

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 John of God Hospital, Stillorgan, Co. Dublin.
http://www.mhcirl.ie/File/2017IRs/SJOG_ir2017.pdf
2. St Edmundsbury Hospital, Lucan, Co. Dublin
http://www.mhcirl.ie/File/2017IRs/StEdmundsbHosp_ir2017.pdf
3. Maryborough Centre, St. Fintan's Hospital, Portlaoise, Co. Laois
http://www.mhcirl.ie/File/2017IRs/MarybStFintans_ir2017.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/

St. John of God Hospital

ID Number: AC0046

2017 Approved Centre Inspection Report (Mental Health Act 2001)

St. John of God Hospital	Approved Centre Type:	Most Recent Registration Date:
Stillorgan	Acute Adult Mental Health Care	17 May 2016
Co. Dublin	Psychiatry of Later Life	
	Child and Adolescent Mental Health Care	

Inspection Team:

Marianne Griffiths, Lead Inspector

Barbara Morrissey, Siobhan Dinan

Sandra McGrath, Dr Ann Marie Murray

Dr Susan Finnerty

Inspection Date:

28 February – 3 March
2017

Inspection Type:

Unannounced Annual
Inspection

Previous Inspection Date:

24 – 26 May 2016

The Inspector of Mental Health Services:

Dr Susan Finnerty MCRN009711

Date of Publication:

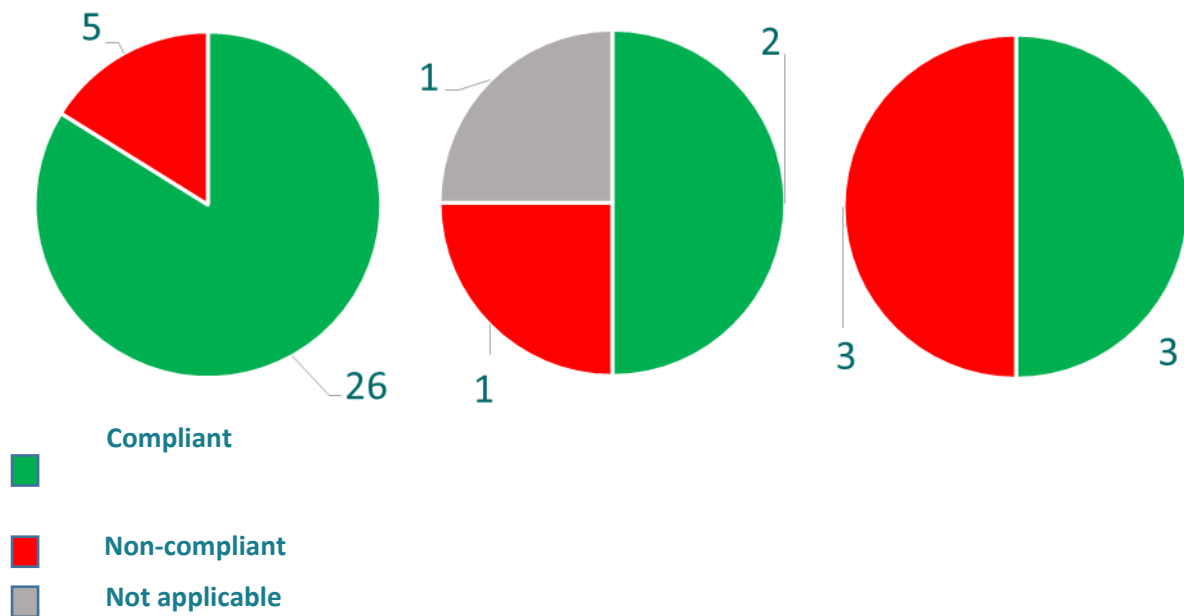
20 July 2017

2017 COMPLIANCE RATINGS

RULES AND PART 4 OF THE MENTAL HEALTH ACT 2001

REGULATIONS

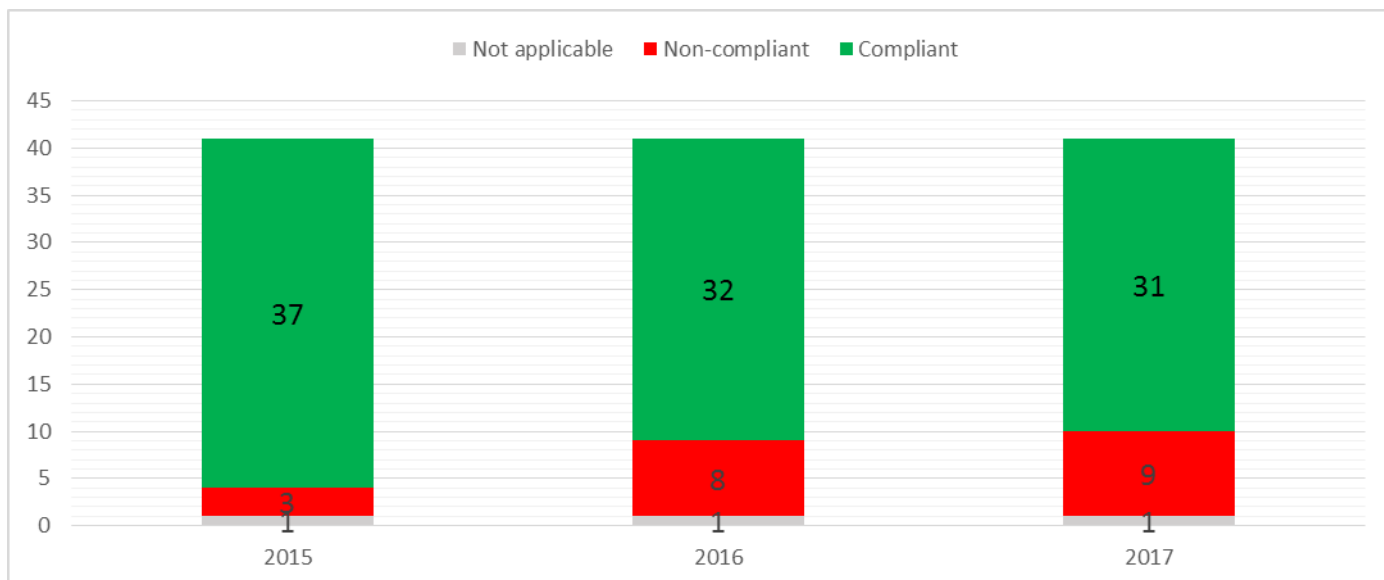
CODES OF PRACTICE



RATINGS SUMMARY 2015 – 2017

Compliance ratings across all 41 areas of inspection are summarised in the chart below.

Chart 1 – Comparison of overall compliance ratings 2015 – 2017



Non-compliant areas from 2016 inspection

The previous inspection of the approved centre on 14 – 16 May 2016 identified the following areas that were non-compliant. The approved centre was requested to provide Corrective and Preventative Actions (CAPAs) for areas of non-compliance and these were published with the 2016 inspection report.

Regulation/Rule/Act/Code	2017 Inspection Findings
Regulation 15: Individual Care Plan	Compliant
Regulation 22: Premises	Non-Compliant
Regulation 23: Ordering, Prescribing, Storing and Administration of Medicines	Compliant
Regulation 26: Staffing	Non-Compliant
Part 4 of the Mental Health Act 2001 – Consent to Treatment	Compliant
Code of Practice on the Use of Physical Restraint in Approved Centres	Non-Compliant
Code of Practice Guidance for Persons working in Mental Health Services with People with Intellectual Disability	Compliant
Code of Practice on Admission, Transfer and Discharge to and from the Approved Centre	Non-Compliant

Non-compliant areas on this inspection

Non-compliant (X) areas on this inspection are detailed below. Also shown is whether the service was compliant (✓) or non-compliant (X) in these areas in 2016 and 2015:

Regulation/Rule/Act/Code	2015 Compliance	2016 Compliance	2017 Compliance
Regulation 13: Searches	✓	✓	X LOW RISK
Regulation 14: Care of the Dying	✓	✓	X LOW RISK

Regulation 22: Premises	✓	X	X HIGH RISK
Regulation 25: Use of Closed Circuit Television	✓	✓	X MODERATE RISK
Regulation 26: Staffing	✓	X	X LOW RISK
Rules Governing the Use of Seclusion	✓	✓	X MODERATE RISK
Code of Practice on the Use of Physical Restraint	X	X	X LOW RISK
Code of Practice on the Notification of Deaths and Incident Reporting	✓	✓	X LOW RISK
Code of Practice on Admission, Transfer and Discharge to and from the Approved Centre	✓	X	X LOW RISK

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.

Areas of compliance rated Excellent on this inspection

The following areas were rated excellent on this inspection:

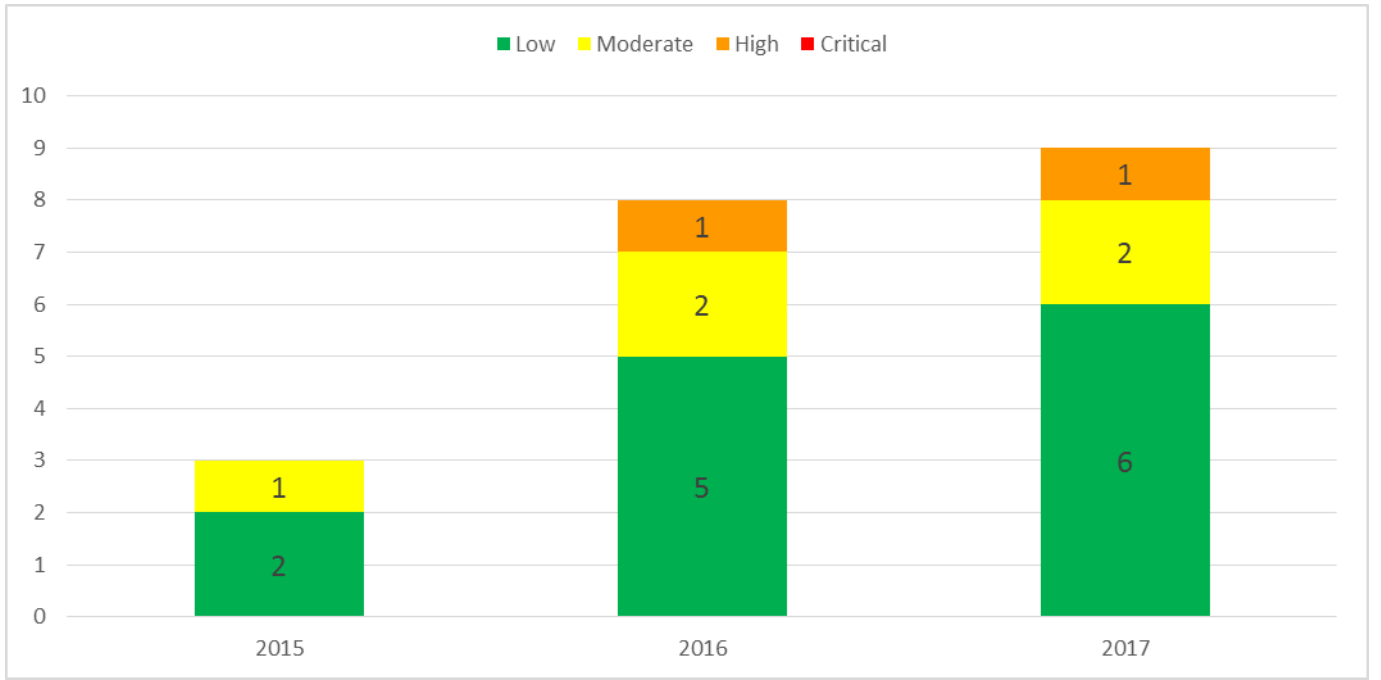
Regulation
Regulation 4: Identification of Residents
Regulation 5: Food and Nutrition
Regulation 6: Food Safety
Regulation 7: Clothing

Regulation 8: Residents' Personal Property and Possessions
Regulation 9: Recreational Activities
Regulation 10: Religion
Regulation 11: Visits
Regulation 12: Communication
Regulation 16: Therapeutic Services and Programmes
Regulation 17: Children's Education
Regulation 18: Transfer of Residents
Regulation 20: Provision of Information to Residents
Regulation 21: Privacy
Regulation 23: Ordering, Prescribing, Storing and Administration of Medicines
Regulation 27: Maintenance of Records
Regulation 29: Operating Policies and Procedures
Regulation 30: Mental Health Tribunals
Regulation 31: Complaints Procedure

Overall Risk Comparison

Where non-compliance is determined, the risk level of the non-compliance will be assessed. Risk ratings across all non-compliant areas are summarised in the chart below.

Chart 2 – Comparison of overall risk ratings 2015 – 2017



St. Edmundsbury Hospital

ID Number: AC0057

2017 Approved Centre Inspection Report (Mental Health Act 2001)

St. Edmundsbury Hospital	Approved Centre Type:	Most Recent Registration Date:
Lucan	Acute Adult Mental Health Care	25 May 2016
Co. Dublin	Psychiatry of Later Life	
	Mental Health Rehabilitation	
Conditions Attached:	Registered Proprietor:	Registered Proprietor Nominee:
None	Mr Paul Gilligan, CEO	N/A

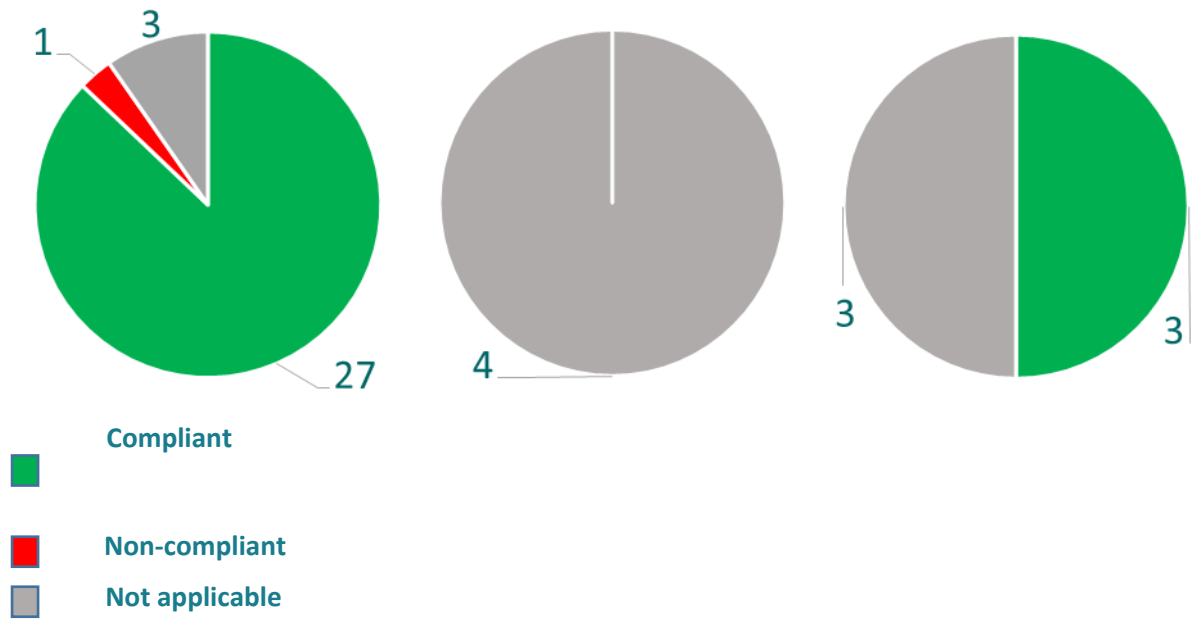
Inspection Team:	Inspection Date:	Previous Inspection Date:
Donal O’Gorman, Lead Inspector	14 – 16 March 2017	24 – 26 August 2016
Noeleen Byrne		
David McGuinness	Inspection Type:	
	Unannounced Annual Inspection	
The Inspector of Mental Health Services:		Date of Publication:
Dr Susan Finnerty MCRN009711		20 th July 2017

COMPLIANCE RATINGS

RULES AND PART 4 OF THE
MENTAL HEALTH ACT 2001

REGULATIONS

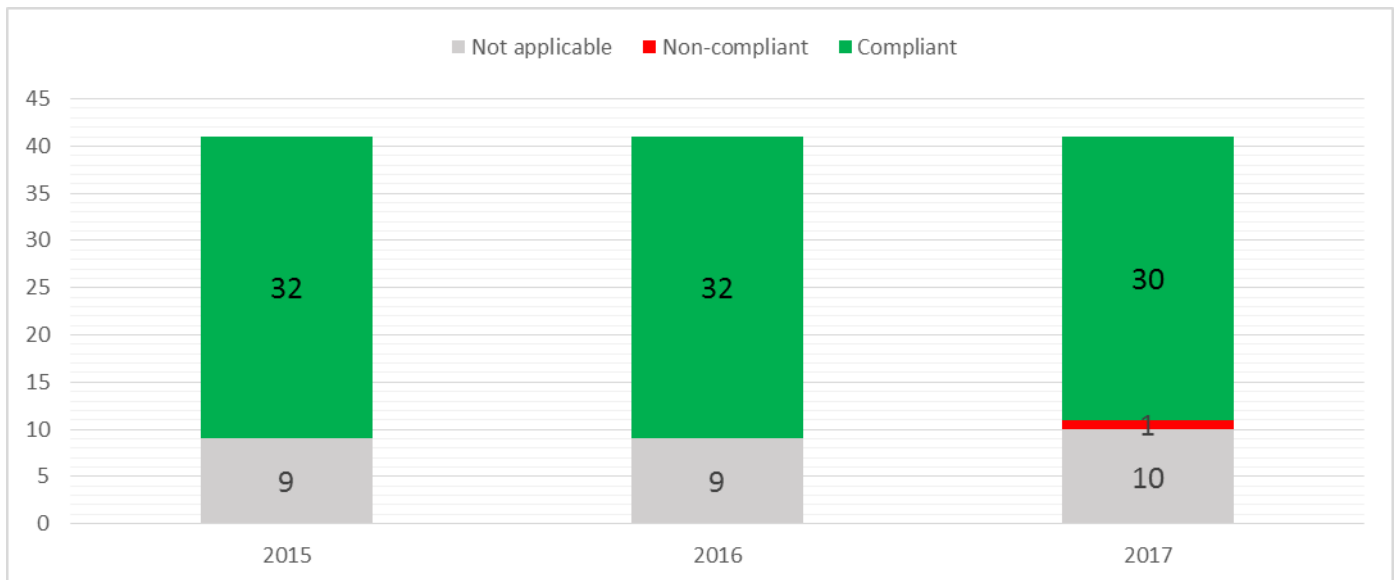
CODES OF PRACTICE



RATINGS SUMMARY 2015 – 2017

Compliance ratings across all 41 areas of inspection are summarised in the chart below.

Chart 1 – Comparison of overall compliance ratings 2015 – 2017



Non-compliant areas from 2016 inspection

The previous inspection of the approved centre on 24 – 26 August 2016 indicated compliance with all relevant regulations, rules, and codes of practice.

Non-compliant areas on this inspection

Non-compliant (X) areas on this inspection are detailed below. Also shown is whether the service was compliant (✓) or non-compliant (X) in these areas in 2016 and 2015:

Regulation/Rule/Act/Code	2015	2016	2017
	Compliance	Compliance	Compliance
Regulation 23: Ordering, Prescribing, Storing and Administration of Medicines.	✓	✓	X MODERATE RISK

Areas of compliance rated Excellent on this inspection

The following areas were rated excellent on this inspection:

Regulation
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 13: Searches
Regulation 16: Therapeutic Services and Programmes
Regulation 18: Transfer of Residents

Regulation 19: General Health
Regulation 20: Provision of Information to Residents
Regulation 21: Privacy
Regulation 22: Premises
Regulation 26: Staffing
Regulation 29: Operating Policies and Procedures
Regulation 31: Complaints Procedures
Regulation 32: Risk Management Procedures

Overall Risk Comparison

Where non-compliance is determined, the risk level of the non-compliance will be assessed. Risk ratings across all non-compliant areas are summarised in the chart below.

Chart 2 – Comparison of overall risk ratings 2015 – 2017

As there was no areas of non-compliance in 2015 and 2016, there were no risk ratings for these years.



Maryborough Centre, St. Fintan's Hospital

ID Number: AC0008

2017 Approved Centre Inspection Report (Mental Health Act 2001)

Maryborough Centre	Approved Centre Type:	Most Recent Registration Date:
St. Fintan's Hospital	Continuing Mental Health	17 May 2016
Dublin Road	Care/Long Stay, Psychiatry of Later	
Portlaoise	Life, Mental Health Care for People	
Co. Laois	with Intellectual Disability	

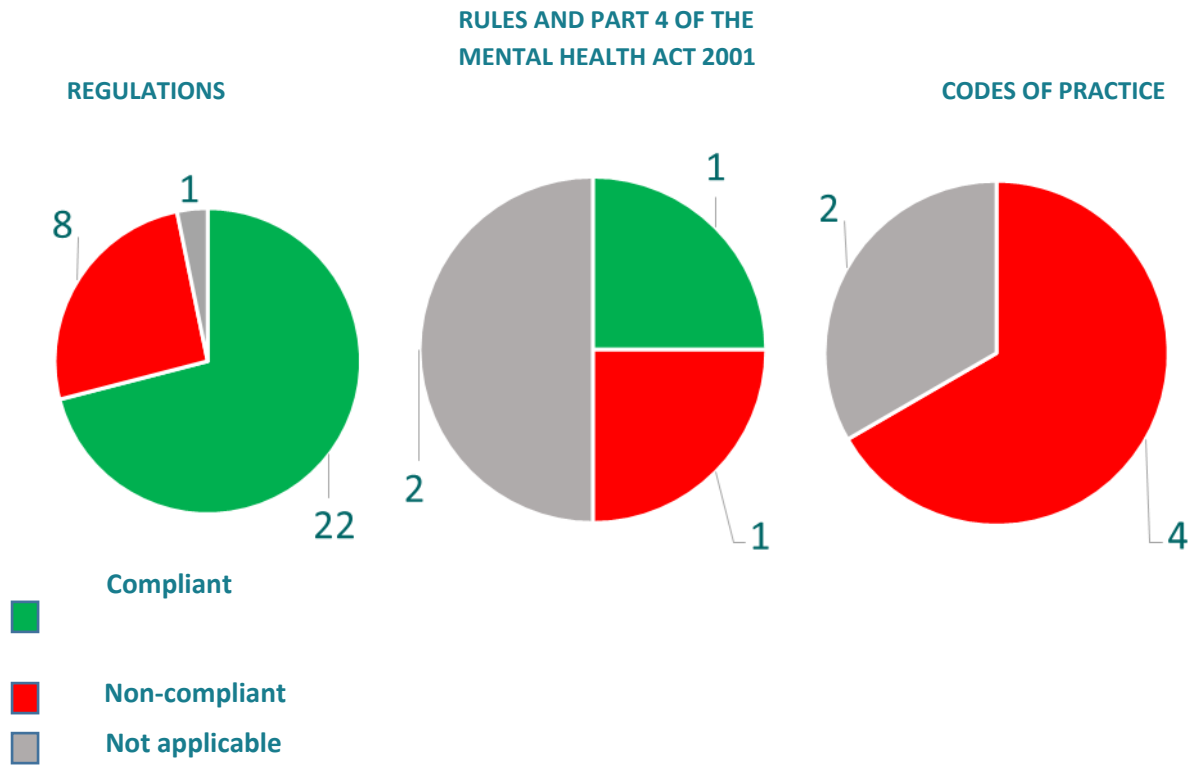
Conditions Attached:	Registered Proprietor:	Registered Proprietor Nominee:
None	HSE	Dervila Eyres, General Manager, Mental Health Services, CHO8

Inspection Team:	Inspection Date:	Previous Inspection Date:
Dr Enda Dooley MCRN 004155, Lead Inspector Orla O'Neill	28 February – 3 March 2017	26 – 28 April 2016

Inspection Type:
Unannounced Annual
Inspection

The Inspector of Mental Health Services:	Date of Publication:
Dr Susan Finnerty MCRN 009711	20 th July 2017

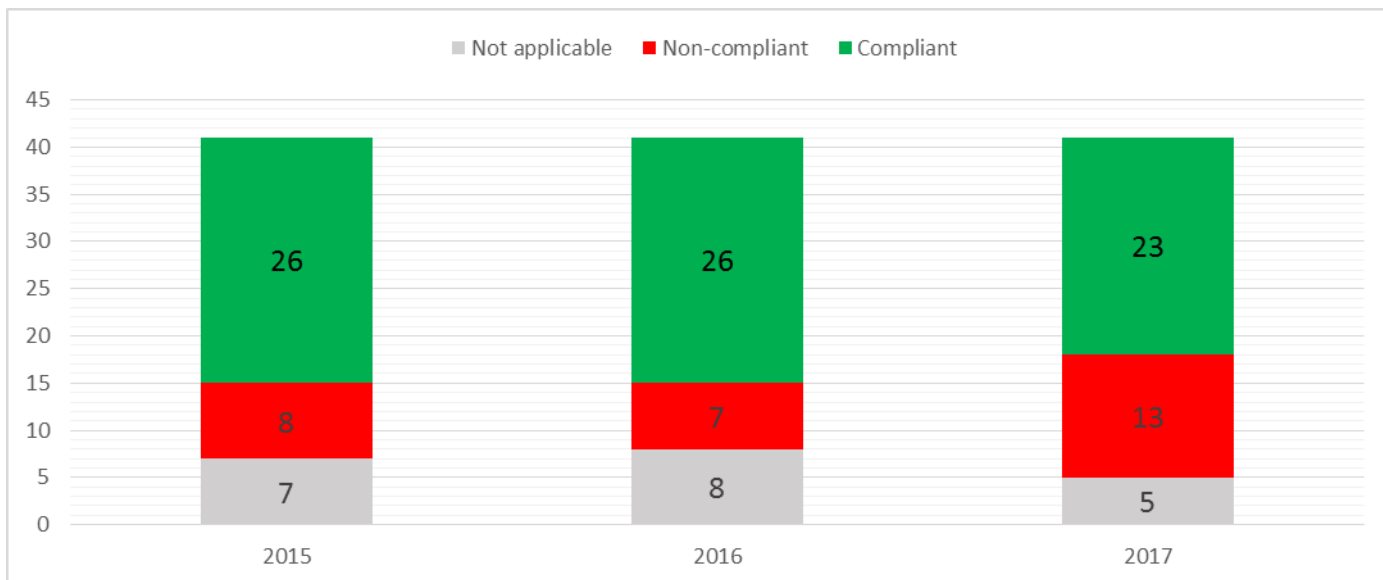
COMPLIANCE RATINGS 2017



RATINGS SUMMARY 2015 – 2017

Compliance ratings across all 41 areas of inspection are summarised in the chart below.

[Chart 1 – Comparison of overall compliance ratings 2015 – 2017](#)



Non-compliant areas from 2016 inspection

The previous inspection of the approved centre on 26 -28 April 2016 identified the following areas that were non-compliant. The approved centre was requested to provide Corrective and Preventative Actions (CAPAs) for areas of non-compliance, and these were published with the 2016 inspection report.

Regulation/Rule/Act/Code	2017
	Inspection Findings
Regulation 14: Care of the Dying	Compliant
Regulation 21: Privacy	Compliant
Regulation 22: Premises	Compliant
Regulation 23: Ordering, Prescribing, Storing and Administration of Medicines	Non-Compliant
Regulation 26: Staffing	Non-Compliant
Code of Practice on the Use of Physical Restraint in Approved Centres	Non-Compliant
Code of Practice on Notification of Deaths and Incident Reporting	Non-Compliant

Non-compliant areas on this inspection

Non-compliant (X) areas on this inspection are detailed below. Also shown is whether the service was compliant (✓) or non-compliant (X) in these areas in 2016 and 2015:

Regulation/Rule/Act/Code	2015	2016	2017
	Compliance	Compliance	Compliance
Regulation 5: Food and Nutrition	✓	✓	X MODERATE RISK
Regulation 19: General Health	✓	✓	X MODERATE RISK
Regulation 20: Provision of Information to Residents	✓	✓	X LOW RISK
Regulation 23: Ordering, Prescribing, Storing and Administration of Medicines	✓	X	X HIGH RISK
Regulation 26: Staffing	✓	X	X HIGH RISK
Regulation 27: Maintenance of Records	✓	✓	X MODERATE RISK
Regulation 29: Operating Policies and Procedures	✓	✓	X MODERATE RISK
Regulation 32: Risk Management Procedures	X	✓	X HIGH RISK
Mental Health Act 2001: Part 4 – Consent to Treatment	✓	✓	X MODERATE RISK
Code of Practice on the Use of Physical Restraint in	X	X	X

Approved Centres			MODERATE RISK
Code of Practice on Notification of Deaths and Incident Reporting	X	X	X LOW RISK
Code of Practice Guidance for Persons Working in Mental Health Services with People with Intellectual Disabilities	✓	✓	X MODERATE RISK
Code of Practice on Admission, Transfer and Discharge to and from an Approved Centre	X	✓	X MODERATE RISK

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.

Areas of compliance rated Excellent on this inspection

No areas of compliance were rated excellent on this inspection.

Overall Risk Comparison

Where non-compliance is determined, the risk level of the non-compliance will be assessed. Risk ratings across all non-compliant areas are summarised in the chart below.

Chart 2 – Comparison of overall risk ratings 2015 – 2017

