

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 Anne's Unit, Sacred Heart Hospital, Castlebar
http://www.mhcirl.ie/File/2016IRs/StAnnesSacredHeartMayo_ir2016.pdf
2. CAMHS Merlin Park University Hospital, Galway
http://www.mhcirl.ie/File/2016IRs/CAMHS_Galway_ir2016.pdf
3. Department of Psychiatry, Letterkenny General Hospital
http://www.mhcirl.ie/File/2016IRs/DOP_LetterkennyGH_ir2016.pdf
4. Selskar House, Farnogue Residential Healthcare Unit, Wexford
http://www.mhcirl.ie/File/2016IRs/SelskarHouseFarnogue_ir2016.pdf
5. Ashlin Centre, Beaumont
http://www.mhcirl.ie/File/2016IRs/AshlinCentre_ir2016.pdf
6. Le Brun House and Whitehorn House Vergemount Mental Health Facility, Clonskeagh
http://www.mhcirl.ie/File/2016IRs/Vergemount_ir2016.pdf
7. Acute Mental Health Unit, Cork University Hospital
http://www.mhcirl.ie/File/2016IRs/AMHU_Cork_ir2016.pdf
8. Wood View, Galway
http://www.mhcirl.ie/File/2016IRs/Woodview_Galway_ir2016.pdf
9. Drogheda Department of Psychiatry
http://www.mhcirl.ie/File/2016IRs/Drogheda_DOP_ir2016.pdf
10. Creagh Suite, St Brigid's Healthcare Campus, Ballinasloe
http://www.mhcirl.ie/File/2016IRs/CreaghSuiteStBrigids_ir2016.pdf
11. Rehab and Recovery Mental Health Unit, St John's Hospital Campus
http://www.mhcirl.ie/File/2016IRs/RehabandRMHU_StJohnsCampusSligo_ir2016.pdf
12. Owenacurra Centre, Midleton
http://www.mhcirl.ie/File/2016IRs/OwenacurraCentres_Cork_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/

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. St Anne's Unit, Sacred Heart 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 Excellent on this inspection.

Outstanding issues from previous inspection

The previous inspection of the approved centre on the 15th & 16th October 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 27 Maintenance of Records	Compliant

Corrective and Preventative Action plan

St Anne's Unit, Sacred Heart Hospital provided CAPA's following the 2015 inspection to address areas of non-compliance. These were, as follows:

- **Regulation 8: Residents' Personal Property and Possessions:** The approved centre was deemed non compliant with this regulation because the petty cash records for the residents were inadequate. There was a new residents' cash system implemented, requiring two staff signatures and a six monthly audit to review these processes. The new cash system clearly showed reasons for withdrawals. Any issue around capacity to consent were documented in the individual care plan.
- **Regulation 27: Maintenance of Records:** The approved centre was deemed non compliant with this regulation because of the inadequate method of maintaining clinical records. Navigation of clinical notes and retrieval of information improved through the archiving of both medical and nursing notes each quarter. The identification of residents in medical notes had been enhanced by placing addressographs on each page and this process will be audited monthly.

Non-compliant areas on this inspection

Regulation/Rule/Act/Code	Risk Rating
Regulation 26: Staffing	Low
Regulation 28: Register of Residents	Low
Code of Practice on People working in Mental Health Services with People with Intellectual Disabilities	Low
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. These are included in **Appendix 1** of the report.

2. CAMHS Merlin Park 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

No areas of compliance were rated excellent on this inspection

Outstanding issues from previous inspection

The previous inspection of the approved centre on the 1,2,3,4 November 2015 identified the following areas that were not compliant:

Regulation/Rule/Act/Code	Inspection Findings 2016
Regulation 22 Premises	Non-compliant
Rules Governing the Use of Seclusion	Non-compliant

Corrective and Preventative Action plan

Subsequent to the report publication of the 2015 inspection, services within the approved centre were requested to submit a Corrective and Preventative Action plan (CAPA) for each aspect of inspection with which they were non-compliant.

The approved centre submitted six CAPAs in relation to Regulation 22 Premises. These CAPAs were examined on this inspection and:

- The flooring issues within the en suites had been rectified.
- The walls of the units had been painted.
- Fences had been installed between the two units.
- T.V.'s had been covered by a full cowl to reduce the risk of potential ligature point.
- The windows and surround were clean.
- There was a persistent lack of natural light in some residents' bedrooms. The proposal to put in extra lighting had not been completed.

The approved centre submitted two CAPAs in relation to Seclusion and these CAPAs were inspected and:

- The walls of the seclusion room had been sanded and resurfaced.
- Works to modify the current seclusion room had been allocated funding but works had not yet commenced.

Non-compliant areas on this inspection

Regulation/Rule/Act/Code	Risk Rating
Regulation 6 Food Safety	Low
Regulation 8 Residents' Personal Property and Possessions	Moderate
Regulation 13 Searches	Moderate
Regulation 21 Privacy	Moderate
Regulation 22 Premises	Moderate
Regulation 23 Ordering, Prescribing, Storing and Administration of Medicines	High

Regulation 26 Staffing	Moderate
Regulation 28 Register of Residents	Low
Regulation 32 Risk Management Procedures	Moderate
Rules Governing the Use of Seclusion	High
Code of Practice on The Use of Physical Restraint	High
Code of Practice on The Notification of Deaths and Incident Reporting	Low
Code of Practice on the Guidance for Persons working in Mental Health Services with People with Intellectual Disabilities	Low
Code of Practice on Admission, Transfer and Discharge to and from an Approved Centre	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.

3. Department of Psychiatry, Letterkenny 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 4: Identification of Residents
Regulation 10: Religion

Outstanding issues from previous inspection

The previous inspection of the approved centre on 17, 18 and 19 November 2015 identified the following areas that were not compliant:

Regulation/Rule/Act/Code	Inspection Findings 2016
Regulation 15: Individual Care Plan	Non-Compliant
Regulation 16: Therapeutic Services and Programmes	Non-Compliant
Regulation 22: Premises	Compliant
Regulation 23: Ordering, Prescribing, Storing and Administration of Medicines	Non-Compliant
Regulation 26: Staffing	Non-Compliant
Code of Practice on the Use of Physical Restraint	Non-Compliant
Code of Practice on the Notification of Deaths and Incident Reporting	Non-Compliant
Code of Practice on Admission, Transfer and Discharge	Non-Compliant

Corrective and Preventative Action plan

The approved centre was requested to provide Corrective and Preventative Actions (CAPAs), to address areas of non-compliance following the 2015 inspection. The inspection team assessed the actions taken by the approved centre to implement the CAPAs submitted by the service following the 2015 report. These CAPAs are referenced in the applicable sections of the report. In all, eight CAPAs were returned by the service.

Non-compliant areas on this inspection

Regulation/Rule/Act/Code	Risk Rating
Regulation 15: Individual Care Plan	High
Regulation 23: Ordering, Prescribing, Storing and Administration of Medicines	Moderate
Regulation 26: Staffing	Moderate
Regulation 27: Maintenance of Records	Low
Regulation 31 Complaints	Low
Rule on the Use of Electro-Convulsive Therapy	Moderate
Code of Practice on the Use of Physical Restraint in the Approved Centre	High
Code of Practice on the Admission of Children	Low
The Code of Practice on the Notification of Deaths and Incident Reporting	Low
Code of Practice on Guidance for Persons Working in Mental Health Services with People with Intellectual Disabilities	Moderate
Code of Practice on the Use of Electro-Convulsive Therapy (ECT) for Voluntary Patients	High
Code of Practice on Admission, Transfer and Discharge to and from an Approved Centre	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.

4. Selskar House, Farnogue Residential Care Unit

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

Outstanding issues from previous inspection

The previous inspection of the approved centre on 14th, 15th and 16th October 2015 identified the following areas that were not compliant:

Regulation/Rule/Act/Code	Inspection Findings 2016
Regulation 16: Therapeutic Services and Programmes	Compliant
Regulation 21: Privacy	Compliant
Regulation 23: Ordering, Prescribing, Storing and Administration of Medicines	Compliant
Regulation 25: Use of Closed Circuit Television	Not Applicable
Regulation 26: Staffing	Non-Compliant
Regulation 28: Register of Residents	Compliant
Regulation 29: Operating Policies and Procedures	Compliant
Regulation 32: Risk Management Procedures	Compliant
Rules Governing the Use of Mechanical Means of Bodily Restraint	Compliant

Corrective and Preventative Action plan

The approved centre had Corrective and Preventative Actions (CAPAs) from the 2015 inspection:

- As part of the CAPA for Regulation 16 Therapeutic Activities, the approved centre had planned to recruit and appoint an Occupational Therapist (OT); this post had been nationally approved, however the OT was not yet in position.
- Seating assessment referrals had been made for any residents who required them.
- Behavioural needs assessments had not been completed for residents by the senior psychologist in the psychiatry of later life team.
- In terms of privacy, the notice displayed in the dining hall no longer contained residents' names and all residents' files were stored securely.
- The recording function of the closed circuit television (CCTV) cameras had been disabled, and a policy had been developed on the function of CCTV.
- In order to address the CAPA for Regulation 23 the Ordering Prescribing Storing and Administration of Medicines, Medical Council Registration Numbers (MCRNs) were included on all prescriptions, and documented prescriptions to crush medicines were included in medication records.
- In terms of Regulation 26, Staffing, registration of nursing staff was not recorded by the assistant director of nursing, as required by the CAPA. A policy on staffing had been developed.
- The Register of Residents was amended to include all of the information specified in Schedule 1 of the Regulations.
- A health and safety policy had been developed in order to adhere to the CAPA on Risk Management
- Similarly, risk register training had been provided to all staff of Selskar House. Trend analysis had been conducted for risk at the approved centre. All risks were considered by the Quality and Safety Executive Committee and a monthly ward management meeting was held at which risks that had arisen were discussed.
- A new form was introduced to be completed by staff prescribing the use of mechanical restraint for residents. The mechanical restraint policy was reviewed to reflect the use of mechanical restraint in terms of the enduring risk of self-harm to residents.

Non-compliant areas on this inspection

Regulation/Rule/Act/Code	Risk Rating
Regulation 26: Staffing	Moderate
Regulation 27: Maintenance of Records	Low
Code of Practice on the Use Physical Restraint in Approved Centres	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
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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.

5. Ashlin 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 4: Identification of Residents
Regulation 5: Food and Nutrition
Regulation 8: Personal Property and Possessions
Regulation 9: Recreational Activities
Regulation 11: Visits
Regulation 12: Communication
Regulation 24: Health and Safety

Outstanding issues from previous inspection

The previous inspection of the approved centre on 18, 21, 22 December 2015 identified the following areas that were not compliant:

Regulation/Rule/Act/Code	Inspection Findings 2016
Regulation 15: Individual Care Plan	Non-Compliant
Regulation 25: Use of CCTV	Compliant
Regulation 26: Staffing	Non-Compliant
Code of Practice on the Admission of Children	Non-Compliant

Corrective and Preventative Action plan

The approved centre had a Corrective and Preventative Action (CAPA) plan in place to address the issues of non-compliance that were identified in the 2015 inspection:

- Training in individual care planning was in the process of being rolled out on a team basis, and audits of Individual Care Plans were ongoing.
- The areas in which CCTV was used had appropriate signage in place, and cameras that were not in use were disabled.
- Training needs analysis had been conducted in order to identify gaps in training, and training was ongoing.
- In the exceptional case that a child may be admitted, links would be made with the local CAMHS unit and the child would be provided with a copy of the HeadSpace toolkit.

Non-compliant areas on this inspection

Regulation/Rule/Act/Code	Risk Rating
Regulation 15: Individual Care Plan	Moderate
Regulation 18: Transfer of Residents	Moderate
Regulation 21: Privacy	Moderate
Regulation 26: Staffing	Moderate
Regulation 27: Maintenance of Records	Low
Regulation 28: Register of Residents	Low
Regulation 31: Complaints Procedures	Moderate
Rules Governing the Use of Seclusion	High
Code of Practice on the Use of Physical Restraint	Low
Code of Practice on the Admission of Children	Low
Code of Practice on Admission, Transfer and Discharge	Low

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

6. Le Brun House and Whitehorn House, Vergemount Mental Health Facility

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 9 Recreational Activities
Regulation 10 Religion
Regulation 11 Visits
Regulation 19 General Health

Outstanding issues from previous inspection

The previous inspection of the approved centre identified the following areas that were not compliant:

Regulation/Rule/Act/Code	Inspection Findings 2016
Regulation 15 Individual Care Plan	Non-compliant
Regulation 20 Provision of Information to Residents	Non-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	Non-compliant
Regulation 27 Maintenance of Records	Non-compliant
Regulation 28 Register of Residents	Compliant
Regulation 29 Operating Policies and Procedures	Non-compliant
Regulation 31 Complaints Procedures	Non-compliant
Rules Governing the Use of Mechanical Means of Bodily Restraint	Non-compliant
Code of Practice on Guidance for Persons Working in Mental Health Services with People with Intellectual Disabilities	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

Corrective and Preventative Action plan

Following the last inspection, the approved centre submitted a number of Corrective and Preventative Actions (CAPAs) to address findings of non-compliance, the majority of which were currently in operation.

- In relation to Regulation 15: Individual Care Plans (ICPs), all outstanding ICPs had been completed and the ICP template had been updated to include a separate column for Needs, Goals, Interventions and Outcomes.
- A policy for the provision of information had been developed and the information booklet had been updated. Some privacy issues pertaining to the approved centre premises remained and works on installing anti-ligature blinds were not yet completed. The inside of the premises was clean and all chairs observed as broken during the 2015 inspection had been repaired. There were no outstanding ventilation issues and two new shower rooms had been built in the approved centre.
- In relation to Regulation 23: Ordering, Prescribing, Storing and Administration of medications, the use of each medical staff's Medical Council Registration Number remained inconsistent. Medications that were required to be crushed for a resident, following risk assessment, were prescribed by a registered medical practitioner. A new Medication Prescription and Administration Record system was also in place.
- Regarding Regulation 26: Staffing, although efforts had been made to ensure staff training, not all staff were trained in the Mental Health Act, Basic Life Support, Breakaway techniques and Fire Safety. A new staffing policy was in place as required by the 2015 CAPA. The approved centre had an up to date Register of Residents. In terms of Regulation 29: Operating Policies and Procedures, a systematic review of all policies was ongoing at the time of the inspection.
- In relation to Regulation 31: Complaints, there was no evidence of staff training in the complaints procedure as required by the 2015 CAPA. Notices had been posted on noticeboards detailing the contact details for the nominated complaints officer within the service. A complaints log was maintained on each unit, but required documentation remained incomplete.
- All orders for Part 4 of Mechanical Restraint included the exact duration of the restraint and this was reviewed. At the time of inspection there was no policy on the Notification of Deaths and Incidents;

despite the fact that a policy was currently in draft format it had not been appropriately approved. There was a policy on the Care and Treatment of Residents with Mental Illness and Intellectual Disability.

- Finally, the CAPA for the Code of Practice on the Admission, Transfer and Discharge of residents had been met; the physical examinations of all recently admitted residents were carried out and a Mental State Exam was completed for all residents on admission.

Non-compliant areas on this inspection

Regulation/Rule/Act/Code	Risk Rating
Regulation 8 Residents' Personal Property and Possessions	Moderate
Regulation 15 Individual Care Plan	Moderate
Regulation 20 Provision of Information to Residents	Moderate
Regulation 21 Privacy	Moderate
Regulation 22 Premises	High
Regulation 23 Ordering, Prescribing, Storing and Administration of Medicines	High
Regulation 26 Staffing	Moderate
Regulation 27 Maintenance of Records	Low
Regulation 29 Operating Policies and Procedures	Low
Regulation 31 Complaints Procedures	Moderate
Regulation 32 Risk Management Procedures	Moderate
Code of Practice for Mental Health Services on Notification of Deaths and Incident Reporting	Moderate
Code of Practice on Admission, Transfer and Discharge to and from an Approved centre	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.

7. Acute Mental Health Unit, Cork 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

None of the regulations, rules or codes of practice were quality rated as excellent on this inspection.

Outstanding issues from previous inspection

The previous inspection of the approved centre on 14, 15 and 16 December 2015 identified the following areas that were non-compliant:

Regulation/Rule/Act/Code	Inspection Findings 2016
Regulation 8: Residents' Personal Property and Possessions	Compliant
Regulation 15: Individual Care Plan	Non-Compliant
Regulation 21: Privacy	Non-Compliant

Regulation 23: Ordering, Prescribing, Storing and Administration of Medicines	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 on the Use of Physical Restraint	Non-Compliant
Code of Practice on Notification of Deaths and Incident Reporting	Compliant

Corrective and Preventative Action plan

CAPAs had been submitted by the approved centre in respect of seven regulations and two codes of practice, which were non-compliant in the 2015 inspection.

Non-compliant areas on this inspection

Regulation/Rule/Act/Code	Risk Rating
Regulation 7: Clothing	Low
Regulation 15: Individual Care Plan	High
Regulation 21: Privacy	Moderate
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
Code of Practice on the Use of Physical Restraint	High
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	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.

8. Wood View, Galway

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

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

Areas of compliance rated Excellent on this inspection

No areas were rated excellent.

Outstanding issues from previous inspection

Not applicable as Wood View Unit was registered as an approved centre on the 15 March 2016.

Corrective and Preventative Action plan

Not Applicable as Wood View Unit was only made an approved centre on the 15 March 2016.

Non-compliant areas on this inspection

Regulation/Rule/Act/Code	Risk Rating
Regulation 5: Food and Nutrition	Low
Regulation 11: Visits	Low
Regulation 16: Therapeutic Services and Programmes	High
Regulation 18: Transfer of Residents	Moderate
Regulation 20: Provision of Information to Residents	Low
Regulation 21: Privacy	Moderate
Regulation 22: Premises	High
Regulation 26: Staffing	Moderate
Regulation 29: Operating Policies and Procedures	Low
Regulation 32: Risk Management Procedures	Moderate
Code of Practice on Notification of Deaths and Incident Reporting	Low
Code of Practice: Guidance for Persons working in Mental Health Services with People with Intellectual Disabilities	Low
Code of Practice on Admission, Transfer and Discharge to and from an Approved Centre	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.

9. Drogheda Department of Psychiatry

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 30: Mental Health Tribunals
Regulation 31: Complaints Procedures

Outstanding issues from previous inspection

Given that the approved centre was registered for the first time on 1 September 2016, it was not subject to a regulatory inspection in 2015.

Corrective and Preventative Action plan

As the approved centre was not subject to a regulatory inspection in 2015, there were no CAPAs and no ongoing monitoring update.

Non-compliant areas on this inspection

Regulation/Rule/Act/Code	Risk Rating
Regulation 23: Ordering, Prescribing, Storing and Administration of Medicines	High
Regulation 26: Staffing	Moderate
Regulation 28: Register of Residents	Low
Regulation 32: Risk Management Procedures	Moderate

Rules Governing the Use of Seclusion	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 in Mental Health Services with People with Intellectual Disabilities	Moderate
Code of Practice on Admission, Transfer and Discharge to and from an Approved Centre	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.

10. Creagh Suite, St. Brigid's Healthcare Campus, 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

There were no areas of compliance rated excellent on this inspection.

Outstanding issues from previous inspection

The approved centre was registered for the first time on 3 October 2016 and, therefore; not subject to a regulatory inspection in 2015.

Corrective and Preventative Action plan

The approved centre was registered for the first time on 3 October 2016 and, therefore, not subject to a regulatory inspection in 2015. Consequently, there were no CAPAs.

Non-compliant areas on this inspection

Regulation/Rule/Act/Code	Risk Rating
Regulation 9 Recreational Activities	High
Regulation 16 Therapeutic Services and Programmes	Moderate
Regulation 23 Ordering, Prescribing, Storing and Administration of Medicines	Moderate
Regulation 26 Staffing	High
Regulation 29 Operating Policies and Procedures	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. These are included in **Appendix 1** of the report.

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

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

The approved centre had two conditions attached as follows:

- (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.
- (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 not later than 31st December 2016.

Areas of compliance rated Excellent on this inspection

No area was rated excellent on this inspection.

Outstanding issues from previous inspection

The approved centre was registered for the first time on 17 November 2016 and therefore not subject to a regulatory inspection in 2015.

Corrective and Preventative Action plan

The approved centre was registered for the first time on 17 November 2016 and therefore not subject to a regulatory inspection in 2015. Consequently there were no CAPAs.

Non-compliant areas on this inspection

Regulation/Rule/Act/Code	Risk Rating
Regulation 9 Recreational Activities	High
Regulation 15 Individual Care Plan	High
Regulation 16 Therapeutic Services and Programmes	High
Regulation 22 Premises	High
Regulation 23 Ordering, Prescribing, Storing and Administration of Medication	High
Regulation 26 Staffing	High
Regulation 27 Maintenance of Records	Moderate
Regulation 28 Register of Residents	Low
Regulation 32 Risk Management Procedures	Moderate
Rules Governing the Use of Mechanical Means of Bodily Restraint	High
Code of Practice on the Use of Physical Restraint in Approved Centres	Low
Code of Practice on Notification of Deaths and Incident Reporting	Low
Code of Practice for Admission, Transfer and Discharge to and from an Approved Centre	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.

12. Owenacurra 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 7: Clothing

Outstanding issues from previous inspection

As the approved centre was registered in December 2016, this section was not applicable.

Corrective and Preventative Action plan

As the approved centre was registered in December 2016, there were no Corrective and Preventative Actions (CAPAs) outstanding.

Non-compliant areas on this inspection

Regulation/Rule/Act/Code	Risk Rating
Regulation 11: Visits	Moderate
Regulation 13: Searches	Low
Regulation 15: Individual Care Plan	Moderate
Regulation 18: Transfer of Residents	Moderate
Regulation 19: General Health	Moderate
Regulation 21: Privacy	Moderate
Regulation 22: Premises	Moderate
Regulation 26: Staffing	Moderate
Regulation 27: Maintenance of Records	Moderate
Regulation 28: Register of Residents	Low
Regulation 32: Risk Management Procedures	High
Code of Practice on Notification of Deaths and Incident Reporting	Low
Code of Practice Guidance for Persons Working in Mental Health Services for People with Intellectual Disabilities	Low
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. These are included in **Appendix 1** of the report.