

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. Sligo/Leitrim Mental Health In-patient Unit
http://www.mhcirl.ie/File/2016IRs/SligoLeitrim_MHS_ir2016.pdf
2. Carraig Mór Centre, Cork
http://www.mhcirl.ie/File/2016IRs/CarraigMC_ir2016.pdf
3. St Davnet's Hospital – Blackwater House, Monaghan
http://www.mhcirl.ie/File/2016IRs/StDavnets_ir2016.pdf
4. St Michael's Unit, Mercy University Hospital
http://www.mhcirl.ie/File/2016IRs/StMichMeryHosp_ir2016.pdf
5. St John of God Hospital Limited
http://www.mhcirl.ie/File/2016IRs/SJOG_ir2016.pdf
6. Avonmore and Glenree Units, Newcastle Hospital
http://www.mhcirl.ie/File/2016IRs/NewcastleHosp_ir2016.pdf
7. Bloomfield Hospital, Stocking Lane, Rathfarnham, Dublin 16
http://www.mhcirl.ie/File/2016IRs/bloomfield_ir2016.pdf
8. Phoenix Care Centre, Grangegorman
http://www.mhcirl.ie/File/2016IRs/phoenixCareCentre_ir2016.pdf

The Approved Centre with a Focused Inspection Report is: A focused inspection takes place where issues of concern regarding the approved centre have arisen.

9. Department of Psychiatry, Waterford Regional Hospital
http://www.mhcirl.ie/File/2016IRs/DOP_Waterford_RH_FocInsp_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. Sligo/Leitrim Mental Health In-patient Unit

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

There was one condition attached to the registration of this approved centre at the time of inspection. The condition required that:

“The approved centre shall ensure that all staff who are involved in the operations of the Mental Health Act 2001 and associated rules and codes of practice receive mandatory training as set out in the registered proprietor’s training plan received by the MHC on 28th January 2014. The Commission also requires quarterly reports on the progress of the delivery of the mandatory training with the first report due on 1st April 2014 and subsequent reports due every three months thereafter”.

No records of training for medical and health and social care professionals were provided to the inspection team.

Inspection of the training records provided by the person responsible for training of nursing staff indicated that training in the specified areas was not up to date.

In addition to training, the condition specified that quarterly reports on the delivery of training be forwarded to the Mental Health Commission (MHC). The quarterly report for end Q1 2016 had not been received by the MHC.

In view of the findings above, the approved centre was in breach of the condition attached to its registration. An immediate action notice was issued to the service regarding training.

Areas of compliance rated Excellent on this inspection

There were no areas of practice which were rated excellent.

Outstanding issues from previous inspection

The previous inspection of the approved centre on 28, 29 and 30 October 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
Code of Practice on the Use of Physical Restraint	Non-Compliant
Code of Practice on Guidance for Persons working in Mental Health Services for People with Intellectual Disability	Non-Compliant

Corrective and Preventative Action plan

Following submission of the draft inspection report of 2015 to the registered proprietor, the service was requested to submit Corrective and Preventative Actions (CAPAs) in respect of the four areas of non-compliance. In all, nine CAPAs were returned by the service; five had been completed at the time of inspection. CAPAs relating to individual areas of compliance are reported on within this inspection report.

Non-compliant areas on this inspection

Regulation/Rule/Act/Code	Risk Rating
Regulation 7 Clothing	Moderate
Regulation 9 Recreational Activities	Low
Regulation 13 Searches	Moderate
Regulation 15 Individual Care Plan	Moderate
Regulation 19	Moderate
Regulation 21 Privacy	Moderate
Regulation 22 Premises	High
Regulation 23 Ordering, Prescribing, Storing and Administration of Medicines	Moderate
Regulation 26 Staffing	Critical
Regulation 27 Maintenance of Records	Moderate
Regulation 28 Register of Residents	Moderate
Regulation 32 Risk Management Procedures	High
Rules Governing the Use of Seclusion	High
Consent to Treatment Part 4 MHA 2001	High
Code of Practice on the Use of Physical Restraint	High
Code of Practice on the Admission of Children	High
Code of Practice on Notification Of Deaths and Incident Reporting	Moderate
Code of Practice on Guidance on Working with People with Intellectual Disability and a Mental Illness	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.

2. Carraig Mór 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
Regulation 9 Recreational Activities
Regulation 13 Searches

Outstanding issues from previous inspection

The previous inspection of the approved centre on 3 and 4 September 2015 identified the following areas that were not compliant:

Regulation/Rule/Act/Code	Inspection Findings 2016
Regulation 13 Searches	Compliant
Regulation 22 Premises	Non-compliant
Regulation 23 Ordering, Prescribing, Storing and Administration of Medicines	Non-compliant
Regulation 27 Maintenance of Records	Non-compliant

Corrective and Preventative Action plan

- **Regulation 13:** Searches – Staff education and training had taken place and was documented.
- **Regulation 22:** Premises – A new radiator had been fitted in the female shower room. A thermostat to control the heating in the approved centre had been installed in the boiler room. Planned refurbishment work in the approved centre had been due to commence in early 2016 but the allocated monies were redirected to non-mental health services by the HSE. At the time of the 2016 inspection, senior managers advised that these monies have now been ring fenced and that refurbishment work is being re-scheduled.
- **Regulation 23:** Ordering, Prescribing, Storing and Administration of Medicines – Staff training in relation to legislative requirements had taken place and practice had been audited.
- **Regulation 27:** Maintenance of Records – a new record management system had been introduced.

Non-compliant areas on this inspection

Regulation/Rule/Act/Code	Risk Rating
Regulation 21 Privacy	High
Regulation 22 Premises	High
Regulation 23 Ordering, Prescribing, Storing and Administration of Medicines	Moderate
Regulation 24 Health and Safety	Moderate
Regulation 26 Staffing	Moderate
Regulation 27 Maintenance of Records	Moderate
Rules Governing the Use of Seclusion	Low
Code of Practice for Mental Health Services on the Notification of Deaths and Incident Reporting	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. St Davnet's Hospital – Blackwater House

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

The Mental Health Commission has attached the following condition with effect from 1 March 2014:

The Mental Health Commission requires quarterly reports on the development and construction of facilities to replace St Davnet's Hospital - Blackwater House. The first report must be submitted to the Commission by no later than 1st June 2014 and subsequent reports are due every three months thereafter.

The approved centre was compliant with their condition on Premises.

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 14 and 15 of September 2015 identified the following areas that were not compliant:

Regulation/Rule/Act/Code	Inspection Findings 2016
Regulation 13 Searches	Compliant
Regulation 15 Individual Care Plan	Non-compliant
Regulation 18 Transfer of Residents	Non-compliant
Regulation 19 General Health	Complaint
Regulation 22 Premises	Non-compliant
Regulation 23 Ordering, Prescribing Storing and Administration of Medicines	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 2015 inspection and the subsequent receipt of the 2015 inspection report by the service, the registered proprietor was requested to submit Corrective and Preventative Actions to address identified areas of non-compliance. During the course of the inspection, it became apparent that these CAPAs had been completed as required.

Non-compliant areas on this inspection

Regulation/Rule/Act/Code	Risk Rating
Regulation 8 Residents' Personal Property and Possessions	Low
Regulation 15 Individual Care Plan	Moderate
Regulation 16 Therapeutic Services and Programmes	High
Regulation 18 Transfer of Residents	Low
Regulation 21 Privacy	High
Regulation 22 Premises	High
Regulation 23 Ordering, Prescribing Storing and Administration of Medicines	Low
Regulation 26 Staffing	Moderate
Regulation 29 Operating Policies and Procedures	Low
Regulation 32 Risk Management Procedures	High
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 on Notification of Deaths and Incident Reporting	Low
Code of Practice - Guidance for Persons working in Mental Health	Low

Services with People with Intellectual Disabilities	
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.

4. 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 23 Ordering, Prescribing, Storing and Administration of Medicines

Outstanding issues from previous inspection

The previous inspection of the approved centre on 17 to 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 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 27 Maintenance of Records	Non-compliant
Regulation 32 Risk Management Procedures	Non-compliant
Code of Practice on the Use of Physical Restraint in Approved Centres	Non-compliant

Corrective and Preventative Action plan

Comment on the status of Corrective and Preventative Actions (CAPAs) from the previous inspection -

- **Regulation 15 Individual Care Plan:** A process of training seminars had been implemented to clarify uncertainty regarding the nature of 'goals'. An audit of individual care plans (ICPs) had been undertaken and steps to implement the audit findings were in train but not implemented at the time of this inspection. Posters had been placed in the approved centre informing residents that a copy of their ICP could be provided on request.
- **Regulation 21 Privacy:** Single rooms had adequate frosting on doors. Two bed rooms still had no frosting on door glass but had adequate screening curtains to maintain personal privacy. No further

development in capital refurbishment plan. Notice boards in visible areas now only contained first names and no clinical details.

- **Regulation 22 Premises:** Achievement of stated CAPAs awaited provision of capital resources.
- **Regulation 23 Ordering, Prescribing, Storing and Administration of Medicines:** CAPAs had been implemented.
- **Regulation 26 Staffing:** Preparation of training log had highlighted deficits in required training which were yet to be addressed definitively. Professional Management of Aggression and Violence training was in the process of being rolled out.
- **Regulation 27 Maintenance of Records:** Stated CAPAs had been implemented.
- **Regulation 32 Risk Management Procedures:** CAPA commitments in relation to the review and development of an adequate policy basis remained outstanding.
- **Code of Practice on the Use of Physical Restraint:** Training requirements remained deficient.

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 21 Privacy	Moderate
Regulation 22 Premises	High
Regulation 26 Staffing	High
Regulation 27 Maintenance of Records	High
Regulation 32 Risk Management Procedures	High
Part 4 of the Mental Health Act - Consent to Treatment	High
Code of Practice on the Use of Physical Restraint in approved Centres	High
Code of Practice on Notification of Deaths and Incident Reporting	Low
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.

5. St John of God Hospital Limited

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 16 Therapeutic Activities
Regulation 20 Provision of Information to Residents
Regulation 21 Privacy
Regulation 24 Health and Safety
Regulation 27 Maintenance of Records
Regulation 29 Operating Policies and Procedures
Regulation 31 Complaints Procedures

Outstanding issues from previous inspection

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

Regulation/Rule/Act/Code	Inspection Findings 2016
Regulation 4 Identification of Residents	Compliant
Regulation 29 Operating Policies and Procedures	Compliant
Code of Practice on the Use of Physical Restraint	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. In all, there were three areas of non-compliance requiring CAPAs. The inspection team assessed the actions taken by the approved centre to implement the CAPAs submitted by the service following the 2015 report. All the CAPAs had been implemented by the approved centre to address areas of non-compliance identified in the 2015 inspection report.

Non-compliant areas on this inspection

Regulation/Rule/Act/Code	Risk Rating
Regulation 15 Individual Care Plan	Low
Regulation 22 Premises	High
Regulation 23 Ordering, Prescribing, Storing and Administration of Medicines	Low
Regulation 26 Staffing	Moderate
Part 4: Consent to Treatment	Moderate
Code of Practice on the Use of Physical Restraint	Low
Code of Practice Guidance for Persons	

working in Mental Health Services with People with Intellectual Disability	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.

6. Avonmore and Glenree Units, Newcastle 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 20 Provision of Information to Residents
Regulation 24 Health and Safety

Outstanding issues from previous inspection

The previous inspection of the approved centre on 15, 16 and 17 December 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
Code of Practice on the Use of Physical Restraint	Non-Compliant
Code of Practice on the Admission of Children	Non-Compliant

Corrective and Preventative Action plan

Following the inspection of 2015 and the receipt of the report by the service, the registered proprietor was requested to submit Corrective and Preventative Actions (CAPAs) in relation to areas of non-compliance. During the course of this inspection, it was clear that the CAPAs had been completed with the exception of the CAPA relating to ligature anchor points, where many points had been remedied but work was not complete and was continuing on the remainder.

Non-compliant areas on this inspection

Regulation/Rule/Act/Code	Risk Rating
Regulation 6 Food Safety	Low
Regulation 15 Individual Care Plan	Moderate
Regulation 21 Privacy	Moderate
Regulation 22 Premises	High
Regulation 23 Ordering, Prescribing, Storing and Administration of Medicines	Moderate
Regulation 26 Staffing	High
Regulation 27 Maintenance of Records	Low
Regulation 29 Operating Policies and Procedures	Moderate

Regulation 31 Complaints Procedures	Moderate
Regulation 32 Risk Management Procedures	High
Rules Governing the Use of Seclusion	Moderate
Rules Governing the Use of Mechanical Means of Mechanical Restraint	High
Code of Practice on the Use of Physical Restraint	Moderate
Code of Practice on the Admission of Children	Low
Code of Practice on the Notification of Deaths and Incident Reporting	Moderate
Code of Practice on Guidance for Persons 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.

7. Bloomfield Hospital, Stocking Lane, Rathfarnham, Dublin 16

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 9 Recreational Activities

Outstanding issues from previous inspection

The previous inspection of the approved centre in August 2015 identified the following areas that were not compliant:

Regulation/Rule/Act/Code	Inspection Findings 2016
Regulation 14 – Care of the Dying	Compliant
Regulation 15 – Individual Care Plan	Compliant
Regulation 23 – Ordering, Prescribing, Storing and Administration of Medicines	Non-compliant
Regulation 28 – Register of Residents	Non-compliant
Code of Practice – Use of Physical Restraint	Non-compliant
Code of Practice – Notification of Deaths and Incident Reporting	Compliant

Corrective and Preventative Action plan

A number of CAPAs were provided by the approved centre following the 2015 inspection of Bloomfield Hospital to address areas of non-compliance. These were, as follows:

- **Regulation 14 Care of the Dying:** The approved centre was to provide a Care of the Dying policy, ensure that death notifications were made to the Mental Health Commission (MHC) within the specified 48 hour time frame and remind external hospitals to immediately inform the clinical team in

Bloomfield Hospital when the death of a resident on transfer occurred. There was a policy on Care of the Dying dated July 2016. Deaths had been notified to the MHC within the specified time frame.

- **Regulation 15 Individual Care Plan:** The approved centre was to put in place one clear, definitive and integrated ICP document, a patient was to be involved in drawing up and reviewing the care plan and a process for the participation of the multidisciplinary team (MDT) in the review of the care plan. This had been achieved.
- **Regulation 23 Ordering, Prescribing, Storing and Administration of Medications:** The approved centre was to: ensure the inclusion of the Medical Council Registration Number (MCRN) on each prescription and the completion of the allergies section on the medication prescription and administration record (MPAR). The allergies section was completed for all MPARs inspected. In one MPAR the prescribing doctors MCRN was not recorded.
- **Regulation 28 Register of Residents:** The approved centre was to: incorporate the information relating to Schedule 1 to the regulations. This data was included in the new register of residents, however, not all residents were recorded in this record as a previous register of residents was concurrently in use also.
- **Code of Practice on the Use of Physical Restraint:** The approved centre was to implement an audit which captured data on the following: the general practitioner has been contacted within three hours of the episode of restraint to perform a physical examination, the next of kin has been informed of physical restraint or the reason why not if it has not occurred, the Clinical Practice Forms have been signed by the responsible Consultant within 24 hours and the Clinical Practice Form was placed in the patient's clinical record.

Three clinical files and the Physical Restraint Practice Form Book were inspected in 2016 and indicated that there was no record that registered medical practitioner had been notified of any of the three episodes of restraint within the specified time frame; in two instances there was no record that the next of kin had been notified of the episode of restraint and the reason why was not documented.

- **Code of Practice on the Notification of Deaths and Incident Reporting:** The approved centre was to: Ensure that death notifications are made to the MHC within the 48 hour timeframe and external hospitals are reminded where death occurs to immediately inform the clinical team at Bloomfield Hospital. Deaths which had occurred since the last inspection were notified to the MHC within the specified time frame.

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	Moderate
Regulation 26 Staffing	Moderate
Regulation 27 Maintenance of Records	Moderate
Regulation 28 Register of Residents	Low
Consent to Treatment, Part 4	High
Code of Practice on the Use of Physical Restraint	High
Code of Practice Guidance for Persons Working in Mental Health	Low

Services with People with Intellectual Disabilities	
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.

8. Phoenix 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 5 Food and Nutrition
Regulation 7 Clothing
Regulation 8 Residents' Personal Property and Possessions
Regulation 9 Recreational Activities
Regulation 10 Religion
Regulation 15 Individual Care Plan
Regulation 16 Therapeutic Services and Programmes
Regulation 18 Transfer of Residents
Regulation 20 Provision of Information to Residents
Regulation 24 Health and Safety
Regulation 29 Operating Policies and Procedures
Regulation 32 Risk Management Procedures

Outstanding issues from previous inspection

The previous inspection of the approved centre on the 21, 22, and 23 September 2015 identified the following areas that were not compliant:

Regulation/Rule/Act/Code	Inspection Findings 2016
Regulation 5 Food and Nutrition	Compliant
Regulation 22 Premises	Non-compliant
Regulation 28 Register of Residents	Compliant
Rules Governing the Use of Seclusion	Non-compliant
Part 4 of the Mental Health Act 2001 - Consent to Treatment	Non-compliant

Corrective and Preventative Action plan

Arising from the 2015 inspection report there were CAPAs in respect of the following:

- **Regulation 5 Food and Nutrition:** Bottled water was to be provided for residents and this was observed to be provided at the time of the inspection.

- **Regulation 22 Premises:** An alternative grease trap system was to be installed in the unit kitchens and this had been completed. The occupational therapy Activities of Daily Living kitchen was to be refurbished so as to be fit for purpose. The registered proprietor nominee reported that this had been agreed and was due to commence shortly.
- **Regulation 28 Register of Residents:** the electronic register of residents was to be updated to include a data field entitled “ethnicity” and this had been done.
- **Rules on the Use of Seclusion:** a polycarbonate half-face mirror was to be installed in each seclusion room and this had been done.
- **Section 60 Consent to Treatment:** the PCC consent form had been updated to include a section detailing a list of all medication prescribed and authorised by the responsible consultant psychiatrist. A directive was to be sent to all consultant psychiatry staff in relation to implementing the revised section 60 consent. Both of these actions had been done.

Non-compliant areas on this inspection

Regulation/Rule/Act/Code	Risk Rating
Regulation 13 Searches	Low
Regulation 21 Privacy	Moderate
Regulation 22 Premises	Low
Regulation 23 Ordering, Prescribing, Storing and Administration of Medicines	Low
Regulation 25 Use of Closed Circuit Television	Moderate
Regulation 26 Staffing	Moderate
Rules Governing the Use of Seclusion	Moderate
Part 4 of the Mental Health Act 2001 - Consent to Treatment	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.

9. Department of Psychiatry, Waterford Regional Hospital

Reason for Focused Inspection

The Department of Psychiatry, Waterford Regional Hospital was inspected on the 11, 12 and 13 May 2016 and was found to be non-compliant with a number of statutory requirements as listed below.

Regulation/Rule/Act/Code	Risk Rating
Regulation 7 Clothing	High
Regulation 9 Recreational Activities	Critical
Regulation 11 Visits	High
Regulation 15 Individual Care Plan	Moderate
Regulation 16 Therapeutic Services and Programmes	Critical

Regulation 21 Privacy	Critical
Regulation 22 Premises	High
Regulation 23 Ordering, Prescribing, Storing and Administration of Medicines	Moderate
Regulation 26 Staffing	High
Regulation 27 Maintenance of Records	Moderate
Regulation 28 Register of Residents	High
Regulation 31 Complaints Procedures	Moderate
Regulation 32 Risk Management Procedures	High
Rules Governing the Use of Seclusion	Critical
Consent to treatment, Part 4 MHA 2001	Critical
Code of Practice on the Use of Physical Restraint	Moderate
Code of Practice on the Admission of Children	Moderate
Code of Practice on the Notification of Deaths and Incident Reporting	Moderate
Code of Practice on Guidance for Persons working in Mental Health Services with People with Intellectual Disabilities	High
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. In addition, the MHC issued a serious concern immediate action notification to the registered proprietor on the 25 May 2016 in respect of:

1. The Use of Seclusion
2. Recreational Activities and Therapeutic Services and Programmes
3. Sleeping Arrangements and provision of Adequate Privacy

A focused inspection took place on the 13 and 14 July 2016 to verify what action and resolution had taken place with respect to these issues and breach of statutory requirements.

Focus of inspection

This was an unannounced focused inspection of the 10-bed acute unit in the Department of Psychiatry, Waterford Regional Hospital, and took place on site from:

13 July 2016 from 14.00 to 17.00h

14 July 2016 from 09.00 to 12.15h

The following areas were the focus of the inspection:

1. Regulation 9 Recreational Activities
2. Regulation 16 Therapeutic Services and Programmes

3. Regulation 21 Privacy
4. The Rules Governing the Use of Seclusion

Focused Inspection – Findings

Regulation/Rule/Act/Code	Compliance	Risk rating
Regulation 9 Recreational activities	Non-compliant	Critical
Regulation 16: Therapeutic Services and Programmes	Non-compliant	High
Regulation 21: Privacy	Compliant	N/A
Section 69: The Use of Seclusion	Non-compliant	Moderate

Summary of Findings

Whilst staffing was not the focus of this inspection, the inspection team noted that staffing was an issue at the time of inspection. The acute unit was staffed during the day by a Clinical Nurse Manager and three Registered Psychiatric Nurses (RPNs). The acute unit would usually have five RPNs during the day but one RPN had been reassigned to the sub-acute unit owing to staff shortages. Staff interviewed informed the inspection team that staff shortages over the holiday months had meant that the Day Activities Nurse had been redeployed to ward nursing duties on a number of occasions resulting in the closure of the day activities room and cancellation of therapeutic programmes. On the second day of inspection there were three nurses in the sub-acute unit for 32 residents. The staffing level in the sub-acute unit was insufficient to provide appropriate care as required by regulation 26 Staffing 26(2) and the approved centre was non-compliant.

1. Regulation 9 Recreation

No effective progress had been made in the provision of recreational facilities or opportunities for residents in the acute unit. The schedule of recreational activities submitted by the registered proprietor, with a start date of the 05/07/16 had not proceeded. Residents spent their days lying on their beds, sitting at their bedsides or walking around the small unit. The approved centre continued to be non-compliant with this regulation.

2. Regulation 16 Therapeutic Services and Programmes

There was evidence in the clinical files of some input from health and social care professionals and the provision of individual therapy as specified in a resident's ICP, however, not all residents had an ICP as specified in regulation 15 Individual Care Plan. Seven of the Wexford residents had no ICP and thus no specification of therapeutic needs and interventions as required by this regulation 16 (1).

There was no evidence of therapeutic programme provision based on the assessed needs of an acutely mentally ill cohort of residents and no dedicated therapy facilities within the acute unit. The approved centre was non-compliant with this regulation because it did not provide residents with access to a range of programmes and services directed towards restoring and maintaining optimal levels of physical and psychosocial functioning 16 (2).

3. Regulation 21 Privacy

No resident had been required to sleep on a bed located on the corridor since the last inspection. Thus, privacy had been afforded to residents in this regard. The approved centre was compliant with this regulation.

4. Rules Governing the Use of Seclusion

The seclusion room facilities had been repaired and the seclusion room was in commission. There was a blind spot within the seclusion area. The approved centre documentation and records for seclusion did not meet requirements. The approved centre was non-compliant with this rule.