

## **Mental Health Commission Approved Centre Inspection Reports**

Below you will find a number of Inspection Reports published by the Mental Health Commission.

### **The Approved Centres reported on are:**

1. St Ita's Ward and Unit One, St Brigid's Hospital, Ardee  
[http://www.mhcirl.ie/File/2015-Inspection-Reports/StBrigArdee\\_ir2015.pdf](http://www.mhcirl.ie/File/2015-Inspection-Reports/StBrigArdee_ir2015.pdf)
2. Acute Psychiatric Unit, University Hospital Ennis  
[http://www.mhcirl.ie/File/2015-Inspection-Reports/APU\\_UnHosEnnis\\_ir2015.pdf](http://www.mhcirl.ie/File/2015-Inspection-Reports/APU_UnHosEnnis_ir2015.pdf)
3. St Edmundsbury Hospital, Lucan, Co. Dublin  
[http://www.mhcirl.ie/File/2015-Inspection-Reports/StEdmundsbury\\_ir2015.pdf](http://www.mhcirl.ie/File/2015-Inspection-Reports/StEdmundsbury_ir2015.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.

Link below to approved centre inspection report documents on the Mental Health Commission website:

[http://www.mhcirl.ie/Inspectorate\\_of\\_Mental\\_Health\\_Services/AC\\_IRs/](http://www.mhcirl.ie/Inspectorate_of_Mental_Health_Services/AC_IRs/)

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

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

## 1. St Ita's Ward and Unit One, St Brigid's Hospital, Ardee

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

In 2014, the following condition was attached to the registration of St. Ita's Ward & Unit One, St. Brigid's Hospital, Ardee:

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

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

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

### Areas of compliance rated Excellent on this inspection

Regulation/Rule/Act/Code
Regulation 14: Care of the Dying
Regulation 31: Complaints Procedures
Regulation 32: Risk Management Procedures
Regulation 33: Insurance
Rule Governing the Use of Mechanical Restraint

### Outstanding issues from previous inspection

The previous inspection of the approved centre on 29 and 30 April 2014 identified the following areas that were not fully compliant:

Regulation/Rule/Act/Code	Inspection Findings 2015
Regulation 15: Individual Care Plan	Compliant
Regulation 16: Therapeutic Services and Programmes	Compliant
Regulation 22: Premises	Non - Compliant

Regulation 23: Ordering, Prescribing, Storing and Administration of Medicines	Non - Compliant
Regulation 26: Staffing	Compliant
Regulation 32: Risk Management Procedures	Compliant
Code of Practice on the Notifications of Deaths and Incident Reporting	Compliant
Code of Practice on Admission, Transfer and Discharge to and from an Approved Centre	Compliant

**Non-compliant areas on this inspection**

<b>Regulation/Rule/Act/Code</b>	<b>Risk Rating</b>
Regulation 22: Premises	High
Regulation 23: Ordering, Prescribing, Storing and Administration of Medicines	Moderate
Regulation 24: Health & Safety	Moderate
The Use of Seclusion	High

The approved centre was requested to provide Corrective and Preventative Actions (CAPAs) for areas of non-compliance and these are included in the full report, in the relevant areas.

## 2. Acute Psychiatric Unit, University Hospital Ennis

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

The centre had three conditions attached to its registration at time of inspection.

#### **Condition One:**

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

#### **Condition Two:**

The Mental Health Commission requires that all residents of Acute Psychiatric Unit, University Hospital Ennis are accommodated in suitable sleeping accommodation that ensures that the privacy and dignity of residents are appropriately respected at all times.

#### **Condition Three:**

The Mental Health Commission prohibits the transfer of residents to another approved centre to alleviate bed shortages.

At the time of inspection, the approved centre was in compliance with Conditions One and Two. However, they were in Breach of Condition Three. In order to alleviate bed shortages, the APU was transferring residents to sleep overnight in another approved centre in Ennis. This matter is comprehensively addressed in Section 3.18 and 6.6 of the full inspection report.

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

<b>Regulation/Rule/Act/Code</b>
Regulation 6: Food Safety
Regulation 14: Care of the Dying
Regulation 15: Individual Care Plan
Regulation 23: Ordering, Prescribing, Storing and Administration of Medicines
Regulation 28: Register of Residents
Regulation 30: Mental Health Tribunals
Regulation 34: Certificate of Registration
Regulation 34: Certificate of Registration
Code of Practice for Mental Health Services on Notification of Deaths and Incident Reporting

### Outstanding issues from previous inspection

The previous inspection of the approved centre on 8 and 9 July 2014 identified the following areas that were not fully compliant:

<b>Regulation/Rule/Act/Code</b>	<b>Inspection Findings 2015</b>
Regulation 15: Individual Care Plan	Compliant
Regulation 16: Therapeutic Services and Programmes	Compliant
Regulation 19: General Health	Compliant
Regulation 21: Privacy	Compliant
Regulation 22: Premises	Non-Compliant
Regulation 23: Ordering, Prescribing, Storing and Administration of Medicines	Compliant
Regulation 24: Health and Safety	Compliant
Regulation 25: CCTV	Compliant
Regulation 26: Staffing	Non-Compliant
Regulation 29: Operating Policies and Procedures	Non-Compliant
Regulation 32: Risk Management	Compliant
Code of Practice on the Use of Physical Restraint in Approved Centres	Compliant
Rules Governing the Use of Seclusion	Compliant
Code of Practice on the Use of Physical Restraint	Non-Compliant
Code of Practice on Admission, Transfer and Discharge to and from an Approved Centre	Non-Compliant
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 the Use of Electro-Convulsive Therapy for Voluntary Patients	Not Applicable
Rules Governing the Use of Electroconvulsive Therapy	Not Applicable

### Non-compliant areas on this inspection

<b>Regulation/Rule/Act/Code</b>	<b>Risk Rating</b>
Regulation 13: Searches	Low
Regulation 18: Transfer of Residents	Moderate

Regulation 22: Premises	High
Regulation 26: Staffing	Moderate
Regulation 29: Operating Policies and Procedures	Low
Code of Practice Relating to Admission of Children under the Mental Health Act 2001	Low
Code of Practice on Admission, Transfer and Discharge to and from an Approved Centre	High
Code of Practice on the Use of Physical Restraint in Approved Centres	Low

The approved centre was requested to provide Corrective and Preventative Actions (CAPAs) for areas of non-compliance and these are included in the full report, in the relevant areas.

### 3. St Edmundsbury Hospital, Lucan, Co. Dublin

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

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

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

Regulation/Rule/Act/Code
Regulation 4 - Identification of Residents
Regulation 5 - Food and Nutrition
Regulation 6 - Food Safety
Regulation 7 – Clothing
Regulation 8 – Residents' Personal Property and Possessions
Regulation 9 – Recreational Activities
Regulation 10 – Religion
Regulation 11 – Visits
Regulation 12 - Communication
Regulation 13 – Searches
Regulation 14 – Care of the Dying
Regulation 15 – Individual Care Plan
Regulation 16 – Therapeutic Services and Programmes
Regulation 18 – Transfer of Residents
Regulation 19 – General Health
Regulation 20 – Provision of Information to Residents
Regulation 21 – Privacy
Regulation 22 – Premises
Regulation 24 - Health and Safety
Regulation 26 - Staffing
Regulation 27 – Maintenance of Records
Regulation 28 – Register of Residents
Regulation 29 – Operating Policies and Procedures
Regulation 31 – Complaints Procedures

Regulation 32 - Risk Management Procedures
Regulation 33 – Insurance
Regulation 34 – Certificate of Registration
Code of Practice on the Use of Physical restraint in Approved Centres
Code of Practice for Mental Health Services on Notification of Deaths and Incident Reporting
Code of Practice on Electro-convulsive Therapy
Code of Practice on Admission, Transfer and Discharge to and from an Approved Centre

**Outstanding issues from previous inspection**

The previous inspection of the approved centre on 25 October 2014 found the approved centre to be compliant with all the applicable regulations and codes of practice. There were no outstanding issues or recommendations made.

**Non-compliant areas on this inspection**

The 2015 inspection showed that SEH was compliant with all applicable regulations, rules and codes of practice.