

## 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 Patrick's University Hospital  
[http://www.mhcirl.ie/File/2016IRs/StPatricks\\_ir2016.pdf](http://www.mhcirl.ie/File/2016IRs/StPatricks_ir2016.pdf)
2. Department of Psychiatry, Roscommon University Hospital  
[http://www.mhcirl.ie/File/2016IRs/DOP\\_UniHosp\\_Roscommon\\_ir2016.pdf](http://www.mhcirl.ie/File/2016IRs/DOP_UniHosp_Roscommon_ir2016.pdf)
3. Centre for Mental Health Care and Recovery, Bantry  
[http://www.mhcirl.ie/File/2016IRs/CforMHSBantryGH\\_ir2016.pdf](http://www.mhcirl.ie/File/2016IRs/CforMHSBantryGH_ir2016.pdf)
4. Department of Psychiatry, Midland Regional Hospital, Portlaoise  
[http://www.mhcirl.ie/File/2016IRs/DOP\\_MRH\\_Portlaoise\\_ir2016.pdf](http://www.mhcirl.ie/File/2016IRs/DOP_MRH_Portlaoise_ir2016.pdf)
5. Central Mental Hospital, Dundrum, Dublin14  
[http://www.mhcirl.ie/File/2016IRs/CMH\\_ir2016.pdf](http://www.mhcirl.ie/File/2016IRs/CMH_ir2016.pdf)
6. St. Joseph's Intellectual Disability Service, Dublin  
[http://www.mhcirl.ie/File/2016IRs/StJIDS\\_ir2016.pdf](http://www.mhcirl.ie/File/2016IRs/StJIDS_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/](http://www.mhcirl.ie/Inspectorate_of_Mental_Health_Services/AC_IRs/)

Link below to other mental health service inspection report documents on the Mental Health Commission website:

[http://www.mhcirl.ie/Inspectorate\\_of\\_Mental\\_Health\\_Services/Other\\_MHS\\_Inspection\\_Reports/](http://www.mhcirl.ie/Inspectorate_of_Mental_Health_Services/Other_MHS_Inspection_Reports/)

## 1. St 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 4: Identification of Residents
Regulation 5: Food and Nutrition
Regulation 6: Food Safety
Regulation 7: Clothing
Regulation 8: Residents' Personal Property and Possessions
Regulation 9: Recreational Activities
Regulation 10: Religion
Regulation 11: Visits
Regulation 12: Communication
Regulation 14: Care of the Dying
Regulation 16: Therapeutic Services and Programmes
Regulation 18: Transfer of Residents
Regulation 19: General Health
Regulation 20: Provision of Information to Residents
Regulation 22: Premises
Regulation 24: Health and Safety
Regulation 26: Staffing
Regulation 29: Operating Policies and Procedures
Regulation 30: Mental Health Tribunals
Regulation 31: Complaints Procedures
Regulation 32: Risk Management Procedures

### Outstanding issues from previous inspection

The previous inspection of the approved centre on 03 and 04 December 2015 identified no areas of non-compliance.

### Corrective and Preventative Action plan

As there were no areas of non-compliance identified in the 2015 inspection, the approved centre did not have any Corrective and Preventative Action Plans (CAPAs).

### Non-compliant areas on this inspection

Regulation/Rule/Act/Code	Risk Rating
Regulation 13: Searches	Low
Regulation 15: Individual Care Plan	Low
Regulation 23: Ordering, Prescribing, Storing and Administration of Medicines	High
Code of Practice on Admission, Transfer and Discharge to and from an Approved Centre	Low

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

## 2. Department of Psychiatry, Roscommon 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 7 Clothing
-----------------------

### Outstanding issues from previous inspection

The previous inspection of the approved centre on 21, 22, 23 October 2015 identified the following areas that were not compliant:

Regulation/Rule/Act/Code	Inspection Findings 2016
Regulation 15 Individual Care Plan	Compliant
Regulation 20 Provision of Information	Compliant
Regulation 22 Premises	Non-Compliant
Regulation 23 Ordering, Prescribing, Storing and Administration of Medicine	Non-Compliant
Regulation 28 Register of Residents	Non-Compliant
Regulation 29 Operating Policies and Procedures	Compliant
Code of Practice on the Use of Physical Restraint	Non-Compliant
Code of Practice on Admission, Transfer and Discharge to and from an Approved Centre	Non-Compliant

### Corrective and Preventative Action plan

Following submission of the draft inspection report of 2015 to the registered proprietor, the service was requested to submit Corrective and Preventative Actions (CAPAs) in respect of the eight areas of non-compliance. In all, fourteen CAPAs were returned by the service; eleven had been completed at the time of inspection. CAPAs relating to individual areas of compliance are reported on within this inspection report.

### Non-compliant areas on this inspection

Regulation/Rule/Act/Code	Risk Rating
Regulation 6 Food Safety	Moderate
Regulation 16 Therapeutic Services and Programmes	High
Regulation 21 Privacy	High
Regulation 22 Premises	High
Regulation 23 Ordering, Prescribing, Storing and Administration of Medicine	Moderate
Regulation 26 Staffing	Moderate
Regulation 27 Maintenance of Records	Low
Regulation 28 Register of Residents	Low

Rules Governing the Use of Seclusion	Moderate
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 - 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.

### 3. Centre for Mental Health Care and Recovery, Bantry

#### 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

The previous inspection of the approved centre on the 22 and 23 October 2015 identified the following non-compliant areas:

Regulation/Rule/Act/Code	Inspection Findings 2016
Regulation 23: Ordering, Prescribing, Storing and Administration of Medicines	Compliant
Code of Practice on the use of Physical Restraint in Approved Centres	Non-Compliant

#### Corrective and Preventative Action plan

The Centre for Mental Health Care and Recovery provided Corrective and Preventative Actions (CAPAs) following the 2015 inspection to address areas of non-compliance. These were as follows:

- Regulation 23: Ordering, Prescribing, Storing and Administration of Medicines:**  
 The approved centre was to ensure the inclusion of the Medical Council Registration Number (MCRN) on medication records and this was monitored as part of an ongoing clinical audit process to achieve compliance. The approved centre's medication policy did not make specific reference to the legal requirement to use MCRNs. The approved centre's medication policy was reviewed and appropriate changes made. The approved centre's medication trolley was not secured to the wall in the nursing ward office. The approved centre secured the medication trolley to the wall using appropriate fixtures and fittings.
- Code of Practice on the Use of Physical Restraint in Approved Centres:**  
 The approved centre was to implement an audit on the use of physical restraint in the centre. A review of the clinical file of a discharged resident revealed that, during the 2015 inspection process, there was no written record of a medical examination following an episode of physical restraint. The implementation of an ongoing audit was used to address this issue and to ensure that all residents

who are subject to physical restraint in the approved centre were physically examined by a registered medical practitioner no later than three hours after an episode of restraint.

Two clinical files were inspected during the 2016 inspection process with one of the clinical files showing an incomplete Clinical Practice Form for Physical Restraint, indicating that Sections 11 – 14 were not completed.

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

<b>Regulation/Rule/Act/Code</b>	<b>Risk Rating</b>
Regulation 18: Transfer of Residents	Moderate
Regulation 19: General Health	Moderate
Regulation 22: Premises	Moderate
Regulation 26: Staffing	Low
Regulation 27: Maintenance of Records	Low
Regulation 32: Risk Management	Moderate
Code of Practice on the Use of Physical Restraint in Approved Centres	Moderate
Code of Practice on Notification of Deaths/Incidents	Low
Code of Practice on the Admission of Children	Moderate
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.

#### **4. Department of Psychiatry, Midland Regional Hospital, Portlaoise**

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

The approved centre currently had a condition attached as follows –

(A) The Mental Health Commission requires full compliance with Article 15 (Individual Care Plan) of S.I. No 551 of 2006; Mental Health Act 2001 (Approved Centres) Regulations 2006.

(B) The Mental Health Commission requires that ongoing clinical audits must be conducted, by appropriately qualified clinical persons external to the approved centre, as a cyclical process to monitor compliance with Article 15 (Individual Care Plan) of S.I. No 551 of 2006; Mental Health Act 2001 (Approved Centres) Regulations 2006, for each in-patient resident of each sector team to ensure improvement has been achieved and sustained. A sectorised report of the results of the ongoing clinical audit, naming each specific sector team, must be submitted to the Commission on 1<sup>st</sup> April 2014 and on the 1<sup>st</sup> of each month thereafter.

The report must detail the following: (i) Persons responsible for collecting the data, (ii) Audit criteria (The sample audit tool provided in the MHC Guidance Document on Individual Care Planning may be used), (iii) Outcome of Audit - level of compliance with Article 15, (iv) Quality improvement plan, (v) Implementation dates for the improvement plan, (vi) Dates to repeat the data collection to measure sustainability and/or improvement, and (vii) Methods to communicate the results to key stakeholders.

Following on from a focussed inspection on 21-23 June 2016, a proposal was made on 7 September 2016 under Section 64(5) to remove the approved centre from the Register of Approved Centres due to the failure to satisfactorily address issue of non-compliance which had repeatedly been highlighted. On the basis of representations received the Commission deferred making a decision regarding removal of the approved centre from the Register to January 2017; to allow for implementation of the action plans provided by the approved centre.

This inspection is an annual overall inspection covering the period since the last annual inspection in December 2015.

#### **Areas of compliance rated Excellent on this inspection**

<b>Regulation/Rule/Act/Code</b>
Regulation 15 Individual Care Plan
Regulation 16 Therapeutic Services and Programmes

#### **Outstanding issues from previous inspection**

The previous inspection of the approved centre on 08-10 December 2015 identified the following areas that were not compliant:

<b>Regulation/Rule/Act/Code</b>	<b>Inspection Findings 2016</b>
Regulation 14 Care of the Dying	Compliant
Regulation 15 Individual Care Plan	Compliant
Regulation 21 Privacy	Non-compliant
Regulation 22 Premises	Non-compliant
Regulation 23 Ordering, Prescribing, Storing, and Administration of Medicines	Compliant
Regulation 24 Health and Safety	Compliant
Regulation 26 Staffing	Non-compliant
Regulation 27 Maintenance of Records	Compliant
Rules Governing the Use of Seclusion and Mechanical Means of Bodily Restraint	Non-compliant
Part 4 of the Mental Health Act 2001: Consent to treatment	Compliant
Code of Practice on Admission of Children	Non-compliant
Code of Practice on Notification of Deaths and Incident Reporting	Compliant
Code of Practice on the Use of Electro-Convulsive Therapy for Voluntary Patients	Non-compliant
Code of Practice on Admission, Transfer, and Discharge to and from an Approved Centre	Non-compliant

#### **Corrective and Preventative Action plan**

Following the annual inspection in December 2015 and the focused inspection in June 2016, the approved centre provided Corrective and Preventative Action plans to address all areas of non-compliance identified on these inspections. The approved centre were in the process of implementing these CAPAs.

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

<b>Regulation/Rule/Act/Code</b>	<b>Risk Rating</b>
---------------------------------	--------------------

Regulation 7 Clothing	Low
Regulation 21 Privacy	High
Regulation 22 Premises	High
Regulation 26 Staffing	Moderate
Regulation 31 Complaints	Low
Rule on the Use of Seclusion	Moderate
Code of Practice on the Use of Physical Restraint	Moderate
Code of Practice on Admission of Children	High
Code of Practice on Guidance for persons working in Mental Health Services with People with Intellectual Disability	Low
Code of Practice on Electro-Convulsive Therapy for Voluntary Patients	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.

## 5. Central Mental Hospital, Dundrum, Dublin 14

### 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

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 6 Food Safety	Non-compliant
Regulation 13 Searches	Compliant
Regulation 15 Individual Care Plan	Compliant
Regulation 21 Privacy	Non-compliant
Regulation 22 Premises	Non-compliant
Regulation 23 Ordering, Prescribing, Storage, and Administration of Medicines	Compliant
Rules Governing the use of Seclusion	Compliant

### Corrective and Preventative Action plan

Arising from the previous inspection in 2015, a number of Corrective and Preventative Actions (CAPAs) were provided by the approved centre with the aim of addressing areas of non-compliance. These were, as follows:

- **Regulation 6** - Food Safety: Staff handling food are now wearing appropriate personal protective equipment. Staff handling and serving food not able to verify appropriate HACCP training. High standards of hygiene not consistently maintained.
- **Regulation 13** - Searches: CAPA requirements had been completed.
- **Regulation 15** - Individual Care Plans: CAPA requirements had been completed.
- **Regulation 21** - Privacy: CAPA commitments regarding telephone access still uncompleted. Staff training in relation to privacy not documented in induction policy and training records.
- **Regulation 22** - Premises: CAPA in relation to kitchen renovation in process of completion. Heating still not locally adjustable.
- **Regulation 23** - Medication Management: The policy has not been updated to reflect reconciliation processes.
- **Rules Governing the Use of Seclusion:** The policy and practice has been reviewed and required changes made.
- **Code of Practice on the Use of Physical Restraint:** The policy is now updated annually.

#### Non-compliant areas on this inspection

Regulation/Rule/Act/Code	Risk Rating
Regulation 6 Food Safety	High
Regulation 21 Privacy	Moderate
Regulation 22 Premises	High
Regulation 26 Staffing	Moderate
Regulation 27 Maintenance of Records	Moderate
Regulation 28 Register of Residents	Low
Code of Practice on the Use of Physical Restraint	Low
Code of Practice Notification of Deaths and Incident Reporting	Low
Code of Practice People with Intellectual Disability	Low
Code of Practice 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. St. Joseph's Intellectual Disability Service, Dublin

#### 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 area was rated excellent on this inspection.

#### Outstanding issues from previous inspection

The previous inspection of the approved centre on 30 November, 1 and 2 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



Rules on the use of Mechanical Restraint	Non-Compliant
--	---------------

### Corrective and Preventative Action plan

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

- The approved centre had submitted three CAPAs in relation to Regulation 21: Privacy; these had not been completed.
- Seven CAPAs had been submitted in relation to Regulation 22: Premises; these had not been completed.
- Two CAPAs had been submitted in relation to the Rule on the Use of Mechanical Restraint. These had been commenced and were ongoing in the approved centre.

### Non-compliant areas on this inspection

Regulation/Rule/Act/Code	Risk Rating
Regulation 4: Identification of Residents	Moderate
Regulation 13: Searches	Low
Regulation 15: Individual Care Plan	Moderate
Regulation 16: Therapeutic Services and Programmes	Moderate
Regulation 21: Privacy	High
Regulation 22: Premises	High
Regulation 23: Ordering, Prescribing, Storing and Administration of Medicines	Moderate
Regulation 24: Health and Safety	Moderate
Regulation 25: Use of Closed Circuit Television	High
Regulation 26: Staffing	High
Regulation 27: Maintenance of Records	Moderate
Regulation 29: Operating Policies and Procedures	Moderate
Regulation 32: Risk Management Procedures	High
Rules Governing the Use of Seclusion	High
Code of Practice on the Use of Physical Restraint	High
Code of Practice on the Notification of Deaths and Incident Reporting	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.