

## 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 Gabriel's Ward, St Canice's Hospital  
[http://www.mhcirl.ie/File/2016IRs/StCanicesHosp\\_ir2016.pdf](http://www.mhcirl.ie/File/2016IRs/StCanicesHosp_ir2016.pdf)
2. Grangemore Ward & St Aidan's Ward, St Otteran's Hospital  
[http://www.mhcirl.ie/File/2016IRs/StOtteransHosp\\_ir2016.pdf](http://www.mhcirl.ie/File/2016IRs/StOtteransHosp_ir2016.pdf)
3. Department of Psychiatry, St Luke's Hospital  
[http://www.mhcirl.ie/File/2016IRs/DOP\\_StLukesHospKilkenny\\_ir2016.pdf](http://www.mhcirl.ie/File/2016IRs/DOP_StLukesHospKilkenny_ir2016.pdf)
4. St Edmundsbury Hospital  
[http://www.mhcirl.ie/File/2016IRs/StEdmundsHosp\\_ir2016.pdf](http://www.mhcirl.ie/File/2016IRs/StEdmundsHosp_ir2016.pdf)
5. St Brigid's Ward and St Marie Goretti's Ward, Cluain Lir Care Centre  
[http://www.mhcirl.ie/File/2016IRs/cluainLirCC\\_ir2016.pdf](http://www.mhcirl.ie/File/2016IRs/cluainLirCC_ir2016.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/](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 Gabriel's Ward, St Canice's 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

No areas were rated as Excellent on this inspection.

### Outstanding issues from previous inspection

The previous inspection of the approved centre on 27 and 28 July 2015 identified the following areas that were not compliant:

Regulation/Rule/Act/Code	Inspection Findings 2016
Regulation 15 Individual Care Plan	Compliant
Regulation 18 Transfer of Residents	Compliant
Regulation 28 Register of Residents	Non-compliant
Regulation 31 Complaints Procedures	Non-compliant

### Corrective and Preventative Action plan

The approved centre was required to submit details of Corrective and Preventative Actions (CAPAs) to address areas of non-compliance as a result of the inspection of 2015.

- **Regulation 15 Individual Care Plans** – deficits in the care planning documentation had been addressed and training on care planning was complete.
- **Regulation 18 Transfer of Residents** – the policy was amended and staff had received communication regarding updating risk assessments prior to transferring a resident.
- **Regulation 28 Register of Residents** – remained non-compliant because country of birth, diagnosis on admission and diagnosis on discharge were not documented.
- **Regulation 31 Complaints** – remained non-compliant because complaints were not documented in the complaints log and there was no evidence that they were closed out.

### Non-compliant areas on this inspection

Regulation/Rule/Act/Code	Risk Rating
Regulation 5 Food and Nutrition	Moderate
Regulation 6 Food Safety	Moderate
Regulation 8 Resident's Personal Property and Possessions	Moderate
Regulation 19 General Health	High
Regulation 21 Privacy	Moderate
Regulation 22 Premises	Moderate
Regulation 23 Ordering, Prescribing, Storing and Administration of Medicines	Moderate
Regulation 26 Staffing	Moderate
Regulation 27 Maintenance of Records	Moderate
Regulation 28 Register of Residents	Moderate
Regulation 31 Complaints Procedures	Moderate
Rules Governing the Use of Mechanical Means of Bodily Restraint	Low
Code of Practice on the Use of Physical Restraint in Approved	High

centres	
Code of Practice for Mental Health Services on Notification of Deaths and Incidents	Low
Code of Practice - Guidance for Persons working in Mental Health Services with People with Intellectual Disabilities	Moderate
Code of Practice on Admission, Transfer and Discharge to and from an Approved centre	High

The approved centre was requested to provide Corrective and Preventative Actions (CAPAs) for areas of non-compliance. These are included in **Appendix 1** of the report.

## 2. Grangemore Ward & St Aidan's Ward, St Otteran's 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

There were no areas rated excellent on this inspection.

### Outstanding issues from previous inspection

The previous inspection of the approved centre on 8-10 December 2015 identified the following areas that were not compliant:

Regulation/Rule/Act/Code	Inspection Findings 2016
Regulation 8 Residents' Personal Property and Possessions	Compliant
Regulation 18 Transfer of Residents	Compliant
Regulation 23 Ordering, Prescribing, Storing, and Administration of Medicines	Compliant
Regulation 26 Staffing	Non-compliant
Regulation 32 Risk Management Procedures	Non-compliant
Code of Practice for Mental Health Service 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

### Corrective and Preventative Action plan

- **Regulation 8 Residents' Personal Property and Possessions** – A duplicated property log had been implemented to facilitate provision of a copy to residents and also to allow for the documentation of acquired property and possessions.
- **Regulation 18 Transfer of Residents** – A transfer form had been implemented and was in place for all recent resident transfers.
- **Regulation 23 Ordering, Prescription, Storage and Administration of Medicines** – All prescriptions now had prescribers Medical Council Registration Number (MCRN) documented. A new prescription record is in the process of being finalised.
- **Regulation 26 Staffing** – The submitted Corrective and Preventative Action (CAPA) has not yet been implemented as evidenced from training records provided to the inspection team.

- **Regulation 32 Risk Management Procedures** – The submitted CAPA has not yet been implemented as there is no Emergency Plan available for the approved centre.
- **Code of Practice for Mental Health Services on Notification of Deaths and Incident Reporting** – CAPA has been implemented as a ligature audit has been completed and awaits implementation.
- **Code of Practice on Admission, Transfer, and Discharge to and from an Approved Centre** – CAPA relating to the implementation of a formal transfer form has been implemented.

#### **Non-compliant areas on this inspection**

<b>Regulation/Rule/Act/Code</b>	<b>Risk Rating</b>
Regulation 15 Individual Care Plan	Moderate
Regulation 19 General Health	Moderate
Regulation 25 Use of Closed Circuit Television	Moderate
Regulation 26 Staffing	High
Regulation 27 Maintenance of Records	Moderate
Regulation 28 Register of Residents	High
Regulation 32 Risk Management Procedures	Moderate
Regulation 34 Certificate of Registration	Low
Rules Governing the Use of Mechanical Means of Bodily Restraint	Moderate
Code of Practice on the Use of Physical Restraint in Approved Centres	Moderate
Code of Practice for Mental Health Services on Notification of Deaths and Incident Reporting	Low
Code of Practice - Guidance for Persons working in Mental Health Services with People with Intellectual Disabilities	Moderate
Code of Practice on Admission, Transfer, and Discharge to and from an Approved Centre	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.

### **3. Department of Psychiatry, St Luke's 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**

No areas of compliance were rated excellent on this inspection.

#### **Outstanding issues from previous inspection**

The previous inspection of the approved centre on 24, 25 & 26 November 2015 identified the following areas that were not compliant:

<b>Regulation/Rule/Act/Code</b>	<b>Inspection Findings 2016</b>
Regulation 9 Recreational Activities	Compliant
Regulation 18 Transfer of Residents	Compliant
Regulation 22 Premises	Non-compliant

Regulation 23 Ordering, Prescribing, Storing and Administration of Medicines	Non-compliant
Regulation 24 Health and Safety	Compliant
Regulation 25 Use of Closed Circuit Television	Compliant
Regulation 26 Staffing	Non-compliant
Rules Governing the Use of Seclusion	Non-compliant
Part 4 of the Mental Health Act - Consent to Treatment	Non-compliant
Code of Practice on the Use of Physical Restraint in Approved Centres	Non-compliant
Code of Practice relating to the Admission of Children under the Mental Health Act 2001	Not applicable
Code of Practice on Admission, Transfer and Discharge to and from an Approved Centre	Non-compliant

### **Corrective and Preventative Action plan**

Following the inspection of 2015, the service was requested to submit corrective and preventative actions (CAPAs) in relation to seven regulations, three codes of practice, the rule on seclusion and Consent to Treatment Part 4 MHA 2001, with which the approved centre was not compliant. Details on the status of these CAPAs are included in the body of the report under the relevant heading.

### **Non-compliant areas on this inspection**

<b>Regulation/Rule/Act/Code</b>	<b>Risk Rating</b>
Regulation 8 Residents' Personal Property and Possessions	Moderate
Regulation 15 Individual Care Plan	Moderate
Regulation 21 Privacy	High
Regulation 22 Premises	High
Regulation 23 Ordering, Prescribing, Storing and Administration of Medicines	High
Regulation 26 Staffing	Moderate
Regulation 27 Maintenance of Records	Moderate
Regulation 28 Register of Residents	Moderate
Rules Governing the Use of Electro-Convulsive Therapy	Low
Rules Governing the Use of Seclusion	High
Part 4 of the Mental Health Act - Consent to Treatment	High
Code of Practice on the Use of Physical Restraint in Approved Centres	Moderate
Code of Practice – Guidance for Persons working in Mental Health Services with People with Intellectual Disabilities	Moderate
Code of Practice on the use of Electro-Convulsive Therapy for Voluntary Patients	Low

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

#### 4. St Edmundsbury 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 10 Religion
Regulation 11 Visits
Regulation 12 Communication
Regulation 14 Care of the Dying
Regulation 15 Individual Care Plans
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 23 Ordering, Storage, Prescribing, and Administration of Medicines
Regulation 24 Health and Safety
Regulation 26 Staffing
Regulation 27 Maintenance of Records
Regulation 29 Operating Policies and Procedures
Regulation 31 Complaints Procedure
Regulation 32 Risk Management Procedures

##### Outstanding issues from previous inspection

The previous inspection of the approved centre on 5,6,7 October 2015 indicated compliance with all relevant Regulations, Rules and Codes of Practice.

##### Corrective and Preventative Action plan

No Corrective and Preventative Actions were required following the previous inspection.

### Non-compliant areas on this inspection

The approved centre was compliant with all relevant Regulation, Rules, and Codes of Practice. It was not necessary for the centre to provide Corrective and Preventative Actions (CAPAs) for areas of non-compliance.

## 5. St Brigid's Ward and St Marie Goretti's Ward, Cluain Lir Care Centre

### 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 10 Religion
Regulation 13 Searches
Regulation 23 Ordering, Prescribing, Storage, and Administration of Medicines

### Outstanding issues from previous inspection

The previous inspection of the approved centre on 12 and 13 November 2015 identified the following areas that were not compliant:

Regulation/Rule/Act/Code	Inspection Findings 2016
Regulation 8 Residents' Personal Property and Possessions	Compliant
Regulation 13 Searches	Compliant
Regulation 16 Therapeutic Services and Programmes	Compliant
Regulation 23 Ordering, Prescribing, Storing, and Administration of Medicines	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	Non-compliant

### Corrective and Preventative Action plan

Following the previous inspection in 2015 a number of Corrective and Preventative Actions (CAPAs) were provided by the approved centre to address issues identified.

- **Regulation 8 Residents' Personal Property and Possessions** - a new labelling procedure had been implemented to ensure that all residents' clothing was accounted for and an audit process was being implemented.
- **Regulation 13 Searches** - policy had been reviewed and amended to correct previous inadequacies. In addition, an audit of search processes was on-going.
- **Regulation 16 Therapeutic Services and Programmes** - suitable positioning chairs had been provided by the service to residents to facilitate maintenance of optimal physical functioning.
- **Regulation 23 Ordering, Prescribing, Storing and Administration of Medicines** - policy had been reviewed to include all current requirements and training had been undertaken to ensure compliance. Documented audits had been completed to review compliance.

- **Rules Governing the Use of Mechanical Means of Bodily Restraint** - specified CAPAs had not been completed.
- **Code of Practice on the Use of Physical Restraint** - training processes had been put in place to ensure that requirements of the code were observed.

**Non-compliant areas on this inspection**

<b>Regulation/Rule/Act/Code</b>	<b>Risk Rating</b>
Regulation 15 Individual Care Plan	Moderate
Regulation 20 Provision of Information to Residents	Moderate
Regulation 26 Staffing	High
Regulation 28 Register of Residents	Low
Rules Governing the Use of Mechanical Means of Bodily Restraint	High
Code of Practice on the Use of Physical Restraint in Approved Centres	Moderate
Code of Practice on Admission, Transfer, and Discharge to and from an Approved Centre	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.