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. Department of Psychiatry University Hospital Galway
   http://www.mhcirl.ie/File/2017IRs/DOP-Galway-IR-2017.pdf

2. Department of Psychiatry, Midland Regional Hospital, Portlaoise
   http://www.mhcirl.ie/File/2017IRs/DOP-Portlaoise-IR2017.pdf

3. Sliabh Mis Mental Health Admission Unit, University Hospital Kerry
   http://www.mhcirl.ie/File/2017IRs/Sliabh-Mis-IR2017.pdf

4. St Anne's Unit, Sacred Heart Hospital, Co. Mayo
   http://www.mhcirl.ie/File/2017IRs/Sacred-Heart-Hospital-IR2017.pdf

5. LeBrun House and Whitehorn House, Vergemount Mental Health Facility, Clonskeagh
   http://www.mhcirl.ie/File/2017IRs/VergemountHospital_ir2017.pdf

6. Creagh Suite, St Brigid's Healthcare Campus, Ballinasloe
   http://www.mhcirl.ie/File/2017IRs/CreaghSuite_ir2017.pdf

The Approved Centres with Focused Inspection Reports are:

1. Lois Bridge, Dublin 13
   http://www.mhcirl.ie/File/2017IRs/LoisBridges_FocInsp_ir2017.pdf

2. Rehab and Recovery Mental Health Unit, St. John's Hospital Campus, Co. Sligo
   http://www.mhcirl.ie/File/2017IRs/Rehab_RecoveryMHUStJohnsCampus_FocInsp_ir2017.pdf

A focused inspection takes place where issues of concern regarding the approved centre have arisen.

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/

Department of Psychiatry, University Hospital Galway

ID Number: AC0023

2017 Approved Centre Inspection Report (Mental Health Act 2001)

Department of Psychiatry, University Hospital Galway
Newcastle Road
Galway

Approved Centre Type:
Acute Adult Mental Health Care
Psychiatry of Later Life
Mental Health Care for People with Intellectual Disability

Most Recent Registration Date:
1 March 2017

Conditions Attached:
Yes

Registered Proprietor:
HSE

Registered Proprietor Nominee:
Mr Steve Jackson, General Manager CHO2 – Mental Health Services

Inspection Team:
Barbara Morrissey, Lead Inspector
Siobhán Dinan
Mary Connellan
Carol Brennan-Forsyth

Inspection Date:
23 – 26 May 2017

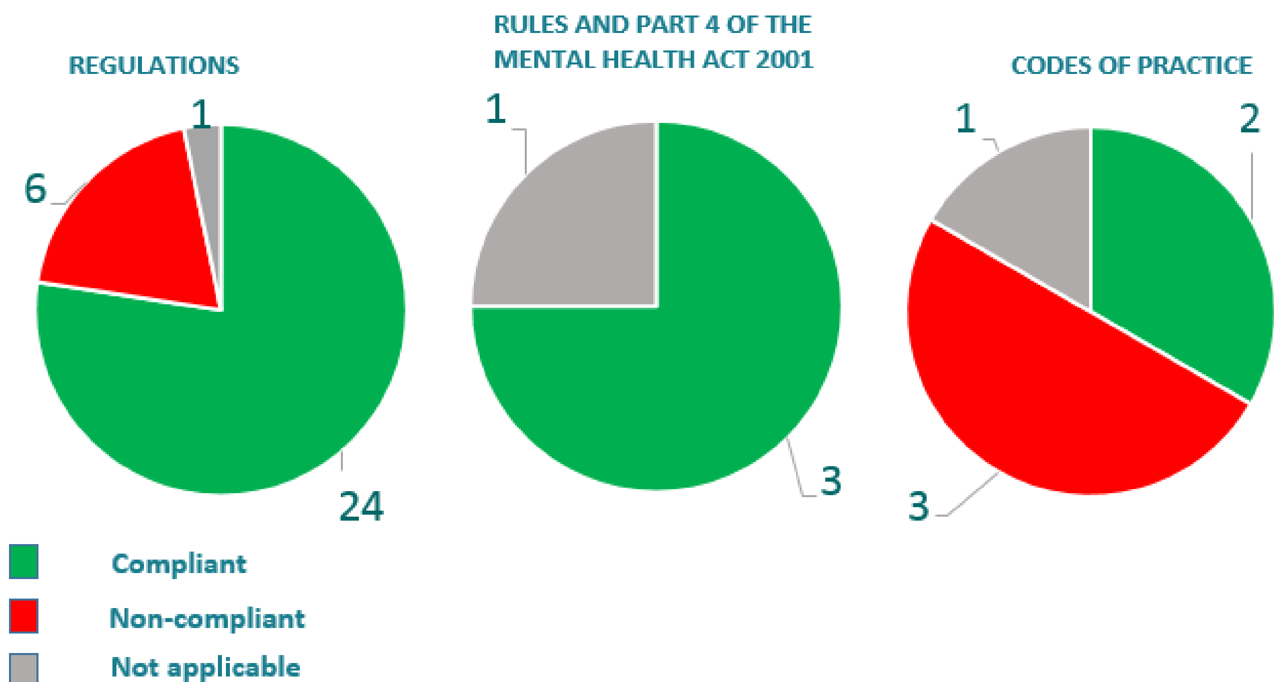
Inspection Type:
Unannounced Annual Inspection

Previous Inspection Date:
14 – 16 June 2016

The Inspector of Mental Health Services:
Dr Susan Finnerty MCRN009711

Date of Publication:
9 November 2017

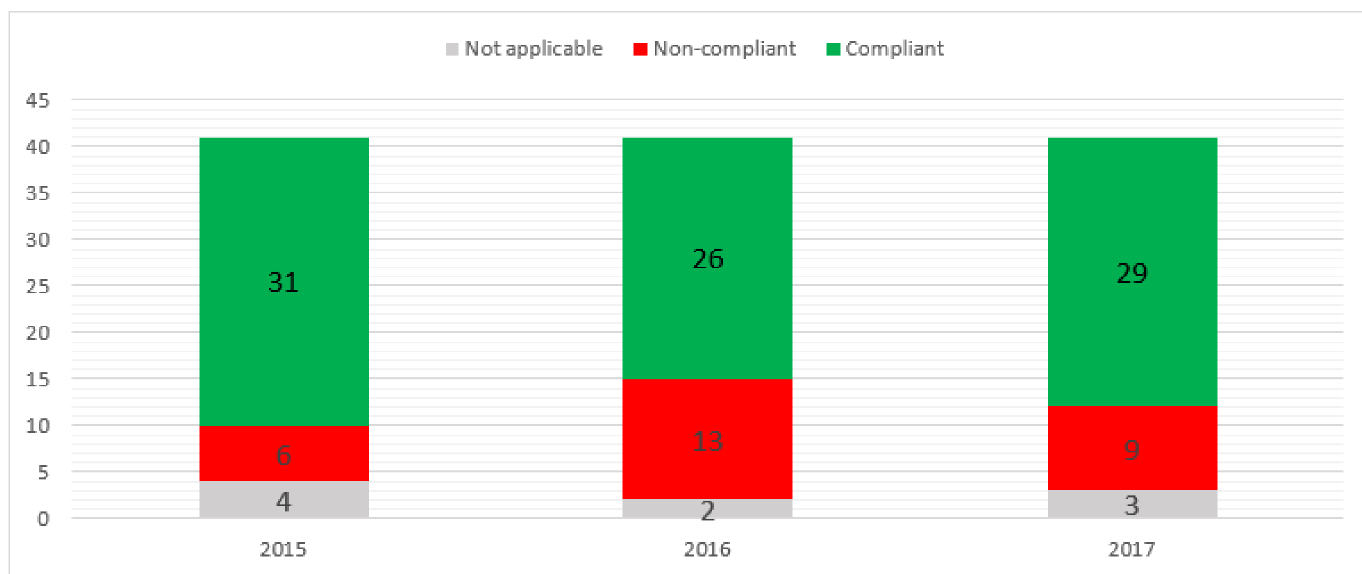
COMPLIANCE RATINGS 2017



RATINGS SUMMARY 2015 – 2017

Compliance ratings across all 41 areas of inspection are summarised in the chart below.

Chart 1 – Comparison of overall compliance ratings 2015 – 2017



Non-compliant areas from 2016 inspection

The previous inspection of the approved centre on 14 – 16 June 2016 identified the following areas that were not compliant. The approved centre was requested to provide Corrective and Preventative Actions (CAPAs) for areas of non-compliance and these were published with the 2016 inspection report.

Regulation/Rule/Act/Code	2017 Inspection Findings
Regulation 7: Clothing	Compliant
Regulation 15: Individual Care Plan	Compliant
Regulation 20: Provision of Information to Residents	Compliant
Regulation 21: Privacy	Non-Compliant
Regulation 22: Premises	Non-Compliant
Regulation 23: Ordering, Prescribing, Storing and Administration of Medicines	Compliant
Regulation 25: Use of Closed Circuit Television	Non-Compliant
Regulation 26: Staffing	Non-Compliant
Regulation 27: Maintenance of Records	Non-Compliant
Regulation 28: Register of Residents	Non-Compliant
Part 4 of the Mental Health Act 2001: Consent to Treatment	Compliant
Code of Practice on the Use of Physical Restraint in Approved Centres	Compliant
Code of Practice on Admission, Transfer and Discharge to and from an Approved Centre	Non-Compliant

Non-compliant areas on this inspection

Non-compliant (X) areas on this inspection are detailed below. Also shown is whether the service was compliant (✓) or non-compliant (X) in these areas in 2016 and 2015:

Regulation/Rule/Act/Code	2015 Compliance	2016 Compliance	2017 Compliance
Regulation 21: Privacy	✓	✓	X Moderate
Regulation 22: Premises	X	✓	X High
Regulation 25: Use of Closed Circuit Television	✓	✓	X High
Regulation 26: Staffing	✓	✓	X Moderate
Regulation 27: Maintenance of Records	✓	X	X High
Regulation 28: Register of Residents	✓	✓	X Moderate
Code of Practice on the Use of Physical Restraint in Approved Centres	X	X	X Low
Code of Practice Guidance for Persons working in Mental Health Services with People with Intellectual Disabilities	✓	X	X Moderate
Code of Practice Guidance on Admission, Transfer, and Discharge to and from an Approved Centre	X	X	X 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.

Areas of compliance rated Excellent on this inspection

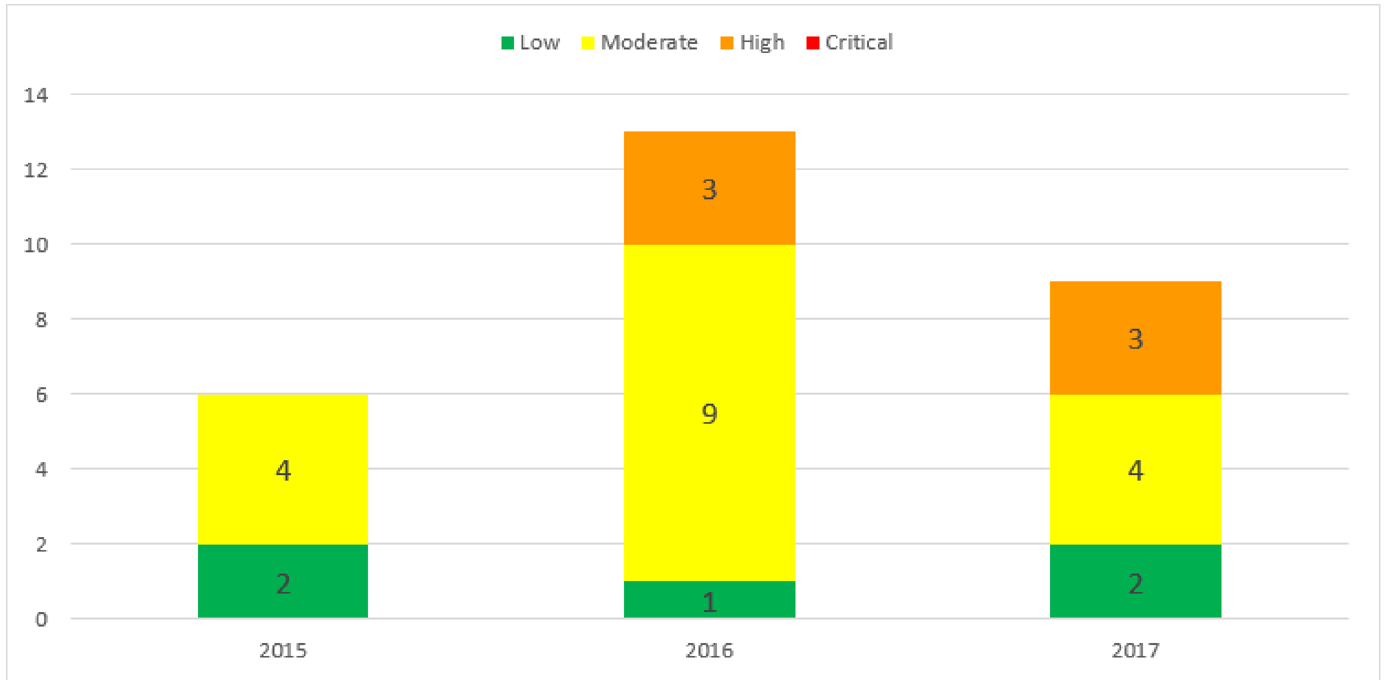
The following areas were rated excellent on this inspection:

Regulation
Regulation 7: Clothing
Regulation 10: Religion
Regulation 13: Searches

Overall Risk Comparison

Where non-compliance is determined, the risk level of the non-compliance will be assessed. Risk ratings across all non-compliant areas are summarised in the chart below.

Chart 2 – Comparison of overall risk ratings 2015 – 2017



Department of Psychiatry, Midland Regional Hospital, Portlaoise

ID Number: AC0030

2017 Approved Centre Inspection Report (Mental Health Act 2001)

Department of Psychiatry, Midland Regional Hospital, Portlaoise
Portlaoise
Co Laois

Approved Centre Type:
Acute Adult Mental Health Care
Psychiatry of Later Life
Mental Health Rehabilitation
Mental Health Care for People with Intellectual Disability

Most Recent Registration Date:
1 March 2017

Conditions Attached:
Yes

Registered Proprietor:
HSE

Registered Proprietor Nominee:
Ms Dervila Eyres, General Manager, CHO8

Inspection Team:
Dr Enda Dooley, Lead Inspector
Mary Connellan
Sandra McGrath
Dr Ann Marie Murray
Barbara Morrissey

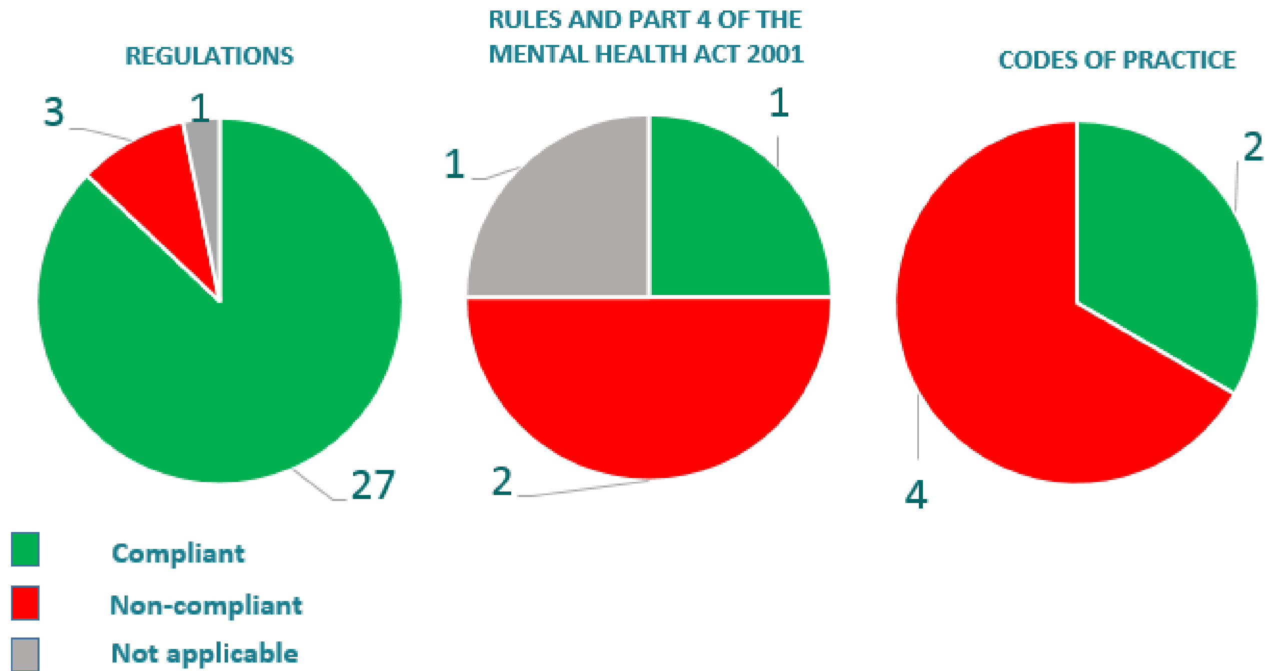
Inspection Date:
30 May – 2 June 2017

Inspection Type:
Unannounced Annual Inspection

Previous Inspection Date:
22 – 25 November 2016

The Inspector of Mental Health Services:
Dr Susan Finnerty MCRN009711

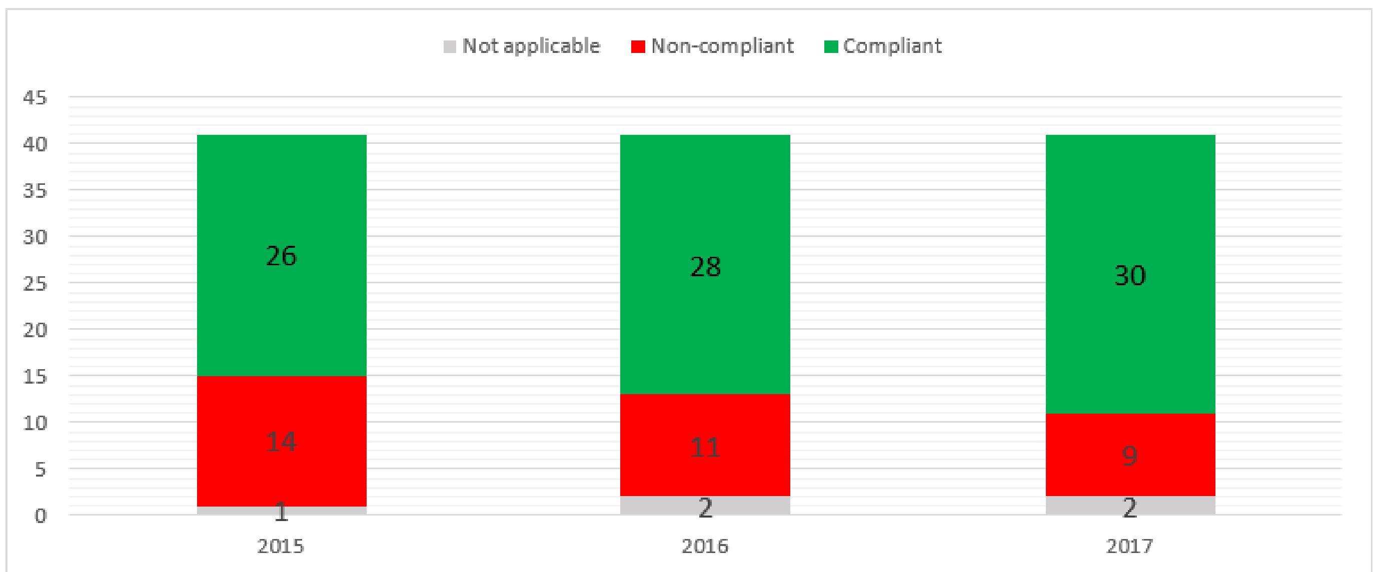
Date of Publication:
9 November 2017



RATINGS SUMMARY 2015 – 2017

Compliance ratings across all 41 areas of inspection are summarised in the chart below.

Chart 1 – Comparison of overall compliance ratings 2015 – 2017



Conditions to registration

The approved centre had four conditions in place at the time of inspection.

- **Condition 1:** To ensure adherence to Regulation 15: Individual Care Plan, the approved centre shall audit their individual care plans on a monthly basis. The approved centre shall provide a report on the results of the audits to the Mental Health Commission in a form and frequency prescribed by the Commission.
- **Condition 2:** To ensure adherence to Regulation 21: Privacy and Regulation 22: Premises, the approved centre shall implement a programme of maintenance to ensure the premises are safe and meet the needs, privacy, and dignity of the resident group. The approved centre shall provide a progress update on the programme of maintenance to the Mental Health Commission in a form and frequency prescribed by the Commission.
- **Condition 3:** To ensure adherence to Regulation 23: Ordering Prescribing, Storing and Administration of Medicines, the approved centre shall audit their Medication Prescription and Administration Records (MPARs) on a monthly basis. The approved centre shall provide a report on the results of the audits to the Mental Health Commission in a form and frequency prescribed by the Commission.
- **Condition 4:** To ensure adherence to the Rules Governing the Use of Seclusion, the approved centre shall provide the Mental Health Commission with a report on the rate and duration of episodes of seclusion within the approved centre in a form and frequency prescribed by the Commission.

Non-compliant areas from 2016 inspection

The previous inspection of the approved centre on 22 – 25 November 2016 identified the following areas that were non-compliant. The approved centre was requested to provide Corrective and Preventative Actions (CAPAs) for areas of non-compliance and these were published with the 2016 inspection report.

Regulation/Rule/Act/Code	2017 Inspection Findings
Regulation 7: Clothing	Compliant
Regulation 21: Privacy	Non-Compliant
Regulation 22: Premises	Non-Compliant
Regulation 26: Staffing	Non-Compliant
Regulation 31: Complaints Procedures	Compliant
Rules Governing the Use of Seclusion	Non-Compliant
Code of Practice on the Use of Physical Restraint in Approved Centres	Non-Compliant
Code of Practice Relating to Admission of Children under the Mental Health Act 2001	Non-Compliant
Code of Practice Guidance for Persons Working in Mental Health Services with People with Intellectual Disabilities	Non-Compliant
Code of Practice on the Use of Electro-Convulsive Therapy for Voluntary Patients	Compliant
Code of Practice on Admission, Transfer and Discharge to and from an Approved Centre	Non-Compliant

Non-compliant areas on this inspection

Non-compliant (X) areas on this inspection are detailed below. Also shown is whether the service was compliant (✓) or non-compliant (X) in these areas in 2016 and 2015:

Regulation/Rule/Act/Code	2015 Compliance	2016 Compliance	2017 Compliance
Regulation 21: Privacy	X	X	X Moderate
Regulation 22: Premises	X	X	X High
Regulation 26: Staffing	X	X	X Moderate
Rules Governing the Use of Seclusion	X	X	X High
Part 4 of the Mental Health Act 2001: Consent to Treatment	X	✓	X High
Code of Practice on the Use of Physical Restraint in Approved Centres	✓	X	X High
Code of Practice Relating to Admission of Children under the Mental Health Act 2001	X	X	X High
Code of Practice Guidance for Persons Working in Mental Health Services with People with Intellectual Disabilities	✓	X	X Moderate
Code of Practice on Admission, Transfer and Discharge to and from an Approved Centre	X	X	X 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.

Areas of compliance rated Excellent on this inspection

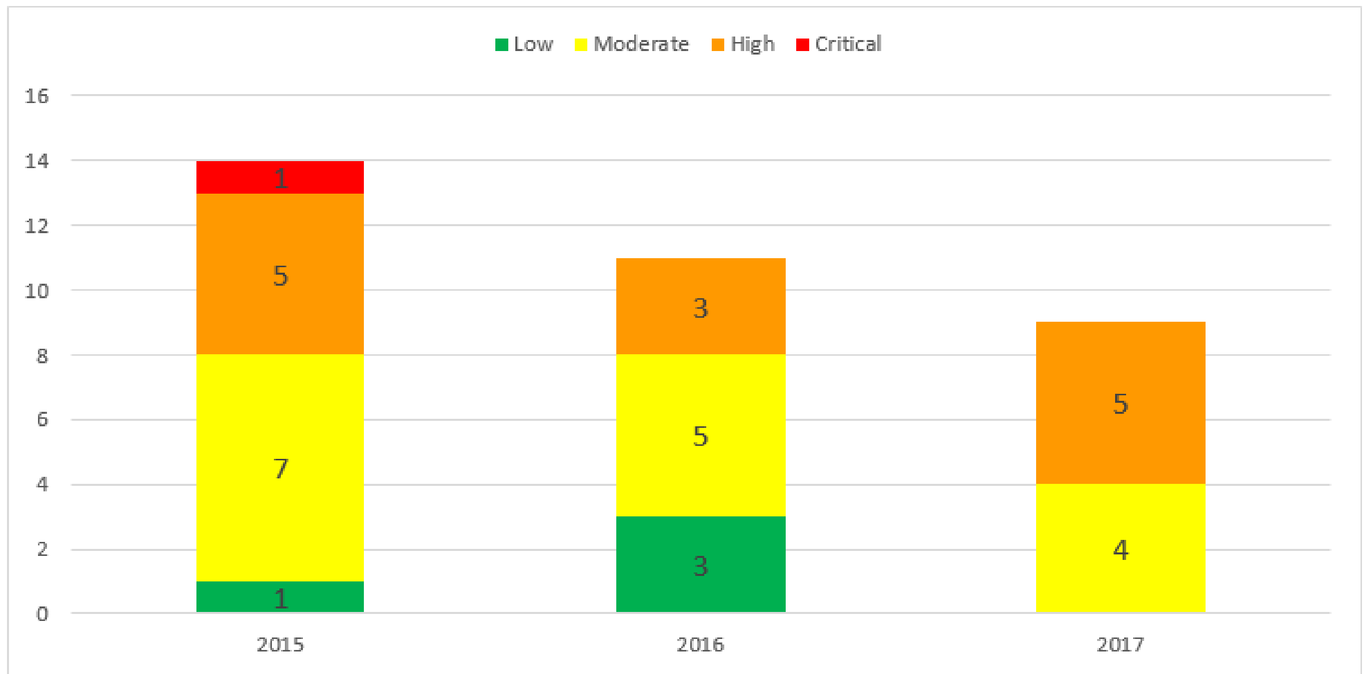
The following areas were rated excellent on this inspection:

Regulation
Regulation 4: Identification of Residents
Regulation 7: Clothing
Regulation 10: Religion
Regulation 11: Visits
Regulation 30: Mental Health Tribunals
Regulation 31: Complaints Procedures

Overall Risk Comparison

Where non-compliance is determined, the risk level of the non-compliance will be assessed. Risk ratings across all non-compliant areas are summarised in the chart below.

Chart 2 – Comparison of overall risk ratings 2015 – 2017



Sliabh Mis Mental Health Admission Unit, University Hospital Kerry

ID Number: AC0055

2017 Approved Centre Inspection Report (Mental Health Act 2001)

Sliabh Mis Mental Health Admission Unit, University Hospital Kerry
Rathass
Tralee
Co Kerry

Approved Centre Type:
Acute Adult Mental Health Care

Most Recent Registration Date:
01 March 2017

Conditions Attached:
Yes

Registered Proprietor:
HSE

Registered Proprietor Nominee:
Ms Sinéad Glennon, Head of Mental Health Services - Cork & Kerry

Inspection Team:
Marianne Griffiths, Lead Inspector
Noeleen Byrne
Mary Connellan
David McGuinness
Donal O'Gorman

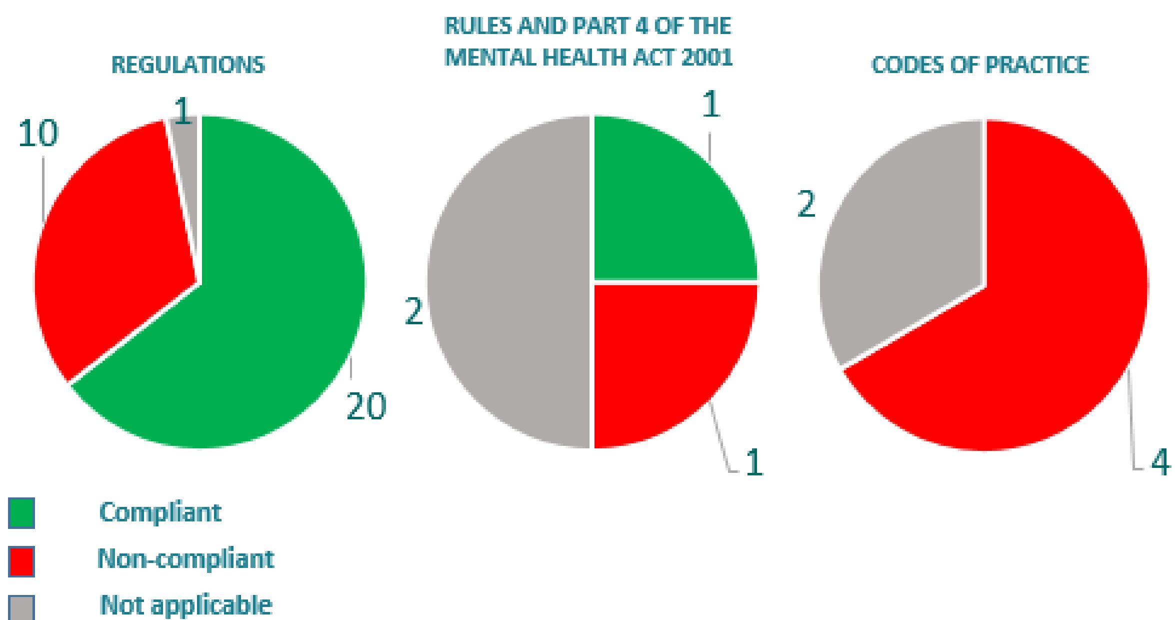
Inspection Date:
20 – 23 June 2017

Inspection Type:
Unannounced Annual Inspection

Previous Inspection Date:
11 – 14 October 2016

The Inspector of Mental Health Services:
Dr Susan Finnerty MCRN009711

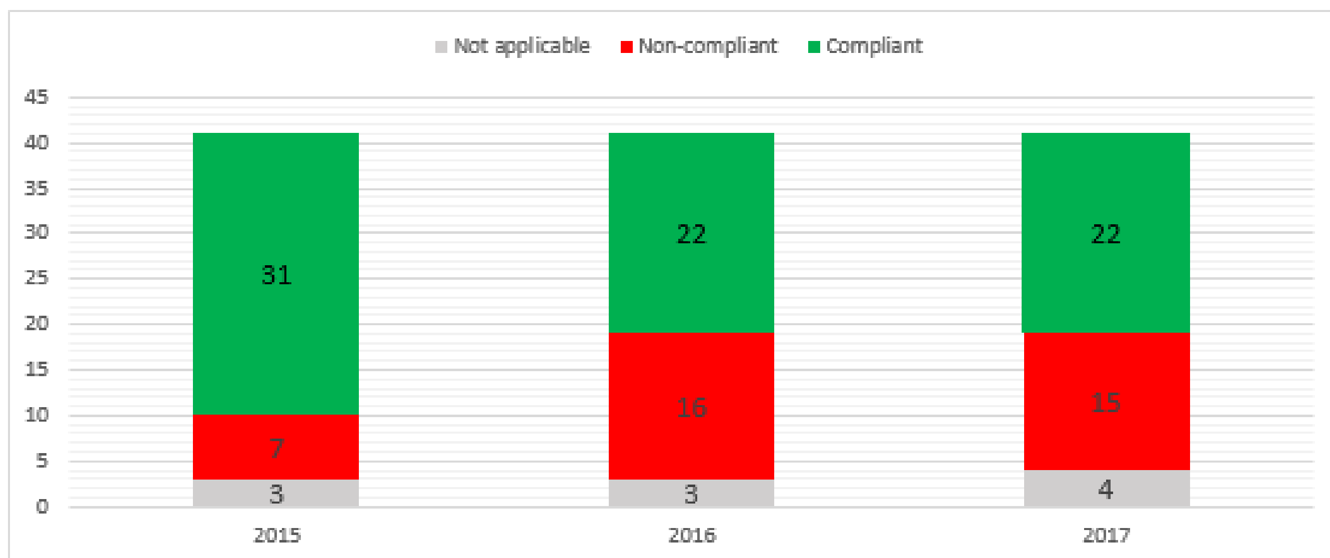
Date of Publication:
9 November 2017



RATINGS SUMMARY 2015 – 2017

Compliance ratings across all 41 areas of inspection are summarised in the chart below.

Chart 1 – Comparison of overall compliance ratings 2015 – 2017



Conditions to registration

The approved centre had two conditions in place:

- Condition 1: To ensure adherence to *Regulation 21: Privacy* and *Regulation 22: Premises*, the approved centre shall implement a programme of maintenance to ensure the premises are safe and meet the needs, privacy and dignity of the resident group. The approved centre shall provide a progress update on the programme of maintenance to the Mental Health Commission in a form and frequency prescribed by the Commission.

- Condition 2: To ensure adherence to *Regulation 15: Individual Care Plan*, the approved centre shall audit their individual care plans on a monthly basis. The approved centre shall provide a report on the results of the audits to the Mental Health Commission in a form and frequency prescribed by the Commission.

Non-compliant areas from 2016 inspection

The previous inspection of the approved centre on 11 – 14 October 2016 identified the following areas that were not compliant. The approved centre was requested to provide Corrective and Preventative Actions (CAPAs) for areas of non-compliance and these were published with the 2016 inspection report.

Regulation/Rule/Act/Code	2017 Inspection Findings
Regulation 8: Residents' Personal Property and Possessions	Non-Compliant

Regulation 11: Visits	Compliant
Regulation 15: Individual Care Plan	Non-Compliant
Regulation 17: Children's Education	Non-Compliant
Regulation 21: Privacy	Compliant
Regulation 22: Premises	Non-Compliant
Regulation 26: Staffing	Non-Compliant
Regulation 28: Register of Residents	Non-Compliant
Regulation 32: Risk Management Procedures	Non-Compliant
Rules Governing the Use of Seclusion	Non-Compliant
Part 4 of the Mental Health Act 2001: Consent to Treatment	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	Non-Compliant
Code of Practice for Mental Health Services on Notification of Deaths and Incident Reporting	Non-Compliant
Code of Practice Guidance for Persons working in Mental Health Services with People with Intellectual Disabilities	Not Applicable
Code of Practice on Admission, Transfer and Discharge to and from an Approved Centre	Compliant

Non-compliant areas on this inspection

Non-compliant (X) areas on this inspection are detailed below. Also shown is whether the service was compliant (✓) or non-compliant (X) in these areas in 2016 and 2015:

Regulation/Rule/Act/Code	2015 Compliance	2016 Compliance	2017 Compliance
Regulation 7: Clothing	✓	✓	X Moderate
Regulation 8: Residents' Personal Property and Possessions	✓	X	X High
Regulation 15: Individual Care Plan	X	X	X Critical
Regulation 16: Therapeutic Services and Programmes	✓	✓	X High
Regulation 17: Children's Education	✓	X	X Moderate
Regulation 22: Premises	✓	X	X High
Regulation 26: Staffing	✓	X	X Critical
Regulation 27: Maintenance of Records	X	✓	X Moderate
Regulation 28: Register of Residents	✓	X	X Moderate

Regulation 32: Risk Management Procedures	✓	X	X High
Rules Governing the Use of Seclusion	✓	X	X High
Code of Practice on Physical Restraint	✓	X	X Low
Code of Practice Relating to the Admission of Children under the Mental Health Act 2001	X	X	X High
Code of Practice for Mental Health Services on Notification of Deaths and Incident Reporting	✓	X	X Low
Code of Practice on Admission, Transfer and Discharge to and from an Approved Centre	✓	X	X 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.

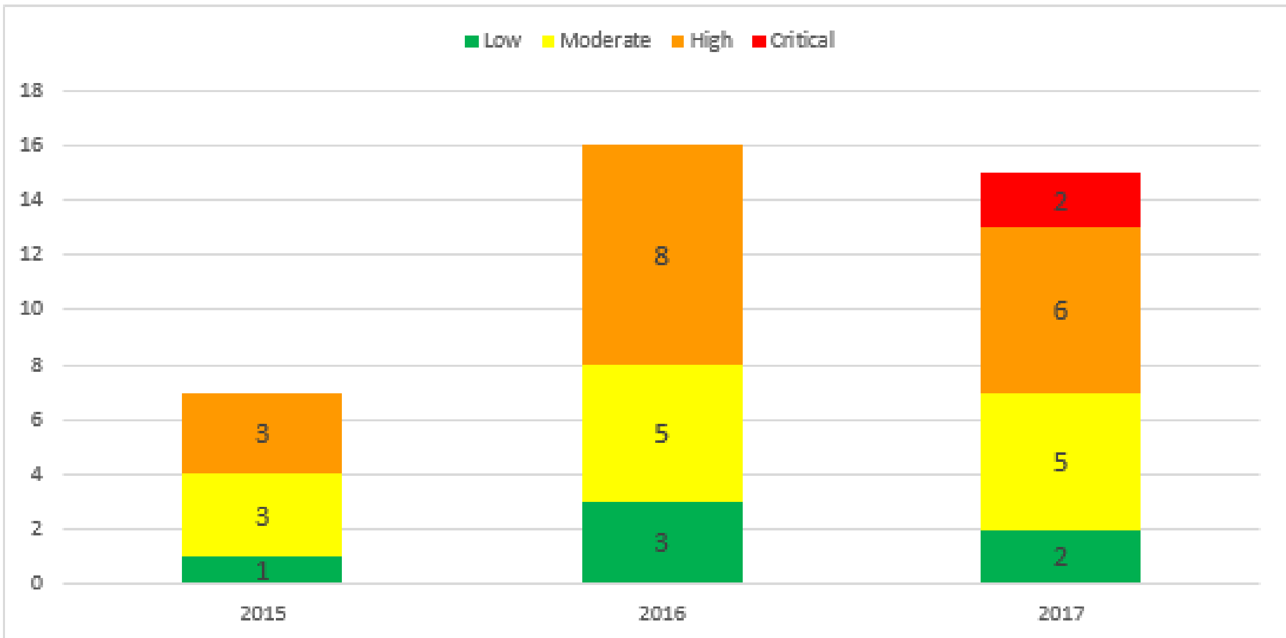
Areas of compliance rated Excellent on this inspection

No areas of compliance were rated excellent on this inspection.

Overall Risk Comparison

Where non-compliance is determined, the risk level of the non-compliance will be assessed. Risk ratings across all non-compliant areas are summarised in the chart below.

Chart 2 – Comparison of overall risk ratings 2015 – 2017



St. Anne's Unit, Sacred Heart Hospital

ID Number: AC0072

2017 Approved Centre Inspection Report (Mental Health Act 2001)

St. Anne's Unit, Sacred Heart Hospital
Castlebar
Co. Mayo

Approved Centre Type:
Psychiatry of Later Life

Most Recent Registration Date:
1 October 2014

Conditions Attached:
None

Registered Proprietor:
HSE

Registered Proprietor Nominee:
Steve Jackson, General Manager, CHO2 – Mental Health Services

Inspection Team:
Dr David McGuinness, Lead Inspector
Donal O'Gorman
Leon Donovan

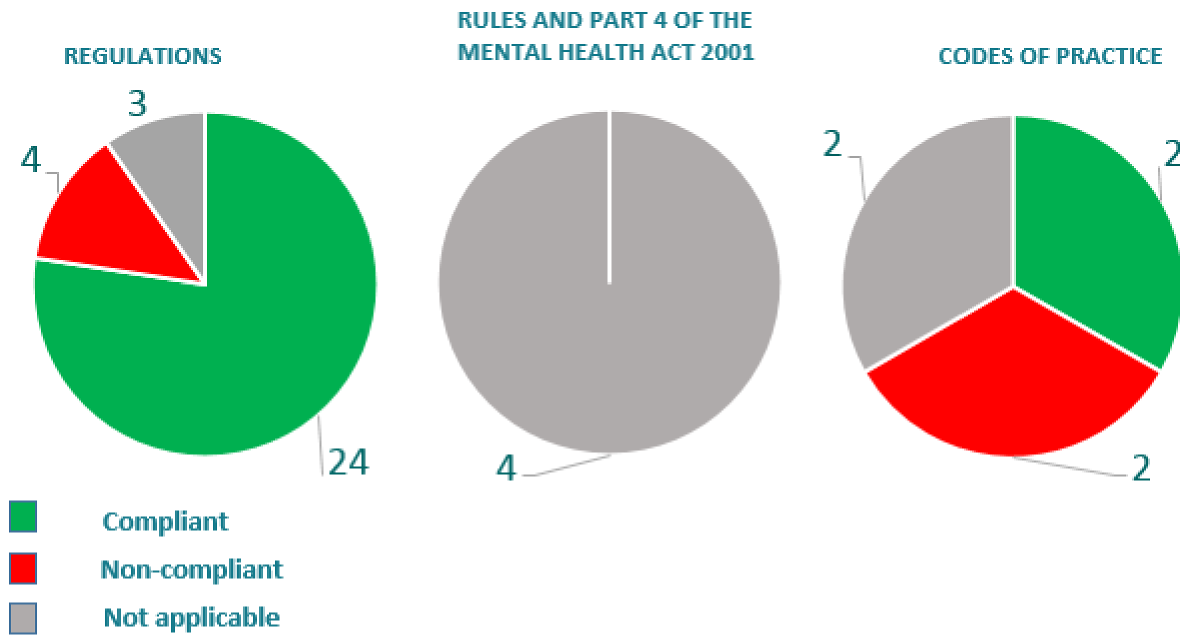
Inspection Date:
30 May – 2 June 2017

Inspection Type:
Unannounced Annual Inspection

Previous Inspection Date:
25 – 28 October 2016

The Inspector of Mental Health Services:
Dr Susan Finnerty MCRN009711

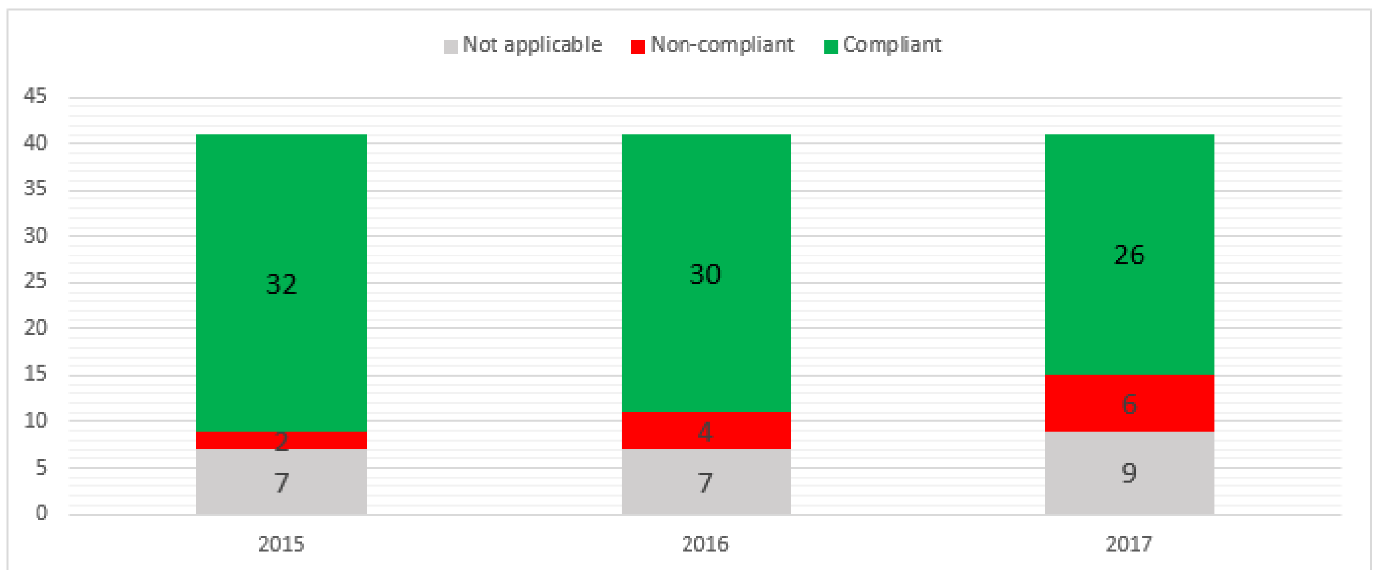
Date of Publication:
26 October 2017



RATINGS SUMMARY 2015 – 2017

Compliance ratings across all 41 areas of inspection are summarised in the chart below.

Chart 1 – Comparison of overall compliance ratings 2015 – 2017



Non-compliant areas from 2016 inspection

The previous inspection of the approved centre on 25 - 28 October 2016 identified the following areas that were not compliant. The approved centre was requested to provide Corrective and Preventative Actions (CAPAs) for areas of non-compliance and these were published with the 2016 inspection report.

Regulation/Rule/Act/Code	2017 Inspection Findings
Regulation 26: Staffing	Non-Compliant
Regulation 28: Register of Residents	Compliant
Code of Practice Guidance for Persons working in Mental Health Services with People with Intellectual Disabilities	Compliant
Code of Practice on Admission, Transfer and Discharge to and from an Approved Centre	Non-Compliant

Non-compliant areas on this inspection

Non-compliant (X) areas on this inspection are detailed below. Also shown is whether the service was compliant (✓) or non-compliant (X) in these areas in 2016 and 2015:

Regulation/Rule/Act/Code	2015 Compliance	2016 Compliance	2017 Compliance
Regulation 15: Individual Care Plan	✓	✓	X Moderate
Regulation 22: Premises	✓	✓	X Moderate
Regulation 26: Staffing	✓	X	X Low
Regulation 32: Risk Management Procedures	✓	✓	X Moderate
Code of Practice for Mental Health Services on Notification of Deaths and Incident Reporting	✓	✓	X Low
Code of Practice on Admission, Transfer and Discharge to and from an Approved Centre	✓	X	X 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.

Areas of compliance rated Excellent on this inspection

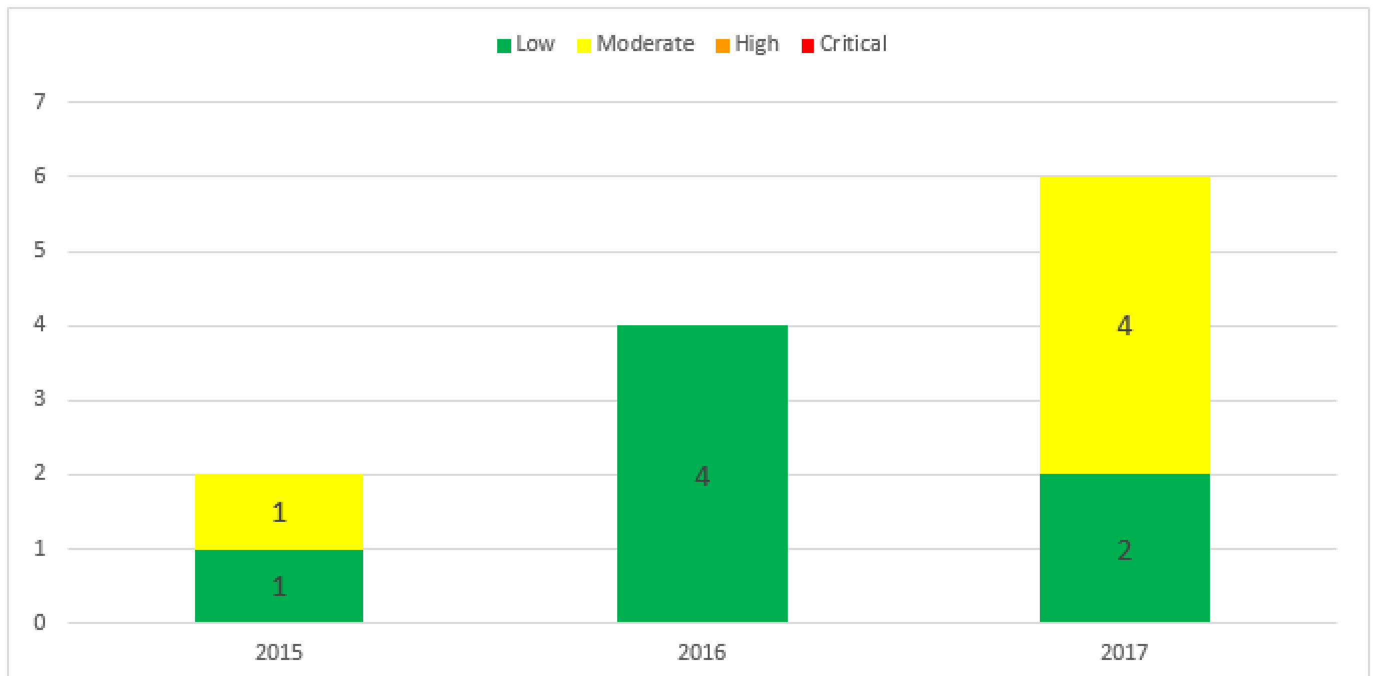
The following areas were rated excellent on this inspection:

Regulation
Regulation 4: Identification of Residents
Regulation 7: Clothing

Overall Risk Comparison

Where non-compliance is determined, the risk level of the non-compliance will be assessed. Risk ratings across all non-compliant areas are summarised in the chart below.

Chart 2 – Comparison of overall risk ratings 2015 – 2017



Le Brun House & Whitethorn House, Vergemount Mental Health Facility

ID Number: AC0095

2017 Approved Centre Inspection Report (Mental Health Act 2001)

Le Brun House & Whitethorn House
Vergemount Mental Health Facility
Clonskeagh Hospital
Clonskeagh
Dublin 6

Approved Centre Type:
Continuing Mental Health Care/Long Stay
Psychiatry of Later Life

Most Recent Registration Date:
9 February 2015

Conditions Attached:
None

Registered Proprietor:
HSE

Registered Proprietor Nominee:
Ms Martina Queally, Chief Officer, CHO 6

Inspection Team:
Sandra McGrath, Lead Inspector
Carol Brennan-Forsyth
Leon Donovan

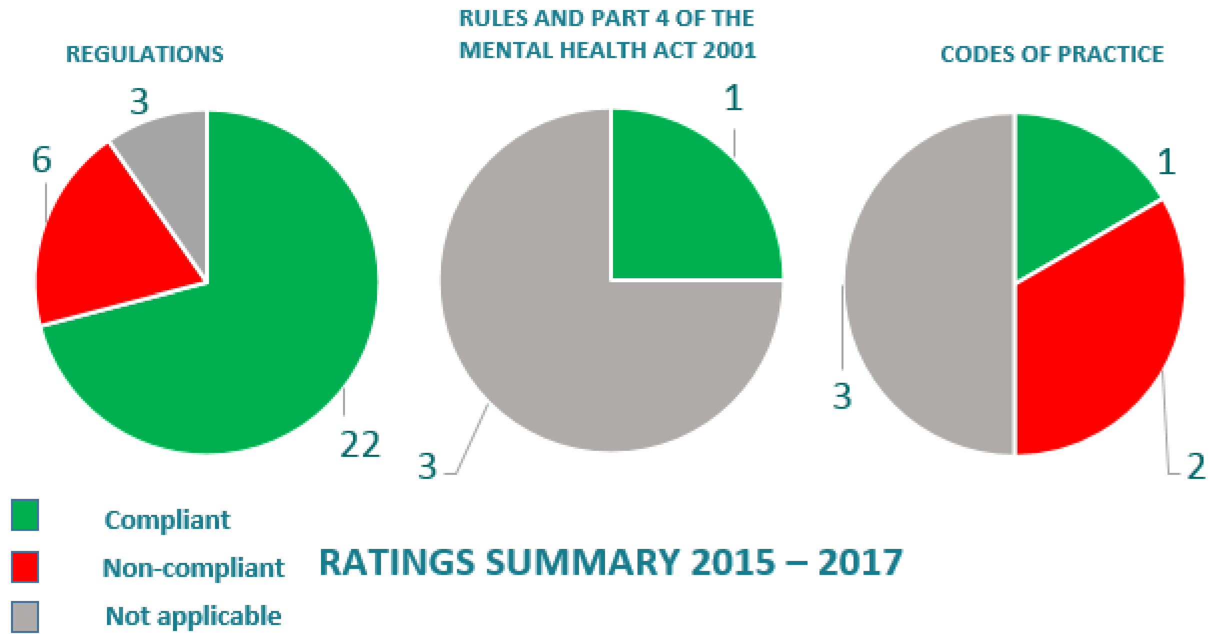
Inspection Date:
20 – 22 June 2017

Inspection Type:
Unannounced Annual Inspection

Previous Inspection Date:
4 – 7 October 2016

The Inspector of Mental Health Services:
Dr Susan Finnerty MCRN009711

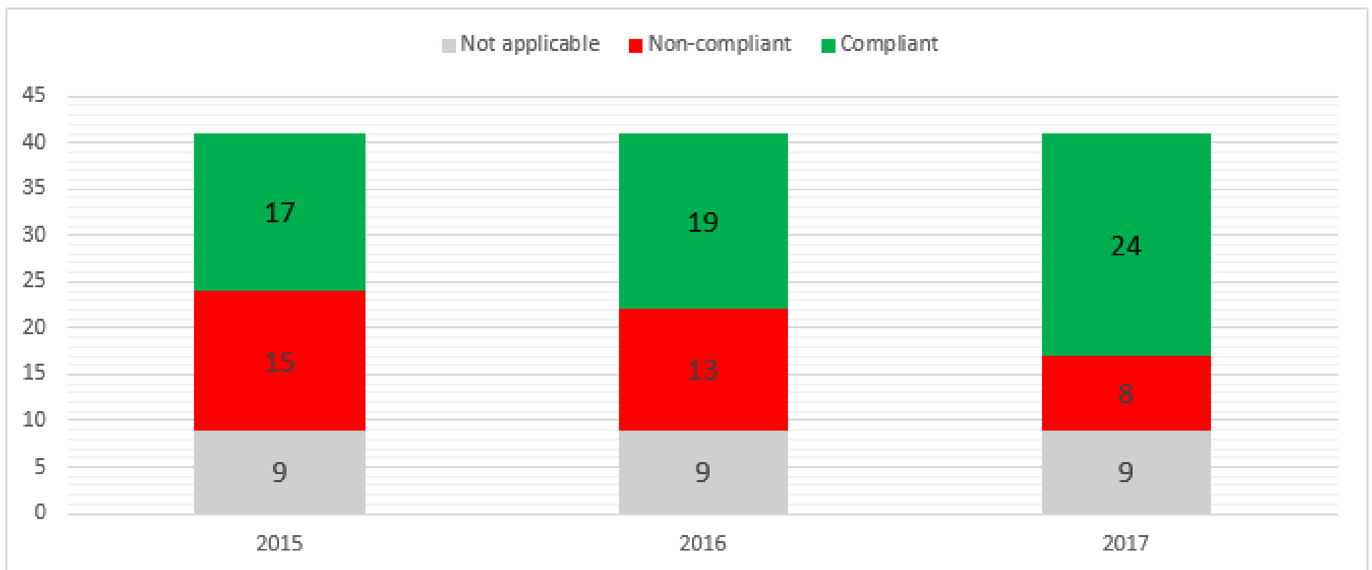
Date of Publication:
9 November 2017



RATINGS SUMMARY 2015 – 2017

Compliance ratings across all 41 areas of inspection are summarised in the chart below:

Chart 1 – Comparison of overall compliance ratings 2015 – 2017



Non-compliant areas from 2016 inspection

The previous inspection of the approved centre on 4 – 6 October 2016 identified the following areas that were non-compliant. The approved centre was requested to provide Corrective and Preventative Actions (CAPAs) for areas of non-compliance and these were published with the 2016 inspection report.

Regulation/Rule/Act/Code	2017 Inspection Findings
Regulation 8: Residents' Personal Property and Possessions	Compliant
Regulation 15: Individual Care Plan	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	Compliant
Regulation 26: Staffing	Non-Compliant
Regulation 27: Maintenance of Records	Compliant
Regulation 29: Operating Policies and Procedures	Compliant
Regulation 31: Complaints Procedures	Compliant
Regulation 32: Risk Management Procedures	Non-Compliant
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

Non-compliant areas on this inspection

Non-compliant (X) areas on this inspection are detailed below. Also shown is whether the service was compliant (✓) or non-compliant (X) in these areas in 2016 and 2015:

Regulation/Rule/Act/Code	2015 Compliance	2016 Compliance	2017 Compliance
Regulation 16: Therapeutic Services and Programmes	✓	✓	X High
Regulation 19: General Health	✓	✓	X Moderate
Regulation 21: Privacy	X	X	X Low
Regulation 22: Premises	X	X	X High
Regulation 26: Staffing	X	X	X High
Regulation 32: Risk Management Procedures	✓	X	X Moderate
Code of Practice for Mental Health Services on Notification of Deaths and Incident Reporting	X	X	X Low
Code of Practice on Admission, Transfer and Discharge to and from an Approved Centre	X	X	X 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.

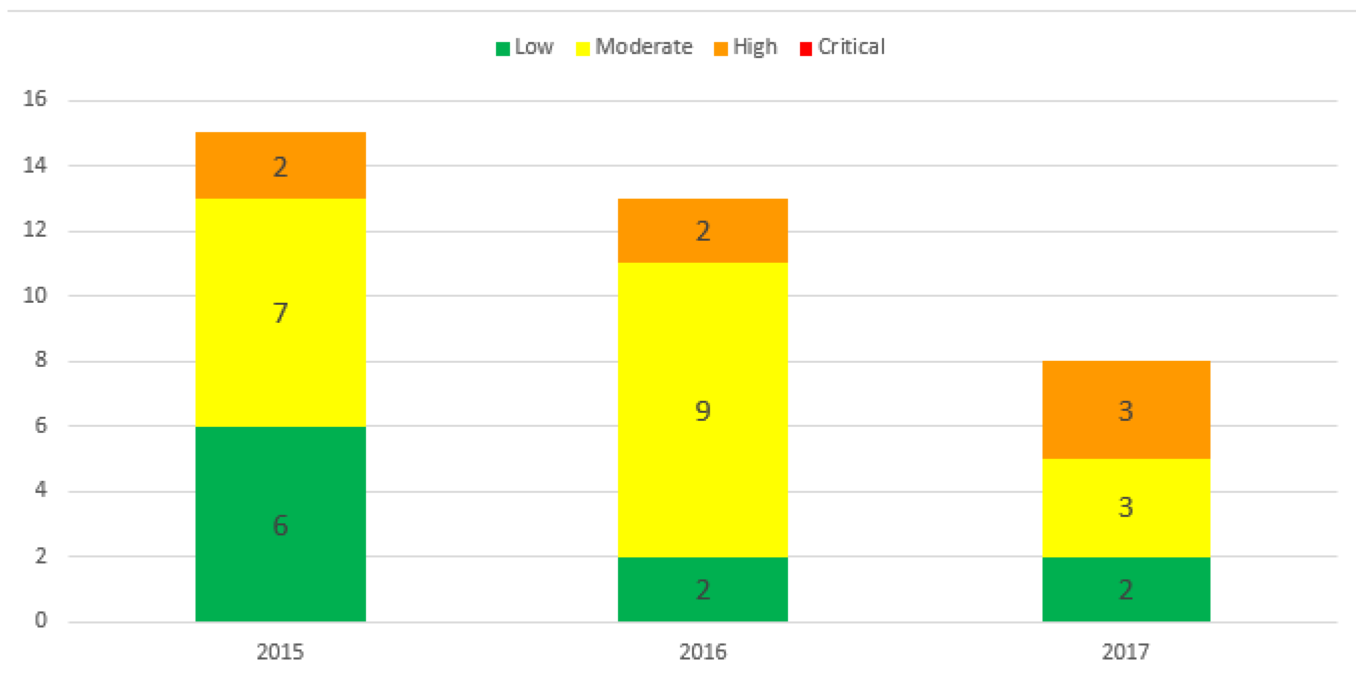
Areas of compliance rated Excellent on this inspection

No areas of compliance were rated excellent on this inspection.

Overall Risk Comparison

Where non-compliance is determined, the risk level of the non-compliance will be assessed. Risk ratings across all non-compliant areas are summarised in the chart below.

Chart 2 – Comparison of overall risk ratings 2015 – 2017



Creagh Suite, St. Brigid's Healthcare Campus

ID Number: AC0100

2017 Approved Centre Inspection Report (Mental Health Act 2001)

Creagh Suite
St. Brigid's Healthcare Campus
Creagh
Ballinasloe
Co. Galway

Approved Centre Type:
Continuing Mental Health Care/Long Stay
Psychiatry of Later Life

Most Recent Registration Date:
3 October 2016

Conditions Attached:
None

Registered Proprietor:
HSE

Registered Proprietor Nominee:
Mr Steve Jackson, General Manager, CHO 2 - Mental Health Services

Inspection Team:
Siobhán Dinan, Lead Inspector
Donal O'Gorman
Barbara Morrissey

Inspection Date:
27 – 30 June 2017

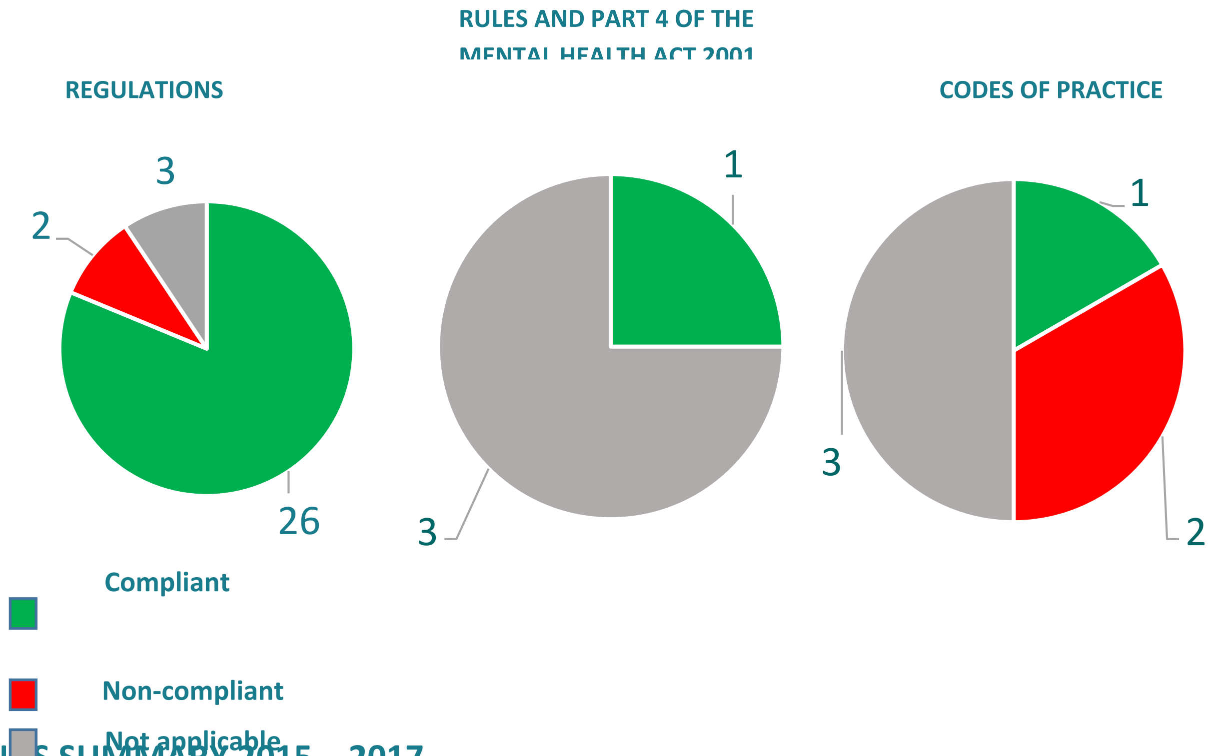
Inspection Type:
Unannounced Annual Inspection

Previous Inspection Date:
1 – 4 November 2016

The Inspector of Mental Health Services:
Dr Susan Finnerty MCRN009711

Date of Publication:
9 November 2017

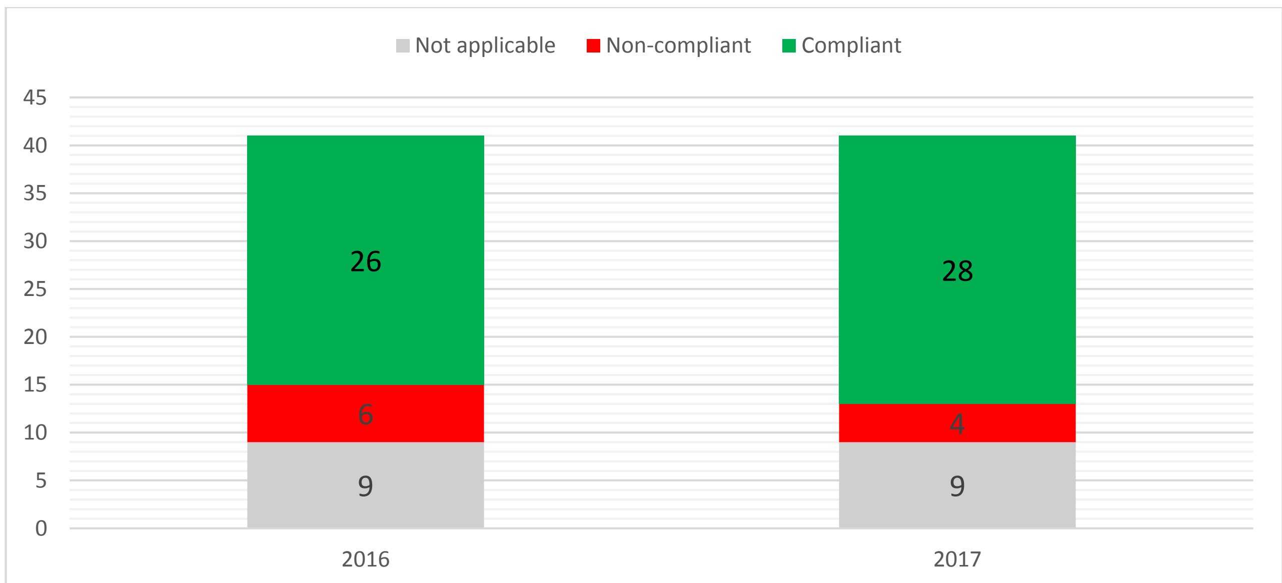
COMPLIANCE RATINGS 2017



RATINGS SUMMARY 2015 – 2017

Compliance ratings across all 41 areas of inspection are summarised in the chart below.

Chart 1 – Comparison of overall compliance ratings 2016 – 2017



Non-compliant areas from 2016 inspection

The previous inspection of the approved centre on 1 – 4 November 2016 identified the following areas that were non-compliant. The approved centre was requested to provide Corrective and Preventative Actions (CAPAs) for areas of non-compliance and these were published with the 2016 inspection report.

Regulation/Rule/Act/Code	2017 Inspection Findings
Regulation 9: Recreational Activities	Compliant
Regulation 16: Therapeutic Services and Programmes	Compliant
Regulation 23: Ordering, Prescribing, Storing and Administration of Medicines	Compliant
Regulation 26: Staffing	Non-compliant
Regulation 29: Operating Policies and Procedures	Compliant
Code of Practice on the Use of Physical Restraint in Approved Centres	Non-compliant

Non-compliant areas on this inspection

Non-compliant (X) areas on this inspection are detailed below. Also shown is whether the service was compliant (✓) or non-compliant (X) in these areas in 2016.

Regulation/Rule/Act/Code	2016 Compliance	2017 Compliance
Regulation 26: Staffing	X	X **Moderate**
Regulation 27: Maintenance of Records	✓	X **Moderate**
Code of Practice on the Use of Physical Restraint in Approved Centres	X	X **Low**

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

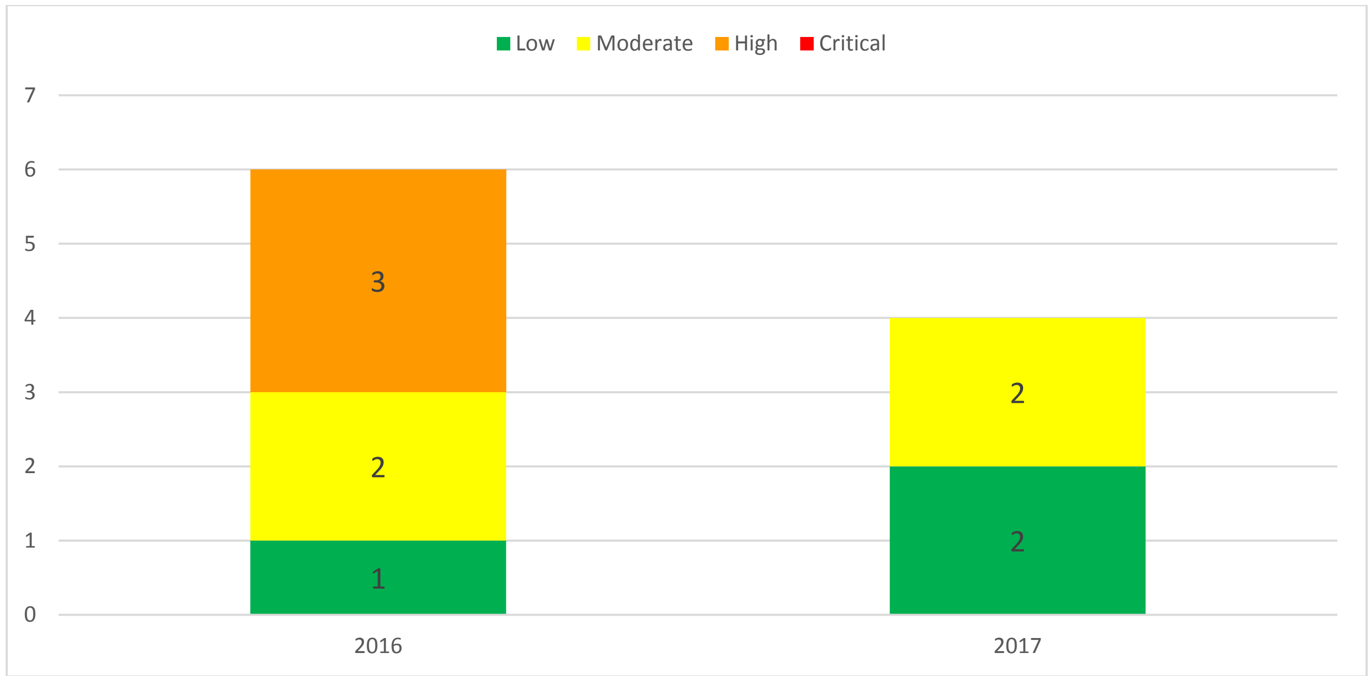
Areas of compliance rated Excellent on this inspection

The following areas were rated excellent on this inspection:

Regulation
Regulation 5: Food and Nutrition
Regulation 7: Clothing
Regulation 8: Residents' Personal Property and Possessions
Regulation 10: Religion

Overall Risk Comparison

Chart 2 – Comparison of overall risk ratings 2016 – 2017



Low
Moderate
High
Critical
7
6
5
4
3
2
1
0
3
2
1
2
2
2016
2017

Lois Bridges

ID Number: AC0079

2017 Approved Centre Focused Inspection Report (Mental Health Act 2001)

Lois Bridges
3 Greenfield Road
Sutton
Dublin 13

Approved Centre Type:
Acute Adult Mental Health Care

Most Recent Registration Date:
19 January 2016

Conditions Attached:
None

Registered Proprietor:
Ms Melanie Wright

Registered Proprietor Nominee:
N/A

Inspection Team:
Dr Susan Finnerty, Lead Inspector
David McGuinness

Inspection Date:
17 – 18 August 2017

Previous Inspection Date:
21 – 24 March 2017

Inspection Type:
Focused Inspection

The Inspector of Mental Health Services:
Dr Susan Finnerty MCRN009711

Date of Publication:
9 November 2017

Reason and Scope of focused inspection

The previous inspection of the approved centre on 21 – 24 March 2017 identified the following areas of concern:

Regulation/Rule/Act/Code	Risk Rating
Regulation 20: Provision of Information to Residents	Moderate
Regulation 22: Premises	High
Regulation 23: Ordering, Prescribing, Storing and Administration of Medicines	High
Regulation 26: Staffing	Critical
Regulation 27: Maintenance of Records	Low

Regulation 32: Risk Management Procedures	Critical
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	High

In view of the critical risk rating for the non-compliance with Regulation 26: Staffing and Regulation 32: Risk Management Procedures, an Immediate Action Notice was issued to the registered proprietor.

It was determined that a focused inspection should be undertaken to gather further information in relation to these areas to ascertain whether appropriate actions had been taken to address the risks identified.

Focus of inspection

The focus of the inspection was as follows:

- To determine whether the medical and nursing care in Lois Bridges was appropriate.
- To determine whether the care and treatment provided was safe.
- To determine whether the admission and discharge processes to Lois Bridges were appropriate.

Specific legislative requirements, or parts thereof, inspected as part of the focused inspection were as follows:

Regulation/Rule/Act/Code	Part (or full regulation)
Regulation 23: Ordering, Prescribing, Storing and Administration of Medicines	Full
Regulation 26: Staffing	Full
Regulation 32: Risk Management Procedures	Full
Code of Practice on Admission, Transfer and Discharge to and from an Approved Centre	Full

Summary of Findings

The focused inspection was carried out as there had been serious concerns following the annual inspection in March 2017, regarding safety of the residents and staffing of the approved centre. Non-compliance in risk management procedures and staffing were risk rated as critical. In particular, the inspectors were concerned about the number of ligature anchor points in the approved centre and the lack of registered psychiatric nurses on duty and in charge at all times. It was determined that a focused inspection should be undertaken to gather further information in relation to these areas and to ascertain whether appropriate actions had been taken to address the risks identified.

During this focused inspection, the inspectors found that the ligatures and ligature anchor points remained. Although the inspectors were informed that these would be rectified imminently, no work had commenced.

Despite the fact that Lois Bridges was a specialist Eating Disorder unit, there was no arrangement for specialist medical input. The approved centre relied on a GP and the emergency department of general hospitals.

The non-compliance with Regulation 32: Risk Management was again risk rated as critical.

A registered psychiatric nurse was not on duty and in charge of the approved centre at all times and the skill mix of staff was not appropriate to the assessed needs of residents.

The clinical director was on duty 24 hours a day, seven days a week and also in another full-time post in another approved centre.

Not all staff had up-to-date, mandatory training in Basic Life Support and fire safety.

Non-compliance with Regulation 26 Staffing was again risk-rated as critical.

The approved centre was again non-compliant with Regulation 23: Ordering, Prescribing, Storage and Administration of Medicines and this was risk-rated as high.

There were numerous deficits in the admission, transfer and discharge processes. On the previous inspection there had been no admission criteria; on this inspection admission criteria were in place.

Outcome of findings

Regulation/Rule/Act/Code	Risk Rating
Regulation 23: Ordering, Prescribing, Storing and Administration of Medicines	High
Regulation 26: Staffing	Critical
Regulation 32: Risk Management Procedures	Critical
Code of Practice on Admission, Transfer and Discharge to and from an Approved Centre	High

Rehabilitation and Recovery Mental Health Unit, St. John's Hospital Campus

ID Number: AC0101

2017 Approved Centre Focused Inspection Report (Mental Health Act 2001)

St. John's Hospital Campus
Ballytivnan
Sligo
Co. Sligo

Approved Centre Type:
Continuing Mental Health Care/Long Stay
Mental Health Rehabilitation

Most Recent Registration Date:
17 November 2016

Conditions Attached:
Yes

Registered Proprietor:
HSE

Registered Proprietor Nominee:
Ms Teresa Dykes

Inspection Team:
Dr Susan Finnerty, Lead Inspector
Dr Enda Dooley
Ms Barbara Morrissey

Inspection Date:
8 – 11 August 2017

Inspection Type:
Focused Inspection

Previous Inspection Date:
29 November – 1 December 2016

The Inspector of Mental Health Services:
Dr Susan Finnerty MCRN009711

Date of Publication:
9 November 2017

Reason and Scope of focused inspection

The previous inspection of the approved centre on 29 November – 1 December 2016 identified the following areas of concern:

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 Medicines	High
Regulation 26: Staffing	High
Regulation 32: Risk Management Procedures	Moderate
Rules Governing the Use of Mechanical Means of Bodily Restraint	High

Ongoing monitoring of the Corrective and Preventative Actions (CAPA) and staff training report updates following the 2016 inspection demonstrated that there were no staff assigned to the approved centre except nursing, domestic attendants and multi-task attendants; there was no consultant psychiatrist assigned to the approved centre; and no multidisciplinary input into the care and treatment of residents. The updates showed little or no progress on actions that were to be completed by 31 December 2016.

It was determined that a focused inspection should be undertaken to gather further information in relation to these areas and to ascertain whether appropriate actions had been taken to address the risks identified.

Focus of inspection

The focus of the inspection was to assess the following:

- Whether there was an active clinical director for the approved centre.
- The current staffing complement in the approved centre.
- Whether care plans had been developed or reviewed by the MDT.
- Access to therapeutic services.
- Medication practices.
-

Specific legislative requirements, or parts thereof, inspected as part of the focused inspection were as follows:

Regulation/Rule/Act/Code	Part (or full regulation)
Section 71 Mental Health Act 2001	
Regulation 9: Recreational Activities	Full

Regulation 15: Individual Care Plan	Full
Regulation 22: Premises	Full
Regulation 23: Ordering, Prescribing, Storing and Administration of Medicines	Full
Regulation 26: Staffing	Full
Rules Governing the Use of Mechanical Means of Bodily Restraint	Not Applicable

Summary of Findings

The Rehabilitation and Recovery Mental Health Unit did not operate as a rehabilitation unit but as a continuing care unit. A number of residents were inappropriately placed there. Care and treatment was provided by the nursing staff and GP only; there was no occupational therapist, psychologist, social worker or consultant psychiatrist. There was no access to speech and language therapy except on a good will basis and no access to physiotherapy. This was despite clear indication that residents urgently required these inputs. The placement of one resident in the approved centre had resulted in an unacceptable risk to the resident because of their physical needs. As there was no consultant psychiatrist and multidisciplinary team (MDT) for the approved centre, the nurses and GP were making decisions that should be made with the support of the MDT and consultant psychiatrist. There was a non-consultant hospital doctor assigned to the unit but in the absence of a supervising consultant psychiatrist, this was not satisfactory. Furthermore, the lack of access to physiotherapy and speech and language therapy on the basis that residents are in a mental health unit is discriminatory, in view of the fact that these services were available in St John's Hospital to all other non-mental health patients.

There were limited recreational activities. There were no therapeutic services and programmes. This was despite an occupational therapy assessment indicating a need for these inputs. The premises was in a poor state of maintenance and decorative order and not suitable for a rehabilitation unit: there was no laundry room, no training kitchen and only three single bedrooms.

Outcome of findings

Regulation/Rule/Act/Code	Risk Rating
Regulation 9: Recreational Activities	High
Regulation 15: Individual Care Plan	Critical

Regulation 16: Therapeutic Service and Programmes	Critical
Regulation 22: Premises	Critical
Regulation 23: Ordering, Prescribing, Storing and Administration of Medicines	Moderate
Regulation 26: Staffing	Critical
Rules Governing the Use of Mechanical Means of Bodily Restraint	Not Applicable