Low
Regulation 29 Operating Policies and Procedures	Low
Regulation 32 Risk Management Procedures	High
Rules Governing the Use of Electro-Convulsive Therapy	High
Rules Governing the Use of Mechanical Means of Bodily Restraint	High
Part 4 of the Mental Health Act 2001 - Consent to Treatment	High
Code of Practice on the use of Physical Restraint in Approved Centres	Moderate
Code of Practice relating to the Admission of Children under the Mental Health Act 2001	High
Code of Practice for Mental Health Services on Notification of Deaths and Incident Reporting	Low
Code of Practice on Admission, Transfer and Discharge to and from an Approved Centre	Low

The approved centre was requested to provide Corrective and Preventative Actions (CAPAs) for areas of non-compliance. These are included in **Appendix 1** of the report.

3. Admissions Unit and St Enda's Ward, St Loman's Hospital, Mullingar

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

There were no areas rated excellent on this inspection.

Outstanding issues from previous inspection

The previous inspection of the approved centre on the 24, 25 & 26 November 2015 identified the following areas that were not compliant:

Regulation/Rule/Act/Code	Inspection Findings 2016
Regulation 4 Identification of Residents	Compliant
Regulation 5 Food and Nutrition	Compliant
Regulation 20 Provision of Information to Residents	Compliant
Regulation 21 Privacy	Compliant

Regulation 23 Ordering, Prescribing, Storing and Administration of Medicines	Compliant
Regulation 26 Staffing	Non-compliant
Regulation 27 Maintenance of Records	Non-compliant
Regulation 31 Complaints	Non-compliant
Rules Governing the Use of Seclusion	Non-compliant
Code of Practice on the Use of Physical Restraint in Approved Centres	Compliant
Code of Practice relating to the Admission of Children	Not applicable

Corrective and Preventative Action plan

CAPAs had been developed by the approved centre in respect of eight regulations, one rule and two codes of practice deemed non-compliant in the 2015 inspection. All of the CAPAs had been implemented.

Non-compliant areas on this inspection

Regulation/Rule/Act/Code	Risk Rating
Regulation 15 Individual Care Plan	High
Regulation 16 Therapeutic Services and Programmes	High
Regulation 25 Use of Close Circuit Television (CCTV)	Low
Regulation 26 Staffing	High
Regulation 27 Maintenance of Records	Moderate
Regulation 31 Complaints Procedure	Moderate
Regulation 32 Risk Management Procedures	Low
Rules on the Use of Seclusion	Moderate
Part 4 Consent to Treatment	High
Code of Practice on the Notification of Deaths and Incident Reporting	Low
Code of Practice on the Use of ECT for Voluntary Patients	High
Code of Practice on Admissions, Transfers and Discharges	Moderate

The approved centre was requested to provide Corrective and Preventative Actions (CAPAs) for areas of non-compliance. These are included in **Appendix 1** of the report.

4. Acute Psychiatric Unit, Tallaght 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

No areas were rated excellent on this inspection.

Outstanding issues from previous inspection

Regulation/Rule/Act/Code	Inspection Findings 2016
Regulation 7 – Clothing	Non-compliant

Regulation 15 - Individual Care Plan	Non-compliant
Regulation 23 - Ordering, Prescribing, Storing and Administration of Medicines.	Non-compliant
Regulation 26- Staffing	Non-compliant
Code of Practice on Admission of Children Under the Mental Health Act 2001	Non-compliant
Code of Practice on the Use of Electro-Convulsive Therapy for Voluntary Patients	Compliant

Corrective and Preventative Action plan

A number of Corrective and Preventative Actions had been undertaken following the previous inspection.

- Regulation 7: Clothing: A suitable supply of emergency clothing was still not available. Therefore this CAPA was not completed.
- Regulation 15: Individual Care Plan – In spite of the development of a new ICP template the maintenance of appropriate ICPs for all residents remains outstanding. The approved centre was non-compliant with this Regulation and the submitted CAPA, while implemented, has not resolved the outstanding issues.
- Regulation 23: Medication Management – In spite of introducing regular audits as part of submitted CAPA the approved centre remains non-compliant.
- Regulation 26: Staffing – CAPA submitted to revise policy and to implement a training plan to ensure that all staff were compliant with training requirements was not fully implemented.
- Code of Practice: Admission of Children – CAPA implemented.
- Code of Practice: Electro-Convulsive Therapy– CAPA implemented.

Non-compliant areas on this inspection

Regulation/Rule/Act/Code	Risk Rating
Regulation 7 – Clothing	Moderate
Regulation 11 – Visits	Moderate
Regulation 15 – Individual Care Plan	High
Regulation 19 – General Health	Moderate
Regulation 22 – Premises	Moderate
Regulation 23 – Ordering, Prescribing and Administration of Medicines	Moderate
Regulation 26 – Staffing	High
Regulation 27 – Maintenance of Records	Moderate
Regulation 28 – Register of Residents	Low
Regulation 29 – Operational Policies and Procedures	Moderate
Regulation 31 – Complaints Procedure	Low
Regulation 32 – Risk Management	Moderate
Rule Governing the Use of Seclusion	Low
Part 4: Consent to Treatment- The Mental Health Act 2001	High
Code of Practice on the Use of Physical Restraint	Moderate
Code of Practice on the Admission of Children	Moderate
Code of Practice for Mental Health Services on Notifications of Deaths	Low

and Incident Reporting	
Code of Practice on Guidance for Persons working in Mental Health Services with People with Intellectual Disabilities	Low
Code of Practice on Admission, Transfer and Discharge to and from an Approved Centre	Low

The approved centre was requested to provide Corrective and Preventative Actions (CAPAs) for areas of non-compliance. These are included in **Appendix 1** of the report.

5. Acute Pysciatric Unit, Cavan General Hospital

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

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.
- (iii) Confirmation that all staff members who will be involved in the administration of the programme of ECT have completed an induction programme.

Date attached: 19 August 2014.

Areas of compliance rated Excellent on this inspection

Regulation/Rule/Act/Code
Regulation 10 Religion
Regulation 11 Visits

Outstanding issues from previous inspection

The previous inspection of the approved centre on 14, 15, and 16 December 2015 identified the following areas that were not compliant:

Regulation/Rule/Act/Code	Inspection Findings 2016
Regulation 21 Privacy	Compliant
Regulation 26 Staffing	Non-compliant
Regulation 27 Maintenance of Records	Compliant
Regulation 32 Risk Management Procedures	Non-compliant
Part 4 of the Mental Health Act 2001 - Consent to Treatment	Non-compliant
Code of Practice on the Use of Physical Restraint in Approved Centres	Non-compliant
Code of Practice relating to the Admission of Children under the Mental Health Act 2001	Not applicable

Corrective and Preventative Action plan

The approved centre was required to submit details of Corrective and Preventative Actions (CAPAs) to address areas of non-compliance as a result of the inspection of 2015. There were seven areas of non-compliance requiring CAPAs. The inspection team assessed the actions taken by the approved centre to implement the CAPAs submitted by the service following the 2015 report. These are referenced in the applicable sections of the report.

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 22 Premises	Moderate
Regulation 25 Use of Closed Circuit Television	Moderate
Regulation 26 Staffing	Moderate
Regulation 28 Register of Residents	Moderate
Regulation 29 Operating Policies and Procedures	Moderate
Regulation 31 Complaints Procedures	Low
Regulation 32 Risk Management Procedures	Moderate
Regulation 34 Certificate of Registration	Moderate
Part 4 of the Mental Health Act 2001 - Consent to Treatment	Moderate
Code of Practice on the Use of Physical Restraint in Approved Centres	Low
Code of Practice for Mental Health Services on Notification of Deaths and Incident Reporting	Low
Code of Practice - Guidance for Persons working in Mental Health Services with People with Intellectual Disabilities	Low
Code of Practice on Admission, Transfer and Discharge to and from an Approved Centre	Low

The approved centre was requested to provide Corrective and Preventative Actions (CAPAs) for areas of non-compliance. These are included in **Appendix 1** of the report.

6. Department of Pyschiartry, Connolly 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 7: Clothing
Regulation 20: Provision of Information to Residents.

Outstanding issues from previous inspection

The previous inspection of the approved centre on 13, 14 and 15 July 2015 identified the following areas that were not compliant:

Regulation/Rule/Act/Code	Inspection Findings 2016
Regulation 4: Identification of Residents	Compliant
Regulation 15: Individual Care Plan	Non-Compliant
Regulation 23: Ordering, Prescribing, Storing and Administration of Medicines	Non-Compliant
Part 4: Consent to Treatment	Non-Compliant
Code of Practice Relating to the Admission of Children	Non-Compliant

Corrective and Preventative Action plan

Following the 2015 inspection, a number of Corrective and Preventative Actions (CAPAs) were provided by the approved centre to address the issues identified:

- **Regulation 4:** Identification of Residents: The Assistant Director of Nursing had completed a review of a medication error and implemented training on the identification of residents and medication management for relevant staff.
- **Regulation 15:** Individual Care Plan (ICP): ICPs were completed for three residents who did not have them at the time of the 2015 inspection. Regular audits had been carried out on the processes relating to care planning.
- **Regulation 23:** Ordering, Prescribing, Storing and Administration of Medicines: A missing Medical Council Record Number identified in the 2015 inspection was recorded on the relevant medication document.
- **Part 4:** Consent to Treatment: Inspection audits had been undertaken on the processes relating to consent, and instances of non-compliance in the documentation process had been addressed.
- **Code of Practice:** Admission of Children: The approved centre is not a recognised unit for the admission of children, as the facilities were not age appropriate.

Non-compliant areas on this inspection

Regulation/Rule/Act/Code	Risk Rating
Regulation 14: Care of the Dying	Low
Regulation 15: Individual Care Plan	High
Regulation 22: Premises	Moderate
Regulation 23: Ordering, Prescribing, Storing and Administration of Medicines	High
Regulation 26: Staffing	Moderate
Regulation 27: Maintenance of Records	Low
Rules Governing the Use of Seclusion	Low
Part 4: Consent to Treatment	High
Code of Practice on the Use of Physical Restraint	Moderate
Code of Practice Relating to the Admission of Children	Moderate
Code of Practice on Notification of Deaths	Low

and Incident Reporting	
Guidance for Persons Working in Mental Health Services with People with Intellectual Disabilities	Low
Code of Practice on Admission, Transfer and Discharge	Low

The approved centre was requested to provide Corrective and Preventative Actions (CAPAs) for areas of non-compliance. These are included in **Appendix 1** of the report.

7. Acute Psychiatric Unit, Ennis Hospital

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

The following conditions were attached to the registration of the approved centre on the 15 March 2016:

1. *The Mental Health Commission requires that all residents of the Acute Psychiatric Unit, University Hospital Ennis are accommodated in suitable sleeping accommodation that the privacy and dignity of residents are appropriately respected at all times.*

2. *The Mental Health Commission prohibits the transfer of residents to another approved centre to alleviate bed shortages.*

The inspection showed that the approved centre was non-compliant with Regulation 21 Privacy in respect of the lack of privacy in the temporary sleeping accommodation provided to residents. Therefore, the APU was in breach of Condition 1.

The inspection showed that a number of residents had been “sleeping out” in another approved centre during the period April to July 2016 when resident numbers exceeded bed capacity in the APU. Therefore the approved centre was deemed in breach of Condition 2.

Areas of compliance rated Excellent on this inspection

There were no areas rated excellent on this inspection

Outstanding issues from previous inspection

The previous inspection of the approved centre on 27, 28, & 29 October 2015 identified the following areas that were not compliant:

Regulation/Rule/Act/Code	Inspection Findings 2016
Regulation 13: Searches	Non-compliant
Regulation 18: Transfer of Residents	Non-compliant
Regulation 22: Premises	Non-compliant
Regulation 26: Staffing	Non-compliant
Regulation 29: Operating Policies and Procedures	Non-compliant
Code of Practice on the Use of Physical Restraint in Approved Centres	Compliant
Code of Practice on the Admission of Children	Non-compliant

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

Corrective and Preventative Action plan

CAPAs had been developed by the approved centre in respect of five regulations and three codes of practice deemed non-compliant in the 2015 inspection. All of the CAPAs had been implemented with the exceptions of:

- **Regulation 18:** Transfer of Residents - at the time of the 2016 inspection, one file inspected did not document the medical review of the resident prior to transfer. In addition, this file did not provide evidence that all relevant information about the resident was provided to the receiving hospital.
- **Regulation 22:** Premises – at the time of the 2016 inspection, some planned renovation works had been completed while the remaining planned work had just commenced and was not yet complete. Senior management stated that there was a plan of works which included 10 phases.
- **Regulation 26:** Staffing – at the time of inspection, staff training had been implemented in part but was not complete for all staff.

Non-compliant areas on this inspection

Regulation/Rule/Act/Code	Risk Rating
Regulation 7: Clothing	Moderate
Regulation 13: Searches	High
Regulation 18: Transfer of Residents	High
Regulation 21: Privacy	High
Regulation 22: Premises	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 Procedures	Moderate
Regulation 32: Risk Management Procedures	High
Rules Governing the Use of Seclusion	Moderate
Code of Practice on the Admission of Children	Moderate
Code of Practice on the Notification of Deaths and Incident Reporting	Low
Code of Practice on Guidance for Persons Working in Mental Health Services with People with Intellectual Disabilities	Moderate
Code of Practice on Admission, Transfer and Discharge to and from an Approved Centre	High

The approved centre was requested to provide Corrective and Preventative Actions (CAPAs) for areas of non-compliance. These are included in **Appendix 1** of the report.

8. Units 2, 3, 4, 5 and Unit 8, 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 6 Food Safety

Outstanding issues from previous inspection

The previous inspection of the approved centre on 07, 08 and 09 of December 2015 identified the following areas that were not compliant:

Regulation/Rule/Act/Code	Inspection Findings 2016
Regulation 21 Privacy	Non-compliant
Regulation 22 Premises	Non-compliant
Regulation 23 Ordering, Prescribing, Storing and Administration of Medicines	Non-compliant
Regulation 26 Staffing	Non-compliant
Regulation 32 Risk Management Procedures	Non-compliant
Code of Practice on the Use of Physical Restraint in Approved Centres	Non-compliant

Corrective and Preventative Action plan

During the course of the inspection, the Corrective and Preventative actions arising from the 2015 inspection report were examined.

In order to ensure privacy, the approved centre had planned to install separation panels in the washroom facilities in Units 4 and 5. These had not been put in place at the time of the inspection. Capital funding had been approved in order to rectify non-compliances with Regulation 22, Premises. The capital funding for these refurbishments had been approved to remedy remaining ligature points, although these works had not yet commenced.

As a result of the breach of Regulation 23, the Ordering, Prescribing, Storage and Administration of Medicines in the 2015 inspection, the requirements and obligations under the Medical Practitioners Act were incorporated into the overall induction process. The necessity of including the Medical Council Registration Number (MCRN) was to be communicated to all non-consultant hospital doctors (NCHDs). This had taken place and was included in all Kardexes examined. A new medication Kardex was to be piloted. This was not yet in use as it was still under review by the pharmacy department.

As a result of the 2015 inspection, the approved centre had committed to appointing a dedicated Assistant Director of Nursing to roll out Prevention and Management of Aggression and Violence (PMAV). This post was in place and had increased the uptake of PMAV training. Further training in Basic Life Support (BLS) had also been completed as planned by the CAPA. The training in PMAV also completed the required CAPA for the Code of Practice: Use of Physical Restraint. In order to attain compliance with Regulation 32, Risk Management Procedures, the approved centre had committed to reviewing the risk management policy. This process was still ongoing at the time of the 2016 inspection. A risk advisor had been appointed

and the practice of 'sleeping out' was monitored on an ongoing basis as committed to by the approved centre in the 2015 CAPA.

Non-compliant areas on this inspection

Regulation/Rule/Act/Code	Risk Rating
Regulation 5 Food and Nutrition	High
Regulation 7 Clothing	Moderate
Regulation 8 Residents' Personal Property and Possessions	Low
Regulation 9 Recreational Activities	High
Regulation 13 Searches	High
Regulation 15 Individual Care Plan	High
Regulation 16 Therapeutic Services and Programmes	High
Regulation 21 Privacy	High
Regulation 22 Premises	High
Regulation 23 Ordering, Prescribing, Storing and Administration of Medicines	High
Regulation 26 Staffing	High
Regulation 27 Maintenance of Records	Moderate
Regulation 32 Risk Management Procedures	Critical
Part 4 of the Mental Health Act 2001 - Consent to Treatment	Low
Code of Practice on the Use of Physical Restraint in Approved Centres	High
Code of Practice on the Admission of Children under the Mental Health Act 2001	High
Code of Practice on Notification of Deaths and Incident Reporting	Moderate
Code of Practice - Guidance for Persons working in Mental Health Services with People with Intellectual Disabilities	Moderate
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. These are included in **Appendix 1** of the report.

9. St Catherine's Ward, St Finbarr's Hospital

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

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

Areas of compliance rated Excellent on this inspection

No areas of excellence were identified on this inspection.

Outstanding issues from previous inspection

The previous inspection of the approved centre in October 2015 identified the following areas that were not compliant:

Regulation/Rule/Act/Code	Inspection Findings 2016
Regulation 8 Residents' Personal Property and Possessions	Non-compliant
Regulation 22 Premises	Non-compliant
Regulation 27 Maintenance of Records	Non-compliant
Regulation 31 Complaints Procedure	Non-compliant
Code of Practice on Notification of Deaths and Incident Reporting	Non-compliant
Code of Practice on Admission, Transfer and Discharge	Non-compliant

Corrective and Preventative Action plan

All of the regulations and codes of practice found to be non-compliant in 2015 remain non-compliant. Corrective and preventative actions have not been implemented since the last inspection.

- There was no record of residents' property, other than clothes.
- The premises remain non-compliant, however, the inspection team acknowledged that the building was undergoing improvements.
- Issues with the clinical files being too large, having loose pages and being damaged, continued.
- There was still no log of verbal or minor complaints.
- A risk manager had not been identified

Non-compliant areas on this inspection

Regulation/Rule/Act/Code	Risk Rating
Regulation 5 Food and Nutrition	Moderate
Regulation 8 Residents' Personal Property and Possessions	Moderate
Regulation 11 Visits	Low
Regulation 15 Individual Care Plans	Low
Regulation 16 Therapeutic Services	Moderate
Regulation 19 General Health	High
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	High
Regulation 26 Staffing	Moderate
Regulation 27 Maintenance of Records	High
Regulation 28 Register of Residents	Moderate
Regulation 29 Operational Policies and Procedures	Moderate
Regulation 31 Complaints	High
Code of Practice Use of Physical Restraint	Moderate
Code of Practice on Notification of Deaths and Incident Reporting	Moderate
Code of Practice Guidance for Persons working in Mental Health with People with Intellectual Disabilities	Moderate
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. These are included in **Appendix 1** of the report.

10. 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 compliant with this condition.

Areas of compliance rated Excellent on this inspection

No areas were rated excellent on this inspection.

Outstanding issues from previous inspection

The previous inspection of the approved centre on 12, 13 October 2015 identified the following areas that were not compliant:

Regulation/Rule/Act/Code	Inspection Findings 2016
Regulation 19: General Health	Non-Compliant
Regulation 22: Premises	Non-Compliant
Regulation 23: Ordering, Prescribing, Storing & Administration of Medicines	Non-Compliant
Regulation 31: Complaints Procedure	Non-Compliant
Regulation 32: Risk Management Procedure	Non-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

Corrective and Preventative Action plan

The approved centre submitted CAPAs for areas of non-compliance in 2015. This section will outline the progress and implementation of these.

- *Regulation 19: General Health* The approved centre had contracted in a new G.P. service. Audits on general health were not completed. The approved centre stated they would move to new premises to ensure there was private space for residents to be physically assessed. This had not occurred.
- *Regulation 22: Premises* The rubble around the premises had been removed. The approved centre stated they would move to new premises to address areas of non-compliance. This had not occurred.
- *Regulation 23: Medication* All of the old Medication and Prescription Administration Records (MPARs) were removed. Three audits of MPARs had taken place.
- *Regulation 31: Complaints* A new information book was developed which had information regarding complaints. Residents had not been asked to acknowledge receipt of the complaints procedure by signing a book. No audit had been completed.
- *Regulation 32: Risk Management Procedure*
- An emergency plan was not included as an amendment in the risk management policy.

- *Code of Practice for Mental Health Services on Notification of Deaths and Incident Reporting*
- Notification of incidents were forwarded to the Mental Health Commission within the required timeframe. Training of staff in the national incident management system had not taken place.
- *Guidance for persons working in Mental Health Services with People with Intellectual Disabilities.* Training for staff had taken place. Care plans included specific needs for residents with intellectual disability. The policy was reviewed once every three years.

Non-compliant areas on this inspection

Regulation/Rule/Act/Code	Risk Rating
Regulation 4 Identification of Residents	Moderate
Regulation 8 Residents Personal Property and Possessions	Moderate
Regulation 11 Visits	Low
Regulation 15 Individual Care Plan	High
Regulation 18 Transfer	Moderate
Regulation 19 General Health	High
Regulation 21 Privacy	High
Regulation 22 Premises	High
Regulation 23 Ordering, Prescribing, Storing & Administration of Medicines	High
Regulation 24 Health and Safety	Moderate
Regulation 26 Staffing	High
Regulation 27 Maintenance of Records	Moderate
Regulation 28 Register of Residents	Low
Regulation 31 Complaints	Moderate
Regulation 32 Risk Management Procedures	High
Rules on Mechanical Restraint	High
Code of Practice for Physical Restraint	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
Code of Practice for Admission, Transfer and Discharge	Moderate

The approved centre was requested to provide Corrective and Preventative Actions (CAPAs) for areas of non-compliance. These are included in **Appendix 1** of the report.

11. St Vincent's Hospital, Fairview

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

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

Areas of compliance rated Excellent on this inspection

No areas were rated excellent on this inspection.

Outstanding issues from previous inspection

The previous inspection of the approved centre in August 2015 identified the following areas that were not compliant:

Regulation/Rule/Act/Code	Inspection Findings 2016
Regulation 13 Searches	Non-compliant
Regulation 23 Ordering, Prescribing, Storing and Administration of Medicines	Non-compliant
Code of Practice on Physical Restraint	Non-compliant
Code of Practice on the Admission of Children	Non-compliant

Corrective and Preventative Action plan

The approved centre was required to submit details of Corrective and Preventative Actions (CAPAs) to address areas of non-compliance identified in the inspection of 2015. The CAPAs were implemented as follows.

- *Regulation 13 Searches:* Prior written consent was recorded on each occasion of a search.
- *Regulation 23 Ordering, Prescribing, Storing & Administration of Medicines:* Relevant clinical staff had not received training on the management and administration of all medicinal products including controlled drugs. Monthly audits of medication had not been completed other than nursing metrics for St. Louise's ward.
- *Code of Practice for Physical Restraint:* Not all staff were trained in the prevention and management of violence and aggression. Quarterly audits had not been completed.
- *Code of Practice for Admission of Children:* Two children were admitted to the approved centre since the last inspection. These admissions did not exceed a two day period.

Non-compliant areas on this inspection

Regulation/Rule/Act/Code	Risk Rating
Regulation 7 Clothing	Moderate
Regulation 13 Searches	Low
Regulation 18 Transfer	Moderate
Regulation 19 General Health	High
Regulation 21 Privacy	Low
Regulation 22 Premises	High
Regulation 23 Ordering, Prescribing, Storing & Administration of Medicines	Critical
Regulation 26 Staffing	Critical
Regulation 27 Maintenance of Records	Low

Regulation 28 Register of Residents	Low
Regulation 29 Operating Policies and Procedures	Moderate
Rules on Mechanical Restraint	High
Code of Practice for Physical Restraint	Low
Code of Practice for Admission of Children	High
Code of Practice for Mental Health Services on Notification of Deaths and Incident Reporting	Moderate
Code of Practice on Guidance for Persons working in Mental Health Services with People with Intellectual Disabilities	Low
Code of Practice for Admission, Transfer and Discharge	High

The approved centre was requested to provide Corrective and Preventative Actions (CAPAs) for areas of non-compliance. These are included in **Appendix 1** of the report.

12. Sliabh Mis Mental Health Admission Ward, University Hospital, Tralee, Co. Kerry

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

No areas of compliance were rated excellent on this inspection.

Outstanding issues from previous inspection

The previous inspection of the approved centre in October 2015 identified the following areas that were not compliant:

Regulation/Rule/Act/Code	Inspection 2016	Findings
Regulation 6 Food Safety	Compliant	
Regulation 15 Individual Care Plans	Non-compliant	
Regulation 21 Privacy	Non-compliant	
Regulation 23 Ordering, Prescribing, Storing, and Administration of Medicines	Compliant	
Regulation 25 Use of Closed Circuit Television (CCTV)	Compliant	
Regulation 27 Maintenance of Records	Compliant	
Code of Practice Relating to Admission of Children	Non-compliant	

Corrective and Preventative Action plan

The approved centre was required to submit details of Corrective and Preventative Actions (CAPAs) to address areas of non-compliance as a result of the inspection of 2015. There were seven areas of non-compliance requiring CAPAs. The inspection team assessed the actions taken by the approved centre to implement the CAPAs submitted by the service following the 2015 report. These are referenced in the applicable sections of the report.

Non-compliant areas on this inspection

Regulation/Rule/Act/Code	Risk Rating
Regulation 8 Residents' Personal Property and Possessions	High

Regulation 11 Visits	Moderate
Regulation 15 Individual Care Plan	High
Regulation 17 Children's Education	Moderate
Regulation 21 Privacy	High
Regulation 22 Premises	High
Regulation 26 Staffing	Moderate
Regulation 28 Register of Residents	Low
Regulation 32 Risk Management Procedures	High
Rules Governing the Use of Seclusion	High
Part 4 of the Mental Health Act 2001 - Consent to Treatment	High
Code of Practice on the Use of Physical Restraint in Approved Centres	Moderate
Code of Practice Relating to the Admission of Children under the Mental Health Act 2001	High
Code of Practice for Mental Health Services on Notification of Deaths and Incident Reporting	Low
Code of Practice - Guidance for Persons working in Mental Health Services with People with Intellectual Disabilities	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. These are included in **Appendix 1** of the report.

13. Tearmann Ward, St. Camillus' 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 9 Recreational Activities
Regulation 24 Health and Safety
Regulation 31 Complaints Procedures

Outstanding issues from previous inspection

The previous inspection of the approved centre on 13 and 14 of October 2015 identified the following areas that were non-compliant

Regulation/Rule/Act/Code	Inspection Findings 2016
Regulation 22 Premises	Non-Compliant
Regulation 23 Ordering, Prescribing, Storing and Administration of Medicines	Non-Compliant
Regulation 26 Staffing	Non-Compliant
Regulation 32 Risk Management Procedures	Non-Compliant
Code of Practice on the Notification of Death and Incident Reporting	Non-Compliant

Code of Practice on Admission, Transfer and Discharge	Non-Compliant
-------------------------------------------------------	---------------

Corrective and Preventative Action plan

The approved centre was required to submit details of Corrective and Preventative Actions (CAPAs) to address areas of non-compliance identified in the inspection of 2015. The CAPAs were implemented as follows.

- *Regulation 22 – Premises:* There was a designated storeroom but there was no shelving in place, which meant the items in the room were in disarray. The activation area had been freshly painted. All residents had a new wooden profiling bed. There was a designated cleaners room and designated linen room. However, the linen room housed the medication fridge on the floor. The nursing office had been redecorated. Each resident had a new wardrobe, bedside cabinet and bedside chair.
- *Regulation 23 - Ordering, Prescribing, Storing and Administration of Medicines:* Doctors' medical council registration numbers were recorded on all prescriptions reviewed.
- *Regulation 26 – Staffing:* Training for staff in Tearmann was not complete in relation to Basic Life Support, Manual Handling or Prevention and Management of Aggression and Violence.
- *Regulation 31 - Complaints Procedures:* The approved centre did not develop a local policy on complaints. However, they had a statement, which said they implemented the national HSE *Your Service Your Say* policy.
- *Regulation 32 - Risk Management Procedures:* The six monthly incident summary report was submitted to the Mental Health Commission.
- *Code of Practice on Notification of Death and Incident Reporting:* The six monthly incident summary report was submitted to the Mental Health Commission.
- *Code of Practice on Admission, Transfer, and Discharge:* The policy on Admission, Transfer, and Discharge was reviewed and was up to date.

Non-compliant areas on this inspection

Regulation/Rule/Act/Code	Risk Rating
Regulation 13 Searches	Low
Regulation 14 Care of the Dying	Low
Regulation 15 Individual Care Plan	Moderate
Regulation 21 Privacy	Low
Regulation 22 Premises	Moderate
Regulation 23 Ordering, Prescribing, Storing and Administration of Medicines	Moderate
Regulation 26 Staffing	Critical
Regulation 27 Maintenance of Records	Low
Regulation 28 Register of Residents	Low
Regulation 29 Operating Policies and Procedures	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

Code of Practice on Guidance for Persons working in Mental Health Services with People with Intellectual Disabilities	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. These are included in **Appendix 1** of the report.

14. 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 5: Food and Nutrition
Regulation 6: Food Safety
Regulation 7: Clothing
Regulation 10: Religion
Regulation 13: Searches
Regulation 17: Children's Education

Outstanding issues from previous inspection

The previous inspection of the approved centre on 21 and 22 December 2015 identified the following areas that were not compliant:

Regulation/Rule/Act/Code	Inspection Findings 2016
Regulation 13: Searches	Compliant
Regulation 15: Individual Care Plan	Non-Compliant
Regulation 23: Ordering, Prescribing, Storing and Administration of Medicines	Non-Compliant

Corrective and Preventative Action plan

- **Regulation 13: Searches:** A new comprehensive search form was implemented, which incorporated all the necessary information.
- **Regulation 15: Individual Care Plan (ICP):** A new ICP was introduced to the service, which incorporated appropriate treatment-oriented goals for the residents.
- **Regulation 23: Ordering, Prescribing, Storing and Administration of Medicines:** An audit of medication was completed. There was no evidence provided of bi-monthly audits during the inspections, as detailed by the approved centre's CAPA.

Non-compliant areas on this inspection

Regulation/Rule/Act/Code	Risk Rating
Regulation 15: Individual Care Plan	Moderate
Regulation 18: Transfer of Residents	Moderate
Regulation 23: Ordering, Prescribing, Storing and Administration of Medicines	Moderate

Regulation 25: Use of Closed Circuit Television	Low
Regulation 26: Staffing	Moderate
Regulation 31: Complaints Procedures	Moderate
Code of Practice on the 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. These are included in **Appendix 1** of the report.