

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. Elm Mount Unit, St. Vincent's University Hospital
<http://www.mhcirl.ie/File/2017IRs/Elm-Mount-Unit-St-Vincents-IR-2017.pdf>
2. Units 2, 3, 4, 5 and Unit 8 (Floor 2), St Stephen's Hospital, Cork
<http://www.mhcirl.ie/File/2017IRs/St-Stephens-Hospital-IR-2017.pdf>
3. St. Catherine's Ward, St. Finbarr's Hospital, Douglas
<http://www.mhcirl.ie/File/2017IRs/St-Finbarrs-Hospital-IR-2017.pdf>
4. Teach Aisling, Westport
<http://www.mhcirl.ie/File/2017IRs/Teach-Aisling-IR-2017.pdf>
5. Cappahard Lodge, Ennis
http://www.mhcirl.ie/File/2017IRs/CappahardLodge_ir2017.pdf
6. Eist Linn Child and Adolescent In-patient Unit, Cork
http://www.mhcirl.ie/File/2017IRs/EistLinnCamhs_ir2017.pdf
7. Acute Mental Health Unit, Cork University Hospital
http://www.mhcirl.ie/File/2017IRs/ACMUCorkUniHosp_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/

Elm Mount Unit, St. Vincent's University Hospital

ID Number: AC0004

2017 Approved Centre Inspection Report (Mental Health Act 2001)

Elm Mount Unit

St. Vincent's University Hospital

Elm Park

Dublin 4

Approved Centre Type:

Acute Adult Mental Health Care

Psychiatry of Later Life

Eating Disorder In-patient

Most Recent Registration Date:

01 March 2017

Conditions Attached:

None

Registered Proprietor:

HSE

Registered Proprietor Nominee:

Ms Martina Queally, Chief Officer,
CHO6.

Lead Inspector:

David McGuinness

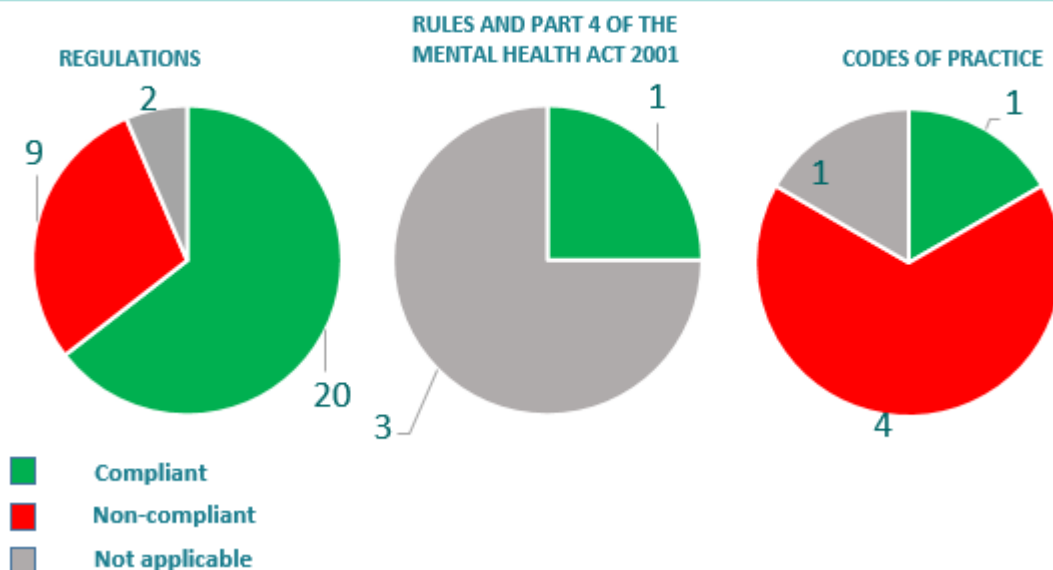
Unannounced Annual Inspection

The Inspector of Mental Health Services:

Dr Susan Finnerty MCRN009711

Date of Publication:

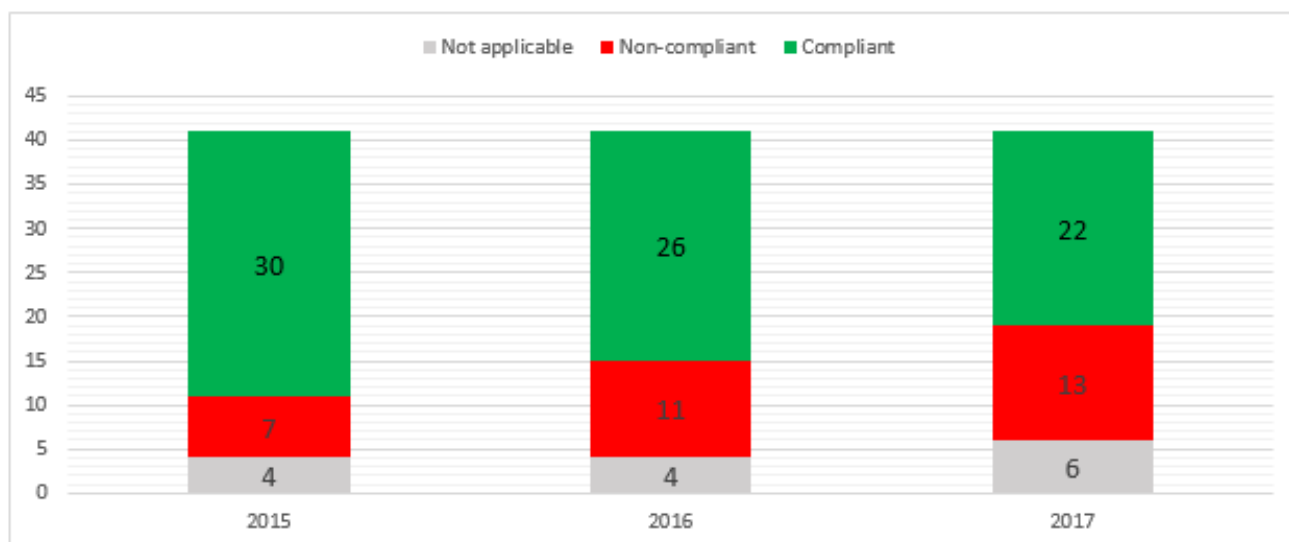
14 September 2017



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 18 – 20 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 7: Clothing	Compliant
Regulation 13: Searches	Non-compliant
Regulation 15: Individual Care Plan	Non-compliant
Regulation 21: Privacy	Compliant
Regulation 26: Staffing	Non-compliant
Regulation 31: Complaints Procedures	Compliant
Regulation 32: Risk Management Procedures	Non-compliant
Code of Practice on the Use of Physical Restraint in Approved Centres	Non-compliant
Code of Practice Relating to Admission of Children Under the Mental Health Act 2001	Not applicable
Code of Practice on Notification of Deaths and Incident Reporting	Non-compliant
Code of Practice on Admission, Transfer and Discharge to and from an 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	X

			Low
Regulation 15: Individual Care Plan	✓	X	X High
Regulation 22: Premises	✓	✓	X High
Regulation 23: Ordering, Prescribing, Storing and Administration of Medicines	X	✓	X Moderate
Regulation 26: Staffing	X	X	X Moderate
Regulation 27: Maintenance of Records	✓	✓	X Moderate
Regulation 28: Register of Residents	✓	✓	X Moderate
Regulation 29: Operating Policies and Procedures	✓	✓	X Low
Regulation 32: Risk Management Procedures	X	X	X High
Code of Practice on the Use of Physical Restraint in Approved Centres	X	X	X High
Code of Practice on Notification of Deaths and Incident Reporting	✓	X	X Moderate
Code of Practice Guidance for Persons working in Mental Health Services with People with Intellectual Disabilities	✓	N/A	X Low
Code of Practice on Admission, Transfer and Discharge to and from an Approved Centre	✓	X	X 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.

Areas of compliance rated Excellent on this inspection

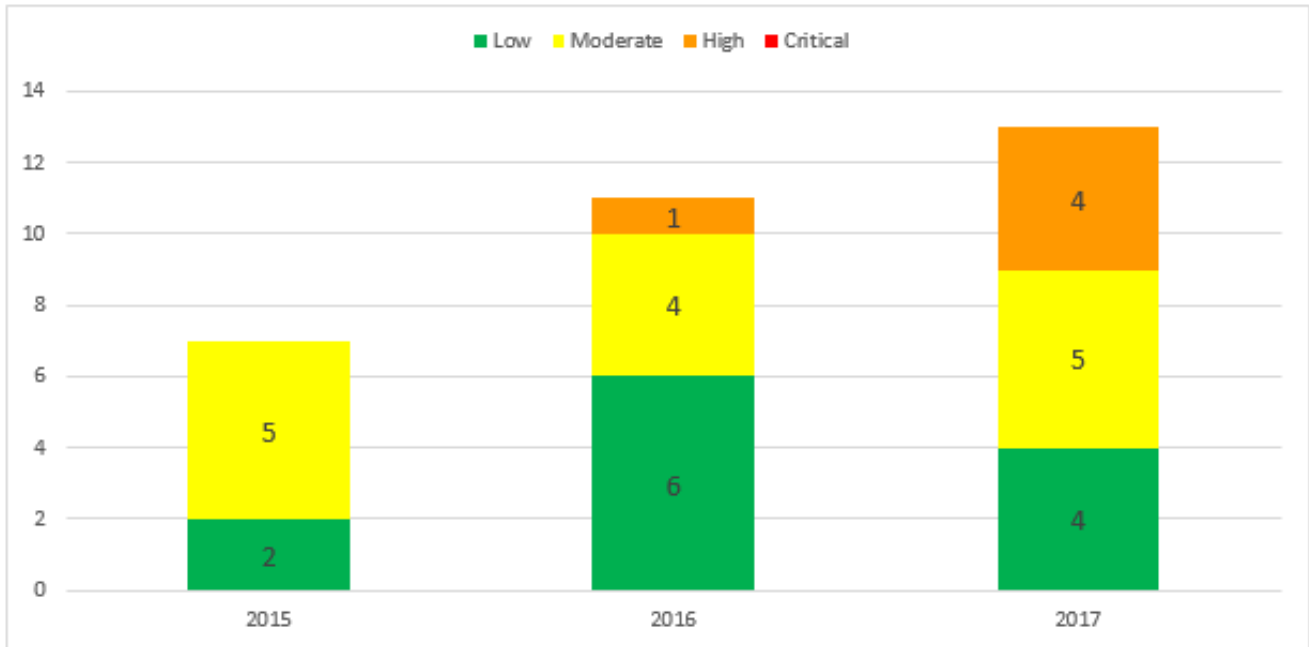
The following areas were rated excellent on this inspection:

Regulation
Regulation 5: Food and Nutrition
Regulation 6: Food Safety
Regulation 7: Clothing

Overall Risk Comparison

Chart 2 – Comparison of overall risk ratings 2015 – 2017

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.



Units 2, 3, 4, 5, and Unit 8 (Floor 2), St. Stephen's Hospital

ID Number: AC0036

2017 Approved Centre Inspection Report (Mental Health Act 2001)

Units 2, 3, 4, 5, and Unit 8 (Floor 2), St. Stephen's Hospital
Sarsfield Court
Glanmire
Co. Cork

Approved Centre Type:
Acute Adult Mental Health Care
Continuing Mental Health Care/Long Stay
Psychiatry of Later Life
Mental Health Rehabilitation

Most Recent Registration Date:
1 March 2017

Conditions Attached:
Yes

Registered Proprietor:
HSE

Registered Proprietor Nominee:
Sinéad Glennon, Head of Mental Health Services, Cork & Kerry

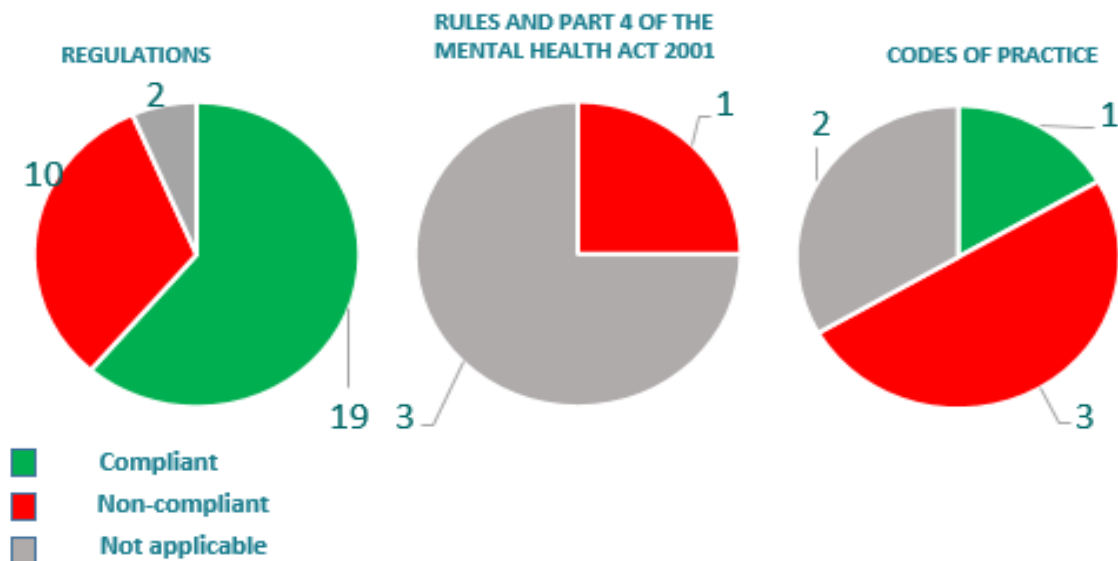
Sandra McGrath
Siobhán Dinan
Carol Brennan-Forsyth

Unannounced Annual Inspection

The Inspector of Mental Health Services:
Dr. Susan Finnerty MCRN009711

Date of Publication:
28 September 2017

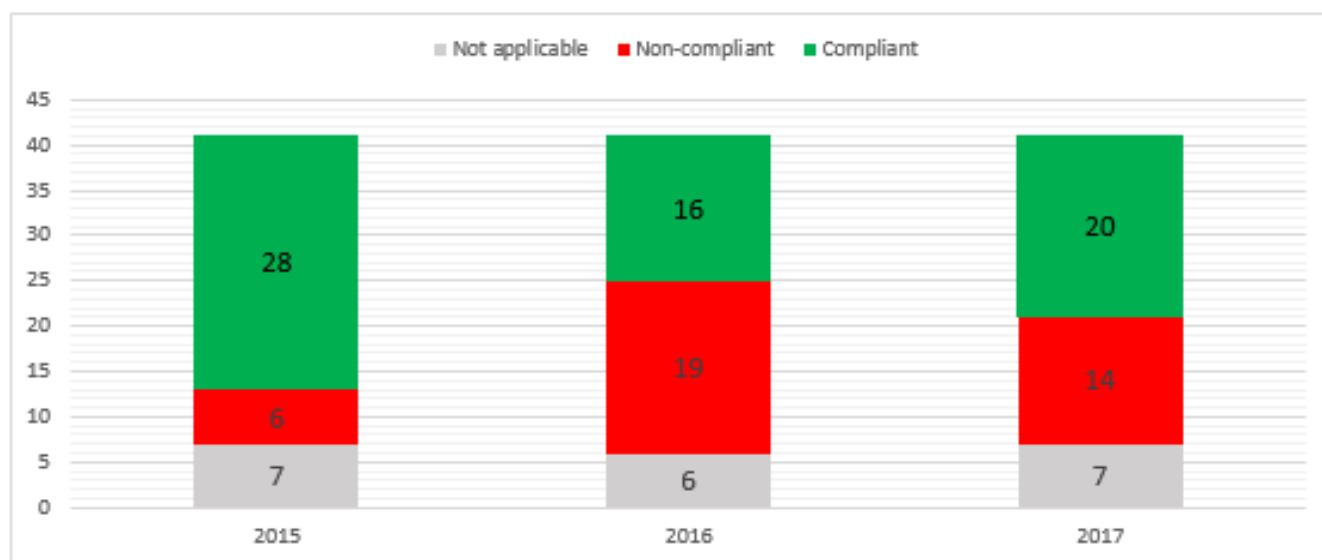
2017 COMPLIANCE RATINGS



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 23 – 26 August 2016 identified the following areas that were not 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 5: Food and Nutrition	Compliant
Regulation 7: Clothing	Compliant
Regulation 8: Residents' Personal Property and Possessions	Non-Compliant
Regulation 9: Recreational Activities	Compliant
Regulation 13: Searches	Compliant
Regulation 15: Individual Care Plan	Non-Compliant
Regulation 16: Therapeutic Services and Programmes	Compliant
Regulation 21: Privacy	Non-Compliant
Regulation 22: Premises	Non-Compliant
Regulation 23: Ordering, Prescribing, Storing and Administration of Medicines	Compliant
Regulation 26: Staffing	Non-Compliant
Regulation 27: Maintenance of Records	Non-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	Compliant
Code of Practice on the Admission of Children under the Mental Health Act 2001	Not Applicable
Code of Practice 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

Code of Practice on Admission, Transfer and Discharge to and from an Approved Centre	Non-Compliant
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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 8: Residents' Personal Property and Possessions	✓	X	X Moderate
Regulation 14: Care of the Dying	✓	✓	X Low
Regulation 15: Individual Care Plan	✓	X	X High
Regulation 19: General Health	✓	✓	X High
Regulation 21: Privacy	X	X	X High
Regulation 22: Premises	X	X	X High
Regulation 26: Staffing	X	X	X High
Regulation 27: Maintenance of Records	✓	X	X High
Regulation 32: Risk Management Procedures	X	X	X High
Regulation 34: Certificate of Registration	✓	✓	X Moderate
Part 4 of the Mental Health Act 2001: Consent to Treatment	✓	X	X High
Code of Practice on Notification of Deaths and Incident Reporting	✓	X	X Low
Code of Practice Guidance for Persons working in Mental Health Services with People with Intellectual Disabilities	✓	X	X High
Code of Practice on Admission, Transfer and Discharge to and from an Approved Centre	✓	X	X 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.

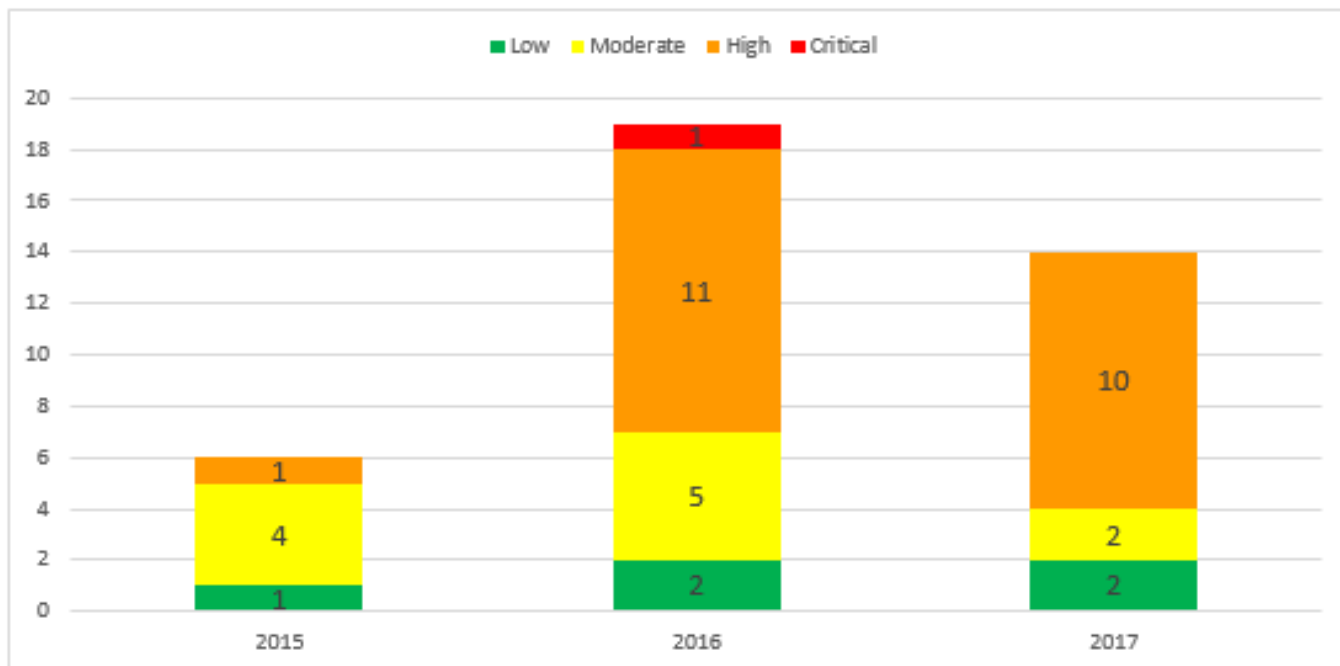
Areas of compliance rated Excellent on this inspection

There were no areas 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



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

ID Number: AC0044

2017 Approved Centre Inspection Report (Mental Health Act 2001)

St. Catherine's Ward
St. Finbarr's Hospital
Douglas Road
Cork

Approved Centre Type:
Continuing Mental Health Care/Long
Stay
Mental Health Rehabilitation

Most Recent Registration Date:
17 May 2016

Conditions Attached:
None

Registered Proprietor:
HSE

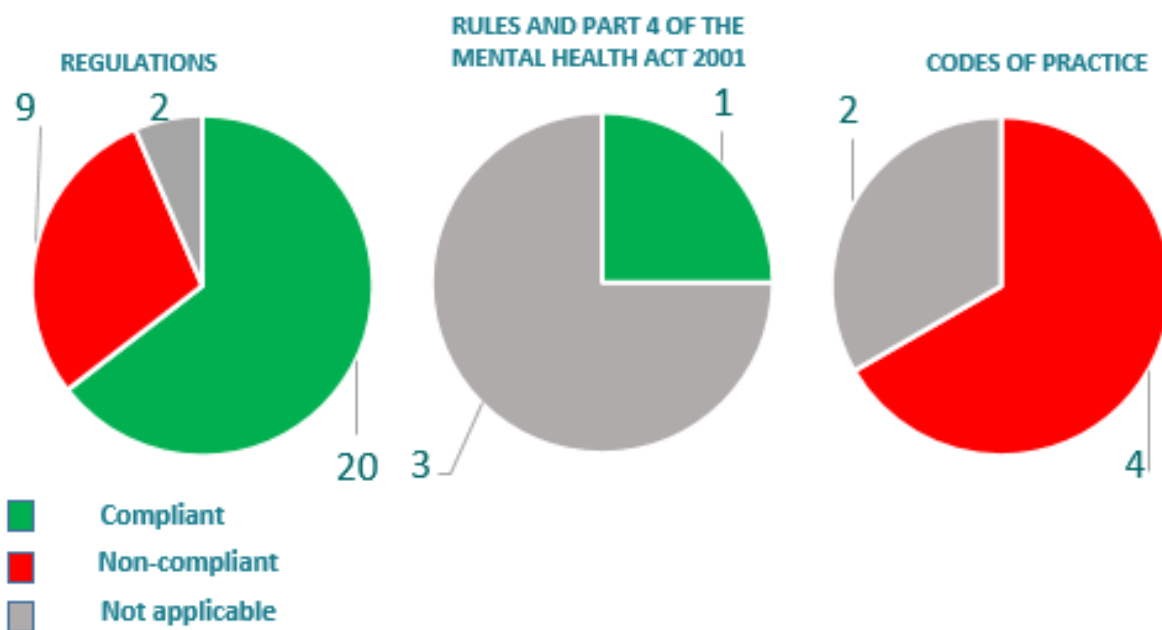
Registered Proprietor Nominee:
Ms Sinéad Glennon, Head of Mental
Health Service – Cork and Kerry

Leon Donovan
Carol Brennan-Forsyth

Unannounced Annual Inspection

The Inspector of Mental Health Services:
Dr Susan Finnerty MCRN009711

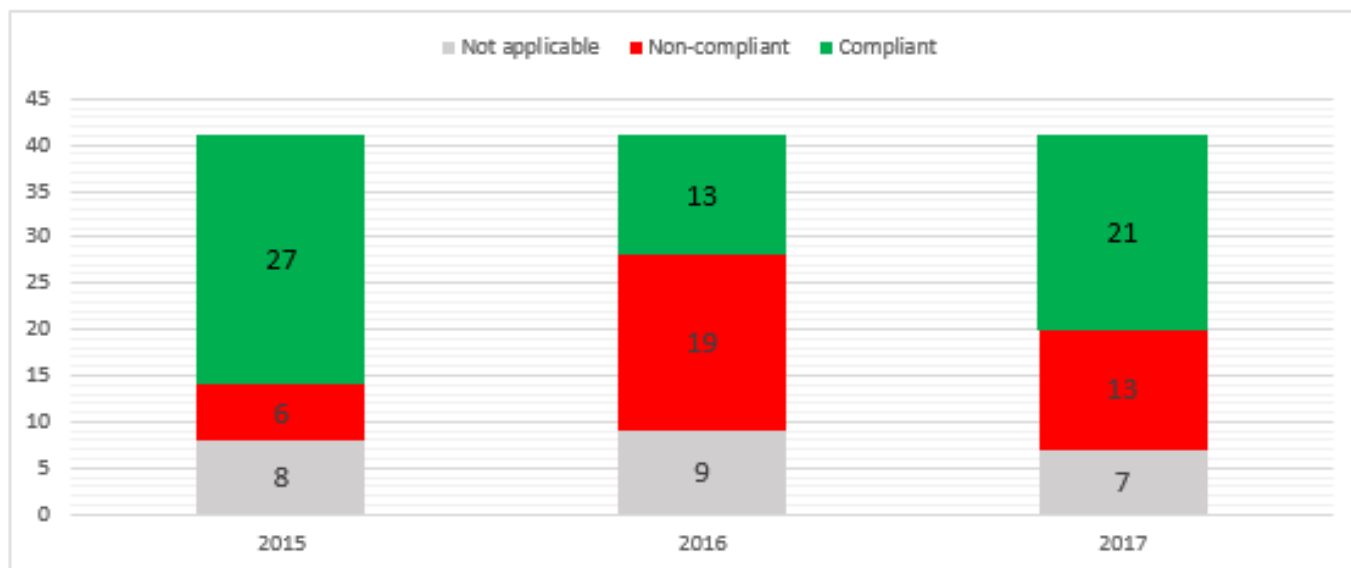
Date of Publication:
<<** – ** Month 2017>>



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 1 – 4 November 2016 identified the following areas that were not 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 5: Food and Nutrition	Compliant
Regulation 8: Residents' Personal Property and Possessions	Compliant
Regulation 11: Visits	Compliant
Regulation 15: Individual Care Plan	Non-Compliant
Regulation 16: Therapeutic Services and Programmes	Compliant
Regulation 19: General Health	Non-Compliant
Regulation 20: Provision of Information to Residents	Non-Compliant
Regulation 21: Privacy	Non-Compliant
Regulation 22: Premises	Non-Compliant
Regulation 23: Ordering, Prescribing, Storing and Administration of Medicines	Compliant
Regulation 26: Staffing	Non-Compliant
Regulation 27: Maintenance of Records	Non-Compliant
Regulation 28: Register of Residents	Non-Compliant
Regulation 29: Operating Policies and Procedures	Compliant
Regulation 31: Complaints Procedures	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
Code of Practice Guidance for Persons working in Mental Health with People with Intellectual Disabilities	Non-Compliant
Code of Practice on Admission, Transfer and Discharge to and from Approved Centres	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 15: Individual Care Plan	✓	X	X Moderate
Regulation 19: General Health	✓	X	X High
Regulation 20: Provision of Information to Residents	✓	X	X Low
Regulation 21: Privacy	✓	X	X Moderate
Regulation 22: Premises	X	X	X Moderate
Regulation 26: Staffing	✓	X	X High
Regulation 27: Maintenance of Records	X	X	X High
Regulation 28: Register of Residents	✓	X	X Low
Regulation 32: Risk Management Procedures	✓	✓	X Moderate
Code of Practice on the Use of Physical Restraint in Approved Centres	✓	X	X Low
Code of Practice on Notification of Deaths and Incident Reporting	X	X	X Low
Code of Practice Guidance for Persons working in Mental Health Services with People with Intellectual Disabilities	✓	X	X High
Code of Practice on Admission, Transfer and Discharge to and from Approved Centres	X	X	X 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.

Areas of compliance rated Excellent on this inspection

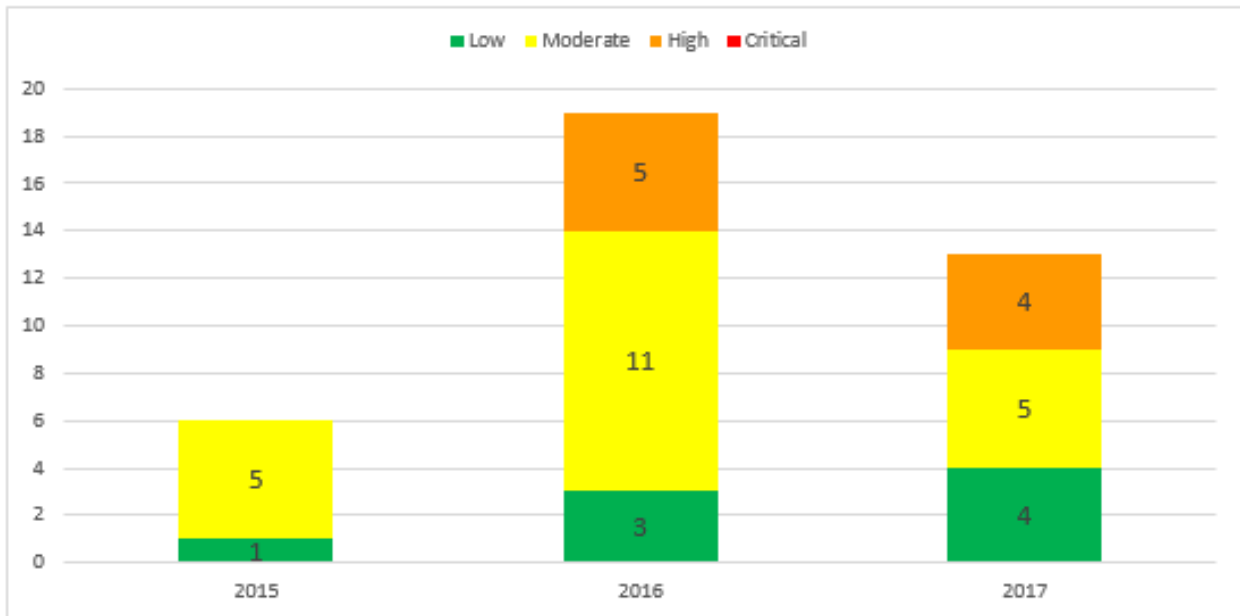
The following areas were rated excellent on this inspection:

Regulation
Regulation 6: Food Safety

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



Teach Aisling

ID Number: AC0069

2017 Approved Centre Inspection Report (Mental Health Act 2001)

Teach Aisling
Westport Road
Castlebar
Co. Mayo

Approved Centre Type:
Mental Health Rehabilitation
Continuing Mental Health Care/Long
Stay

Most Recent Registration Date:
31 May 2016

Conditions Attached:
None

Registered Proprietor:
HSE

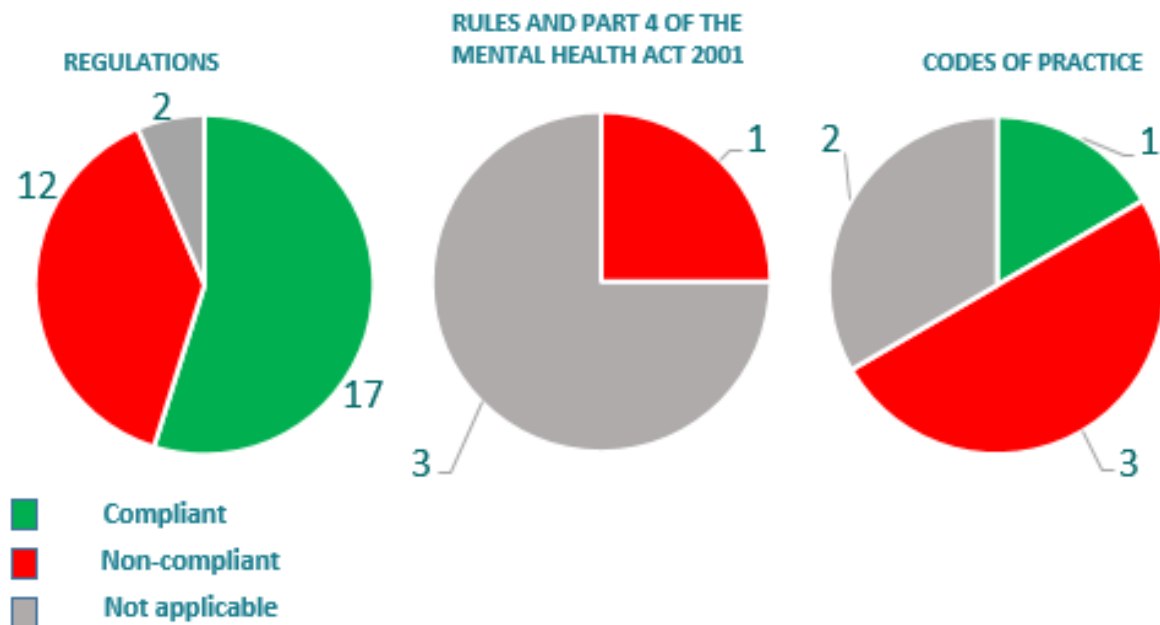
Registered Proprietor Nominee:
Mr Steve Jackson, General Manager,
CHO 2 - Mental Health Services

Dr Enda Dooley
Dr Susan Finnerty

Inspection type:
Unannounced Annual Inspection
followed by an announced inspection
on 11 July 2017

The Inspector of Mental Health Services:
Dr Susan Finnerty MCRN009711

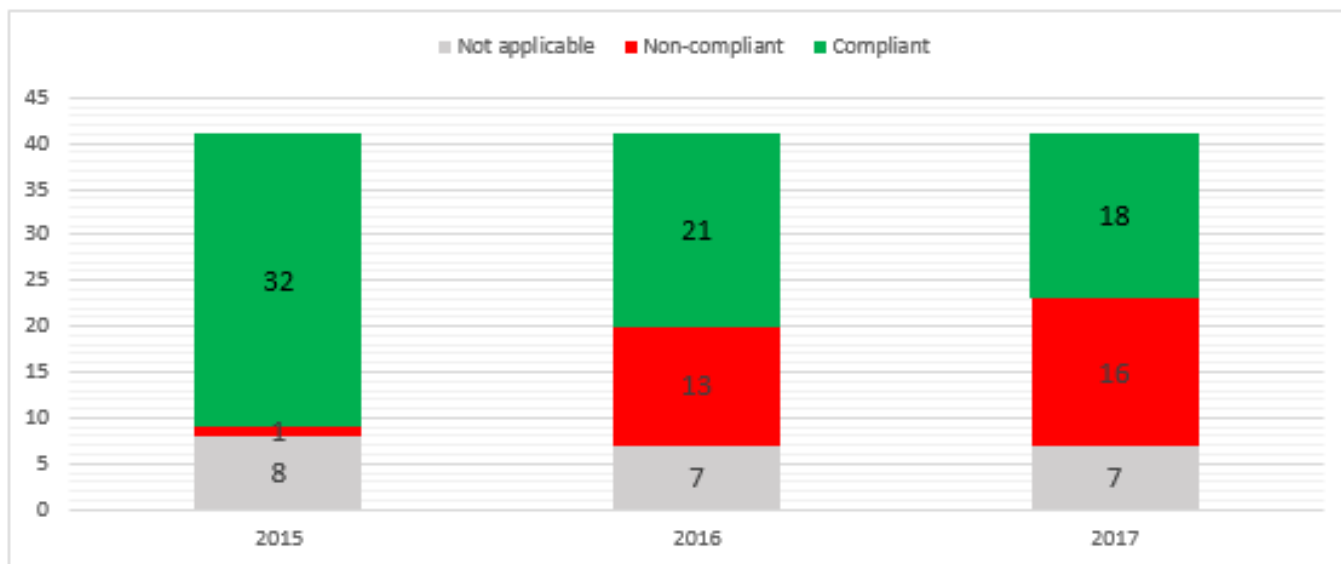
Date of Publication:
28 September 2017



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 6 – 8 September 2016 identified the following areas that were not 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 6: Food Safety	Non-Compliant
Regulation 8: Residents' Personal Property and Possessions	Compliant
Regulation 9: Recreational Activities	Non-Compliant
Regulation 15: Individual Care Plan	Compliant
Regulation 16: Therapeutic Services and Programmes	Non-Compliant
Regulation 21: Privacy	Compliant
Regulation 22: Premises	Non-Compliant
Regulation 26: Staffing	Non-Compliant
Regulation 29: Operating Policies and Procedures	Compliant
Regulation 32: Risk Management Procedures	Non-Compliant
Code of Practice on Notification of Deaths and Incident Reporting	Non-Compliant
Code of Practice on Admission, Transfer and Discharge to and from an 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 5: Food and Nutrition	✓	✓	X

			Moderate
Regulation 6: Food Safety	✓	X	X Moderate
Regulation 9: Recreational Activities	✓	X	X High
Regulation 13: Searches	✓	✓	X Low
Regulation 16: Therapeutic Services and Programmes	✓	X	X Critical
Regulation 22: Premises	✓	X	X Critical
Regulation 23: Ordering, Prescribing, Storing and Administration of Medicines	✓	✓	X Moderate
Regulation 26: Staffing	✓	X	X High
Regulation 27: Maintenance of Records	✓	✓	X Moderate
Regulation 30: Mental Health Tribunals	✓	✓	X Moderate
Regulation 31: Complaints Procedures	✓	✓	X Low
Regulation 32: Risk Management Procedures	✓	X	X High
Part 4 of the Mental Health Act 2001: Consent to Treatment	✓	X	X High
Code of Practice on the Use of Physical Restraint in Approved Centres	✓	✓	X High
Code of Practice for Mental Health Services on Notification of Deaths and Incident Reporting	✓	X	X Low
Code of Practice on Admission, Transfer and Discharge to and from an Approved Centre	✓	X	X High

The Commission has arranged a Regulatory Compliance meeting with the Registered Proprietor to agree Corrective and Preventative Actions (CAPAs) to address areas of non-compliance in the inspection report.

Areas of compliance rated Excellent on this inspection

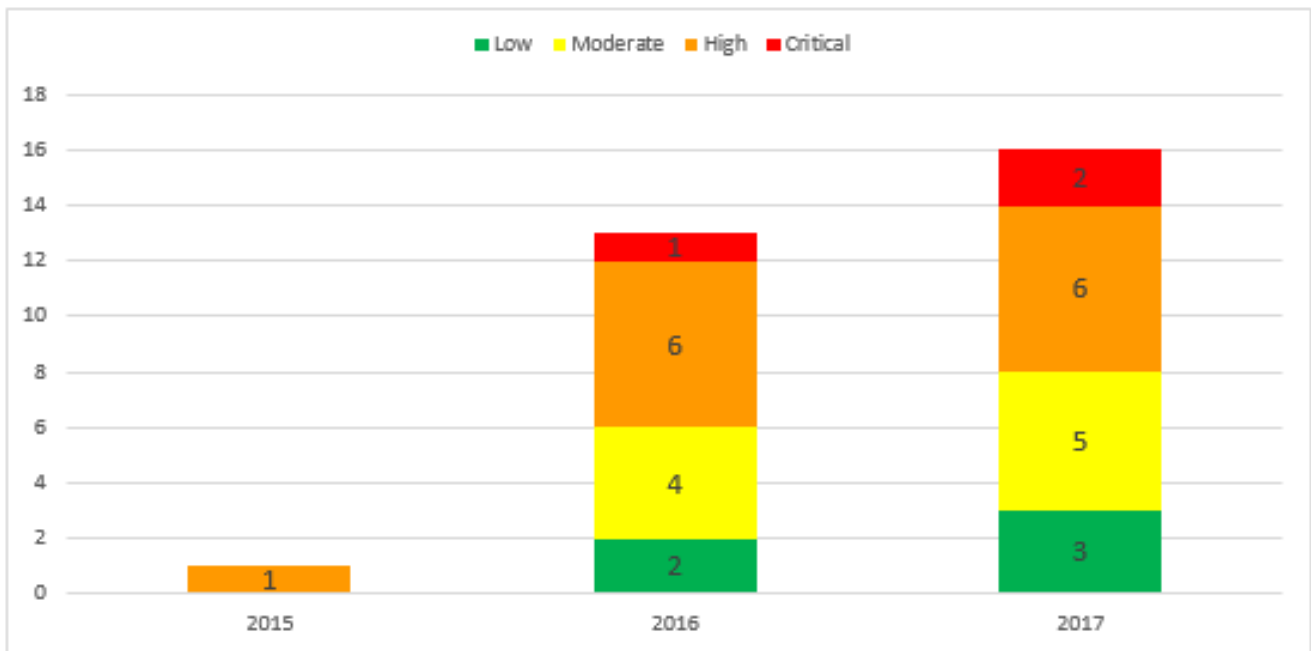
The following areas were rated excellent on this inspection:

Regulation
Regulation 15: Individual Care Plan
Regulation 29: Operating Policies and 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



Cappahard Lodge

ID Number: AC0071

2017 Approved Centre Inspection Report (Mental Health Act 2001)

Cappahard Lodge
Tulla Road
Ennis
Co. Clare

Approved Centre Type:
Psychiatry of Later Life
Mental Health Rehabilitation

Most Recent Registration Date:
1 October 2014

Conditions Attached:
None

Registered Proprietor:
HSE

Registered Proprietor Nominee:
Mr Mark Sparling, Head of Service -
Mental Health, CHO 3

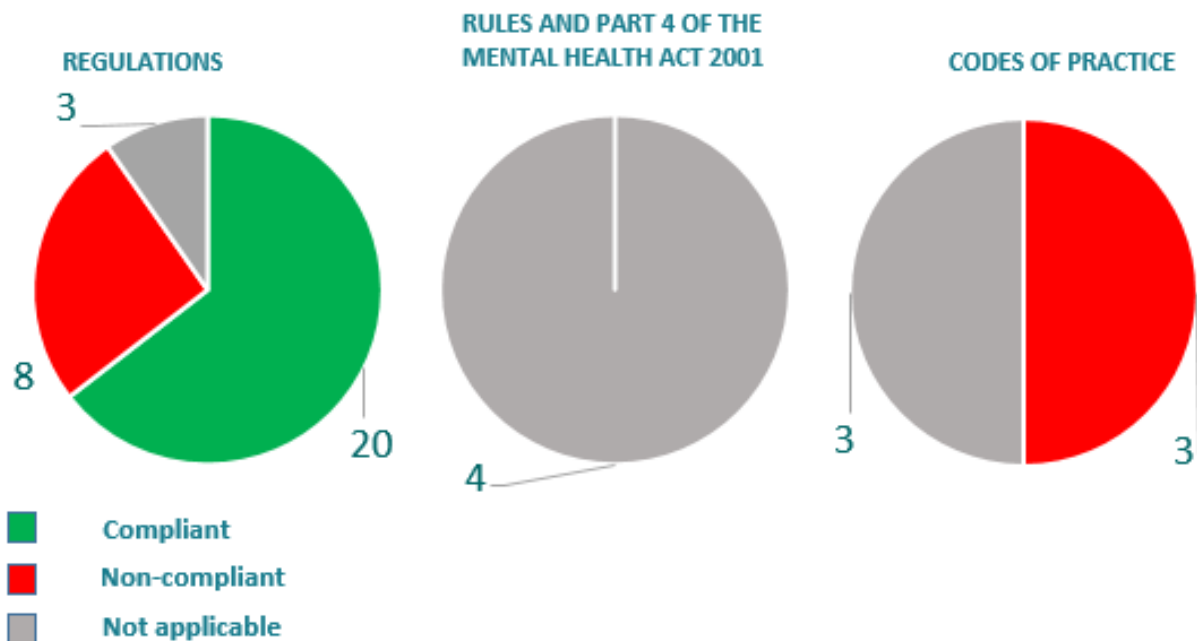
Noeleen Byrne

Inspection type:
Unannounced Annual Inspection

The Inspector of Mental Health Services:
Dr Susan Finnerty MCRN009711

Date of Publication:
28 September 2017

COMPLIANCE RATINGS 2017

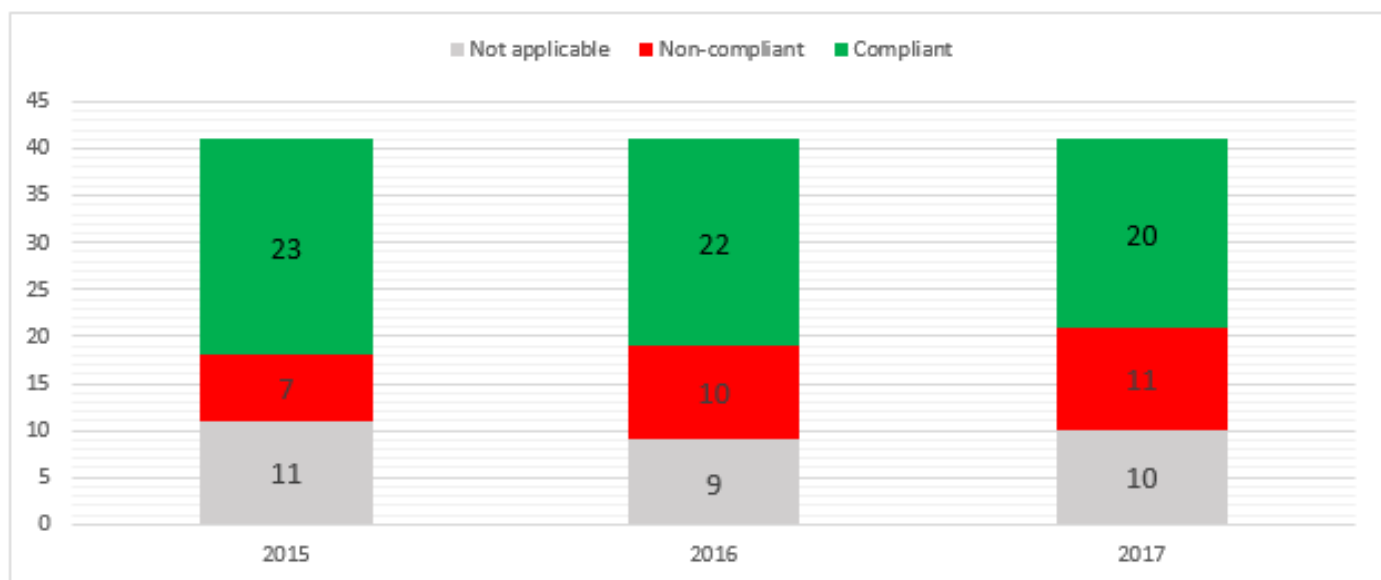


RATINGS SUMMARY 2015 – 2017

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 4-7 October 2016 identified the following areas that were not 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 8: Residents' Personal Property and Possessions	Compliant
Regulation 18: Transfer of Residents	Compliant
Regulation 19: General Health	Compliant
Regulation 26: Staffing	Non-Compliant
Regulation 27: Maintenance of Records	Non-Compliant
Regulation 32: Risk Management Procedures	Non-Compliant
Code of Practice on the Use of Physical Restraint in Approved Centres	Not Applicable
Code of Practice on the 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
Code of Practice on Admission, Transfer and Discharge to and from an 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 15: Individual Care Plan	✓	✓	X Moderate
Regulation 22: Premises	X	✓	X

			Moderate
Regulation 26: Staffing	✓	X	X Moderate
Regulation 27: Maintenance of Records	✓	X	X Moderate
Regulation 28: Register of Residents	✓	✓	X Low
Regulation 29: Operating Policies and Procedures	✓	✓	X Low
Regulation 31: Complaints Procedures	X	✓	X Moderate
Regulation 32: Risk Management Procedures	X	X	X High
Code of Practice on the Notification of Deaths and Incident Reporting	X	X	X Moderate
Code of Practice Guidance for Persons Working in Mental Health Services with People with Intellectual Disabilities	X	X	X Moderate
Code of Practice on Admission, Transfer and Discharge to and from an Approved Centre	✓	X	X 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.

Areas of compliance rated Excellent on this inspection

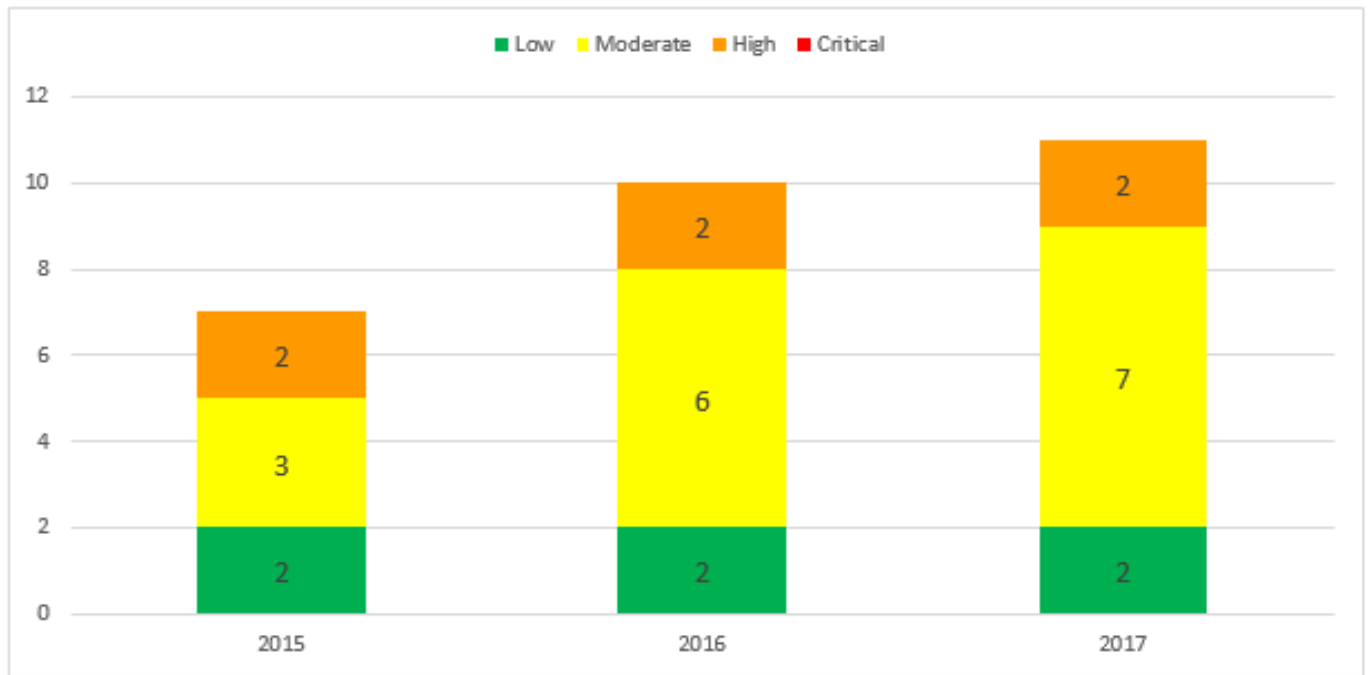
The following areas were rated excellent on this inspection:

Regulation
Regulation 8: Residents' Personal Property and Possessions

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



Eist Linn Child & Adolescent In-patient Unit

ID Number: AC0082

2017 Approved Centre Inspection Report (Mental Health Act 2001)

Eist Linn Child & Adolescent In-patient Unit
Bessborough
Blackrock
Cork

Approved Centre Type:
Child & Adolescent Mental Health Care

Most Recent Registration Date:
22 December 2016

Conditions Attached:
None

Registered Proprietor:
HSE

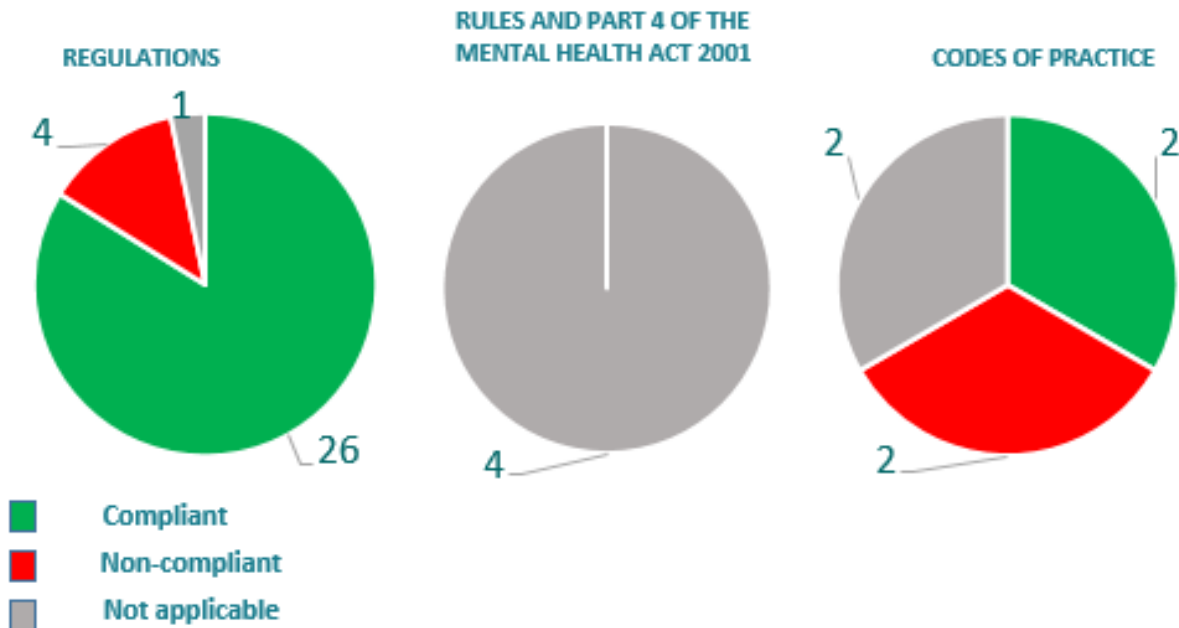
Registered Proprietor Nominee:
Ms Sinéad Glennon

Barbara Morrissey

Unannounced Annual Inspection

The Inspector of Mental Health Services:
Dr Susan Finnerty MCRN009711

Date of Publication:
<<**-**-** Month 2017>>

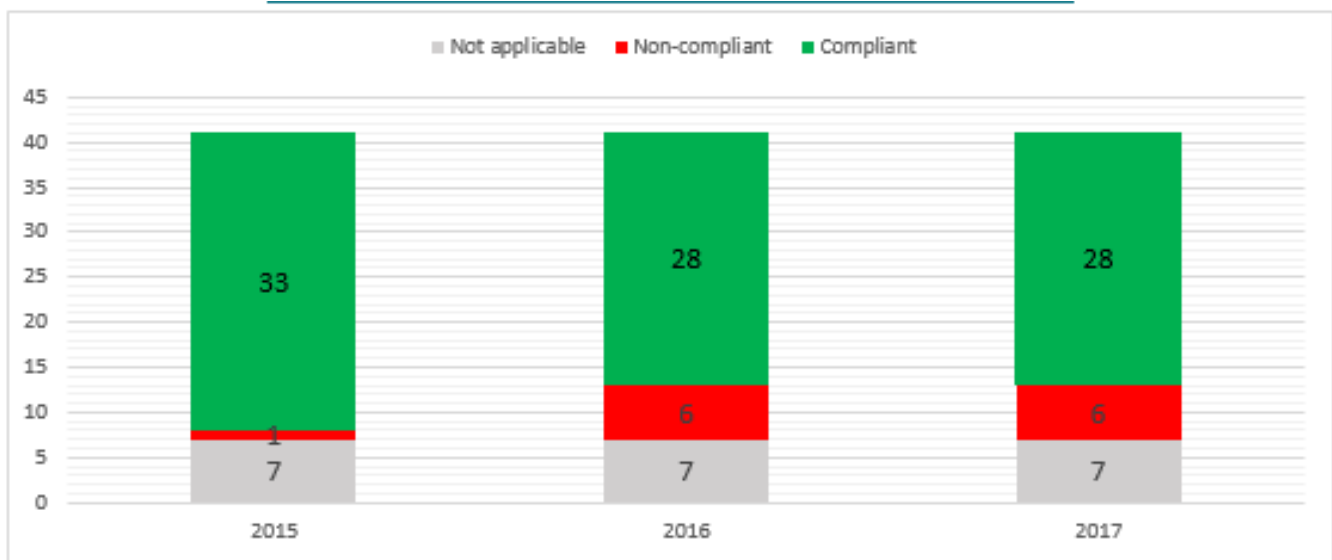


RATINGS SUMMARY 2015 – 2017

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 25-28 October 2016 identified the following areas that were not 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 23: Ordering, Prescribing, Storing and Administration of Medicines	Non-Compliant
Regulation 26: Staffing	Non-Compliant
Regulation 27: Maintenance of Records	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	Compliant
Code of Practice on Admission, Transfer and Discharge to and from an 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 23: Ordering, Prescribing, Storing & Administration of Medicines	X	X	X High
Regulation 26: Staffing	✓	X	X Low
Regulation 27: Maintenance of Records	✓	X	X Moderate
Regulation 28: Register of Residents	✓	✓	X Low

Code of Practice on the Use of Physical Restraint in Approved Centres	✓	X	X Low
Code of Practice on Admission, Transfer and Discharge to and from an Approved Centre	✓	X	X 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.

Areas of compliance rated Excellent on this inspection

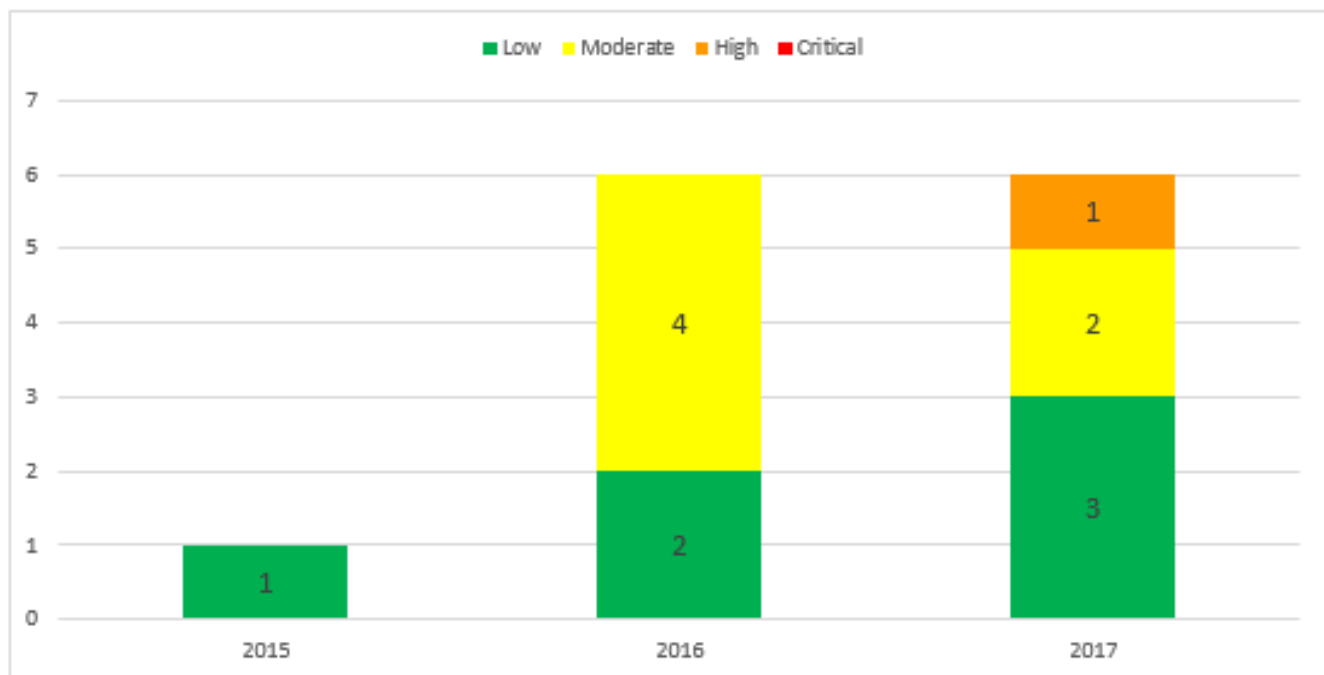
The following areas of compliance were rated excellent on this inspection:

Regulation
Regulation 5: Food and Nutrition
Regulation 8: Residents' Personal Property and Possessions

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



Acute Mental Health Unit, Cork University Hospital

ID Number: AC0096

2017 Approved Centre Inspection Report (Mental Health Act 2001)

Acute Mental Health Unit
Cork University Hospital
Wilton
Cork

Approved Centre Type:
Acute Adult Mental Health Care
Psychiatry of Later Life

Most Recent Registration Date:
4 February 2015

Conditions Attached:
None

Registered Proprietor:
HSE

Registered Proprietor Nominee:
Ms Sinead Glennon, Head of Mental
Services – Cork & Kerry

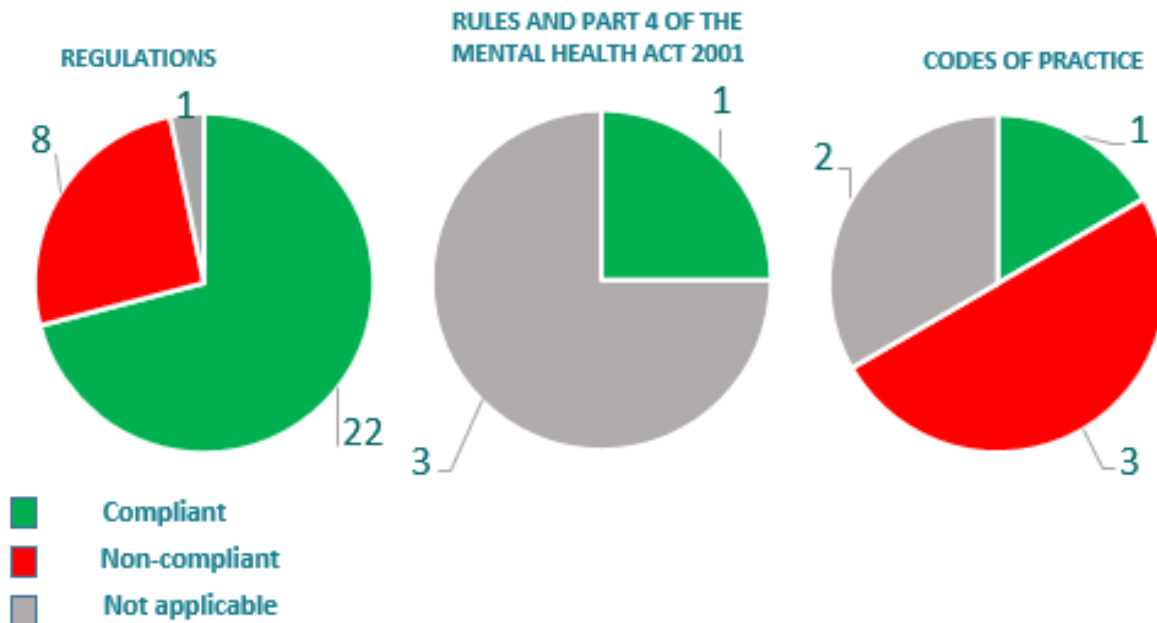
Inspector:
Donal O’Gorman

Unannounced Annual Inspection

The Inspector of Mental Health Services:
Dr Susan Finnerty MCRN009711

Date of Publication:
<<** – ** Month 2017>>

COMPLIANCE RATINGS 2017

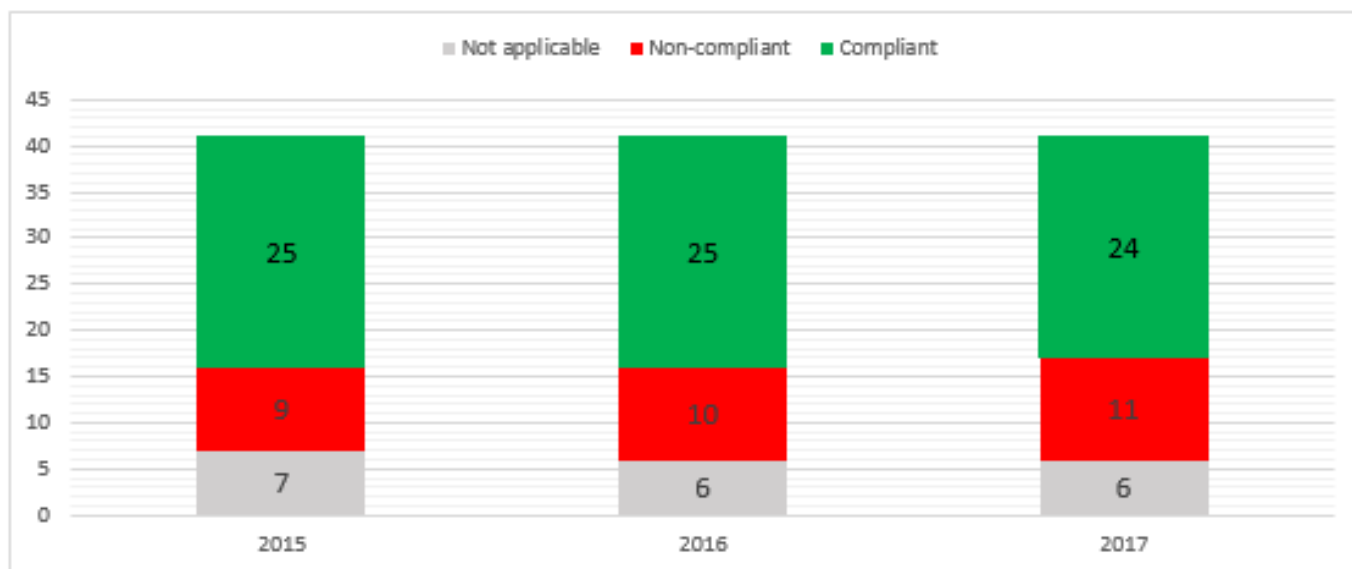


RATINGS SUMMARY 2015 – 2017

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 8 – 10 November 2016 identified the following areas that were not 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 7: Clothing	Compliant
Regulation 15: Individual Care Plan	Non-Compliant
Regulation 21: Privacy	Non-Compliant
Regulation 23: Ordering, Prescribing, Storing and Administration of Medicines	Non-Compliant
Regulation 26: Staffing	Non-Compliant
Regulation 27: Maintenance of Records	Non-Compliant
Regulation 28: Register of Residents	Non-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 Disabilities	Non-Compliant
Code of Practice on Admission, Transfer and Discharge to and from an 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 15: Individual Care Plan	X	X	X High
Regulation 19: General Health	✓	✓	X

			Moderate
Regulation 21: Privacy	X	X	X Moderate
Regulation 23: Ordering, Prescribing, Storing and Administration of Medicines	X	X	X High
Regulation 26: Staffing	✓	X	X High
Regulation 27: Maintenance of Records	X	X	X High
Regulation 28: Register of Residents	X	X	X Moderate
Regulation 29: Operating Policies and Procedures	✓	✓	X Moderate
Code of Practice on the Use of Physical Restraint in Approved Centres	X	X	X Low
Code of Practice Guidance for Persons Working in Mental Health Services with People with Intellectual Disabilities	✓	X	X Low
Code of Practice on Admission, Transfer and Discharge to and from an Approved Centre	✓	X	X 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.

Areas of compliance rated Excellent on this inspection

The following areas of compliance were rated excellent on this inspection:

Regulation
Regulation 4 : Identification of Residents
Regulation 7: Clothing
Regulation 9: Recreational Activities
Regulation 10: Religion

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

