

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 Ita's Ward, St Brigid's Hospital, Ardee
http://www.mhcirl.ie/File/2016IRs/StBrigArdee_ir2016.pdf
2. An Coillín, Mayo
http://www.mhcirl.ie/File/2016IRs/AnCoillin_ir2016.pdf
3. Teach Aisling, Castlebar
http://www.mhcirl.ie/File/2016IRs/TeachAisling_ir2016.pdf
4. Cappahard Lodge, Co. Clare
http://www.mhcirl.ie/File/2016IRs/CappahardLodge_ir2016.pdf
5. Willow Grove Adolescent Unit, St Patrick's University Hospital
http://www.mhcirl.ie/File/2016IRs/WillowGrove_ir2016.pdf
6. Eist Linn Child and Adolescent In-Patient Unit
http://www.mhcirl.ie/File/2016IRs/EistLinn_ir2016.pdf
7. Highfield Hospital
http://www.mhcirl.ie/File/2016IRs/HighfieldHospital_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. St Ita's Ward, St Brigid's Hospital, Ardee

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

No conditions were attached to the registration of this 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 on 21, 22 and 23 October 2015 identified the following areas that were not compliant:

Regulation/Rule/Act/Code	Inspection Findings 2016
Regulation 22 Premises	Non-compliant
Regulation 23 Ordering, Prescribing, Storing and Administration of Medicines	Compliant
Regulation 24 Health and Safety	Compliant
Rules Governing the Use of Seclusion	Not applicable

Corrective and Preventative Action plan

Subsequent to the publication of the 2015 inspection report, services within the approved centre were requested to submit a Corrective and Preventative Action plan (CAPA) for each aspect of inspection with which they were non-compliant. The CAPAs which were previously submitted related predominantly to the previous admission unit (Unit 1) and were no longer relevant to the approved centre.

Non-compliant areas on this inspection

Regulation/Rule/Act/Code	Risk Rating
Regulation 7 Clothing	Low
Regulation 15 Individual Care Plan	High
Regulation 16 Therapeutic Services and Programmes	High
Regulation 19 General Health	High
Regulation 20 Provision of Information to Residents	Moderate
Regulation 21 Privacy	Low
Regulation 22 Premises	Moderate
Regulation 26 Staffing	High
Regulation 27 Maintenance of Records	Moderate
Regulation 32 Risk Management Procedures	Moderate
Code of Practice on the Use of Physical Restraint in Approved Centres	Low
Code of Practice on Admission, Transfer, 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.

2. An Coillín, Mayo

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 compliance rated Excellent on this inspection.

Outstanding issues from previous inspection

The previous inspection of the approved centre on 19 and 20 November 2015 identified the following area that was not compliant:

Regulation/Rule/Act/Code	Inspection Findings 2016
Regulation 22: Premises	Non-compliant

Corrective and Preventative Action plan

Subsequent to the report publication of the 2015 inspection, services within the approved centre were requested to submit a Corrective and Preventative Action plan (CAPA) for each aspect of inspection with which they were non-compliant. The service submitted three CAPAs in total with regard to Regulation 22 Premises which remains non-compliant.

Non-compliant areas on this inspection

Regulation/Rule/Act/Code	Risk Rating
Regulation 15 Individual Care Plan	High
Regulation 21 Privacy	High
Regulation 22 Premises	Moderate
Regulation 26 Staffing	High
Code of Practice on the Use of Physical Restraint	Moderate
Code of Practice on Notification of Deaths and Incident Reporting	Moderate
Code of Practice on Guidance for persons working in 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

3. Teach Aisling, Castlebar

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 24 Health and Safety

Outstanding issues from previous inspection

The previous inspection of the approved centre was on Monday 05 October 2015 to Tuesday 06 October 2015 and identified the following areas as not compliant:

Regulation/Rule/Act/Code	Inspection Findings 2015
Regulation 24 – Health and Safety	Non-compliant

Corrective and Preventative Action plan

The following CAPA was provided to address non-compliance identified in the 2015 report:

- Regulation 24 Health and Safety – Fire Safety Training for staff had taken place.

Non-compliant areas on this inspection

Regulation/Rule/Act/Code	Risk Rating
Regulation 6 – Food Safety	High
Regulation 8 – Residents' Personal Property and Possessions	Moderate
Regulation 9 – Recreational Activities	Moderate
Regulation 15 – Individual Care Plan	High
Regulation 16 – Therapeutic Services and Programmes	High
Regulation 21 - Privacy	Moderate
Regulation 22 – Premises	High
Regulation 26 – Staffing	High
Regulation 29 – Operating Policies and Procedures	Low
Regulation 32 – Risk Management Procedures	Critical
Consent to Treatment, Part 4 MHA 2001	High
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. These are included in Appendix 1 of the report.

4. Cappahard Lodge, Co. Clare

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 14 Care of the Dying

Outstanding issues from previous inspection

The previous inspection of the approved centre on 16, 17, and 18 December 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	Compliant
Regulation 23 Ordering, Prescribing, Storing and Administration of Medicines	Compliant
Regulation 31 Complaints Procedures	Compliant
Regulation 32 Risk Management Procedures	Non-compliant
Code of Practice for Mental Health Services on Notification of Deaths and Incident Reporting	Non-compliant
Code of Practice – Guidance for Persons working in Mental Health Services with People with Intellectual Disabilities	Non-compliant

Corrective and Preventative Action plan

Subsequent to the report publication of the 2015 inspection, services within the approved centre were requested to submit a Corrective and Preventative Action plan (CAPA) for each aspect of inspection with which they were non-compliant.

Services submitted CAPAs in relation to the following regulations and codes of practice:

- Regulation 22 – Premises: Remedial work had been undertaken to remedy damage to internal walls associated with central heating works and financial sanction to undertake painting work to the centre had been granted.
- Regulation 23 – Ordering, Prescribing, Administration, and Storage of Medicines: Training processes had been undertaken to ensure compliance with policy.
- Regulation 32 – Risk Management Procedures: The policy remained in need of review and updating to ensure compliance with regulatory requirements.
- Code of Practice – Notification of Deaths and Incident Reporting: The risk management policy remained in need of review and revision to ensure that specified requirements were incorporated.
- Code of Practice – Guidance for Persons working in Mental Health Services with People with Intellectual Disabilities: the policy and procedures remained in need of revision and amendment to specify staff training requirements.

Non-compliant areas on this inspection

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

Regulation 18 Transfer of Residents	Low
Regulation 19 General Health	Moderate
Regulation 26 Staffing	Moderate
Regulation 27 Maintenance of Records	Moderate
Regulation 32 Risk Management Procedures	High
Code of Practice on the use of Physical Restraint in Approved Centres	Moderate
Code of Practice for Mental Health Services on the Notification of Deaths and Incident Reporting	Moderate
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.

5. Willow Grove Adolescent Unit, St Patrick's 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 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 12: Communication
Regulation 13: Searches
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 24: Health and Safety
Regulation 23: Ordering, Prescribing, Storing and Administration of Medicines
Regulation 25: Use of Closed Circuit Television
Regulation 26: Staffing
Regulation 29: Operating Policies and Procedures
Regulation 32: Risk Management Procedures

Outstanding issues from previous inspection

The previous inspection of the approved centre on 15 and 16 October 2015 indicated that Willow Grove was compliant with all applicable Regulations, Rules, and Codes of Practice.

Corrective and Preventative Action plan

There were no CAPAs from the previous inspection.

Non-compliant areas on this inspection

Regulation/Rule/Act/Code	Risk Rating
Regulation 27: Maintenance of Records	Low
Regulation 31: Complaints Procedure	Moderate
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. Eist Linn Child and Adolescent In-Patient Unit

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 on 4, 5, and 6 November 2015 identified the following areas that were not compliant:

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

Corrective and Preventative Action plan

A series of audits had been put in place in order to meet the Corrective and Preventative Actions arising from the 2015 inspection.

Non-compliant areas on this inspection

Regulation/Rule/Act/Code	Risk Rating
Regulation 23 Ordering, Prescribing, Storing and Administration of Medicines	Low
Regulation 26 Staffing	Low
Regulation 27 Maintenance of Records	Moderate
Code of Practice on the Use of Physical Restraint in Approved Centres	Moderate
Code of Practice on Notification of Deaths and Incident	Moderate

Reporting	
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.

7. Highfield 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 8: Personal Property and Possessions
Regulation 10: Religion
Regulation 11: Visits
Regulation 18: Transfer
Regulation 24: Health and Safety
Regulation 30: Mental Health Tribunals
Regulation 31: Complaints Procedures

Outstanding issues from previous inspection

The previous inspection of the approved centre on 9, 10, and 11 November 2015 found the approved centre to be compliant in all areas.

Corrective and Preventative Action plan

All areas were found to be compliant on the last inspection, therefore; there were no corrective or preventative actions to be taken.

Non-compliant areas on this inspection

Regulation/Rule/Act/Code	Risk Rating
Regulation 5: Food and Nutrition	Moderate
Regulation 6: Food Safety	Moderate
Regulation 13: Searches	Low
Regulation 15: Individual Care Plans	Moderate
Regulation 19: General Health	Moderate
Regulation 23: Ordering, Prescribing, Storing and Administration of Medicines	High
Regulation 26: Staffing	High
Regulation 27: Maintenance of Records	Moderate
Regulation 28: Register of Residents	High
Rules Governing the Use of Mechanical Means of Bodily Restraint	Moderate
Codes of Practice: Use of Physical Restraint	Low
Codes of Practice: Notification of Deaths and Incident Reporting	Low
Codes of Practice: Guidance for Persons working in Mental	Low

Health Services with People with Intellectual Disabilities	
Codes of Practice on Admission, Transfer, Discharge to and from an Approved Centre	Moderate