

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. Admission Unit & St. Edna's Unit, St. Loman's Hospital
http://www.mhcirl.ie/File/2017IRs/StLomans_ir2017.pdf
2. Sligo/Leitrim Mental Health In-patient Unit
http://www.mhcirl.ie/File/2017IRs/SligoLeitrim_ir2017.pdf
3. Child & Adolescent Mental Health In-patient Unit, Merlin Park University Hospital
http://www.mhcirl.ie/File/2017IRs/CAMHSGalway_ir2017.pdf
4. Owenacurra Centre
http://www.mhcirl.ie/File/2017IRs/Owenacurra_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/

Admission Unit & St. Edna's Unit, St. Loman's Hospital

ID Number: AC0006

2017 Approved Centre Inspection Report (Mental Health Act 2001)

Admission Unit & St. Edna's Unit
St. Loman's Hospital
Delvin Road
Mullingar
Co. Westmeath

Approved Centre Type:
Acute Adult Mental Health Care
Continuing Mental Health Care/ Long Stay

Most Recent Registration Date:
1 March 2017

Conditions Attached:
Yes

Registered Proprietor:
HSE

Registered Proprietor Nominee:
Ms Dervila Eyres, General Manager,
CHO 8

Inspection Team:
Siobhán Dinan, Lead Inspector
Dr Ann Marie Murray
Leon Donovan
Martin McMenamin
Carol Brennan-Forsyth

Inspection Date:
7 – 10 November 2017

Previous Inspection Date:
15 – 18 November 2016

Inspection Type:
Unannounced Annual Inspection

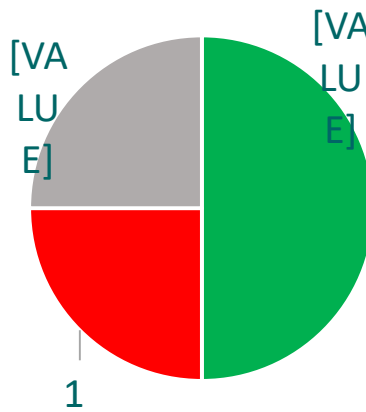
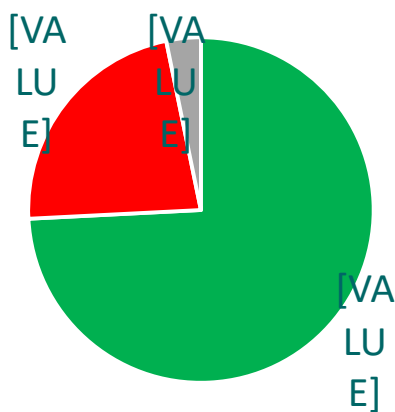
The Inspector of Mental Health Services:
Dr Susan Finnerty MCRN009711

Date of Publication:
5 April 2018

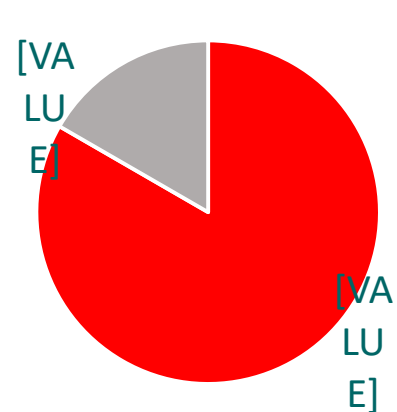
2017 COMPLIANCE RATINGS

RULES AND PART 4 OF THE MENTAL HEALTH ACT 2001

REGULATIONS



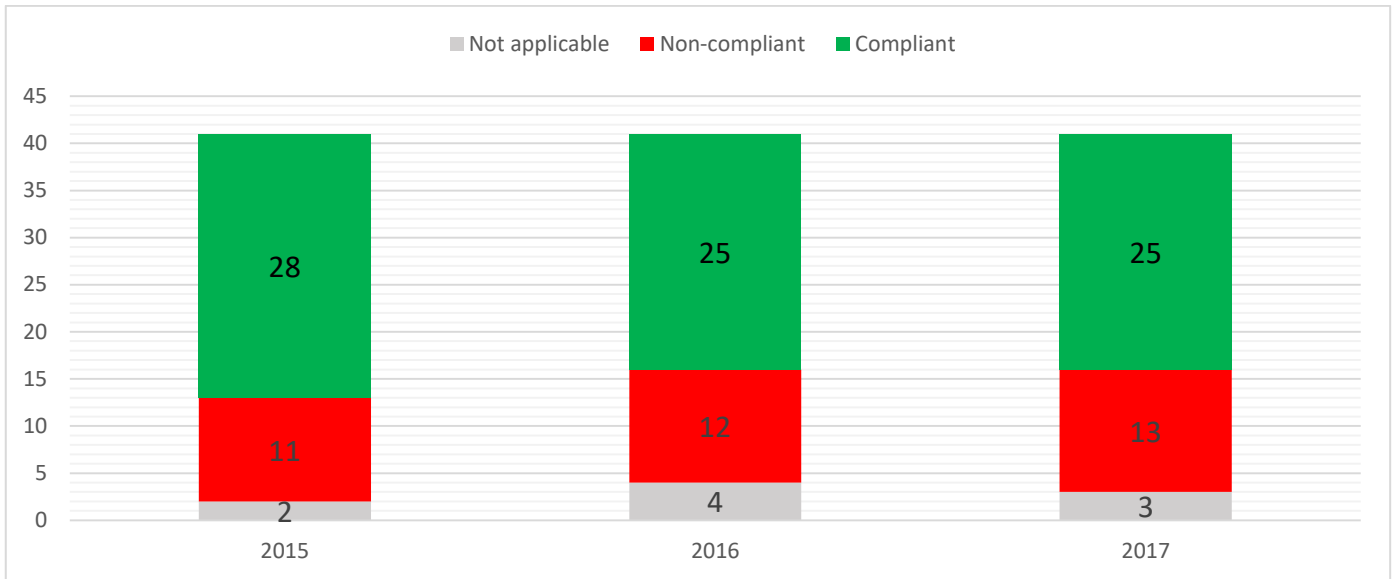
CODES OF PRACTICE



RATINGS SUMMARY 2015 – 2017

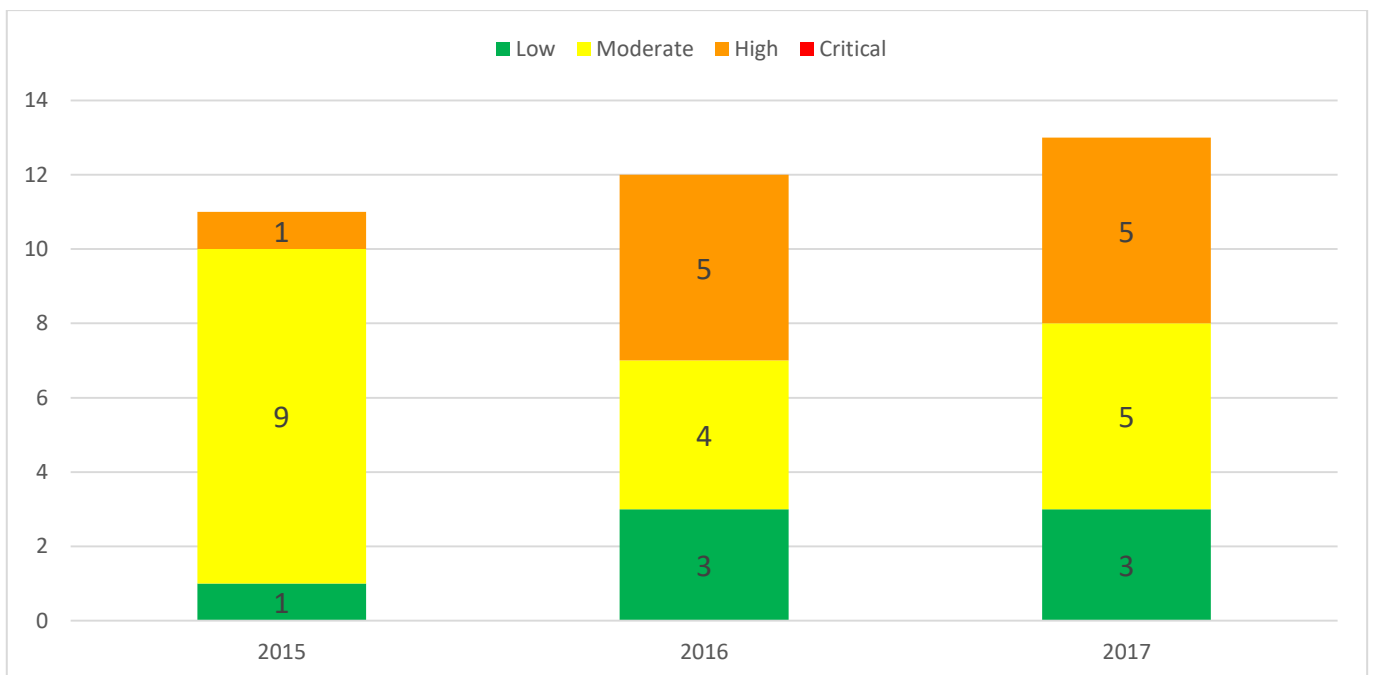
Compliance ratings across all 41 areas of inspection are summarised in the chart below.

Chart 1 – Comparison of overall compliance ratings 2015 – 2017



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 was one condition attached to the registration.

Condition 1: 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.

Non-compliant areas from 2016 inspection

The previous inspection of the approved centre on 15 – 17 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 16: Therapeutic Services and Programmes	Non-Compliant
Regulation 25: Use of Closed Circuit Television	Compliant
Regulation 26: Staffing	Non-Compliant
Regulation 27: Maintenance of Records	Compliant
Regulation 31: Complaints Procedures	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 for Mental Health Services on Notification of Deaths and Incident Reporting	Non-Compliant
Code of Practice on the Use of Electro-Convulsive Therapy for Voluntary Patients	Not Applicable
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	✓	X Moderate
Regulation 8: Residents' Personal Property and Possessions	✓	✓	X Moderate
Regulation 15: Individual Care Plan	✓	X	X High
Regulation 16: Therapeutic Services and Programmes	✓	X	X High
Regulation 22: Premises	✓	✓	X High
Regulation 23: Ordering, Prescribing, Storing and Administration of Medicines	X	✓	X Low

Regulation 26: Staffing	X	X	X High
Rules Governing the Use of Seclusion	X	X	X Moderate
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	N/A	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 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.

Sligo/Leitrim Mental Health In-patient Unit

ID Number: AC0014

2017 Approved Centre Inspection Report (Mental Health Act 2001)

Sligo/Leitrim Mental Health In-patient Unit
Sligo/Leitrim Mental Health Services
Clarion Road
Ballytivnan
Sligo

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:
Ms Teresa Dykes, General Manager,
Mental Health, CHO 1

Inspection Team:
Carol Brennan-Forsyth, Lead Inspector
Noeleen Byrne
David McGuinness
Leon Donovan
Dr Susan Finnerty

Inspection Date:
26 – 29 September 2017

Previous Inspection Date:
28 – 30 June 2016

Inspection Type:
Unannounced Annual Inspection

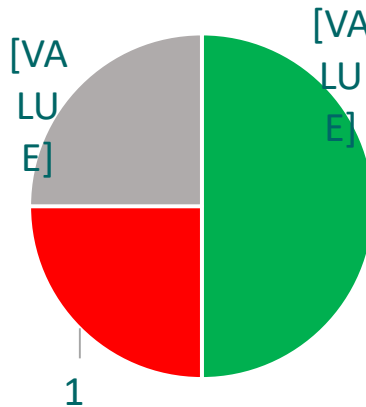
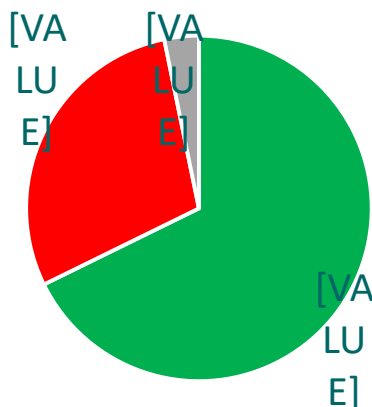
The Inspector of Mental Health Services:
Dr Susan Finnerty MCRN009711

Date of Publication:
5 April 2018

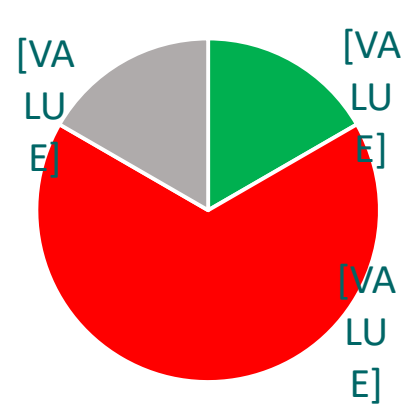
COMPLIANCE RATINGS 2017

RULES AND PART 4 OF THE MENTAL HEALTH ACT 2001

REGULATIONS



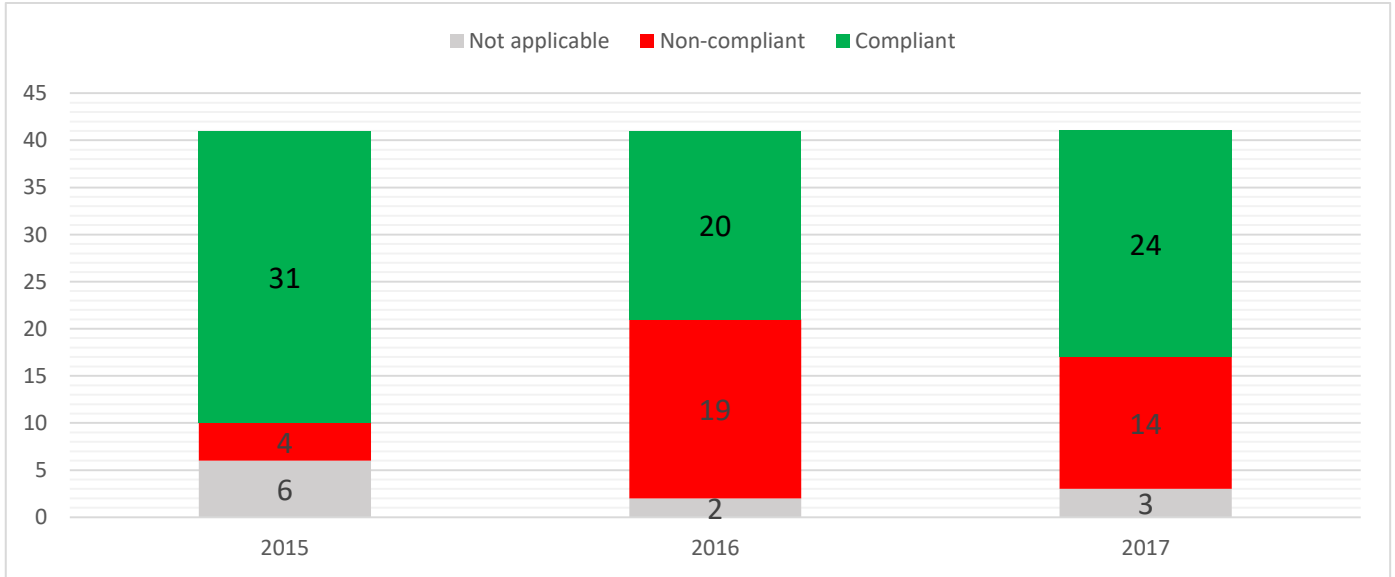
CODES OF PRACTICE



RATINGS SUMMARY 2015 – 2017

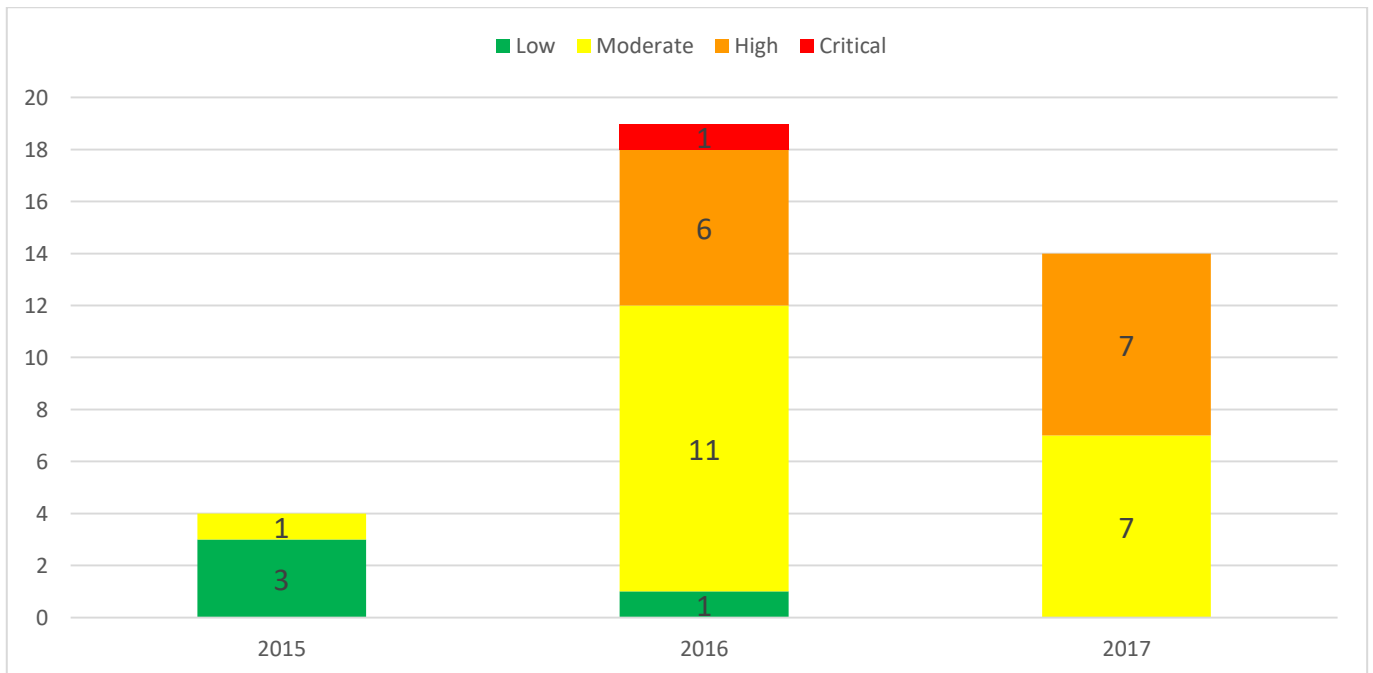
Compliance ratings across all 41 areas of inspection are summarised in the chart below.

Chart 1 – Comparison of overall compliance ratings 2015 – 2017



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

Condition 1: To ensure adherence to *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 on the programme of maintenance to the Mental Health Commission in a form and frequency prescribed by the Commission.

Condition 2: 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.

Non-compliant areas from 2016 inspection

The previous inspection of the approved centre on 28 – 30 June 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 13: Searches	Compliant
Regulation 15: Individual Care Plan	Non-Compliant
Regulation 19: General Health	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 32: Risk Management Procedures	Non-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	Non-Compliant
Code of Practice Relating to Admission of Children under the Mental Health Act 2001	Not Applicable
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 15: Individual Care Plan	✓	X	X High
Regulation 21: Privacy	✓	X	X High
Regulation 22: Premises	X	X	X High
Regulation 23: Ordering, Prescribing, Storing and Administration of Medicines	✓	X	X Moderate
Regulation 25: Use of Closed Circuit Television	✓	✓	X Moderate
Regulation 26: Staffing	✓	X	X High
Regulation 27: Maintenance of Records	✓	X	X Moderate
Regulation 28: Register of Residents	✓	X	X High
Regulation 32: Risk Management Procedures	✓	X	X High
Rules Governing the Use of Seclusion	X	X	X High
Code of Practice on the Use of Physical Restraint in Approved Centres	X	X	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	X Moderate
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.

Child & Adolescent Mental Health In-patient Unit Merlin Park University Hospital

ID Number: AC0081

2017 Approved Centre Inspection Report (Mental Health Act 2001)

Child & Adolescent Mental Health In-patient Unit, Merlin Park University Hospital
Merlin Park
Galway

Approved Centre Type:
Child & Adolescent Mental Health Care

Most Recent Registration Date:
9 December 2016

Conditions Attached:
None

Registered Proprietor:
HSE

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

Inspection Team:
Sandra McGrath, Lead Inspector
Siobhán Dinan
Mary Connellan

Inspection Date:
23 – 26 October 2017

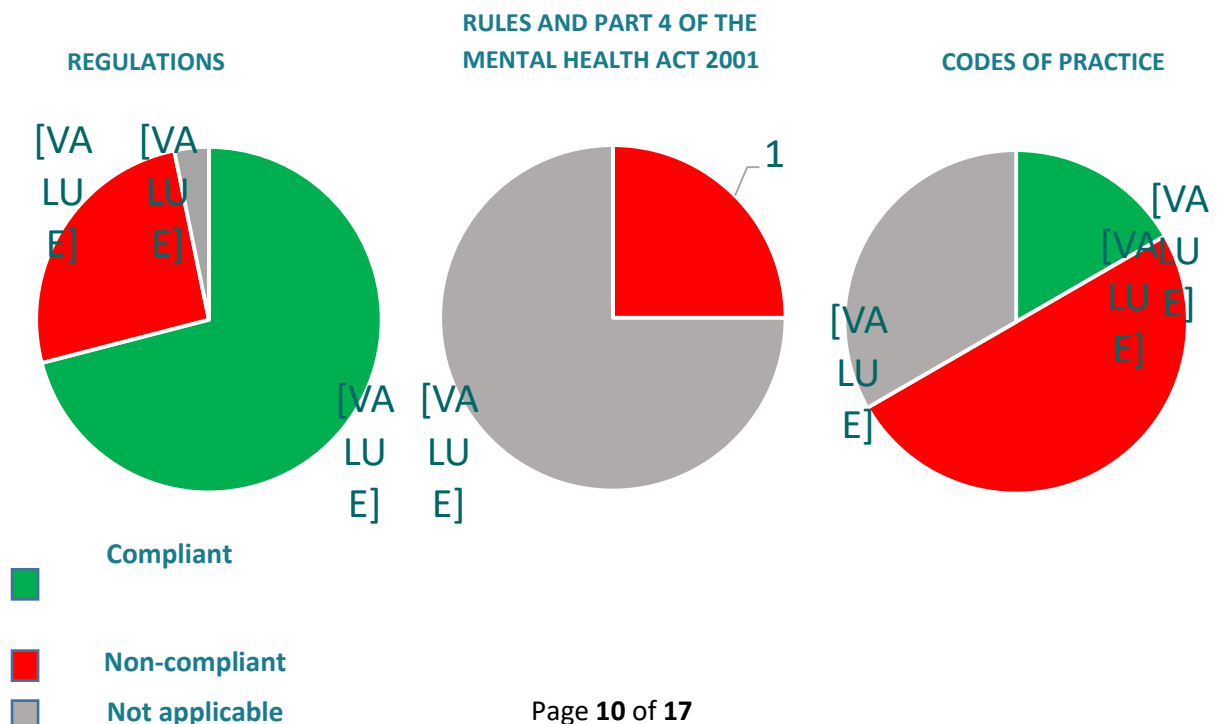
Previous Inspection Date:
1 – 4 November 2016

Inspection Type:
Unannounced Annual Inspection

The Inspector of Mental Health Services:
Dr Susan Finnerty MCRN009711

Date of Publication:
5 April 2018

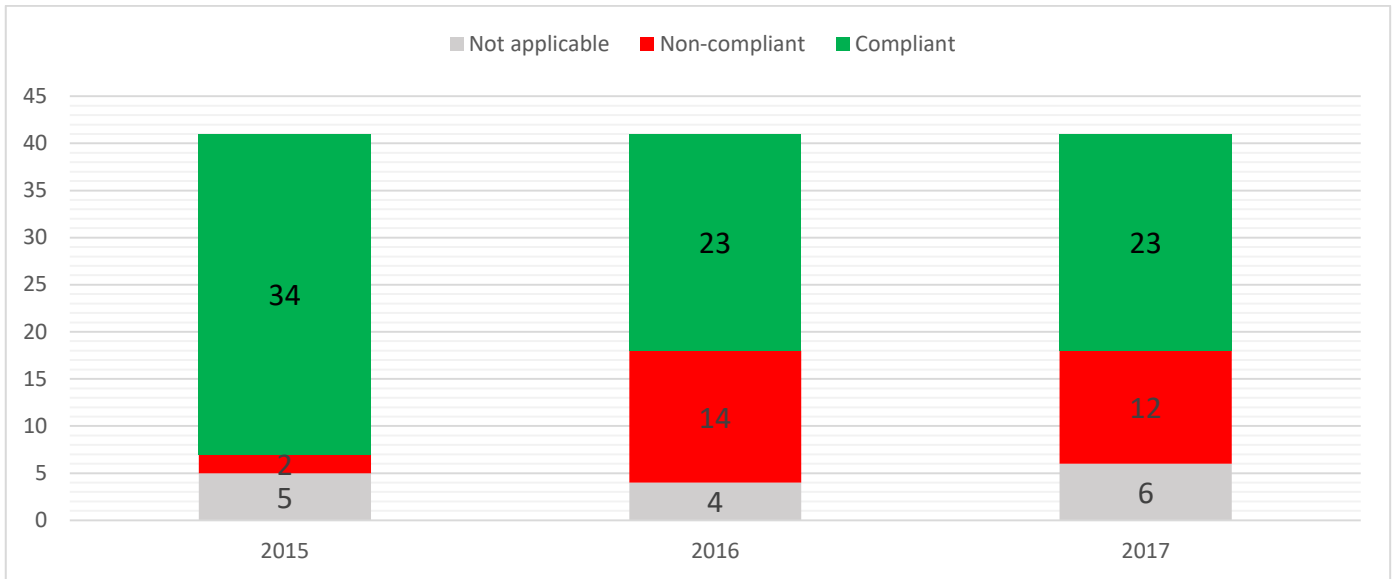
2017 COMPLIANCE RATINGS



RATINGS SUMMARY 2015 – 2017

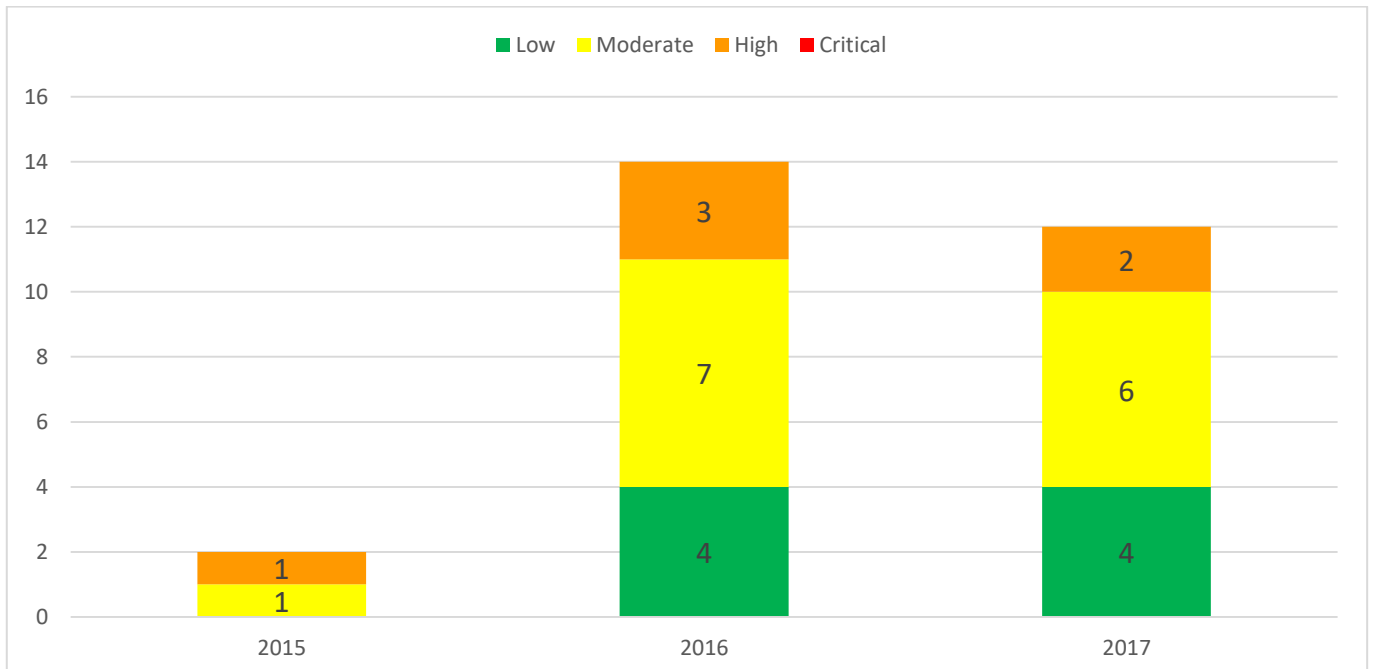
Compliance ratings across all 41 areas of inspection are summarised in the chart below.

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

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 1 – 4 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 8: Residents' Personal Property and Possessions	Compliant
Regulation 13: Searches	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 28: Register of Residents	Non-Complaint
Regulation 32: Risk Management Procedures	Non-Complaint
Rules Governing the Use of Seclusion	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	Not Applicable
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 19: General Health	✓	✓	X Moderate
Regulation 21: Privacy	✓	X	X Moderate
Regulation 22: Premises	X	X	X High
Regulation 25: Use of Closed Circuit Television	✓	✓	X Low
Regulation 26: Staffing	✓	X	X Moderate
Regulation 27: Maintenance of Records	✓	✓	X Low

Regulation 28: Register of Residents	✓	X	X Moderate
Regulation 32: Risk Management Procedures	✓	X	X High
Rule Governing the Use of Seclusion	X	X	X Low
Code of Practice on the Use of Physical Restraint in Approved Centres	✓	✓	X Moderate
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	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 17: Children's Education
Regulation 20: Provision of Information to Residents
Regulation 23: Ordering, Prescribing, Storing and Administration of Medicines

Owenacurra Centre

ID Number: AC0102

2017 Approved Centre Inspection Report (Mental Health Act 2001)

Owenacurra Centre
Oliver Plunkett Place
Midleton
Co. Cork

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

Most Recent Registration Date:
09 December 2016

Conditions Attached:
None

Registered Proprietor:
Health Service Executive (HSE)

Registered Proprietor Nominee:
Ms Sinead Glennon, Head of
Mental Health Services CHO4

Inspection Team:
Orla O'Neill, Lead Inspector
Dr Enda Dooley
Dr Ann Marie Murray

Inspection Date:
24 – 27 October 2017

Previous Inspection Date:
19 – 21 December 2016

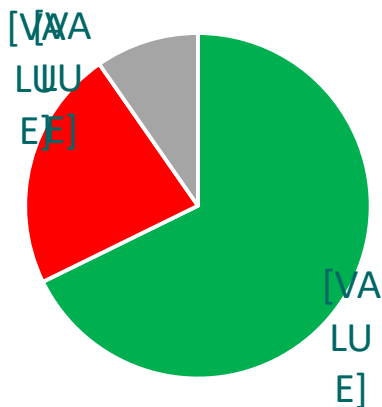
Inspection Type:
Unannounced Annual Inspection

The Inspector of Mental Health Services:
Dr Susan Finnerty MCRN009711

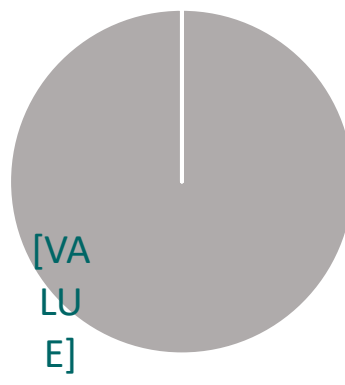
Date of Publication:
5 April 2018

COMPLIANCE RATINGS 2017

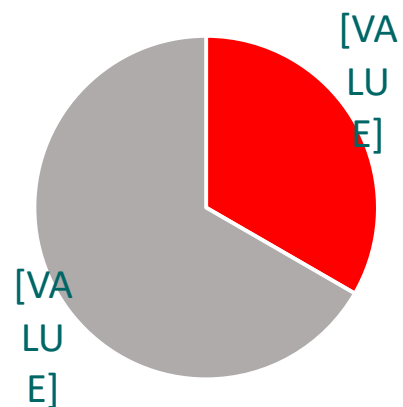
REGULATIONS



RULES AND PART 4 OF THE MENTAL HEALTH ACT 2001



CODES OF PRACTICE

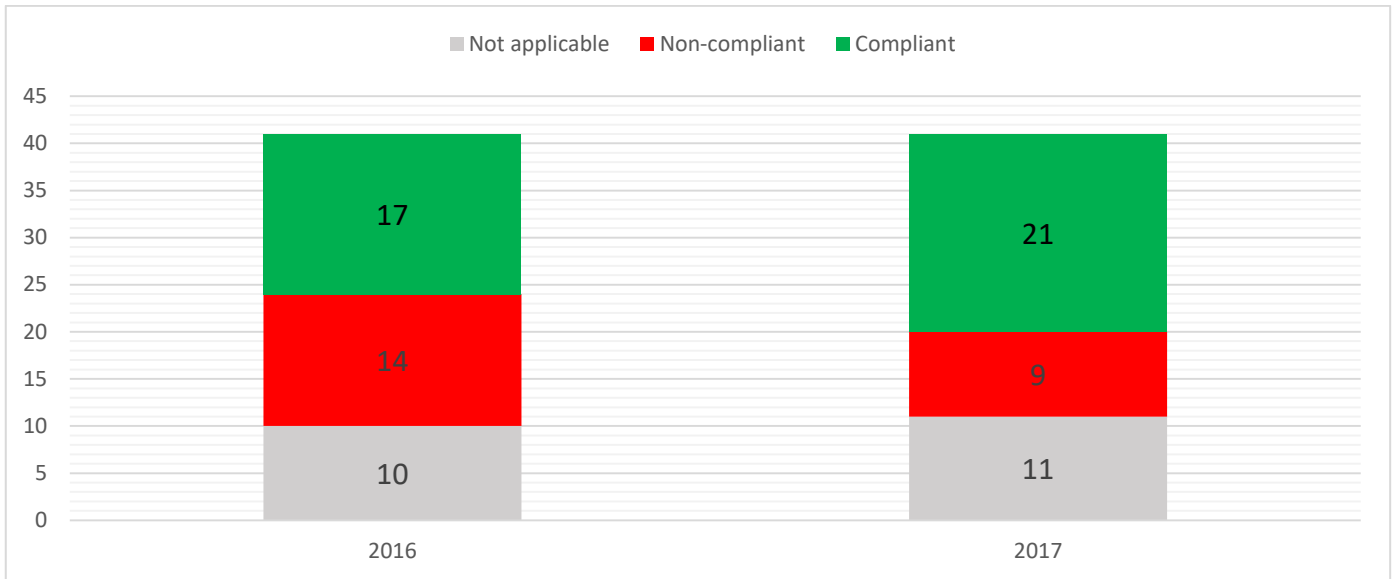


- Compliant
- Non-compliant
- Not applicable

RATINGS SUMMARY 2016 – 2017

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

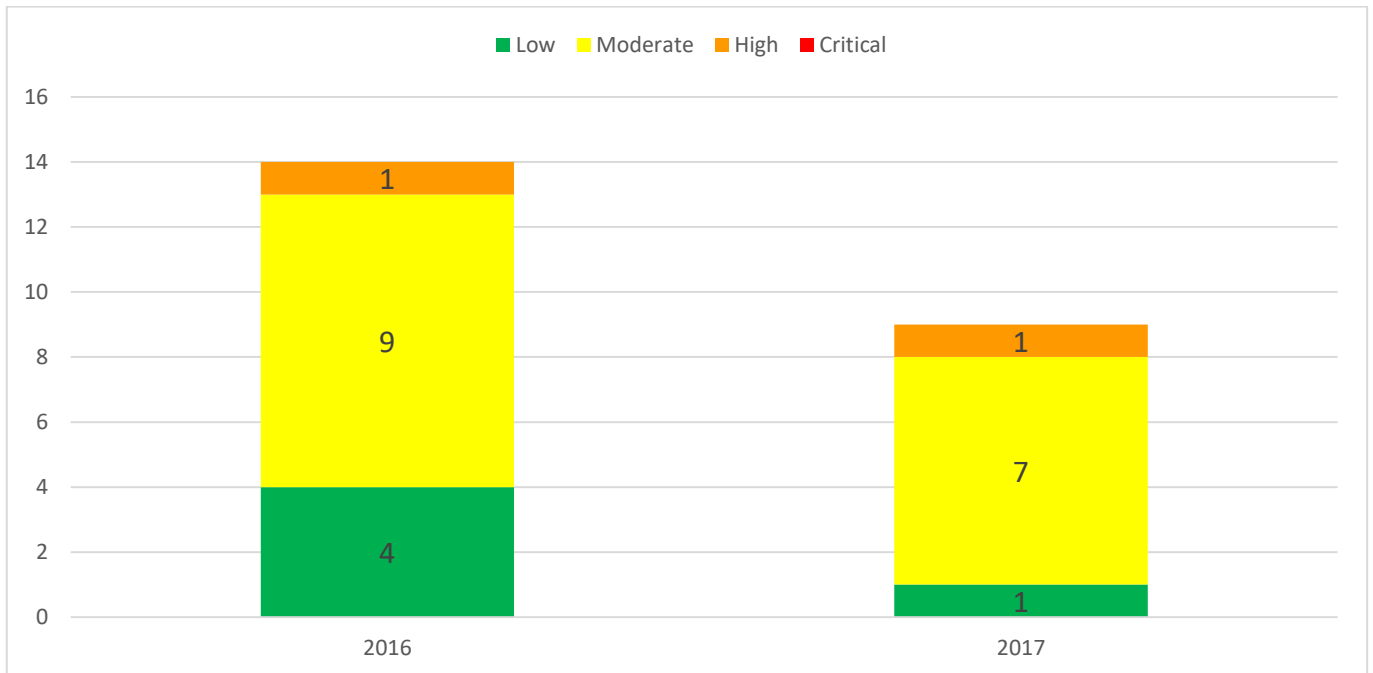
Chart 1 – Comparison of overall compliance ratings 2016 – 2017



Note: As the approved centre was registered for the first time in December 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 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 19 – 21 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 11: Visits	Compliant
Regulation 13: Searches	Compliant
Regulation 15: Individual Care Plan	Compliant
Regulation 18: Transfer of Residents	Compliant
Regulation 19: General Health	Non-Compliant
Regulation 21: Privacy	Compliant
Regulation 22: Premises	Compliant
Regulation 26: Staffing	Non-Compliant
Regulation 27: Maintenance of Records	Non-Compliant
Regulation 28: Register of Residents	Non-Compliant
Regulation 32: Risk Management Procedures	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 for People with Intellectual Disabilities	Not Applicable
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 2017:

Regulation/Rule/Act/Code	2016 Compliance	2017 Compliance
Regulation 8: Residents' Personal Property and Possessions	✓	X Moderate
Regulation 16: Therapeutic Services and Programmes	✓	X Moderate
Regulation 19: General Health	X	X Moderate
Regulation 23: Ordering, Prescribing, Storing and Administration of Medicines	✓	X Moderate
Regulation 26: Staffing	X	X High

Regulation 27: Maintenance of Records	X	X Moderate
Regulation 31: Complaints Procedures	✓	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 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 13: Searches