

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. Acute Psychiatric Unit 5B, University Hospital Limerick
http://www.mhcirl.ie/File/2017IRs/APU5BLim_ir2017.pdf
2. Centre for Mental Health Care & Recovery, Bantry General Hospital, Cork
http://www.mhcirl.ie/File/2017IRs/CforMHandRBantry_ir2017.pdf
3. St. Davnet's Hospital – Blackwater House, Monaghan
http://www.mhcirl.ie/File/2017IRs/StDavnets_ir2017.pdf
4. Lakeview Unit, Naas General Hospital, Kildare
http://www.mhcirl.ie/File/2017IRs/LakeviewUnit_ir2017.pdf
5. Department of Psychiatry, University Hospital Waterford
http://www.mhcirl.ie/File/2017IRs/DOP_Waterford_ir2017.pdf
6. Adolescent In-patient Unit, St Vincent's Hospital
http://www.mhcirl.ie/File/2017IRs/AIPU_StVincent's_ir2017.pdf
7. Ashlin Centre, Dublin
http://www.mhcirl.ie/File/2017IRs/AshlinCentre_ir2017.pdf
8. Drogheda Department of Psychiatry, Louth
http://www.mhcirl.ie/File/2017IRs/DrogDOP_ir2017.pdf
9. Rehab and Recovery Mental Health Unit, St. John's Hospital Campus, Sligo
http://www.mhcirl.ie/File/2017IRs/RandRMH_StJohns_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/

Acute Psychiatric Unit 5B, University Hospital Limerick

ID Number: AC0002

2017 Approved Centre Inspection Report (Mental Health Act 2001)

Acute Psychiatric Unit 5B
University Hospital Limerick
Dooradoyle
Limerick

Approved Centre Type:
Acute Adult Mental Health Care
Psychiatry of Later Life
Mental Health Rehabilitation
Mental Health Care for People with
Intellectual Disability

Most Recent Registration Date:
1 March 2017

Conditions Attached:
Yes

Registered Proprietor:
HSE

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

Inspection Team:
Dr Enda Dooley, Lead Inspector
Dr Ann Marie Murray
Mary Connellan
Carol Brennan-Forsyth
David McGuinness

Inspection Date:
1 – 4 August 2017

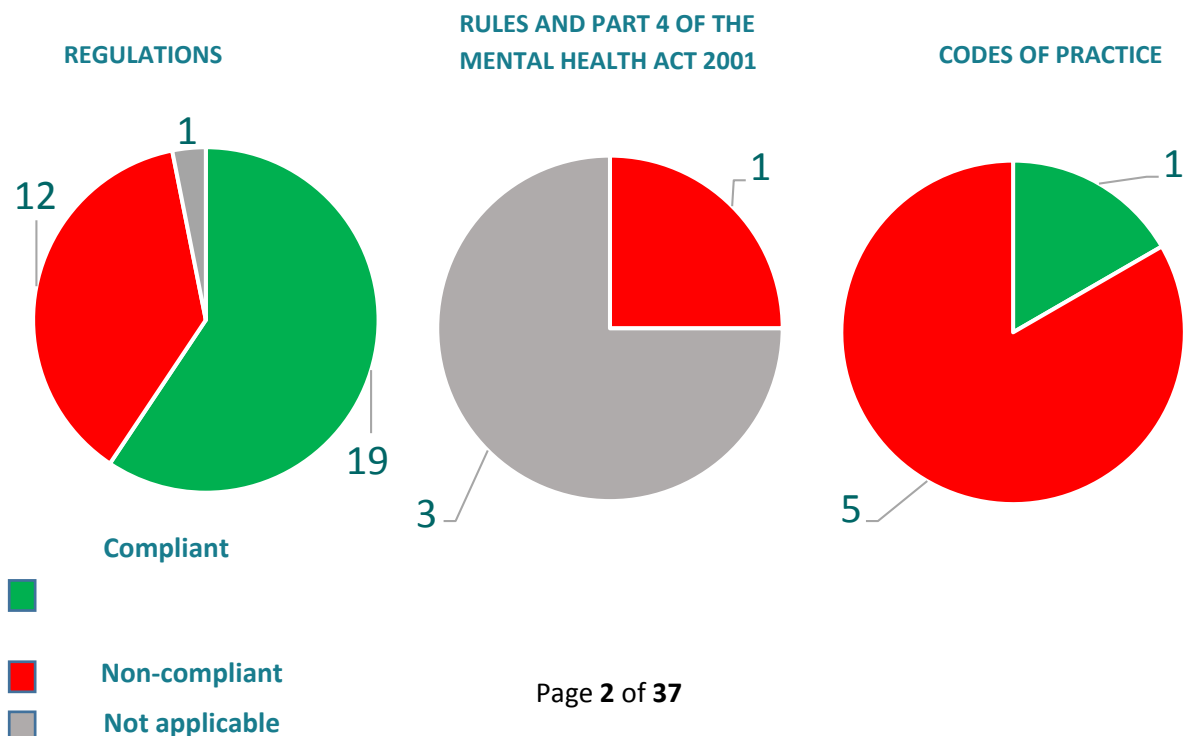
Inspection Type:
Unannounced Annual Inspection

Previous Inspection Date:
22 – 25 November 2016

The Inspector of Mental Health Services:
Dr Susan Finnerty MCRN009711

Date of Publication:
1 March 2018

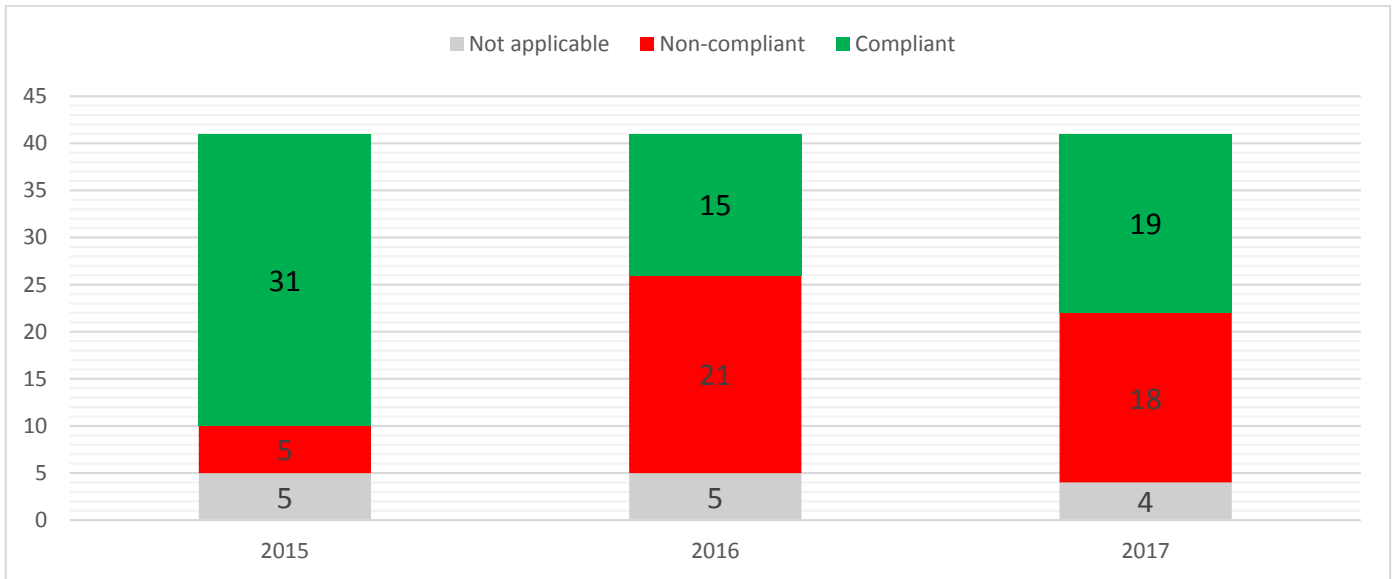
2017 COMPLIANCE RATINGS



RATINGS SUMMARY 2015 – 2017

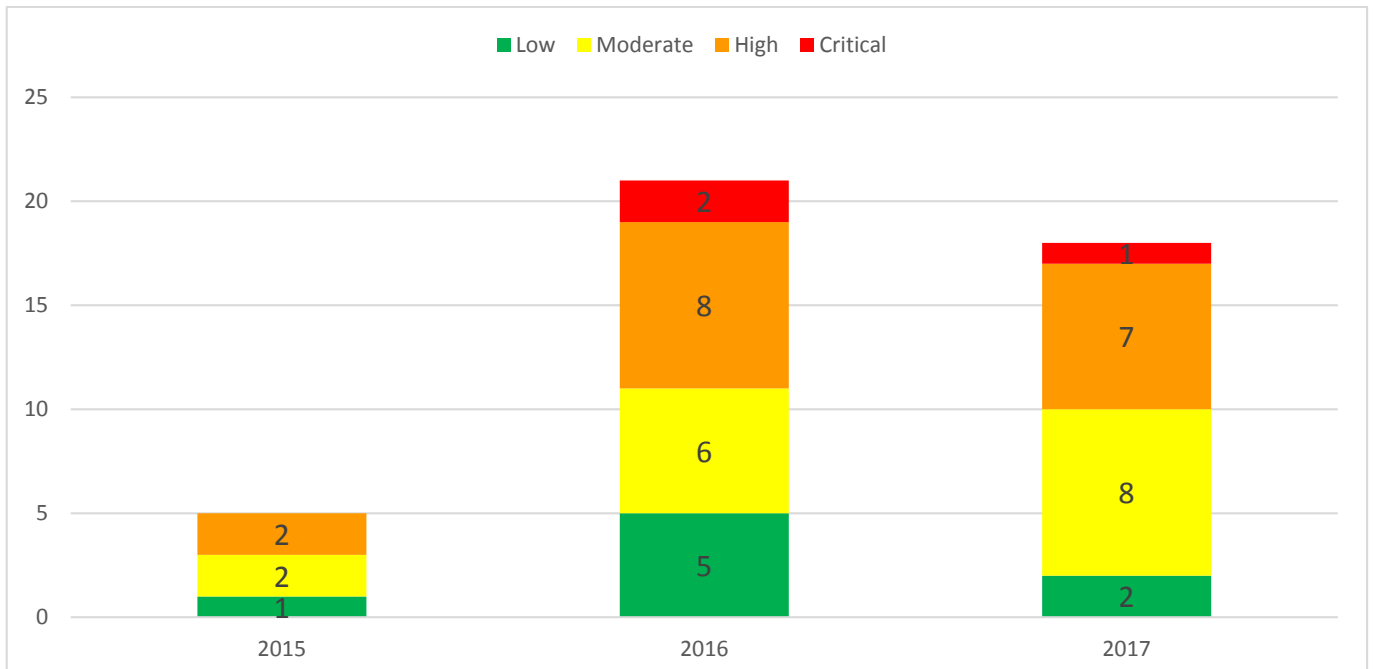
Compliance ratings across all 41 areas of inspection are summarised in the chart below.

Chart 1 – Comparison of overall compliance ratings 2015 – 2017



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



Conditions to registration

At the time of this inspection there were three conditions attached to the registration.

Condition 1: To ensure adherence to *Regulation 15: Individual Care Plan*, the approved centre shall audit their individual care plans on a monthly basis. The approved centre shall provide a report on the results of the audits to the Mental Health Commission in a form and frequency prescribed by the Commission.

Condition 2: To ensure adherence to *Regulation 21: Privacy* and *Regulation 22: Premises*, the approved centre shall implement a programme of maintenance to ensure the premises are safe and meet the needs, privacy and dignity of the resident group. The approved centre shall provide a progress update to the Mental Health Commission on the programme of maintenance in a form and frequency prescribed by the Commission.

Condition 3: To ensure a comprehensive risk management policy is implemented in the approved centre in adherence to Regulation 32(1) and (2), the approved centre shall submit a copy of their risk register to the Mental Health Commission in a form and frequency prescribed by the Commission.

Non-compliant areas from 2016 inspection

The previous inspection of the approved centre on 22 – 25 November 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 6: Food Safety	Compliant
Regulation 7: Clothing	Non-Compliant
Regulation 13: Searches	Compliant
Regulation 15: Individual Care Plan	Non-Compliant
Regulation 18: Transfer of Residents	Compliant
Regulation 19: General Health	Non-Compliant
Regulation 21: Privacy	Non-Compliant
Regulation 22: Premises	Non-Compliant
Regulation 24: Health and Safety	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	Non-Compliant
Regulation 32: Risk Management Procedures	Compliant
Rules Governing the Use of Electro-Convulsive Therapy	Not Applicable
Rules Governing the Use of Mechanical Means of Bodily Restraint	Not Applicable
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 Admission of Children Under the Mental Health Act 2001	Non-Compliant
Code of Practice for Mental Health Services 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 7: Clothing	✓	X	X Moderate
Regulation 8: Residents' Personal Property and Possessions	✓	✓	X High
Regulation 15: Individual Care Plan	✓	X	X High
Regulation 19: General Health	✓	X	X Moderate
Regulation 21: Privacy	X	X	X High
Regulation 22: Premises	✓	X	X Critical
Regulation 23: Ordering, Prescribing, Storing and Administration of Medicines	✓	✓	X Moderate
Regulation 26: Staffing	✓	X	X Moderate
Regulation 27: Maintenance of Records	✓	X	X Low
Regulation 28: Register of Residents	✓	X	X Moderate
Regulation 29: Operating Policies and Procedures	✓	X	X Moderate
Regulation 31: Complaints Procedures	✓	✓	X Moderate
Part 4 of the Mental Health Act 2001: Consent to Treatment	X	X	X High
Code of Practice on the Use of Physical Restraint in Approved Centres	✓	X	X High
Code of Practice relating to Admission of Children under the Mental Health Act 2001	X	X	X High
Code of Practice on Guidance for Persons working in Mental Health Services with People with Intellectual Disabilities	N/A	N/A	X Low
Code of Practice on the Use of Electro-Convulsive Therapy (ECT) for Voluntary Patients	X	N/A	X High

Code of Practice on Admission, Transfer and Discharge to and from an Approved Centre	✓	X	X Moderate
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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.

Centre for Mental Health Care & Recovery Bantry General Hospital

ID Number: AC0015

2017 Approved Centre Inspection Report (Mental Health Act 2001)

Centre for Mental Health Care & Recovery
Bantry General Hospital
Bantry
Co. Cork

Approved Centre Type:
Acute Adult Mental Health Care

Most Recent Registration Date:
1 March 2017

Conditions Attached:
None

Registered Proprietor:
HSE

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

Inspection Team:
Barbara Morrissey, Lead Inspector
Orla O'Neill
Carol Brennan-Forsyth
Noeleen Byrne

Inspection Date:
10 – 13 October 2017

Previous Inspection Date:
18 – 21 October 2016

Inspection Type:
Unannounced Annual Inspection

The Inspector of Mental Health Services:
Dr Susan Finnerty MCRN009711

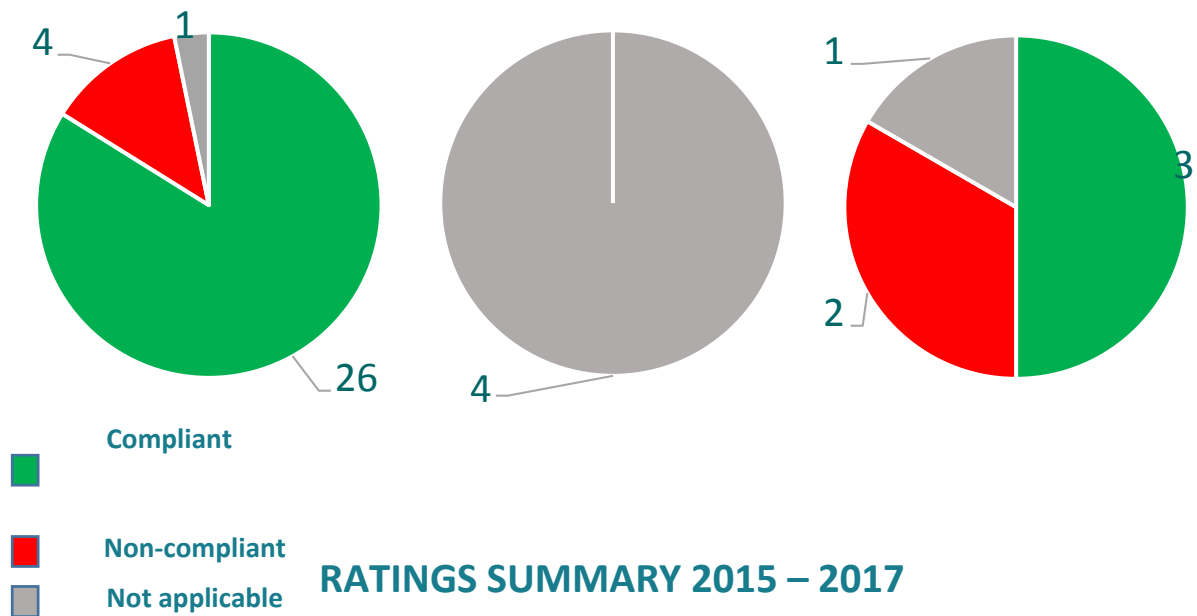
Date of Publication:
1 March 2018

2017 COMPLIANCE RATINGS

REGULATIONS

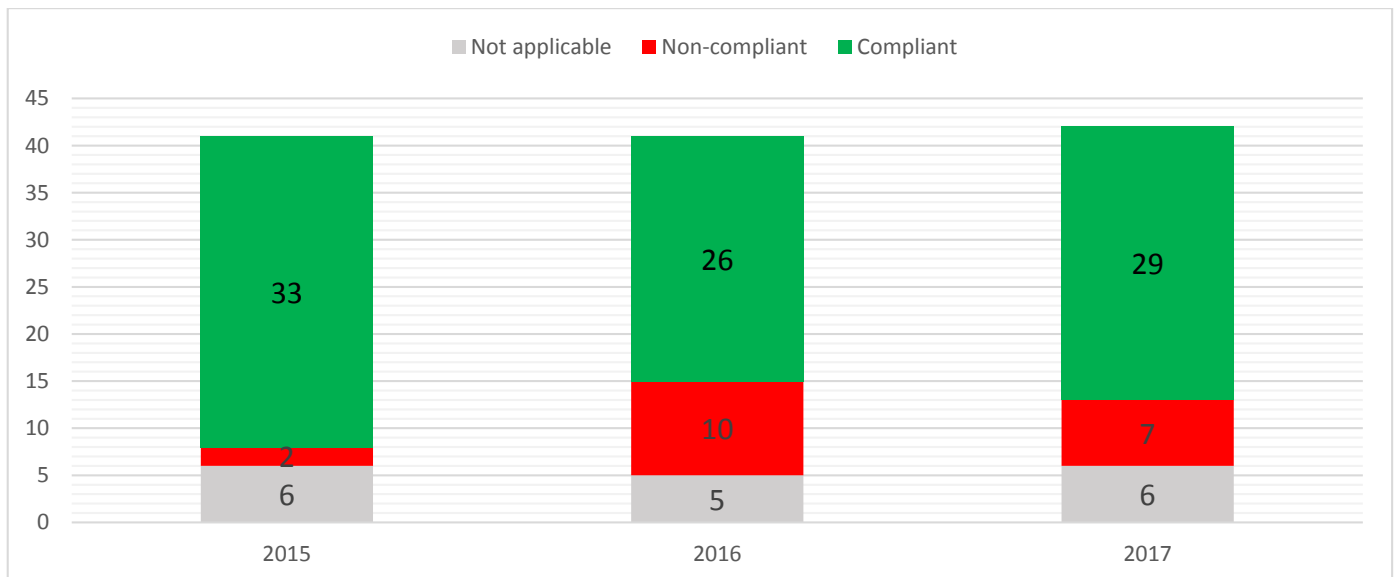
RULES AND PART 4 OF THE
MENTAL HEALTH ACT 2001

CODES OF PRACTICE



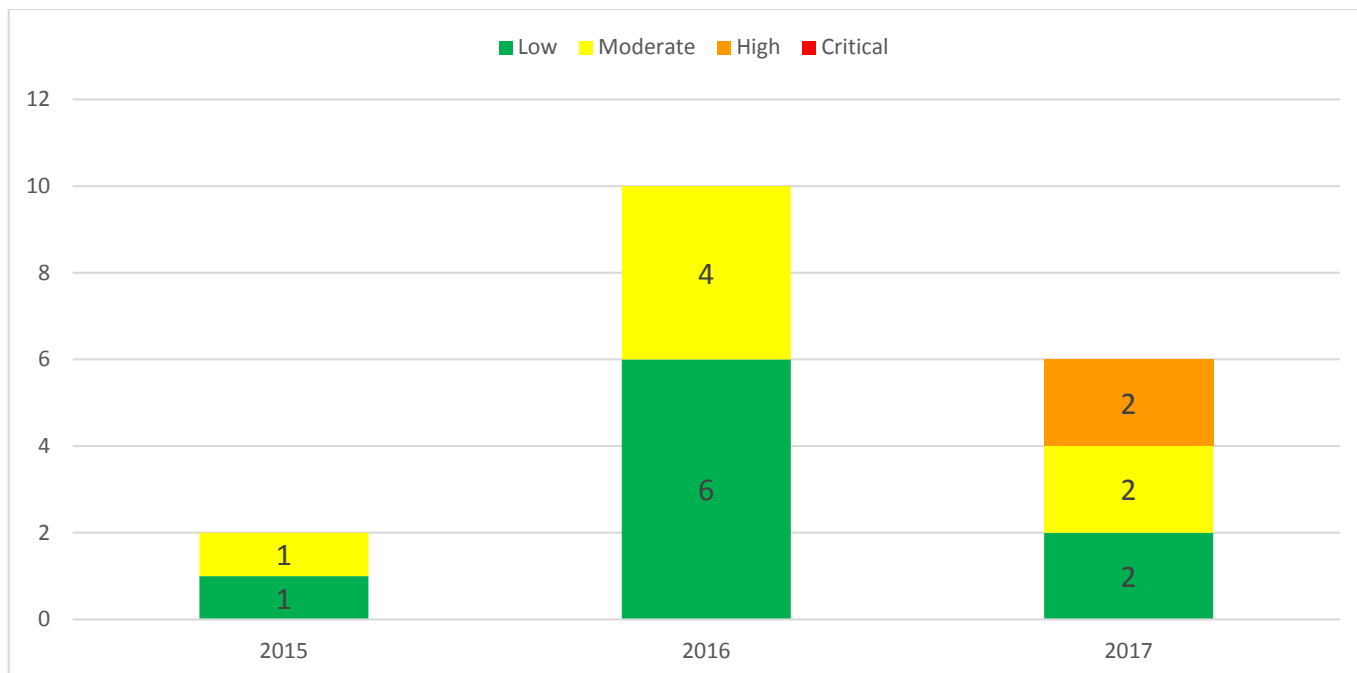
Compliance ratings across all 41 areas of inspection are summarised in the chart below.

Chart 1 – Comparison of overall compliance 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.

Chart 2 – Comparison of overall risk ratings 2015 – 2017



Conditions to registration

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

Non-compliant areas from 2016 inspection

The previous inspection of the approved centre on 18 – 21 October 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 18: Transfer of Residents	Compliant
Regulation 19: General Health	Compliant
Regulation 22: Premises	Non-Compliant
Regulation 26: Staffing	Non-Compliant
Regulation 27: Maintenance of Records	Compliant
Code of Practice on the Use of Physical Restraint in Approved Centre	Compliant
Code of Practice Relating to Admission of Children under the Mental Health Act 2001	Non-Compliant
Code of Practice for Mental Health Services on Notification of Deaths and Incident Reporting	Compliant
Code of Practice Guidance for Persons working in Mental Health Services with People with Intellectual Disabilities	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 22: Premises	✓	X	X High
Regulation 23: Ordering, Prescribing, Storing and Administration of Medicines	X	✓	X Moderate
Regulation 25: Use of Closed Circuit Television	✓	✓	X High
Regulation 26: Staffing	✓	X	X Low
Code of Practice Relating to Admission of Children under the Mental Health Act 2001	Not Applicable	X	X Moderate
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 7: Clothing
Regulation 8: Personal Property and Possessions
Regulation 10: Religion
Regulation 12: Communication
Regulation 18: Transfer of Residents

St. Davnet's Hospital – Blackwater House

ID Number: AC0021

2017 Approved Centre Inspection Report (Mental Health Act 2001)

St. Davnet's Hospital - Blackwater House
Armagh Road
Co. Monaghan

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

Most Recent Registration Date:
1 March 2017

Conditions Attached:
Yes

Registered Proprietor:
HSE

Registered Proprietor Nominee:
Ms Teresa Dykes, Operations Manager,
Mental Health, CHO 1

Inspection Team:
Siobhán Dinan, Lead Inspector
Dr Ann Marie Murray
Barbara Morrissey

Inspection Date:
12 – 15 September 2017

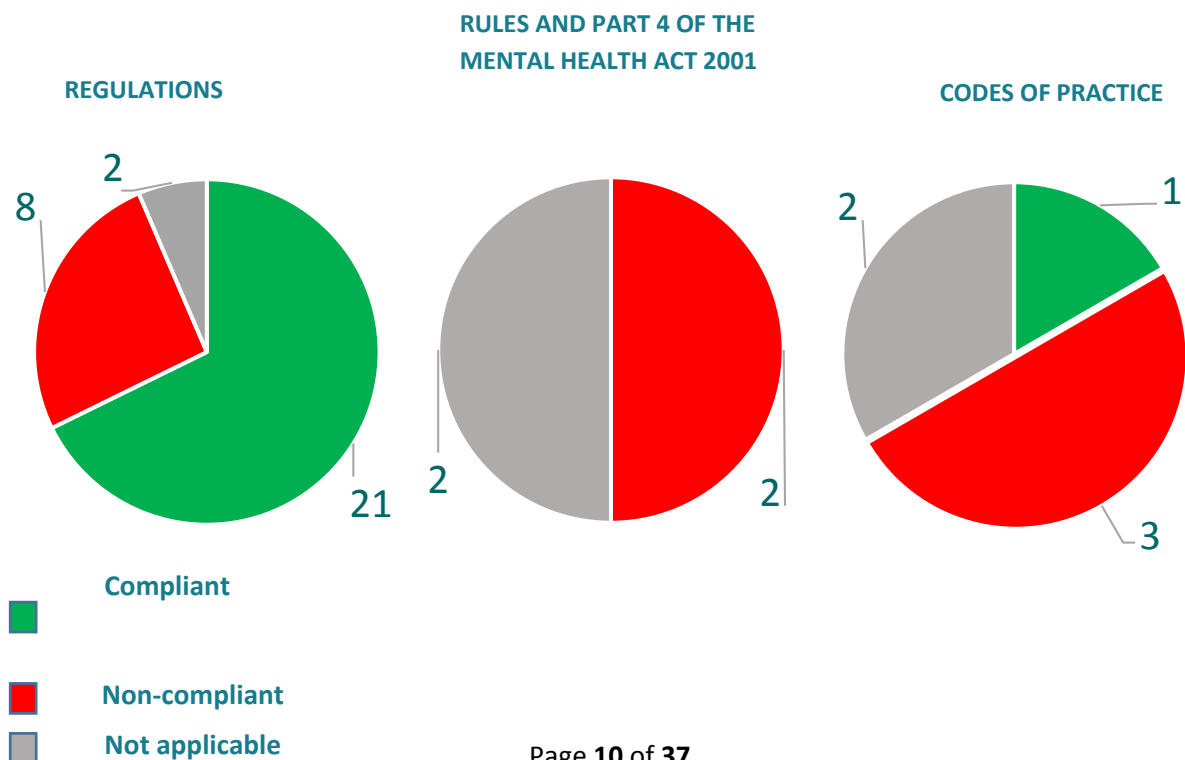
Previous Inspection Date:
19 – 21 July 2016

Inspection Type:
Unannounced Annual Inspection

The Inspector of Mental Health Services:
Dr Susan Finnerty MCRN009711

Date of Publication:
1 March 2018

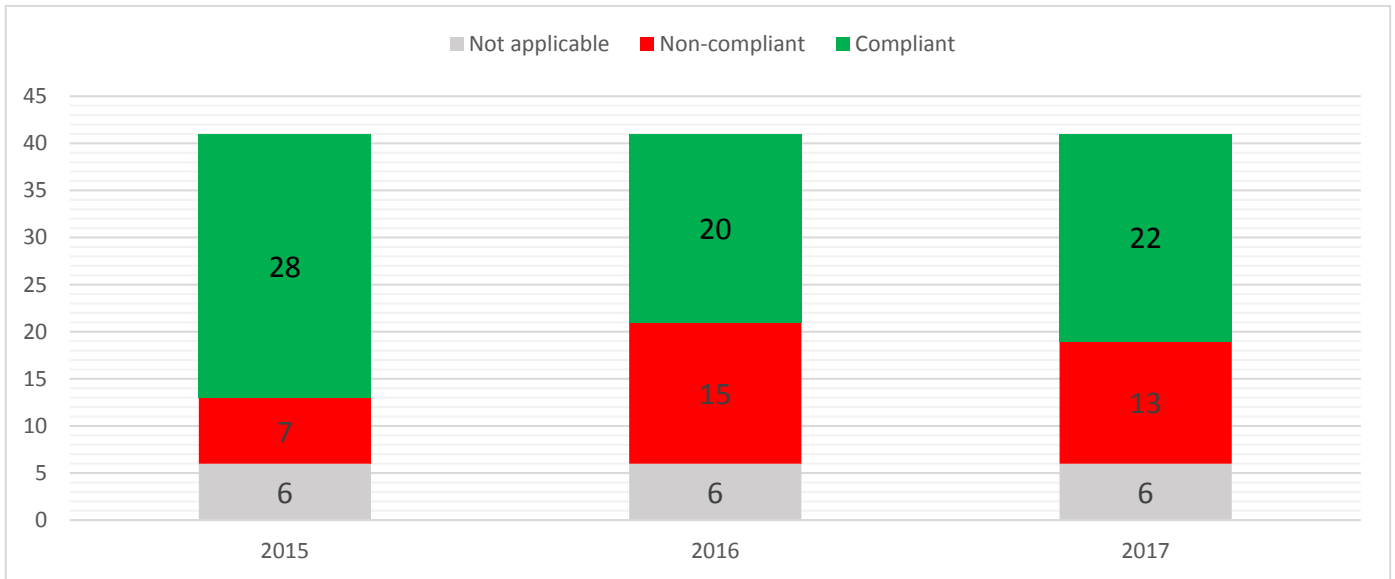
2017 COMPLIANCE RATINGS



RATINGS SUMMARY 2015 – 2017

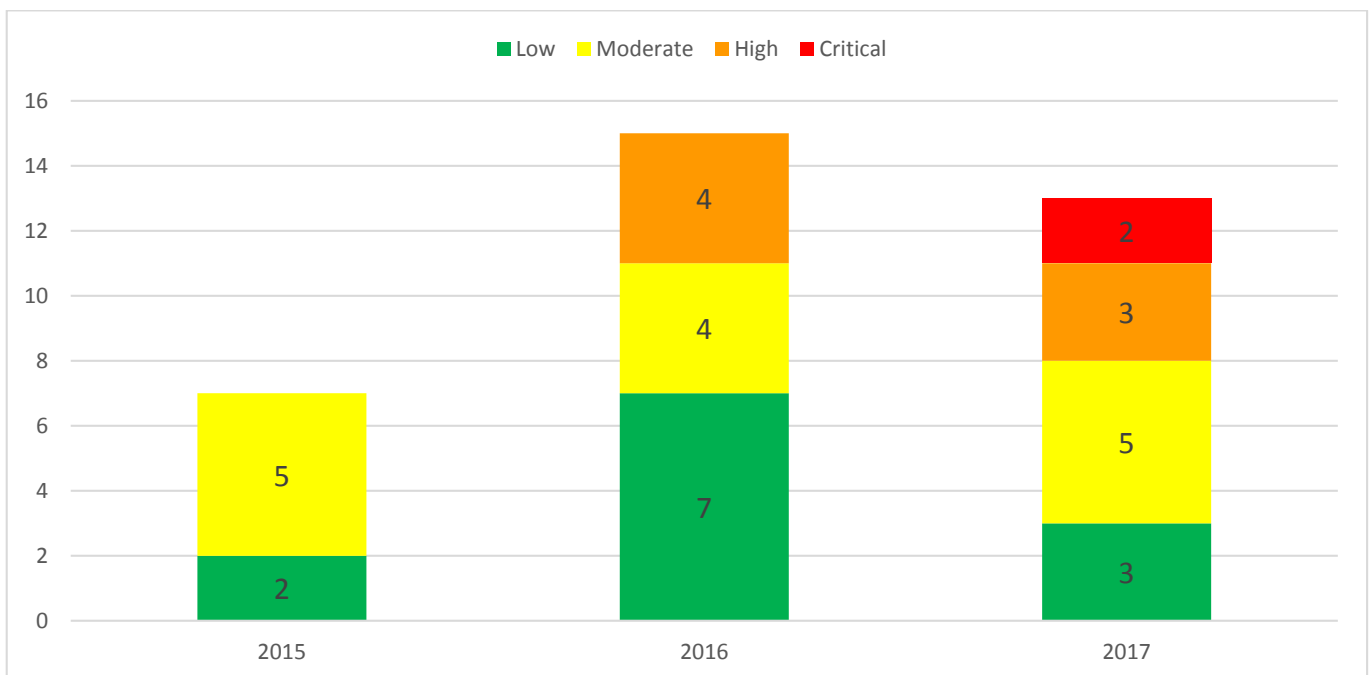
Compliance ratings across all 41 areas of inspection are summarised in the chart below.

Chart 1 – Comparison of overall compliance ratings 2015 – 2017



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



Conditions to registration

At the time of this inspection there were four conditions attached to the registration:

Condition 1: To ensure adherence to *Regulation 15: Individual Care Plan*, the approved centre shall audit their individual care plans on a monthly basis. The approved centre shall provide a report on the results of the audits to the Mental Health Commission in a form and frequency prescribed by the Commission.

Condition 2: To ensure adherence to *Regulation 21: Privacy* and *Regulation 22: Premises*, the approved centre shall implement a programme of maintenance to ensure the premises are safe and meet the needs, privacy and dignity of the resident group. The approved centre shall provide a progress update to the Mental Health Commission on the programme of maintenance in a form and frequency prescribed by the Commission.

Condition 3: The approved centre shall implement a plan to close St. Davnet's Hospital – Blackwater House by 31st March 2019. The approved centre shall provide a progress update on the closure plan to the Mental Health Commission in a form and frequency prescribed by the Commission.

Condition 4: The Mental Health Commission prohibits any direct admissions or transfers of residents to the approved centre, with the exception of:

1. Current residents that are transferred back to the approved centre following the receipt of care and treatment from an approved centre, hospital or other place; and
2. Residents that are transferred to the approved centre from the Acute Psychiatric Unit, Cavan General Hospital.

Non-compliant areas from 2016 inspection

The previous inspection of the approved centre on 19 – 21 July 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 8: Residents' Personal Property and Possessions	Compliant
Regulation 15: Individual Care Plan	Non-Compliant
Regulation 16: Therapeutic Services and Programmes	Compliant
Regulation 18: Transfer of Residents	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 29: Operating Policies and Procedures	Compliant
Regulation 32: Risk Management Procedures	Compliant

Rules Governing the Use of Mechanical Means of Bodily Restraint	Non-Compliant
Code of Practice on the Use of Physical Restraint in Approved Centres	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
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 14: Care of the Dying	✓	✓	X Critical
Regulation 15: Individual Care Plan	X	X	X Moderate
Regulation 19: General Health	X	✓	X Critical
Regulation 20: Provision of Information to Residents	✓	✓	X Low
Regulation 21: Privacy	✓	X	X Moderate
Regulation 22: Premises	X	X	X High
Regulation 26: Staffing	✓	X	X Moderate
Rules Governing the Use of Mechanical Means of Bodily Restraint	✓	X	X High
Part 4 of the Mental Health Act 2001: Consent to Treatment	✓	✓	X High
Code of Practice for Mental Health Services 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 Low
Code of Practice on Admission, Transfer and Discharge to and from an Approved Centre	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 4: Identification of Residents

Regulation 7: Clothing

Regulation 10: Religion

Lakeview Unit, Naas General Hospital

ID Number: AC0025

2017 Approved Centre Inspection Report (Mental Health Act 2001)

Lakeview Unit, Naas General Hospital
Naas
Co. Kildare

Approved Centre Type:
Acute Adult Mental Health Care
Continuing Mental Health Care/Long Stay
Psychiatry of Later Life
Mental Health Care for People with
Intellectual Disability
Mental Health Rehabilitation

Most Recent Registration Date:
1 March 2017

Conditions Attached:
Yes

Registered Proprietor:
HSE

Registered Proprietor Nominee:
Mr Kevin Brady, Head of Service,
Mental Health - CHO 7

Inspection Team:
Ms Noeleen Byrne, Lead Inspector
Orla O'Neill
Siobhan Dinan
Barbara Morrissey
Dr Susan Finnerty MCRN009711

Inspection Date:
1 – 4 August 2017

Previous Inspection Date:
17 – 19 May 2016

Inspection Type:
Unannounced Annual Inspection

The Inspector of Mental Health Services:
Dr Susan Finnerty MCRN009711

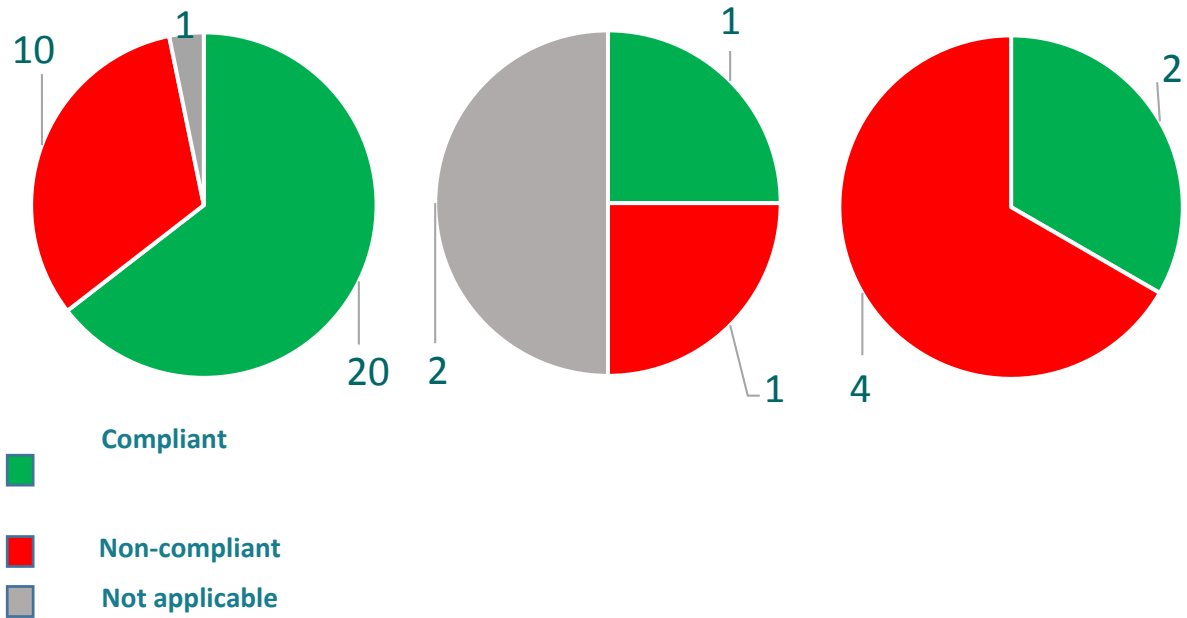
Date of Publication:
1 March 2018

2017 COMPLIANCE RATINGS

REGULATIONS

RULES AND PART 4 OF THE
MENTAL HEALTH ACT 2001

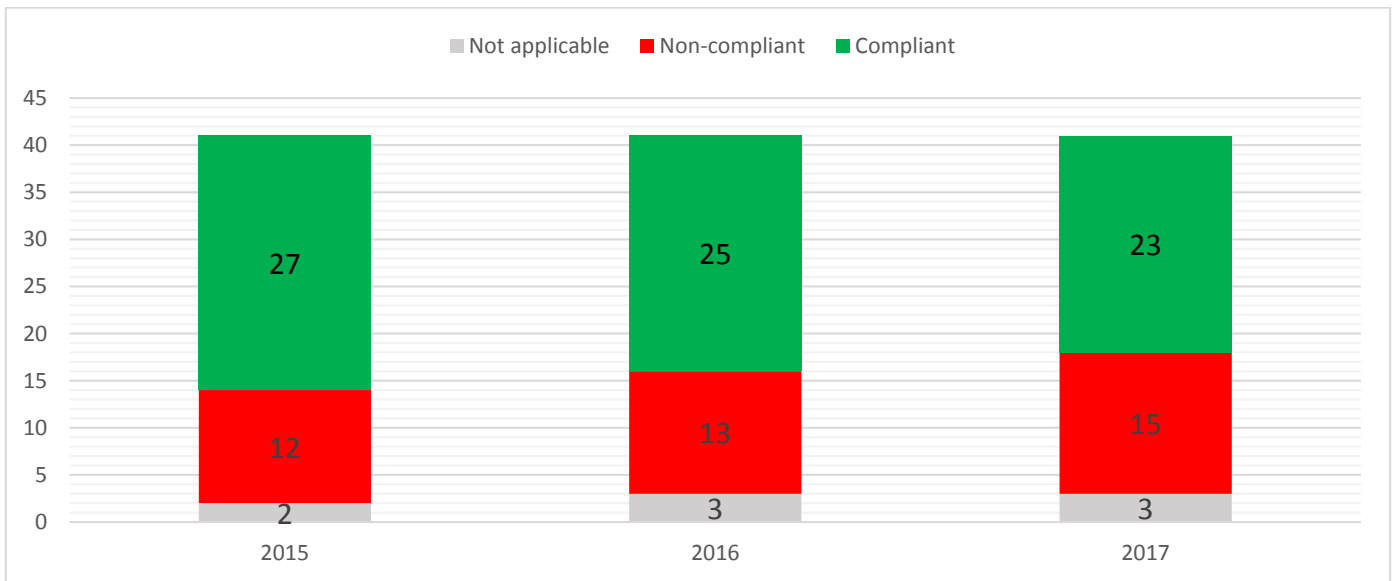
CODES OF PRACTICE



RATINGS SUMMARY 2015 – 2017

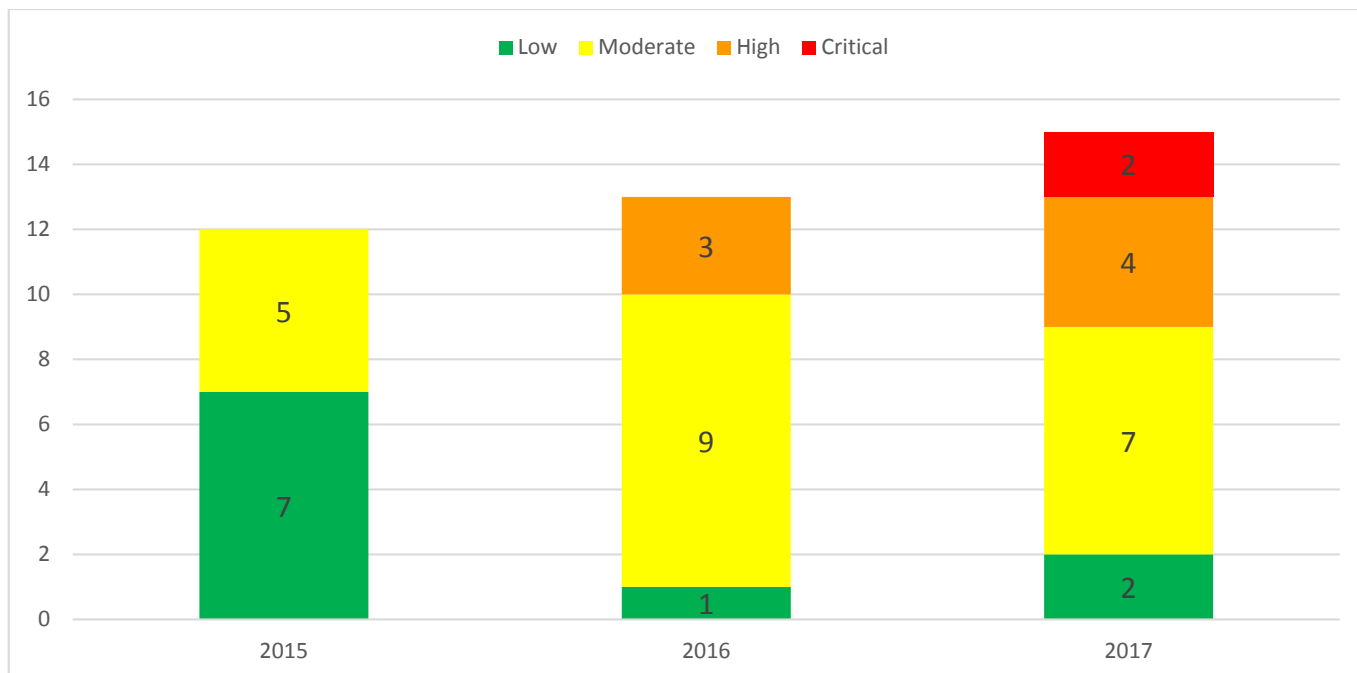
Compliance ratings across all 41 areas of inspection are summarised in the chart below.

Chart 1 – Comparison of overall compliance ratings 2015 – 2017



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



Conditions to registration

There was one condition attached to the registration of the approved centre at the time of inspection.

Condition: To ensure adherence to *Regulation 15: Individual Care Plan*, the approved centre shall audit their individual care plans on a monthly basis. The approved centre shall provide a report on the results of the audits to the Mental Health Commission in a form and frequency prescribed by the Commission.

Non-compliant areas from 2016 inspection

The previous inspection of the approved centre on 17-19 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/Mental Health Act 2001/Code Of Practice	2017 Inspection Findings
Regulation 15: Individual Care Plan	Non-Compliant
Regulation 19: General Health	Compliant
Regulation 20: Provision of Information to Residents	Compliant
Regulation 21: Privacy	Compliant
Regulation 26: Staffing	Non-Compliant
Regulation 27: Maintenance of Records	Compliant
Regulation 30: Mental Health Tribunals	Non-Compliant
Regulation 32: Risk Management Procedures	Compliant
Rules Governing the Use of Seclusion	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	Non-Compliant

Code of Practice for Mental Health Services 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/Mental Health Act 2001/ Code Of Practice	2015 Compliance	2016 Compliance	2017 Compliance
Regulation 9: Recreational Activities	✓	✓	X Moderate
Regulation 11: Visits	✓	✓	X Moderate
Regulation 15: Individual Care Plan	X	X	X Critical
Regulation 16: Therapeutic Services and Programmes	✓	✓	X Moderate
Regulation 22: Premises	✓	✓	X Low
Regulation 23: Ordering, Prescribing, Storing and Administration of Medicines	✓	✓	X High
Regulation 25: Use of Closed Circuit Television	✓	✓	X High
Regulation 26: Staffing	✓	X	X Moderate
Regulation 28: Register of Residents	✓	✓	X Moderate
Regulation 30: Mental Health Tribunals	X	X	X High
Rules Governing the Use of Seclusion	X	X	X Critical
Code of Practice on the Use of Physical Restraint in Approved Centres	X	X	X Low
Code of Practice Relating to Admission of Children under the Mental Health Act 2001	X	X	X Moderate
Code of Practice on the Use of Electro-Convulsive Therapy for Voluntary Patients	✓	✓	X High
Code of Practice on Admission, Transfer and Discharge to and from an Approved Centre	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

No areas of compliance were rated excellent on this inspection.

Department of Psychiatry, University Hospital Waterford

ID Number: AC0034

2017 Approved Centre Inspection Report (Mental Health Act 2001)

Department of Psychiatry
University Hospital Waterford
Dunmore Road
Waterford

Approved Centre Type:
Acute Adult Mental Health Care
Continuing Mental Health Care/Long Stay
Psychiatry of Later Life
Mental Health Care for People with Intellectual Disability

Most Recent Registration Date:
1 March 2017

Conditions Attached:
Yes

Registered Proprietor:
HSE

Registered Proprietor Nominee:
Mr David Heffernan, General Manager,
CHO 5 Mental Health Services

Inspection Team:
Dr Enda Dooley, Lead Inspector
Mary Connellan
Noeleen Byrne
Siobhán Dinan
Martin McMenamin

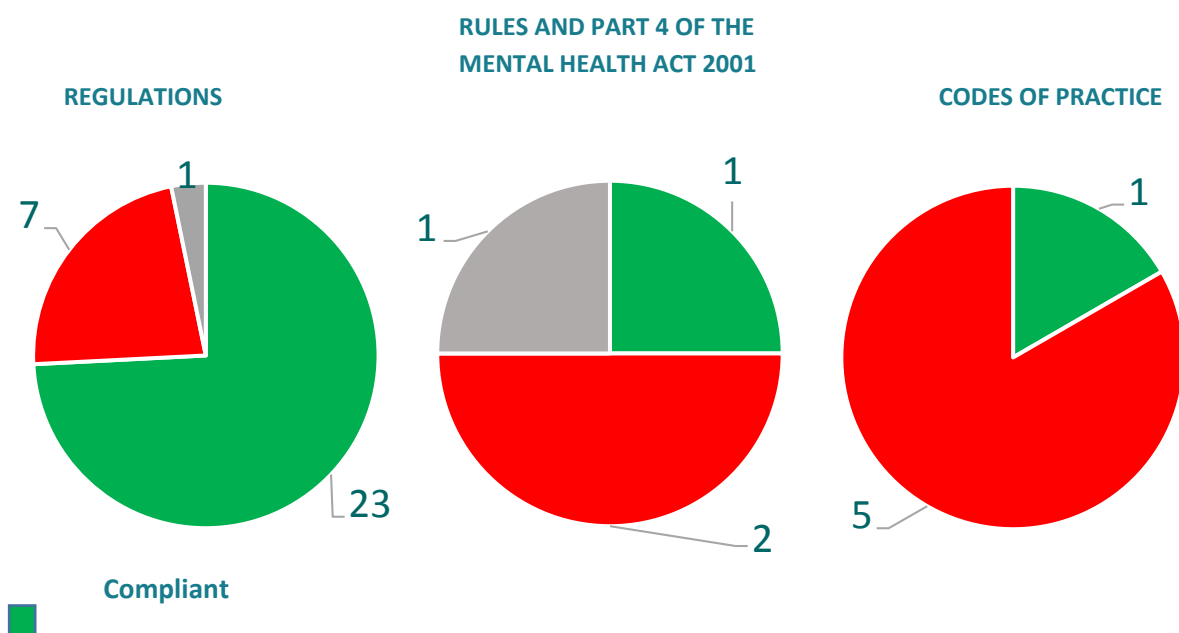
Inspection Date:
3 – 6 October 2017
Inspection Type:
Unannounced Annual Inspection

Previous Inspection Date:
10 – 13 May 2016
(Focused Inspection: 13 – 14 July 2016)

The Inspector of Mental Health Services:
Dr Susan Finnerty MCRN009711

Date of Publication:
1 March 2018

COMPLIANCE RATINGS 2017

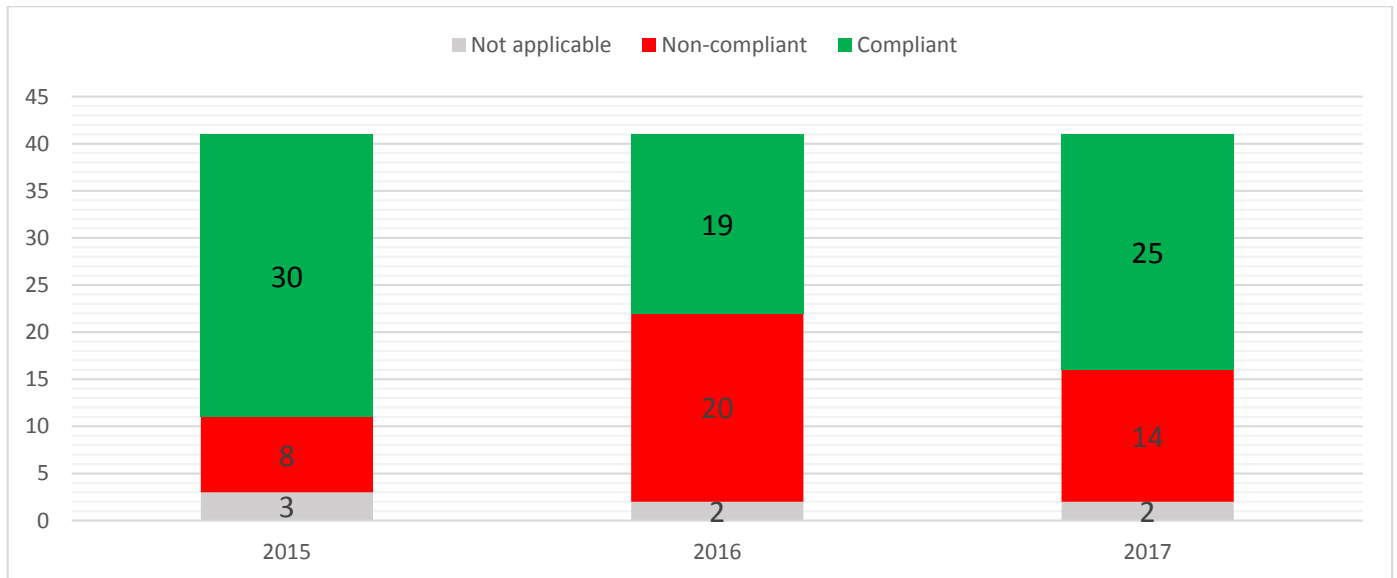


■ Non-compliant
■ Not applicable

RATINGS SUMMARY 2015 – 2017

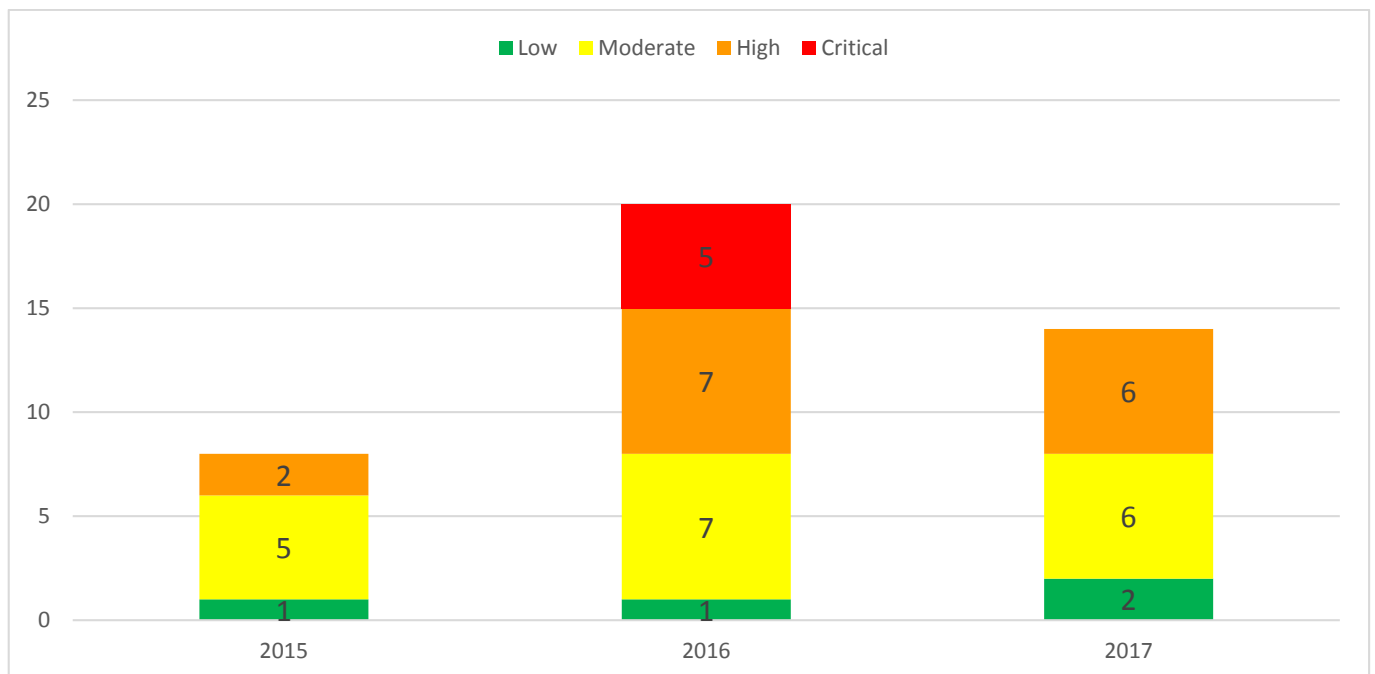
Compliance ratings across all 41 areas of inspection are summarised in the chart below.

Chart 1 – Comparison of overall compliance ratings 2015 – 2017



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



Conditions to registration

There were four conditions attached to the registration of this approved centre at the time of inspection:

Condition 1: The approved centre shall undertake building works, essential maintenance and refurbishments of the 14-bed unit to ensure there are adequate and appropriate communal spaces for therapeutic services, recreational activities, dining and to facilitate visitors. These works shall be completed by 31st December 2017. Any potential delays to the works must be reported to the Mental Health Commission.

Condition 2: To ensure adherence to *Regulation 16: Therapeutic Services and Programmes*, the approved centre will implement a plan to ensure all residents have access to an appropriate range of therapeutic services and programmes in line with their assessed needs, as documented in their individual care plan. The approved centre shall provide a progress update on the provision of therapeutic services and programmes to the Mental Health Commission in a form and frequency prescribed by the Commission.

Condition 3: To ensure adherence to *Regulation 26(4): Staffing*, the approved centre shall implement a plan to ensure all healthcare professionals working in the approved centre are up to date in mandatory training areas. The approved centre shall provide a progress update on staff training to the Mental Health Commission in a form and frequency prescribed by the Commission.

Condition 4: To ensure a comprehensive risk management policy is implemented in the approved centre in adherence to Regulation 32(1) and (2), the approved centre shall submit a copy of their risk register to the Mental Health Commission in a form and frequency prescribed by the Commission.

Non-compliant areas from 2016 inspection

The previous inspection of the approved centre on 11 – 13 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 7: Clothing	Compliant
Regulation 9: Recreational Activities	Compliant
Regulation 11: Visits	Compliant
Regulation 15: Individual Care Plan	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	Non-Compliant
Regulation 26: Staffing	Non-Compliant
Regulation 27: Maintenance of Records	Non-Compliant
Regulation 28: Register of Residents	Non-Compliant
Regulation 31: Complaints Procedures	Non-Compliant

Regulation 32: Risk Management Procedures	Compliant
Rules Governing the Use of Seclusion	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	Compliant
Code of Practice Relating to Admission of Children under the Mental Health Act 2001	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
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 21: Privacy	X	X	X Moderate
Regulation 22: Premises	X	X	X Moderate
Regulation 23: Ordering, Prescribing, Storing and Administration of Medicines	X	X	X Moderate
Regulation 26: Staffing	✓	X	X High
Regulation 27: Maintenance of Records	✓	X	X High
Regulation 28: Register of Residents	✓	X	X Moderate
Regulation 31: Complaints Procedures	X	X	X Moderate
Rules Governing the Use of Electro-Convulsive Therapy	✓	✓	X High
Rules Governing the Use of Seclusion	✓	X	X High
Code of Practice Relating to Admission of Children under the Mental Health Act 2001	X	X	X High
Code of Practice for Mental Health Services 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 the Use of Electro-Convulsive Therapy for Voluntary Patients	✓	✓	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

No areas of compliance were rated excellent on this inspection.

Adolescent In-patient Unit, St. Vincent's Hospital

ID Number: AC0076

2017 Approved Centre Inspection Report (Mental Health Act 2001)

Adolescent In-patient Unit
St. Vincent's Hospital
Richmond Road
Fairview
Dublin 3

Approved Centre Type:
Child & Adolescent Mental Health Care
Mental Health Care for People with
Intellectual Disability

Most Recent Registration Date:
29 January 2015

Conditions Attached:
None

Registered Proprietor:
St. Vincent's Hospital

Registered Proprietor Nominee:
Ms Caroline Grenham, Chief
Executive

Inspection Team:
Dr Ann Marie Murray, Lead Inspector
Barbara Morrissey
Martin McMenamin

Inspection Date:
29 August – 1 September

Previous Inspection Date:
14 – 16 September 2016

Inspection Type:
Unannounced Annual Inspection

The Inspector of Mental Health Services:
Dr Susan Finnerty MCRN009711

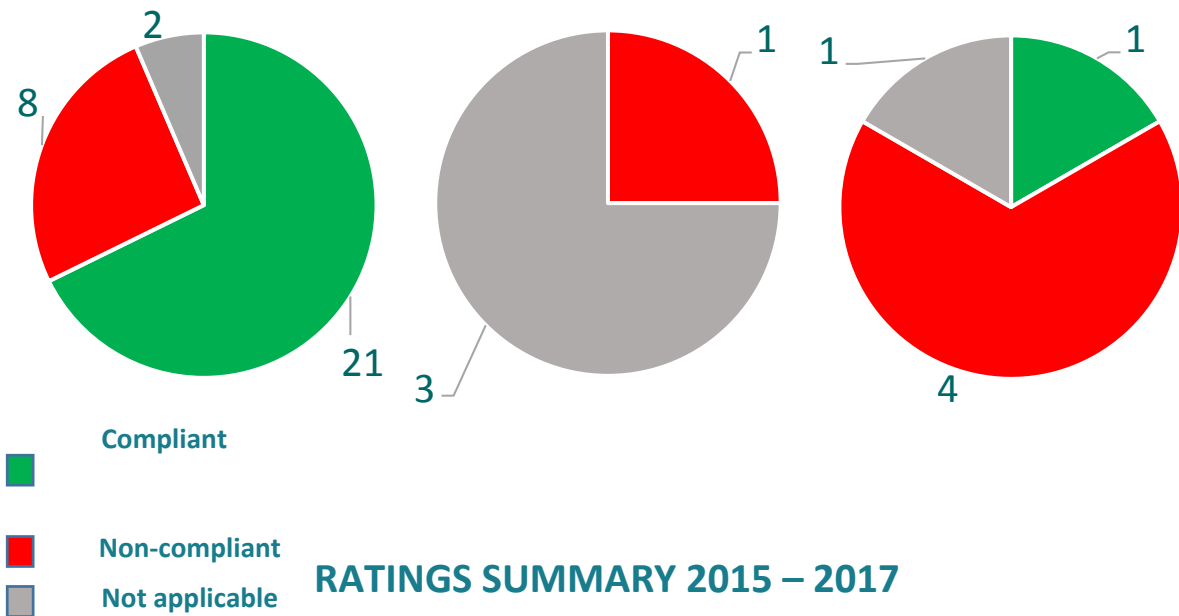
Date of Publication:
1 March 2018

2017 COMPLIANCE RATINGS

REGULATIONS

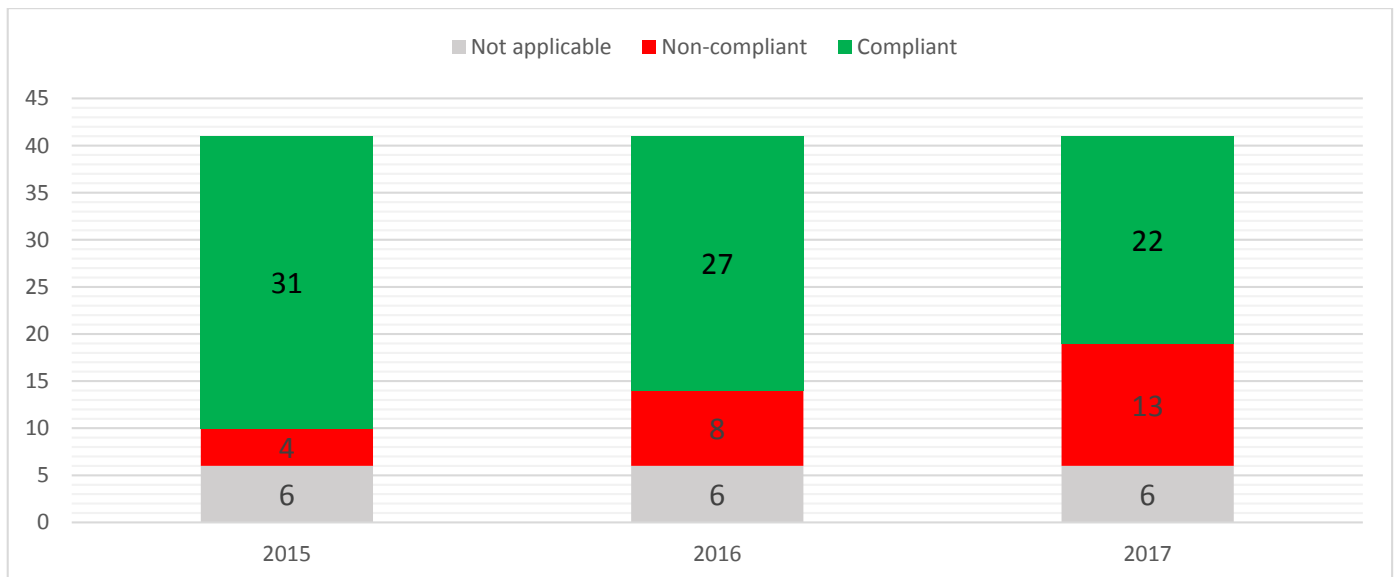
RULES AND PART 4 OF THE
MENTAL HEALTH ACT 2001

CODES OF PRACTICE



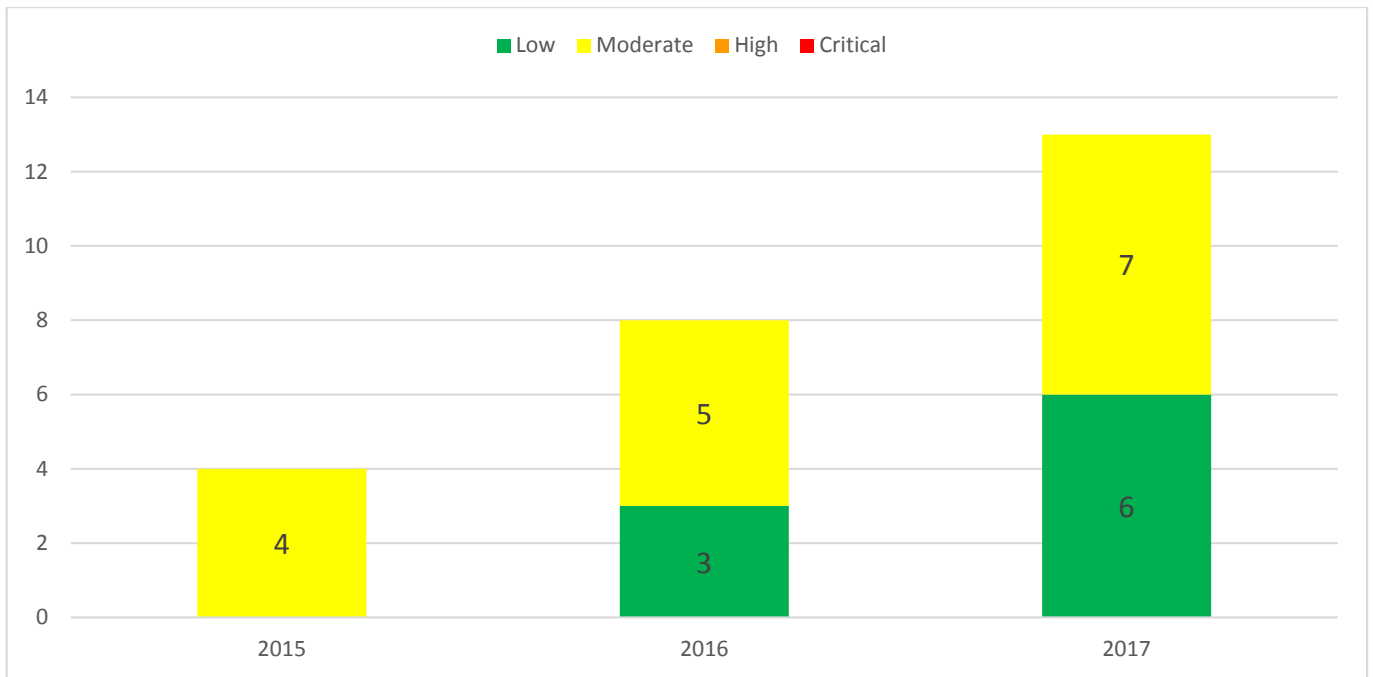
Compliance ratings across all 41 areas of inspection are summarised in the chart below.

Chart 1 – Comparison of overall compliance 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.

Chart 2 – Comparison of overall risk ratings 2015 – 2017



Conditions to registration

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

Non-compliant areas from 2016 inspection

The previous inspection of the approved centre on 14 – 16 September 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 8: Residents’ Personal Property and Possessions	Non-Compliant
Regulation 21: Privacy	Non-Compliant
Regulation 22: Premises	Non-Compliant
Regulation 26: Staffing	Non-Compliant
Rules Governing the Use of Seclusion	Non-Compliant
Code of Practice on the Use of Physical Restraint in Approved Centres	Non-Compliant
Code of Practice for Mental Health Services 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
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Regulation 8: Residents' Personal Property and Possessions	✓	X	X Low
Regulation 13: Searches	✓	✓	X Moderate
Regulation 21: Privacy	✓	X	X Moderate
Regulation 22: Premises	X	X	X Moderate
Regulation 23: Ordering, Prescribing, Storing, and Administration of Medicines	✓	✓	X Moderate
Regulation 26: Staffing	X	X	X Moderate
Regulation 28: Register of Residents	✓	✓	X Low
Regulation 32: Risk Management Procedures	✓	✓	X Moderate
Rules Governing the Use of Seclusion	✓	X	X Moderate
Code of Practice on the Use of Physical Restraint in Approved Centres	X	X	X Low
Code of Practice for Mental Health Services on Notification of Deaths and Incident Reporting	✓	X	X Low
Guidance for Persons working in Mental Health Services with People with Intellectual Disabilities	✓	✓	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 17: Children's Education

Ashlin Centre

ID Number: AC0094

2017 Approved Centre Inspection Report (Mental Health Act 2001)

Ashlin Centre
Beaumont Road
Dublin 9

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

Most Recent Registration Date:
16 May 2017

Conditions Attached:
Yes

Registered Proprietor:
HSE

Registered Proprietor Nominee:
Ms Angela Walsh, Head of Mental
Health Services, CHO 9

Inspection Team:
Mary Connellan, Lead Inspector
Sandra McGrath
Leon Donovan
Dr Ann Marie Murray MCRN363031
Dr Susan Finnerty MCRN009711

Inspection Date:
10 – 13 October, 2017

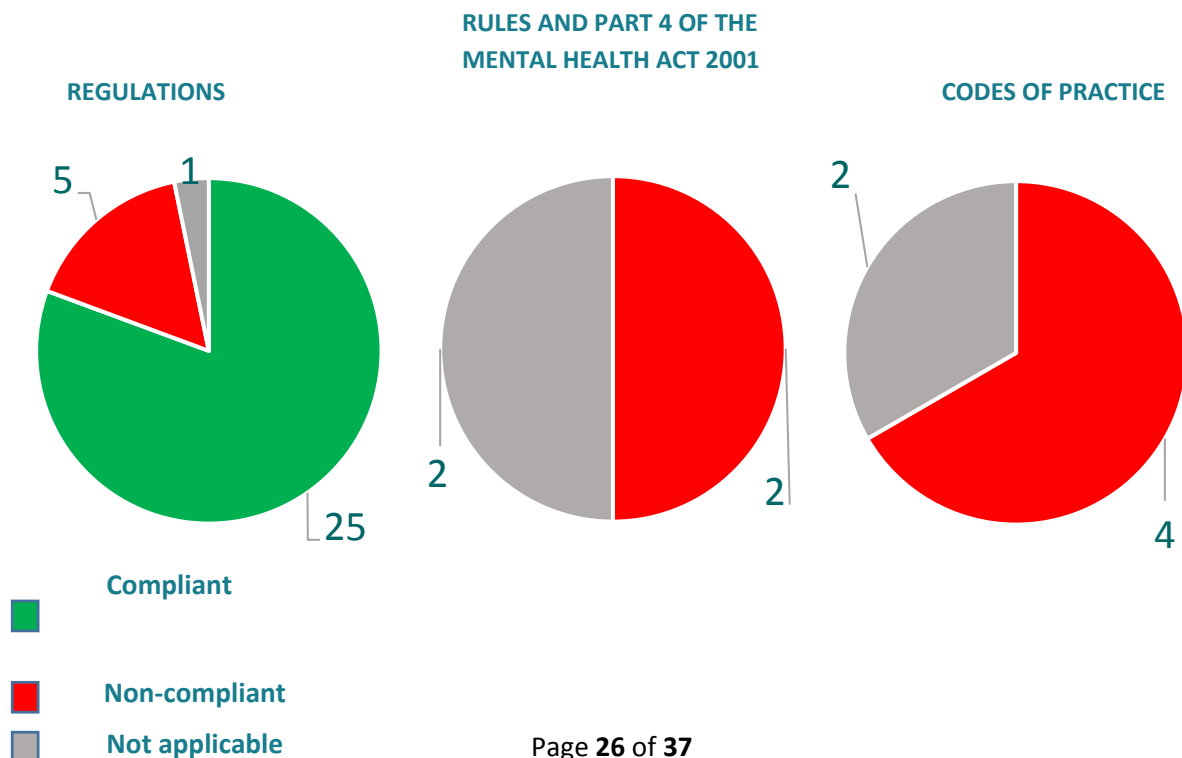
Previous Inspection Date:
22 – 25 November 2016

Inspection Type:
Unannounced Annual Inspection

The Inspector of Mental Health Services:
Dr Susan Finnerty MCRN009711

Date of Publication:
1 March 2018

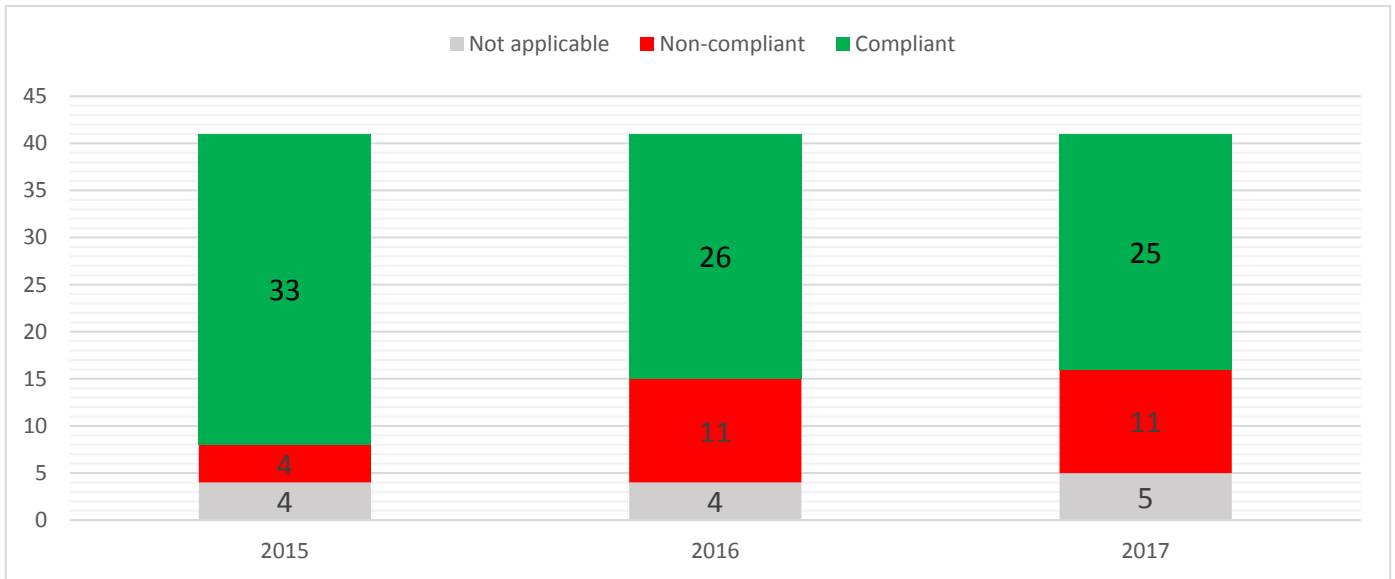
2017 COMPLIANCE RATINGS



RATINGS SUMMARY 2015 – 2017

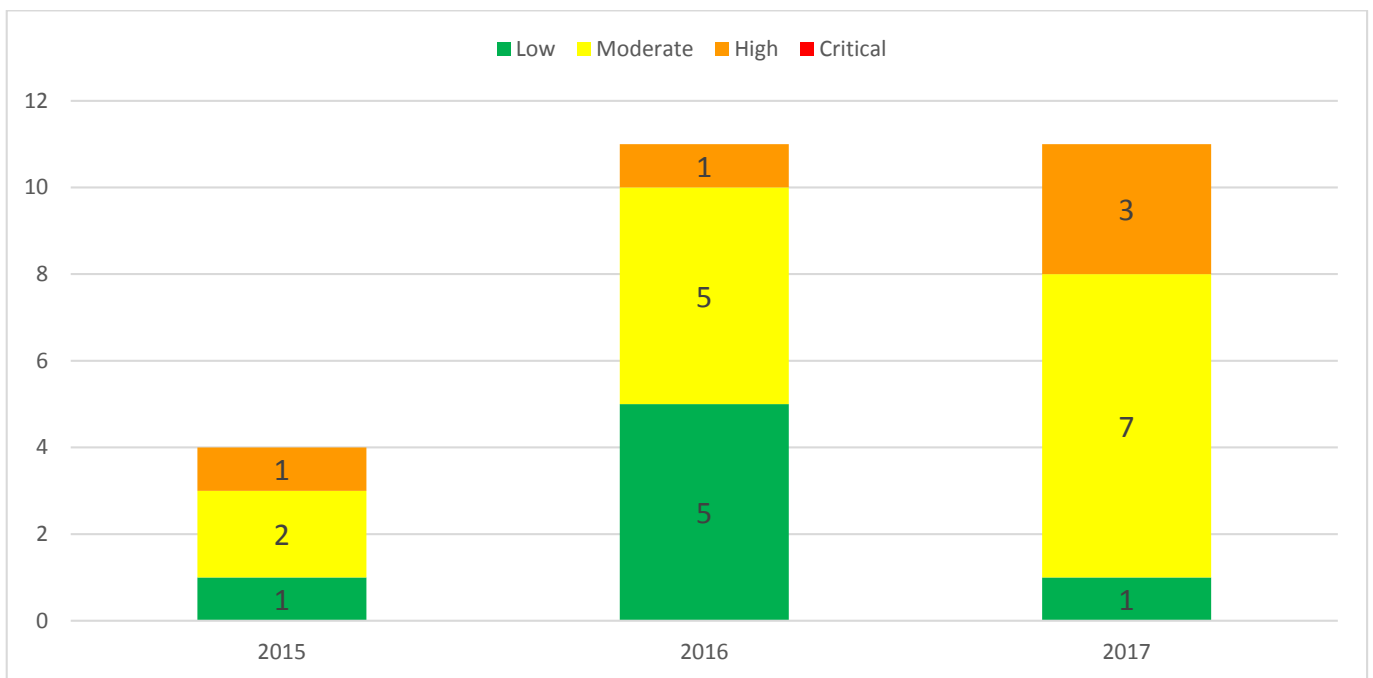
Compliance ratings across all 41 areas of inspection are summarised in the chart below.

Chart 1 – Comparison of overall compliance ratings 2015 – 2017



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



Conditions to registration

The following condition was attached to the registration of this approved centre at the time of inspection.

Condition: To ensure adherence to *Regulation 15: Individual Care Plan*, the approved centre shall audit their individual care plans on a monthly basis. The approved centre shall provide a report on the results of the audits to the Mental Health Commission in a form and frequency prescribed by the Commission.

Non-compliant areas from 2016 inspection

The previous inspection of the approved centre on 22 – 25 November 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	Non-Compliant
Regulation 18: Transfer of Residents	Compliant
Regulation 21: Privacy	Compliant
Regulation 26: Staffing	Non-Compliant
Regulation 27: Maintenance of Records	Compliant
Regulation 28: Register of Residents	Non-Compliant
Regulation 31: Complaints Procedures	Compliant
Rules Governing the Use of Seclusion	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	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 26: Staffing	X	X	X Moderate
Regulation 28: Register of Residents	✓	X	X Moderate
Regulation 30: Mental Health Tribunals	✓	✓	X Moderate
Regulation 32: Risk Management Procedures	✓	✓	X High
Rules Governing the Use of Seclusion	✓	X	X Moderate
Part 4 of the Mental Health Act 2001: Consent to Treatment	✓	✓	X High

Code of Practice on the Use of Physical Restraint in Approved Centres	✓	X	X Moderate
Code of Practice Relating to Admission of Children under the Mental Health Act 2001	X	X	X Moderate
Code of Practice for Mental Health Services on Notification of Deaths and Incident Reporting	✓	✓	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 were rated excellent on this inspection:

Regulation
Regulation 5: Food and Nutrition
Regulation 12: Communication
Regulation 29: Operating Policies and Procedures

Drogheda Department of Psychiatry

ID Number: AC0099

2017 Approved Centre Inspection Report (Mental Health Act 2001)

Drogheda Department of Psychiatry
Crosslanes
Drogheda
Co Louth

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

Most Recent Registration Date:
1 September 2016

Conditions Attached:
No

Registered Proprietor:
HSE

Registered Proprietor Nominee:
Ms Dervila Eyres, General Manager,
Mental Health Services, CHO8

Inspection Team:
Dr Enda Dooley MCRN004155, Lead Inspector
Orla O'Neill
Siobhán Dinan
Martin McMenamin

Inspection Date:
5 – 8 September 2017

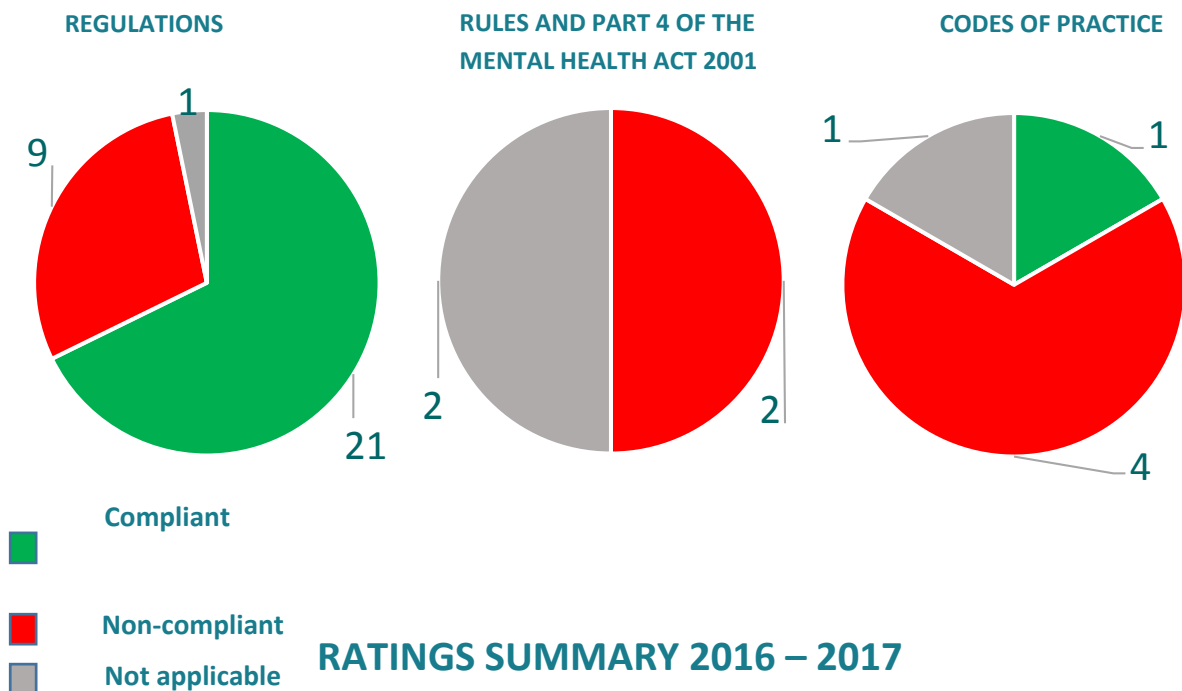
Previous Inspection Date:
8 – 11 November 2016

Inspection Type:
Unannounced Annual Inspection

The Inspector of Mental Health Services:
Dr Susan Finnerty MCRN009711

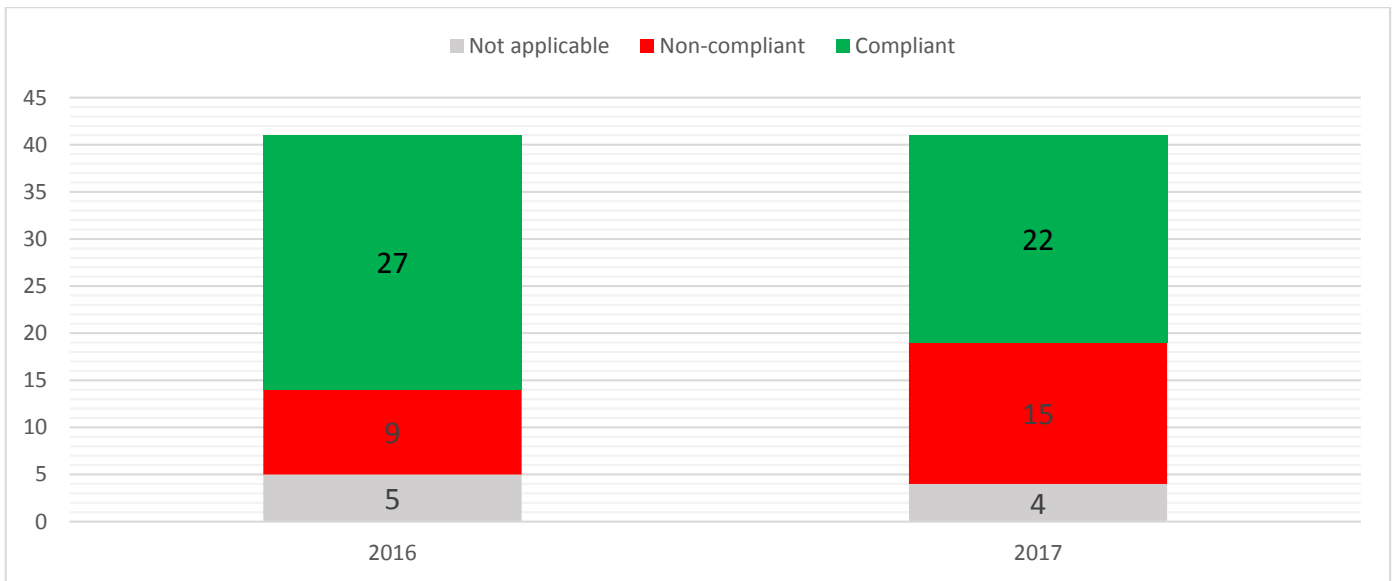
Date of Publication:
1 March 2018

2017 COMPLIANCE RATINGS



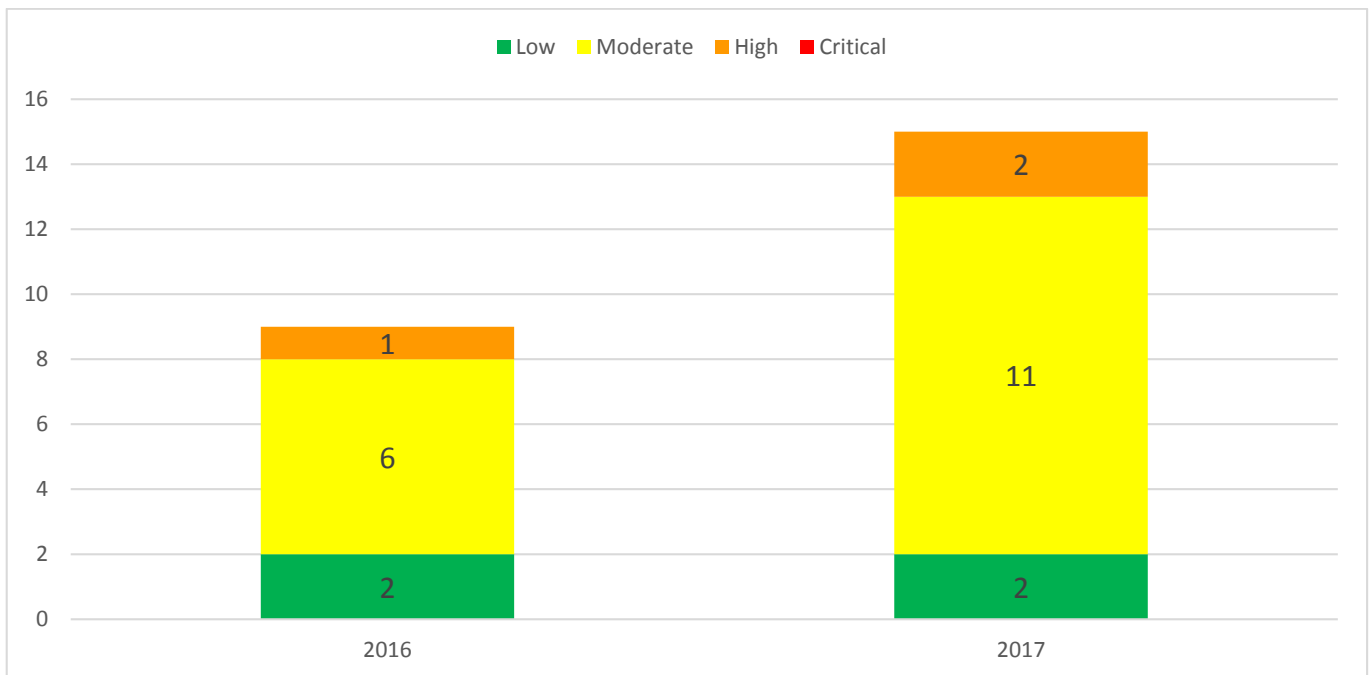
Compliance ratings across all 41 areas of inspection are summarised in the chart below.

Chart 1 – Comparison of overall compliance ratings 2016 – 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.

Chart 2 – Comparison of overall risk ratings 2016 – 2017



Conditions to registration

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

Non-compliant areas from 2016 inspection

The previous inspection of the approved centre on 8 – 11 November 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 23: Ordering, Prescribing, Storing and Administration of Medicines	Non-compliant
Regulation 26: Staffing	Non-compliant
Regulation 28: Register of Residents	Non-compliant
Regulation 32: Risk Management Procedures	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 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
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:

Regulation/Rule/Act/Code	2016 Compliance	2017 Compliance
Regulation 15: Individual Care Plan	✓	X Moderate
Regulation 21: Privacy	✓	X High
Regulation 22: Premises	✓	X Moderate
Regulation 23: Ordering, Prescribing, Storing and Administration of Medicines	X	X Moderate
Regulation 26: Staffing	X	X Moderate
Regulation 27: Maintenance of Records	✓	X Moderate
Regulation 28: Register of Residents	X	X Moderate
Regulation 29: Operating Policies and Procedures	✓	X Low
Regulation 32: Risk Management Procedures	X	X Moderate
Rules Governing the Use of Seclusion	X	X

		High
Part 4 of the Mental Health Act (2001): Consent To Treatment	✓	X Moderate
Code of Practice Relating to Admission of Children under the Mental Health Act 2001	Not Applicable	X Moderate
Code of Practice for Mental Health Services 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	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 were rated excellent on this inspection:

Regulation
Regulation 6: Food Safety
Regulation 8: Residents' Personal Property and Possessions
Regulation 9: Recreational Activities
Regulation 10: Religion
Regulation 13: Searches
Regulation 25: Use of Closed Circuit Television
Regulation 30: Mental Health Tribunals
Regulation 31: Complaints Procedures

Rehab and Recovery Mental Health Unit St. John's Hospital Campus

ID Number: AC0101

2017 Approved Centre Inspection Report (Mental Health Act 2001)

Rehab and Recovery Mental Health Unit
St. John's Hospital Campus
Ballytivnan
Sligo

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

Most Recent Registration Date:
17 November 2016

Conditions Attached:
Yes

Registered Proprietor:
HSE

Registered Proprietor Nominee:
Ms Teresa Dykes, General Manager,
Mental Health, CHO 1

Inspection Team:
Carol Brennan-Forsyth, Lead Inspector
Noeleen Byrne
Leon Donovan

Inspection Date:
24 – 27 October 2017

Previous Inspection Date:
29 November – 1 December 2016

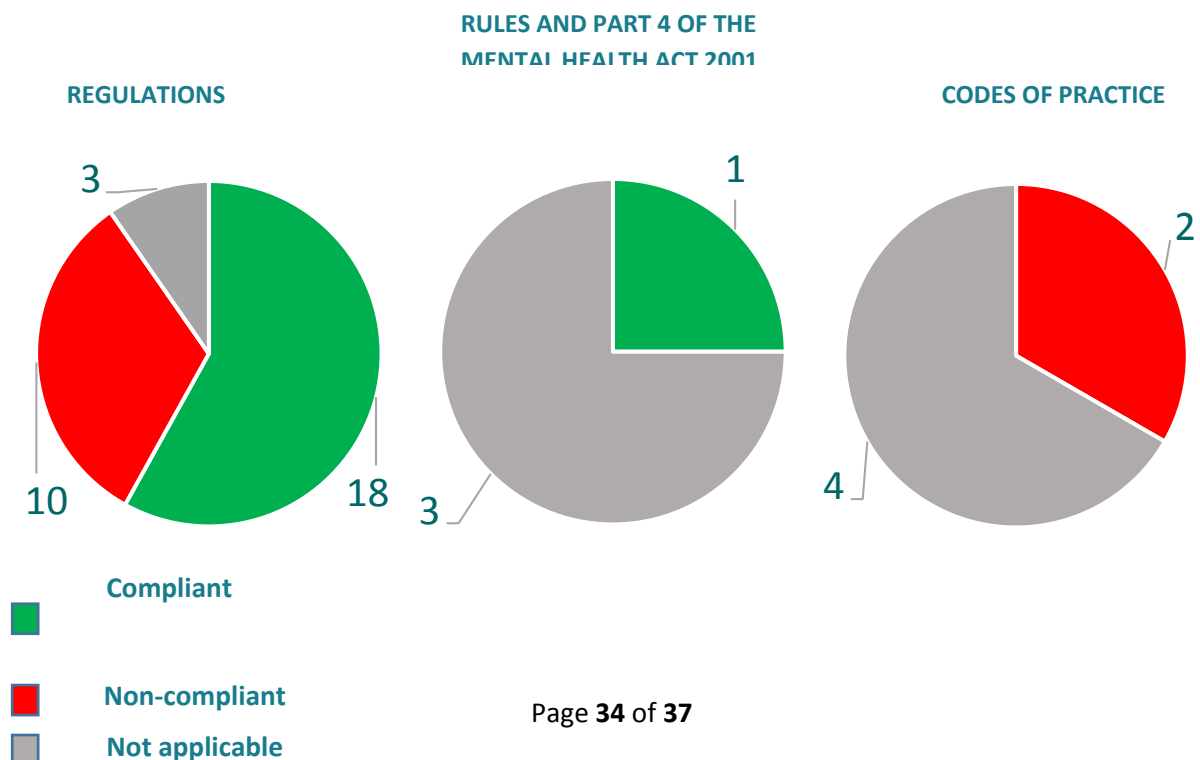
Inspection Type:
Unannounced Annual Inspection

Focused Inspection:
8 – 11 August 2017

The Inspector of Mental Health Services:
Dr Susan Finnerty MCRN009711

Date of Publication:
1 March 2018

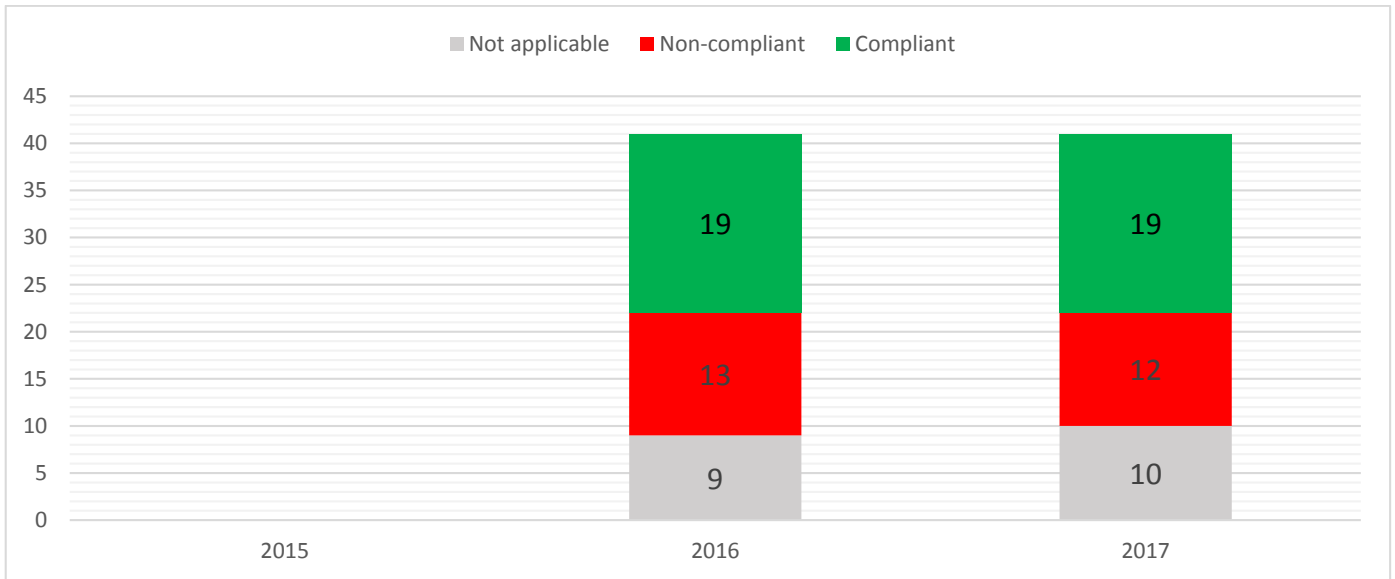
2017 COMPLIANCE RATINGS



RATINGS SUMMARY 2015 – 2017

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

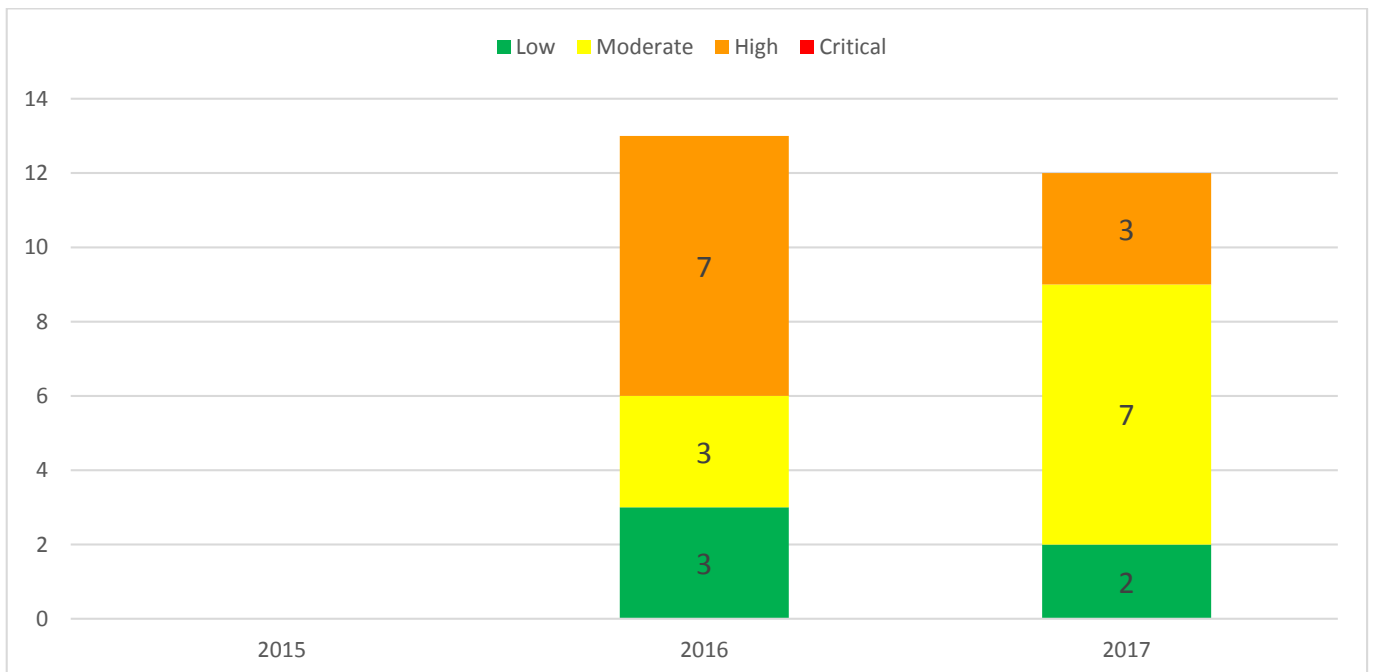
Chart 1 – Comparison of overall compliance ratings 2015 – 2017



Note: As the approved centre was registered for the first time in November 2016, ratings for 2015 do not apply.

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



Note: As the approved centre was registered for the first time in November 2016, ratings for 2015 do not apply.

Conditions to registration

There were two conditions attached to the registration of this approved centre at the time of inspection.

Condition 1: The Mental Health Commission prohibits the admission or transfer of persons to the Rehab and Recovery Mental Health Unit, St. John's Hospital Campus.

Condition 2: The Mental Health Commission requires that an assessment of the needs of current residents of the Rehab and Recovery Mental Health Unit, St. John's Hospital Campus is carried out, with residents appropriately placed in accordance with their assessed needs by no later than 31st December 2016.

Non-compliant areas from 2016 inspection

The previous inspection of the approved centre on 29 November – 1 December 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 9: Recreational Activities	Compliant
Regulation 15: Individual Care Plan	Non-Compliant
Regulation 16: Therapeutic Services and Programmes	Non-Compliant
Regulation 22: Premises	Non-Compliant
Regulation 23: Ordering, Prescribing, Storing and Administration of Medicines	Non-Compliant
Regulation 26: Staffing	Non-Compliant
Regulation 27: Maintenance of Records	Compliant
Regulation 28: Register of Residents	Compliant
Regulation 32: Risk Management Procedures	Non-Compliant
Rules Governing the Use of Mechanical Means of Bodily Restraint	Compliant
Code of Practice on the Use of Physical Restraint in Approved Centres	Not Applicable
Code of Practice for Mental Health Services 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:

Regulation/Rule/Act/Code	2016 Compliance	2017 Compliance
Regulation 8: Residents' Personal Property and Possessions	✓	X Low
Regulation 14: Care of the Dying	✓	X Low

Regulation 15: Individual Care Plan	X	X Moderate
Regulation 16: Therapeutic Services and Programmes	X	X High
Regulation 19: General Health	✓	X Moderate
Regulation 20: Provision of Information to Residents	✓	X Moderate
Regulation 22: Premises	X	X Moderate
Regulation 23: Ordering, Prescribing, Storing and Administration of Medicines	X	X Moderate
Regulation 26: Staffing	X	X Moderate
Regulation 32: Risk Management Procedures	X	X High
Code of Practice for Mental Health Services on Notification of Deaths and Incident Reporting	X	X High
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 were rated excellent on this inspection:

Regulation
Regulation 7: Clothing
Regulation 10: Religion