

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. Adult Mental Health Unit, Mayo General Hospital
http://www.mhcirl.ie/File/2015-Inspection-Reports/AMHU_MayoGenHosp_ir2015.pdf
2. An Coillin
http://www.mhcirl.ie/File/2015-Inspection-Reports/AnCoillin_ir2015.pdf
3. Clonfert Ward, St Brigid's Hospital, Ballinasloe
http://www.mhcirl.ie/File/2015-Inspection-Reports/StBrigBallinasloe_ir2015.pdf
4. Department of Psychiatry, University Hospital Galway
http://www.mhcirl.ie/File/2015-Inspection-Reports/DOP_uniGal_ir2015.pdf
5. Haywood Lodge
http://www.mhcirl.ie/File/2015-Inspection-Reports/HaywoodLodge_ir2015.pdf
6. Highfield Hospital
http://www.mhcirl.ie/File/2015-Inspection-Reports/Highfield_ir2015.pdf
7. St. Patrick's University Hospital
<http://www.mhcirl.ie/File/2015-Inspection-Reports/StPatricksir2015.pdf>
8. St. John of God Hospital
http://www.mhcirl.ie/File/2015-Inspection-Reports/StJOG_ir2015.pdf
9. St. Michael's Unit, Mercy University Hospital
http://www.mhcirl.ie/File/2015-Inspection-Reports/StMichMercyHosp_ir2015.pdf
10. Tearmann Ward, St .Camillus' Hospital
http://www.mhcirl.ie/File/2015-Inspection-Reports/Tearmann_StCamillus_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/

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/

1. Adult Mental Health Unit, Mayo General Hospital

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

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

Areas of compliance rated Excellent on this inspection

Regulation/Rule/Act/Code
Regulation 5: Food and Nutrition
Regulation 7: Clothing
Regulation 8: Residents' Personal Property and Possessions
Regulation 9: Recreational Activities
Regulation 12: Communication
Regulation 15: Individual Care Plan
Regulation 18: Transfer of Residents
Regulation 20: Provision of Information to Residents
Regulation 24: Health and Safety
Regulation 28: Register of Residents
Regulation 29: Operating Policies and Procedures
Regulation 30: Mental Health Tribunals
Regulation 32: Risk Management Procedures
Regulation 33: Insurance
Regulation 34: Certificate of Registration
Rules on the use of Electro-Convulsive Therapy
Consent
Code of Practice on the use of Physical Restraint
Code of Practice for Mental Health Services on Notification of Deaths and Incident Reporting
Code of Practice on Admission, Transfer and Discharge
Code of Practice on the Use of Electro-Convulsive therapy for Voluntary Patients

Outstanding issues from previous inspection

The previous inspection of the approved centre on 2 and 3 September 2014 identified the following areas that were not fully compliant:

Regulation/Rule/Act/Code	Inspection Findings 2015
Regulation 21: Privacy	Non-Compliant
Regulation 22: Premises	Compliant

Regulation 23: Ordering, Prescribing, Storing and Administration of Medicines	Non-Compliant
Regulation 26: Staffing	Compliant
Regulation 31: Complaints Procedures	Compliant
Admission of Children	Not Applicable
Part 4: Transfer Process	Compliant

Non-compliant areas on this inspection

Regulation/Rule/Act/Code	Risk Rating
Regulation 21: Privacy	Moderate
Regulation 23: Ordering, Prescribing, Storing and Administration of Medicines	Low

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

2. An Coillín

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 6: Food Safety
Regulation 28: Register of Residents
Regulation 33: Insurance
Regulation 34: Certificate of Registration
Code of Practice: The Use of Physical Restraint
Code of Practice: Admission, Transfer and Discharge to and from an Approved Centre

Outstanding issues from previous inspection

The previous inspection of the approved centre on 3 September 2014 identified the following areas that were not fully compliant:

Regulation/Rule/Act/Code	Inspection Findings 2015
Regulation 8: Residents' Personal Property and Possessions	Compliant
Regulation 11: Visits	Compliant
Regulation 16: Therapeutic Services and Programmes	Compliant
Regulation 20: Provision of Information to Residents	Compliant
Regulation 21: Privacy	Compliant
Regulation 22: Premises	Non-Compliant
Regulation 26: Staffing	Compliant
Regulation 32: Risk Management Procedures	Compliant
COP: Notification of Deaths and Incident Reporting	Compliant
COP: Admission, Transfer and Discharge	Compliant

Non-compliant areas on this inspection

Regulation/Rule/Act/Code	Risk Rating
Regulation 22: Premises	High

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

3. Clonfert Ward and St Luke's Ward, St Brigid's Hospital, Ballinasloe

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 5 – Food and Nutrition
Regulation 7 – Clothing
Regulation 19 – General Health
Regulation 23 – Ordering, Prescribing, Storing and Administration of Medicines
Regulation 27 – Maintenance of Records
Regulation 28 – Register of Residents
Regulation 29 – Operating Policies and Procedures
Regulation 30 – Mental Health Tribunals
Regulation 33 – Insurance
Regulation 34 – Certificate of Registration
Rule on Mechanical Restraint

Outstanding issues from previous inspection

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

Regulation/Rule/Act/Code	Inspection Findings 2015
Regulation 15-Individual Care Plan	Compliant
Regulation 20-Provision of Information to Residents	Compliant
Regulation 22-Premises	Compliant
Regulation 26-Staffing	Compliant
Regulation 28-Register of Residents	Compliant
Regulation 31-Complaints Procedures	Compliant
Code of Practice on Guidance for Persons working in Mental Health Services with People with Intellectual Disabilities	Compliant

Non-compliant areas on this inspection

Clonfert Ward and St. Luke's Ward, St Brigid's Hospital were compliant in all the regulations, rules and codes of practice applicable to the approved centre.

4. Department of Psychiatry, University Hospital Galway

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

The Mental Health Commission had imposed a condition on the registration of the approved centre in the DOP, Galway. The condition specified the following:

(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 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 hereafter.

Areas of compliance rated Excellent on this inspection

Regulation/Rule/Act/Code
Regulation 26: Staffing
Regulation 28: Register of Residents
Regulation 29: Operating Policies and Procedures
Regulation 30: Mental Health Tribunals
Regulation 33: Insurance
Regulation 34: Certificate of Registration
Rules on the use of Electro-Convulsive Therapy
Code of Practice for Mental Health Services on Notification of Deaths and Incident Reporting
Code of Practice on the Use of Electro-Convulsive Therapy for Voluntary Patients

Outstanding issues from previous inspection

The previous inspection of the approved centre took place on 11 and 12 March 2014 and a re-inspection was completed on 17 and 18 December 2014. Those inspections identified the following areas that were not fully compliant:

Regulation/Rule/Act/Code	Inspection Findings 2015
Regulation 8: Residents' Personal Property and Possessions	Compliant
Regulation 13: Searches	Compliant
Regulation 15: Individual Care Plan	Compliant
Regulation 16: Therapeutic Services and	Compliant

Programmes	
Regulation 18: Transfer of Residents	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 24: Health and Safety	Compliant
Regulation 26: Staffing	Compliant
Regulation 27: Maintenance of Records	Compliant
Regulation 29: Operating Policies and Procedures	Compliant
Code of Practice on the Admission of Children	Compliant
Code of Practice on the Use of Physical Restraint	Non – compliant
Code of Practice on Admission, Transfer and Discharge	Compliant
Code of Practice on the Use of Electro-Convulsive therapy for Voluntary Patients	Compliant

Non-compliant areas on this inspection

Regulation/Rule/Act/Code	Risk Rating
Regulation 21: Privacy	Moderate
Regulation 22: Premises	Moderate
Regulation 23: Ordering, Prescribing, Storing and Administration of Medicines	Low
Regulation 31: Complaints Procedures	Low
Consent to Treatment	Moderate
Code of Practice on the Use of Physical Restraint	Moderate

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

5. Haywood Lodge

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 6: Food Safety
Regulation 7: Clothing
Regulation 9: Recreational Activities
Regulation 11: Visits
Regulation 13: Searches
Regulation 14: Care of the Dying
Regulation 16: Therapeutic Services and Programmes
Regulation 19: General Health
Regulation 23: Ordering, Prescribing, Storing and Administration of Medicines
Regulation 24: Health and Safety
Regulation 26: Staffing
Regulation 28: Register of Residents
Regulation 29: Operating Policies and Procedures
Regulation 30: Mental Health Tribunals
Regulation 33: Insurance
Regulation 34: Certificate of Registration
Section 69: The Use of Mechanical Restraint

Outstanding issues from previous inspection

The previous inspection of the approved centre on the 20 February 2014 identified it was not fully compliant in the following areas. The compliance rating achieved in the 2015 inspection is presented below.

Regulation/Rule/Act/Code	Inspection Findings 2015
Regulation 5: Food and Nutrition	Compliant
Regulation 15: Individual Care Plan	Compliant
Regulation 16: Therapeutic Services and Programmes	Compliant
Regulation 26: Staffing	Compliant
Regulation 28: Register of Residents	Compliant
Regulation 32: Risk Management Procedure	Non-compliant
Code of Practice on Admission, Transfer and	Non-compliant

Discharge	
-----------	--

Non-compliant areas on this inspection

Regulation/Rule/Act/Code	Risk Rating
Regulation 8: Residents' Personal Property and Possessions	Low
Regulation 18: Transfer of Residents	Moderate
Regulation 32: Risk Management Procedures	Moderate
Code of Practice on Admission, Transfer and Discharge	Moderate

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

6. Highfield Hospital

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

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

Areas of compliance rated Excellent on this inspection

Regulation/Rule/Act/Code
Regulation 4: Identification of Residents
Regulation 5: Food and Nutrition
Regulation 6: Food Safety
Regulation 11: Visits
Regulation 14: Care of the Dying
Regulation 15: Individual Care Plan
Regulation 22: Premises
Regulation 23: Ordering, Prescribing, Storing and Administration of Medicines
Regulation 24: Health and Safety
Regulation 28: Register of Residents
Regulation 30: Mental Health Tribunals
Regulation 32: Risk Management
Regulation 33: Insurance
Regulation 34: Certificate of Registration
Rules on Mechanical Restraint
COP Physical Restraint
COP Notification of Deaths and Incident Reporting

Outstanding issues from previous inspection

The previous inspection of the approved centre on 6 and 7 May 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	Compliant
Regulation 23: Ordering, Prescribing, Storing and Administration of Medicines	Compliant
Rules: Mechanical Restraint	Compliant
COP: Admission, Transfer and Discharge	Compliant

Non-compliant areas on this inspection

The approved centre was compliant in all areas on this inspection.

7. St. Patrick's University Hospital

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

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

Areas of compliance rated Excellent on this inspection

Regulation/Rule/Act/Code
Regulation 4: Identification of Residents
Regulation 5: Food and Nutrition
Regulation 6: Food Safety
Regulation 7: Clothing
Regulation 8: Residents' Personal Property and Possessions
Regulation 9: Recreational Activities
Regulation 10: Religion
Regulation 11: Visits
Regulation 12: Communication
Regulation 13: Searches
Regulation 14: Care of the Dying
Regulation 16: Therapeutic Services and Programmes
Regulation 18: Transfer of Residents
Regulation 20: Provision of Information
Regulation 21: Privacy
Regulation 22: Premises
Regulation 23: Ordering, Prescribing, Storing and Administration of Medicines
Regulation 24: Health and Safety
Regulation 25: The Use of CCTV
Regulation 27: Maintenance of Records
Regulation 28: Register of Residents
Regulation 29: Operating Policies and Procedures
Regulation 30: Mental Health Tribunals
Regulation 32: Risk Management Procedures
Regulation 33: Insurance
Regulation 34: Certificate of Registration
Rule: The Use of Electroconvulsive Therapy
Code of Practice on the use of Electroconvulsive Therapy for Voluntary Patients
Code of Practice for Mental Health Services on Notification of Deaths and Incident Reporting
Code of Practice on the Use of Physical Restraint in Approved Centres
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 9 and 10 December 2014 identified the following area that was not fully compliant:

Regulation/Rule/Act/Code	Inspection Findings 2015
Regulation 15: Individual Care Plan	Compliant

Non-compliant areas on this inspection

The 2015 inspection showed that St. Patrick's University Hospital was compliant with all applicable regulations, rules and codes of practice.

8. St. John of God Hospital

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

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

Areas of compliance rated Excellent on this inspection

Regulation/Rule/Act/Code
Regulation 6: Food Safety
Regulation 8: Residents' Personal Property and Possessions
Regulation 9: Recreational Activities
Regulation 14: Care of the Dying
Regulation 15: Individual Care Plan
Regulation 16: Therapeutic Services and Programmes
Regulation 19: General Health
Regulation 20: Provision of Information to Residents
Regulation 23: Ordering, Prescribing, Storing and Administration of Medicines
Regulation 24: Health and Safety
Regulation 26: Staffing
Regulation 27: Maintenance of Records
Regulation 28: Register of Residents
Regulation 30: Mental Health Tribunals
Regulation 32: Risk Management Procedure
Regulation 33: Insurance
Regulation 34: Certificate of Registration
Rules: The Use of Electro-Convulsive Therapy
Rules: The Use of Seclusion
Code of Practice: Notification of Deaths and Incident Reporting
Code of Practice: Guidance for Persons working in Mental Health Services with People with Intellectual Disabilities
Code of Practice: The Use of Electro-Convulsive Therapy (ECT) for Voluntary Patients
Code of Practice: Admissions, Transfer and Discharge

Outstanding issues from previous inspection

The previous inspection of the approved centre on the 26, 27 August 2014 identified it was not fully compliant in the following areas. The compliance rating achieved in the 2015 inspection is presented below.

Regulation/Rule/Act/Code	Inspection Findings 2015
Regulation 15: Individual Care Plan	Compliant
Regulation 22: Premises	Compliant

Regulation 23: Ordering, Prescribing, Storing and Administration of Medicines	Compliant
Regulation 27: Maintenance of Records	Compliant
Regulation 32: Risk Management Procedure	Compliant
Rules: The Use of Seclusion	Compliant
Code of Practice: Admission of Children	Compliant
Code of Practice: Notification of Deaths and Incidents	Compliant
Code of Practice: Admission, Transfer and Discharge	Compliant

Non-compliant areas on this inspection

Regulation/Rule/Act/Code	Risk Rating
Regulation 4: Identification of Residents	Moderate
Regulation 29: Operating Policies and Procedures	Low
Code of Practice: 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 report, in the relevant areas.

9. St. Michael's Unit, Mercy University Hospital

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

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

Areas of compliance rated Excellent on this inspection

Regulation/Rule/Act/Code
Regulation 5 – Food and Nutrition
Regulation 9 – Recreational Activities
Regulation 10 – Religion
Regulation 16 – Therapeutic Services and Programmes
Regulation 28 – Register of Residents
Regulation 30 – Mental Health Tribunals
Regulation 33 – Insurance
Regulation 34 – Certificate of Registration

Outstanding issues from previous inspection

The previous inspection of the approved centre on 30 September and 1 October 2014 identified the following areas that were not fully compliant:

Regulation/Rule/Act/Code	Inspection Findings 2015
Regulation 9 – Recreational Activities	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 Medication	Non-Compliant
Regulation 29 – Operating Policies and Procedures	Compliant
Regulation 31 – Complaints Procedure	Compliant
Code of Practice on the Use of Physical Restraint in Approved Centres	Non-Compliant

Non-compliant areas on this inspection

Regulation/Rule/Act/Code	Risk Rating
Regulation 15 – Individual Care Plan	Moderate

Regulation 21 – Privacy	Moderate
Regulation 22 – Premises	Moderate
Regulation 23 – Ordering, Prescribing and Administration of Medication	Moderate
Regulation 26 – Staffing	Moderate
Regulation 27 – Maintenance of Records	Moderate
Regulation 32 – Risk Management	Low
Code of Practice on the Use of Physical Restraint in Approved Centres	High

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

10. Tearmann Ward, St .Camillus' Hospital

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

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

Areas of compliance rated Excellent on this inspection

Regulation/Rule/Act/Code
Regulation 5 – Food and Nutrition
Regulation 8 – Residents' Personal Property and Possessions
Regulation 10 – Religion
Regulation 11 – Visits
Regulation 13 – Searches
Regulation 14 – Care of the Dying
Regulation 15 – Individual Care Plan
Regulation 28 – Register of Residents
Regulation 33 – Insurance
Regulation 34 – Certificate of Registration

Outstanding issues from previous inspection

The previous inspection of the approved centre on 28 October 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 19 - General Health	Compliant
Regulation 20 – Provision of Information to Residents	Compliant
Regulation 21 - Privacy	Compliant
Regulation 22 - Premises	Non-Compliant
Regulation 23 - Ordering, Prescribing, Storing and Administration of Medicines	Non-Compliant
Regulation 26 - Staffing	Non-Compliant
Regulation 32 - Risk Management Procedures	Non-Compliant
Code of Practice on Physical Restraint	Non Applicable
Code of Practice on Notification of Deaths and Incident Reporting	Non-Compliant
Code of Practice on Admission, Transfer and Discharge	Non-Compliant

Non-compliant areas on this inspection

Regulation/Rule/Act/Code	Risk Rating
Regulation 22 – Premises	Low
Regulation 23 – Ordering, Prescribing, Storing and Administration of Medicines	Low
Regulation 26 – Staffing	Low
Regulation 31 – Complaints	Low
Regulation 32 – Risk Management Procedures	Moderate
Code of Practice on Notification of Death and Incident Reporting	Moderate
Code of Practice on Admission, Transfer and Discharge	Low

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