

Mental Health Commission Approved Centre Inspection Reports

Below you will find a number of Inspection Reports published by the Mental Health Commission.

The Approved Centres reported on are:

1. St. Gabriel's Ward, St. Canice's Hospital, Kilkenny
<http://www.mhcirl.ie/File/2017IRs/St-Canice-s-Hospital-IR-2017.pdf>
2. Central Mental Hospital, Dublin
<http://www.mhcirl.ie/File/2017IRs/Central-Mental-Hospital-IR-2017.pdf>
3. Selskar House, Farnogue Residential Healthcare Unit, Wexford
<http://www.mhcirl.ie/File/2017IRs/Selskar-House-IR-2017.pdf>
4. Highfield Hospital, Dublin
<http://www.mhcirl.ie/File/2017IRs/Highfield-Hospital-IR-2017.pdf>
5. St. Vincent's Hospital, Fairview, Dublin
<http://www.mhcirl.ie/File/2017IRs/St-Vincent-s-Hospital-IR-2017.pdf>
6. St. Joseph's Intellectual Disability Service, Dublin
<http://www.mhcirl.ie/File/2017IRs/St-Joseph-s-Intellectual-Disability-Service-IR-2017.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/

St. Gabriel's Ward, St. Canice's Hospital

ID Number: AC0017

2017 Approved Centre Inspection Report (Mental Health Act 2001)

St. Gabriel's Ward
St. Canice's Hospital
Dublin Road
Kilkenny

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

Most Recent Registration Date:
1 March 2017

Conditions Attached:
None

Registered Proprietor:
HSE

Registered Proprietor Nominee:
Mr David Heffernan, General
Manager, CHO5

Inspection Team:
Dr Ann Marie Murray, MCRN363031, Lead
Inspector
Dr Enda Dooley, MCRN004155
Mary Connellan

Inspection Date:
16 – 19 May 2017

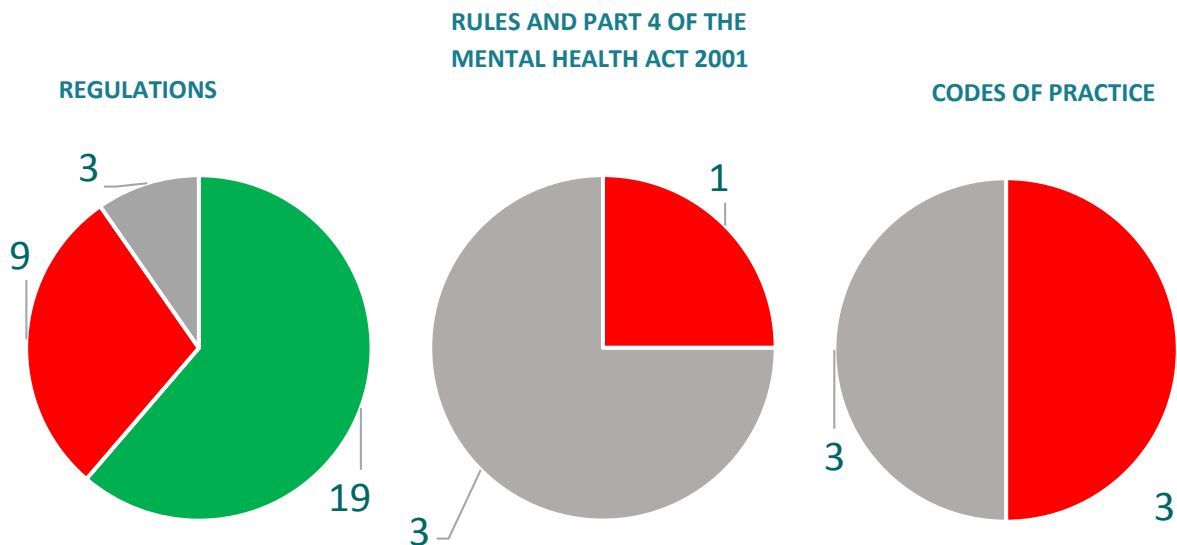
Previous Inspection Date:
26 – 28 July 2016

Inspection Type:
Unannounced Annual Inspection

The Inspector of Mental Health Services:
Dr Susan Finnerty MCRN009711

Date of Publication:
14 December 2017

COMPLIANCE RATINGS 2017

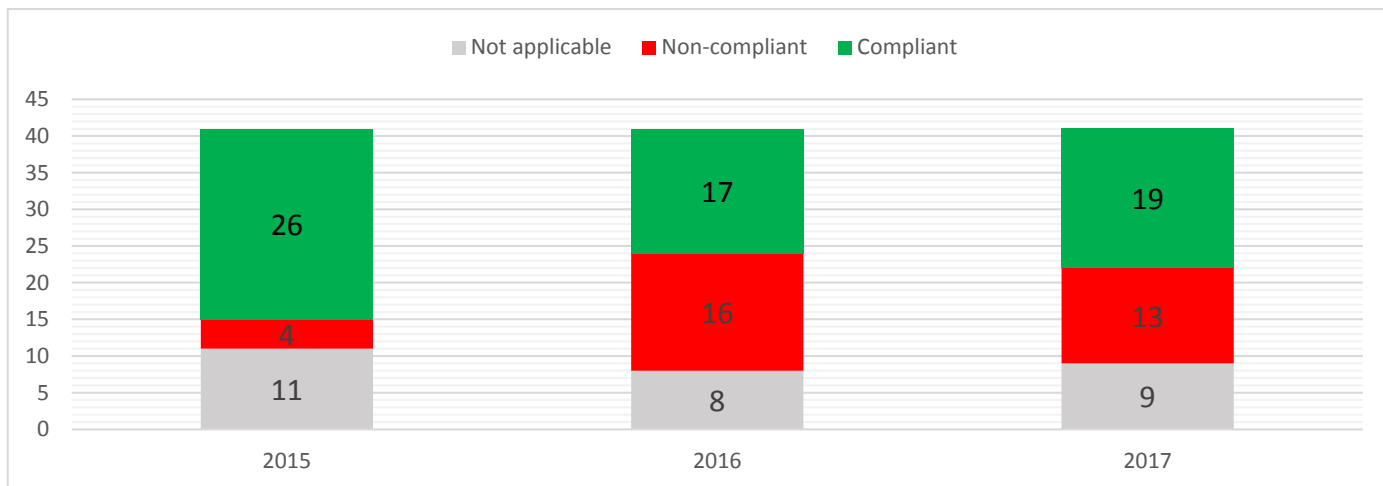




RATINGS SUMMARY 2015 – 2017

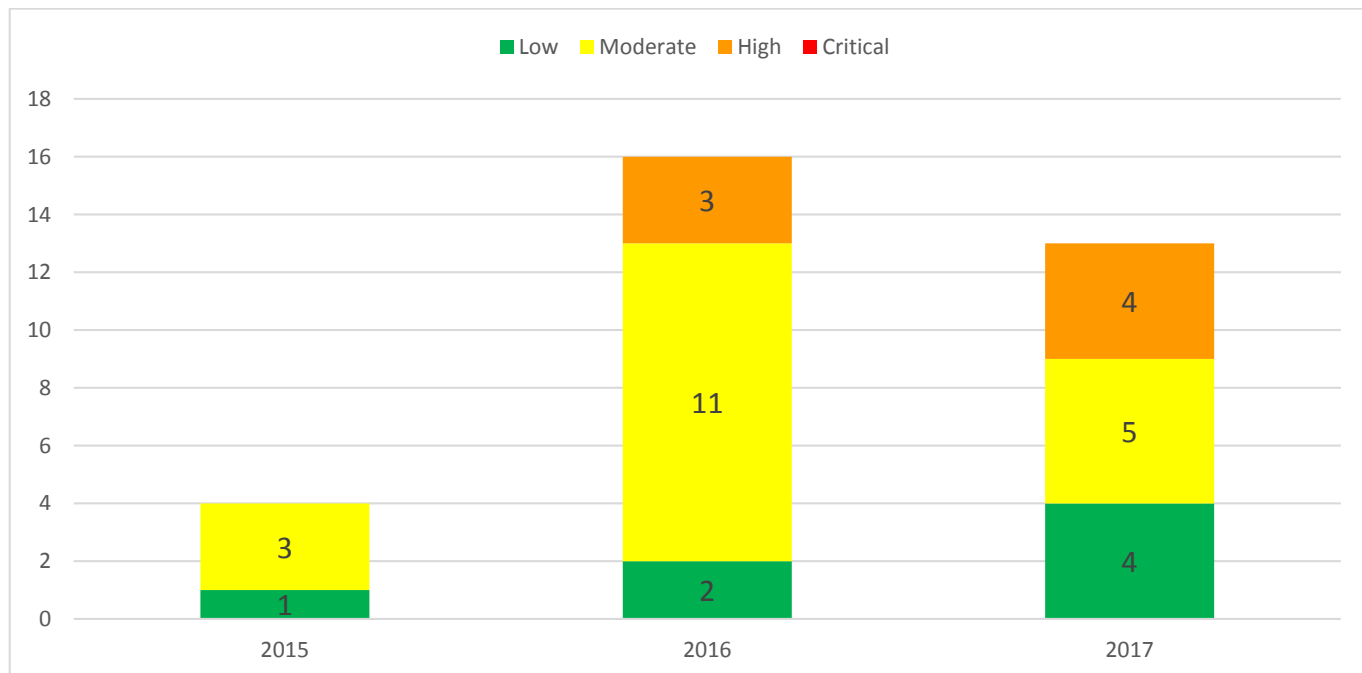
Compliance ratings across all 41 areas of inspection are summarised in the chart below.

Chart 1 – Comparison of overall compliance ratings 2015 – 2017



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



Conditions to registration

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

Non-compliant areas from 2016 inspection

The previous inspection of the approved centre on 26 – 28 July 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 5: Food and Nutrition	Non-Compliant
Regulation 6: Food Safety	Compliant
Regulation 8: Residents' Personal Property and Possessions	Compliant
Regulation 19: General Health	Compliant
Regulation 21: Privacy	Non-Compliant
Regulation 22: Premises	Non-Compliant
Regulation 23: Ordering, Prescribing, Storing and Administration of Medicines	Non-Compliant
Regulation 26: Staffing	Non-Compliant
Regulation 27: Maintenance of Records	Non-Compliant
Regulation 28: Register of Residents	Non-Compliant
Regulation 31: Complaints Procedures	Compliant
Rule Governing the Use of Mechanical Means of Bodily Restraint	Non-Compliant
Code of Practice on the Use of Physical Restraint in Approved Centres	Non-Compliant
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	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 5: Food and Nutrition	✓	X	X Risk: High
Regulation 15: Individual Care Plan	X	✓	X Risk: Low
Regulation 21: Privacy	✓	X	X

			Risk: Moderate
Regulation 22: Premises	✓	X	X Risk: High
Regulation 23: Ordering, Prescribing, Storing and Administration of Medicines	✓	X	X Risk: Moderate
Regulation 26: Staffing	✓	X	X Risk: High
Regulation 27: Maintenance of Records	✓	X	X Risk: Low
Regulation 28: Register of Residents	X	X	X Risk: Moderate
Regulation 29: Operating Policies and Procedures	✓	✓	X Risk: High
Rules Governing the Use of Mechanical Means of Bodily Restraint	✓	X	X Risk: Moderate
Code of Practice on the Use of Physical Restraint in Approved Centres	N/A	X	X Risk: Low
Code of Practice for Mental Health Services on Notification of Deaths and Incident Reporting	✓	X	X Risk: Low
Code of Practice on Admission, Transfer and Discharge to and from an Approved Centre	✓	X	X Risk: 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.

Central Mental Hospital

ID Number: AC0048

2017 Approved Centre Inspection Report (Mental Health Act 2001)

Central Mental Hospital
Dundrum
Dublin 14

Approved Centre Type:
Forensic Mental Health Care

Most Recent Registration Date:
1 March 2017

Conditions Attached:
Yes

Registered Proprietor:
HSE

Registered Proprietor Nominee:
Ms Pauline Gill

Inspection Team:
Noleen Byrne, Lead Inspector
David McGuinness
Barbara Morrissey
Sandra McGrath
Carol Brennan-Forsyth
Donal O’Gorman

Inspection Date:
11 – 14 July 2017

Inspection Type:
Unannounced Annual Inspection

Previous Inspection Date:
15 – 18 November 2016

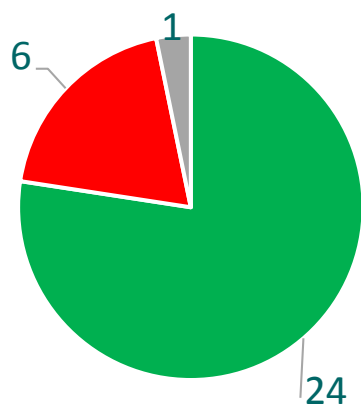
The Inspector of Mental Health Services:
Dr Susan Finnerty MCRN009711

Date of Publication:
14 December 2017

2017 COMPLIANCE RATINGS

RULES AND PART 4 OF THE MENTAL HEALTH ACT 2001

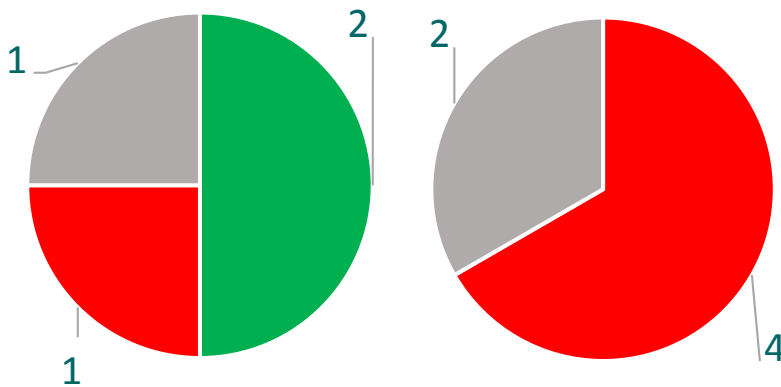
REGULATIONS



Compliant



CODES OF PRACTICE

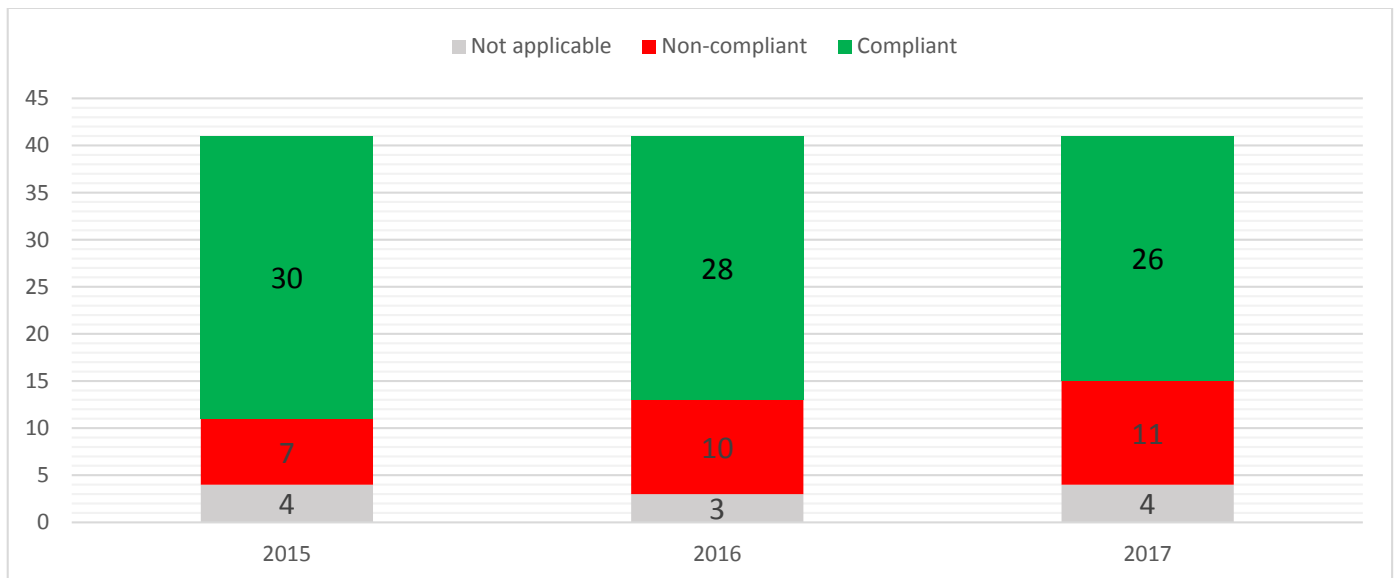


- Non-compliant
- Not applicable

RATINGS SUMMARY 2015 – 2017

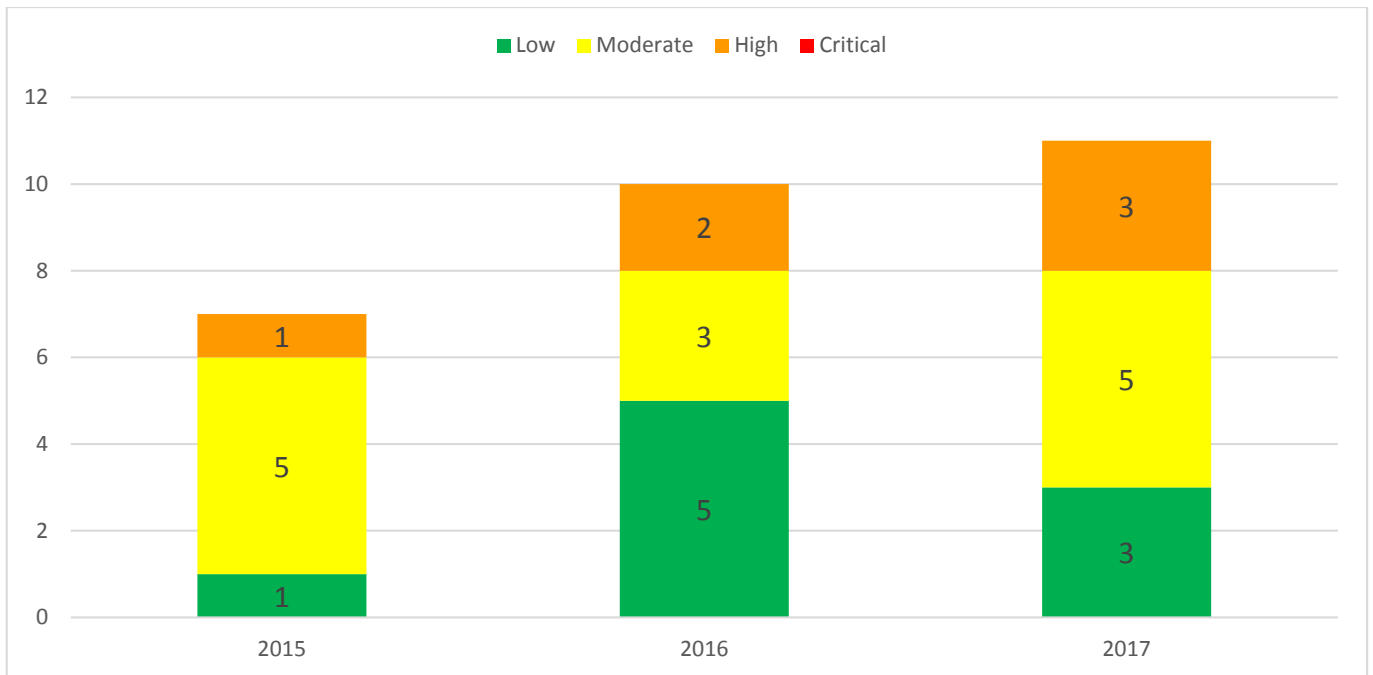
Compliance ratings across all 41 areas of inspection are summarised in the chart below.

[Chart 1 – Comparison of overall compliance ratings 2015 – 2017](#)



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](#)



Conditions to registration

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

Condition: The approved centre shall submit a plan to the Mental Health Commission for the closure of the approved centre, including the transfer or discharge of all current residents. The approved centre shall provide updates on the closure plan in a form and frequency prescribed by the Commission. The updates shall include the ongoing programme of maintenance for the approved centre, up until all residents have been transferred or discharged.

Non-compliant areas from 2016 inspection

The previous inspection of the approved centre on 15 – 18 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 6: Food Safety	Non-Compliant
Regulation 21: Privacy	Compliant
Regulation 22: Premises	Non-Compliant
Regulation 26: Staffing	Non-Compliant
Regulation 27: Maintenance of Records	Non-Compliant
Regulation 28: Register of Residents	Non-Compliant
Code of Practice on the Use of Physical Restraint in Approved Centres	Non-Compliant

Code of Practice for Mental Health Services on the Notification of Deaths and Incident Reporting	Non-Compliant
Code of Practice Guidance for Persons Working in Mental Health Services with People with Intellectual Disabilities	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 5: Food and Nutrition	✓	✓	X Risk: High
Regulation 6: Food Safety	X	X	X Risk: High
Regulation 22: Premises	X	X	X Risk: High
Regulation 26: Staffing	✓	X	X Risk: Moderate
Regulation 27: Maintenance of Records	✓	X	X Risk: Moderate
Regulation 28: Register of Residents	✓	X	X Risk: Moderate
Rules Governing the Use of Seclusion	X	✓	X Risk: Low
Code of Practice on the Use of Physical Restraint in Approved Centres	✓	X	X Risk: Moderate
Code of Practice for Mental Health Services on Notification of Deaths and Incident Reporting	✓	X	X Risk: Moderate
Code of Practice Guidance for Persons Working in Mental Health Services with People with Intellectual Disabilities	✓	X	X Risk: Low
Code of Practice on Admission, Transfer and Discharge to and from an Approved Centre	✓	X	X Risk: 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

No areas of compliance were rated excellent on this inspection.

Selskar House, Farnogue Residential Healthcare Unit

ID Number: AC0092

2017 Approved Centre Inspection Report (Mental Health Act 2001)

Selskar House
Farnogue Residential Healthcare Unit
Old Hospital Road
Co. Wexford

Approved Centre Type:
Psychiatry of Later Life

Most Recent Registration Date:
2 May 2016

Conditions Attached:
None

Registered Proprietor:
HSE

Registered Proprietor Nominee:
Mr David Heffernan, General Manager,
CHO 5 Mental Health Services

Inspection Team:
Carol Brennan-Forsyth, Lead Inspector
David McGuinness
Leon Donovan

Inspection Date:
8 – 11 August 2017

Previous Inspection Date:
18 – 20 October 2016

Inspection Type:
Unannounced Annual Inspection

The Inspector of Mental Health Services:
Dr Susan Finnerty MCRN009711

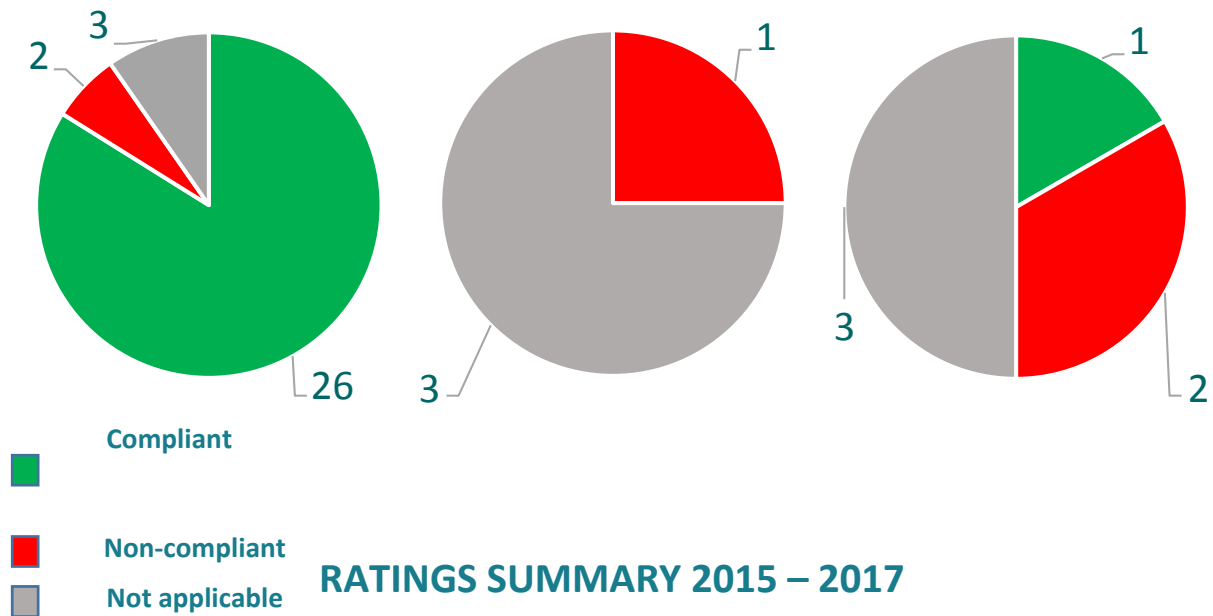
Date of Publication:
14 December 2017

2017 COMPLIANCE RATINGS

REGULATIONS

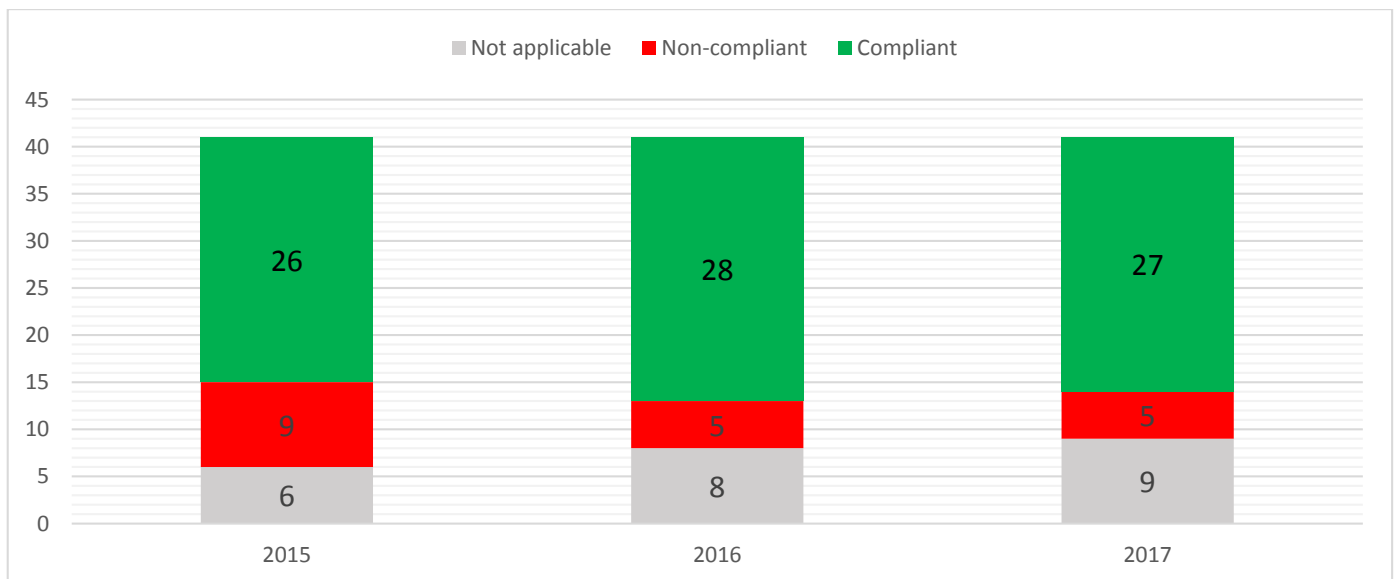
RULES AND PART 4 OF THE
MENTAL HEALTH ACT 2001

CODES OF PRACTICE



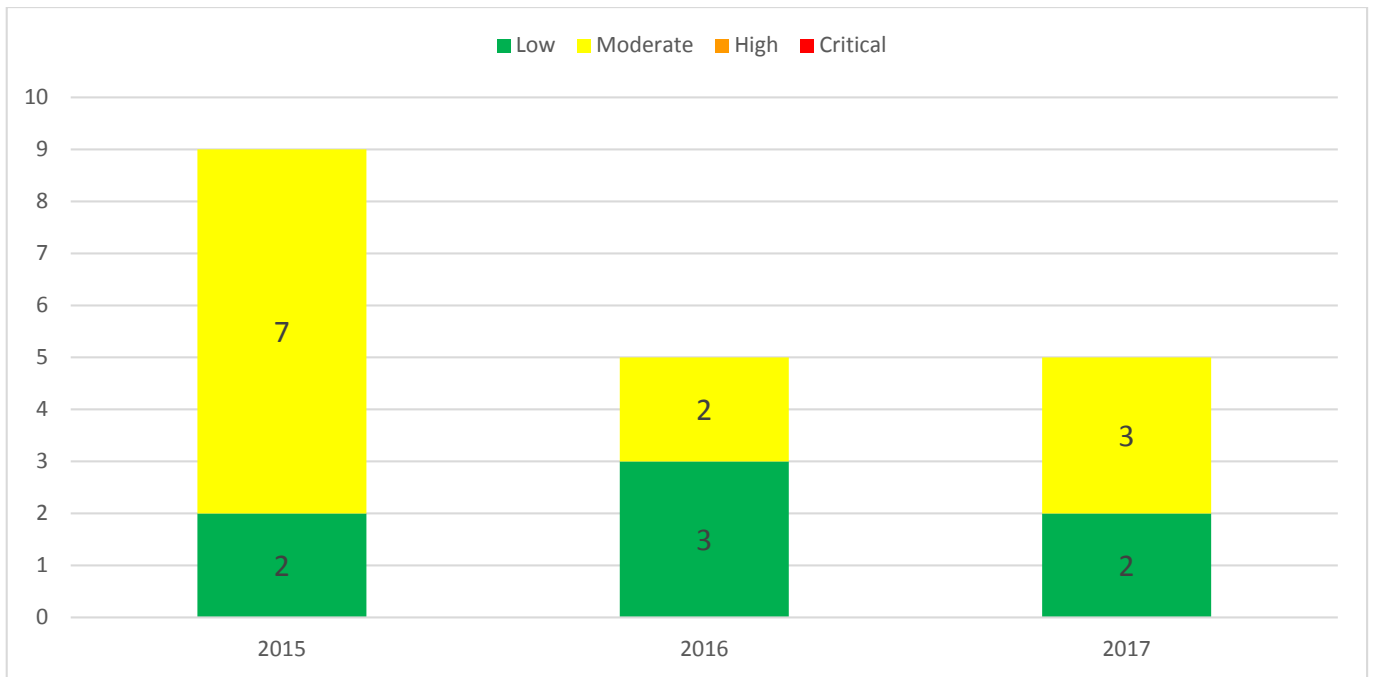
Compliance ratings across all 41 areas of inspection are summarised in the chart below.

Chart 1 – Comparison of overall compliance ratings 2015 – 2017



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



Conditions to registration

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

Non-compliant areas from 2016 inspection

The previous inspection of the approved centre on 18 – 20 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 26: Staffing	Non-Compliant
Regulation 27: Maintenance of Records	Compliant
Code of Practice on the Use of Physical Restraint in Approved Centres	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	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 7: Clothing	✓	✓	X Risk: Low
Regulation 26: Staffing	X	X	X

			Risk: Moderate
Rules Governing the Use of Mechanical Means of Bodily Restraint	X	✓	X Risk: Moderate
Code of Practice for Mental Health Services on Notification of Deaths and Incident Reporting	✓	✓	X Risk: Low
Code of Practice on Admission, Transfer and Discharge to and from an Approved Centre	✓	X	X Risk: 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.

Highfield Hospital

ID Number: AC0088

2017 Approved Centre Inspection Report (Mental Health Act 2001)

Highfield Hospital
Swords Road
Whitehall
Dublin 9

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

Most Recent Registration Date:
30 March 2015

Conditions Attached:
None

Registered Proprietor:
Mr Stephen Eustace, CEO

Registered Proprietor Nominee:
N/A

Inspection Team:
Carol Brennan-Forsyth, Lead Inspector
Orla O'Neill
Sandra McGrath
David McGuinness
Leon Donovan

Inspection Date:
18 – 21 July 2017

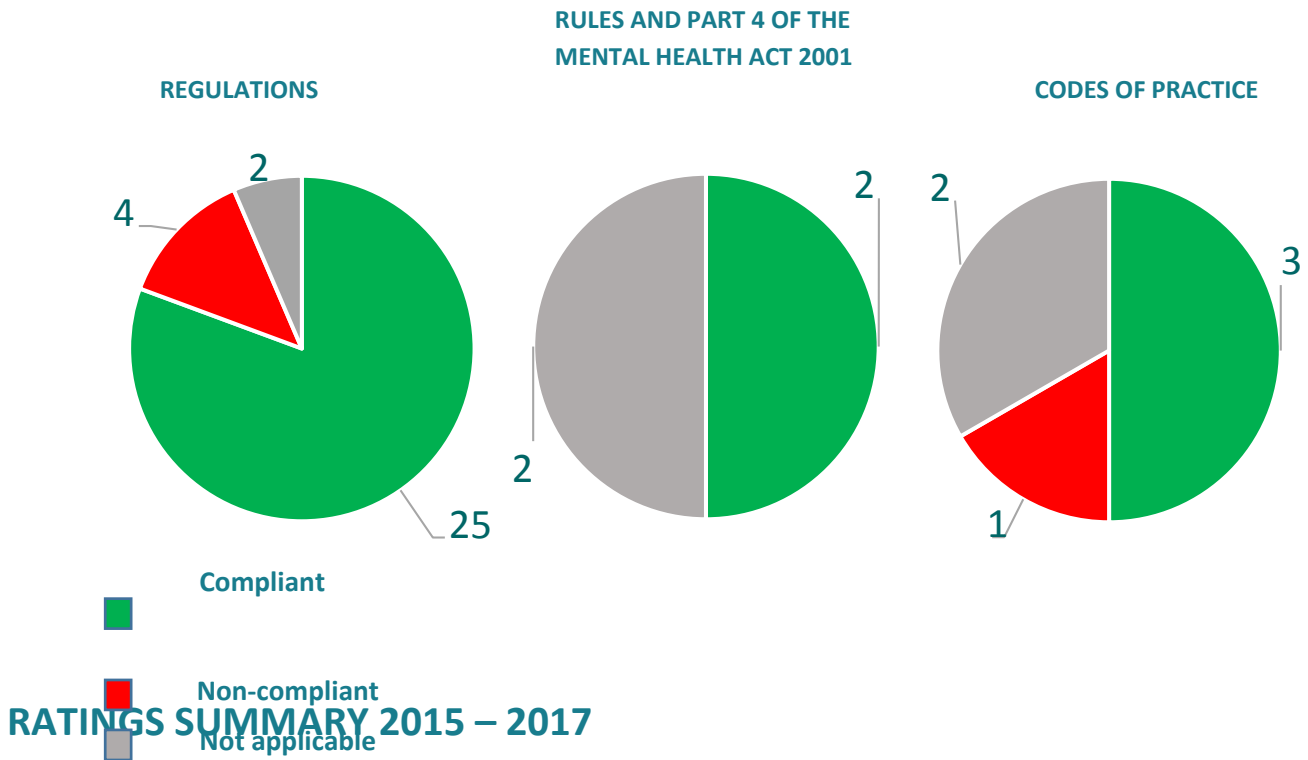
Inspection Type:
Unannounced Annual Inspection

Previous Inspection Date:
27 – 30 September 2016

The Inspector of Mental Health Services:
Dr Susan Finnerty MCRN009711

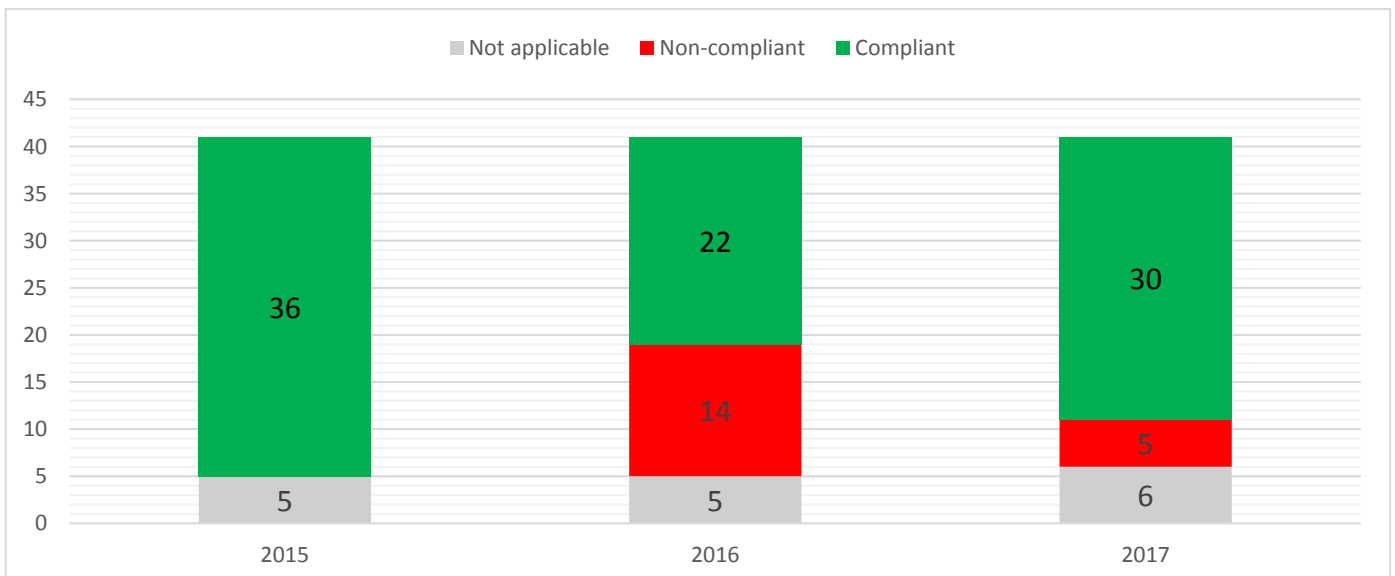
Date of Publication:
21 December 2017

COMPLIANCE RATINGS 2017



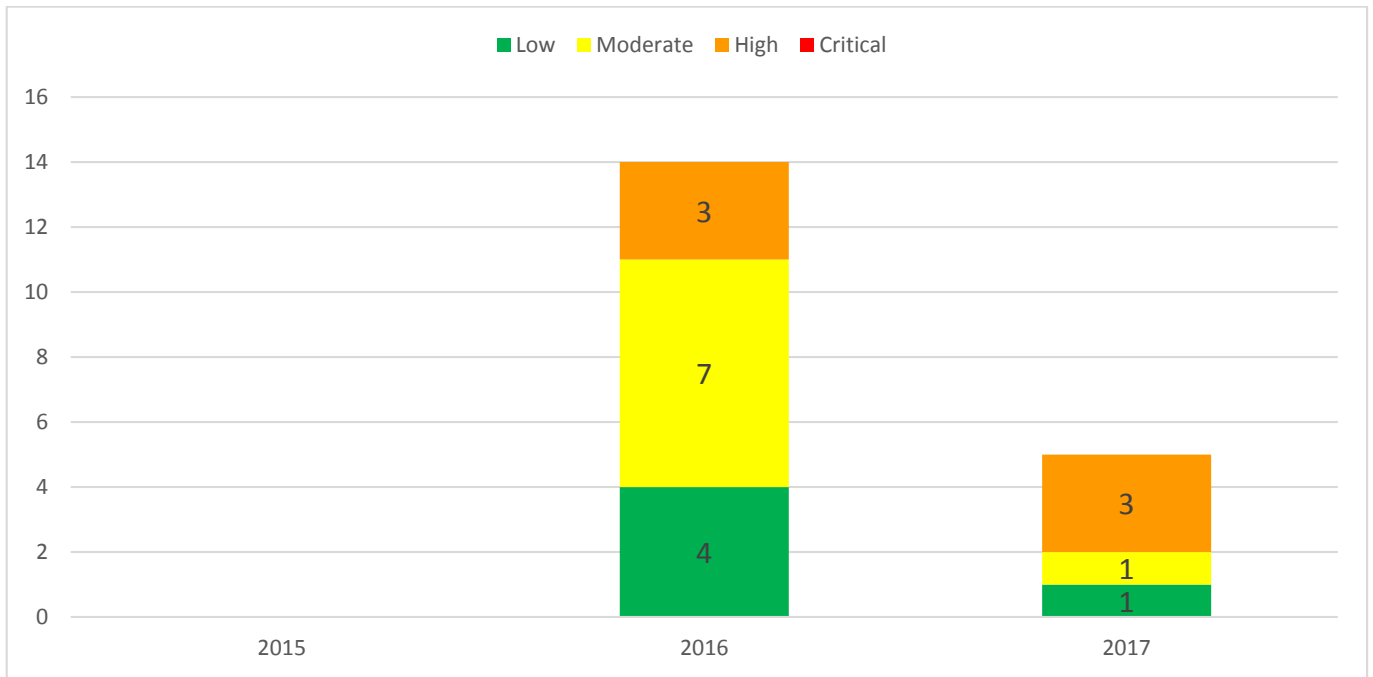
Compliance ratings across all 41 areas of inspection are summarised in the chart below.

Chart 1 – Comparison of overall compliance ratings 2015 – 2017



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



Note: The approved centre had no areas of non-compliance in 2015 and, therefore, no associated risk ratings.

Conditions to registration

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

Non-compliant areas from 2016 inspection

The previous inspection of the approved centre on 27 – 30 September 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 5: Food and Nutrition	Compliant
Regulation 6: Food Safety	Compliant
Regulation 13: Searches	Compliant
Regulation 15: Individual Care Plan	Compliant
Regulation 19: General Health	Compliant
Regulation 23: Ordering, Prescribing, Storing and Administration of Medicines	Non-Compliant
Regulation 26: Staffing	Compliant
Regulation 27: Maintenance of Records	Compliant
Regulation 28: Register of Residents	Compliant
Rules Governing the Use of Mechanical Means of Bodily Restraint	Compliant
Code of Practice on the Use of Physical Restraint in Approved Centres	Compliant
Code of Practice for Mental Health Services on Notification of Deaths and Incident Reporting	Compliant

Code of Practice Guidance for Persons Working in Mental Health Services with People with Intellectual Disabilities	Compliant
Code of Practice on Admission, Transfer, 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 14: Care of The Dying	✓	✓	X Risk: High
Regulation 21: Privacy	✓	✓	X Risk: High
Regulation 23: Ordering, Prescribing, Storing and Administration of Medicines	✓	X	X Risk: High
Regulation 26: Staffing	✓	X	X Risk: Moderate
Code of Practice on Admission, Transfer, Discharge to and from an Approved Centre.	✓	X	X Risk: 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 4: Identification of Residents
Regulation 5: Food and Nutrition
Regulation 7: Clothing
Regulation 8: Residents' Personal Property and Possessions
Regulation 9: Recreational Activities
Regulation 10: Religion
Regulation 11: Visits
Regulation 12: Communication
Regulation 18: Transfer of Residents
Regulation 19: General Health
Regulation 20: Provision of Information
Regulation 27: Maintenance of Records
Regulation 30: Mental Health Tribunals
Regulation 31: Complaints Procedures

St. Vincent's Hospital, Fairview

ID Number: AC0054

2017 Approved Centre Inspection Report (Mental Health Act 2001)

St. Vincent's Hospital
Richmond Road
Fairview
Dublin 3

Approved Centre Type:
Acute Adult Mental Health Care
Continuing Mental Health Care/Long Stay
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:
St. Vincent's Hospital

Registered Proprietor Nominee:
Ms Caroline Grenham, Acting Chief
Executive

Inspection Team:
Mary Connellan, Lead Inspector
Orla O'Neill
Sandra McGrath
Noeleen Byrne
Martin McMenamain

Inspection Date:
8 – 11 August 2017

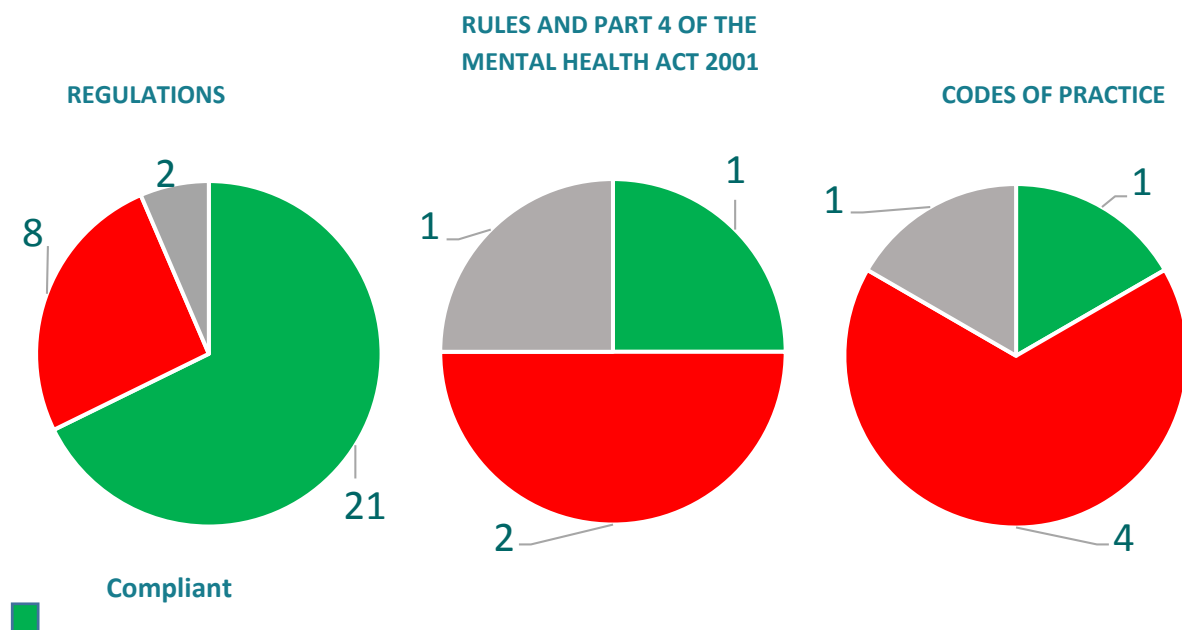
Previous Inspection Date:
18 – 21 October 2016

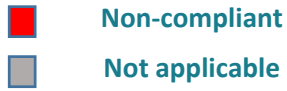
Inspection Type:
Unannounced Annual Inspection

The Inspector of Mental Health Services:
Dr Susan Finnerty MCRN009711

Date of Publication:
14 December 2017

2017 COMPLIANCE RATINGS

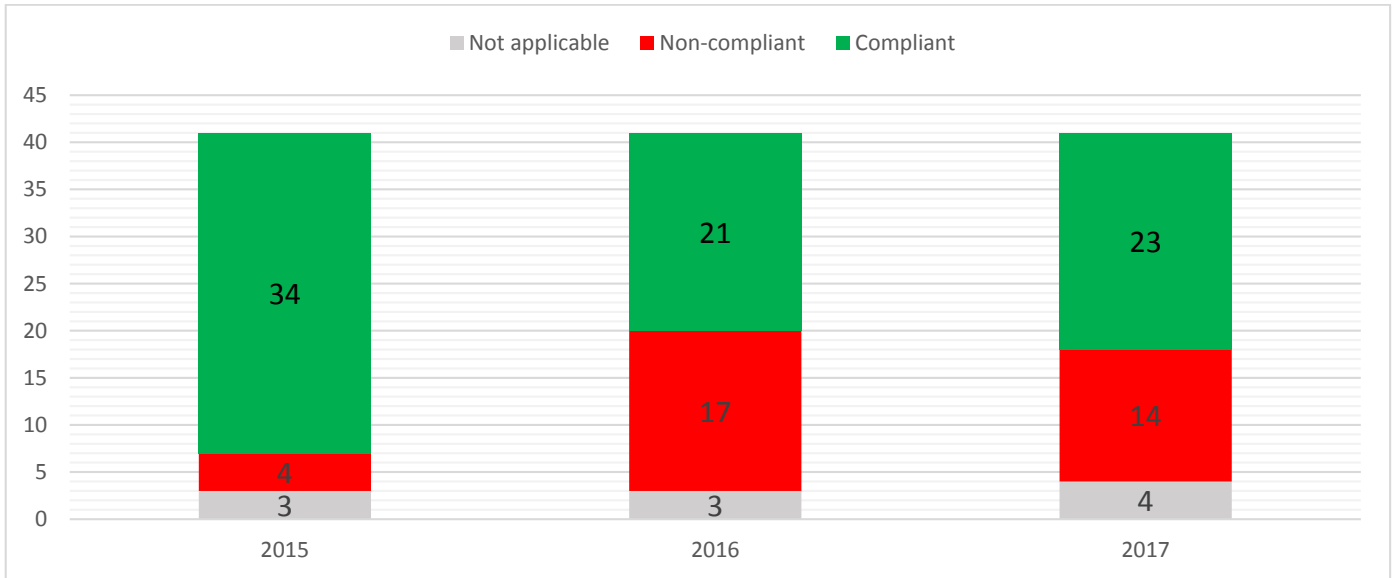




RATINGS SUMMARY 2015 – 2017

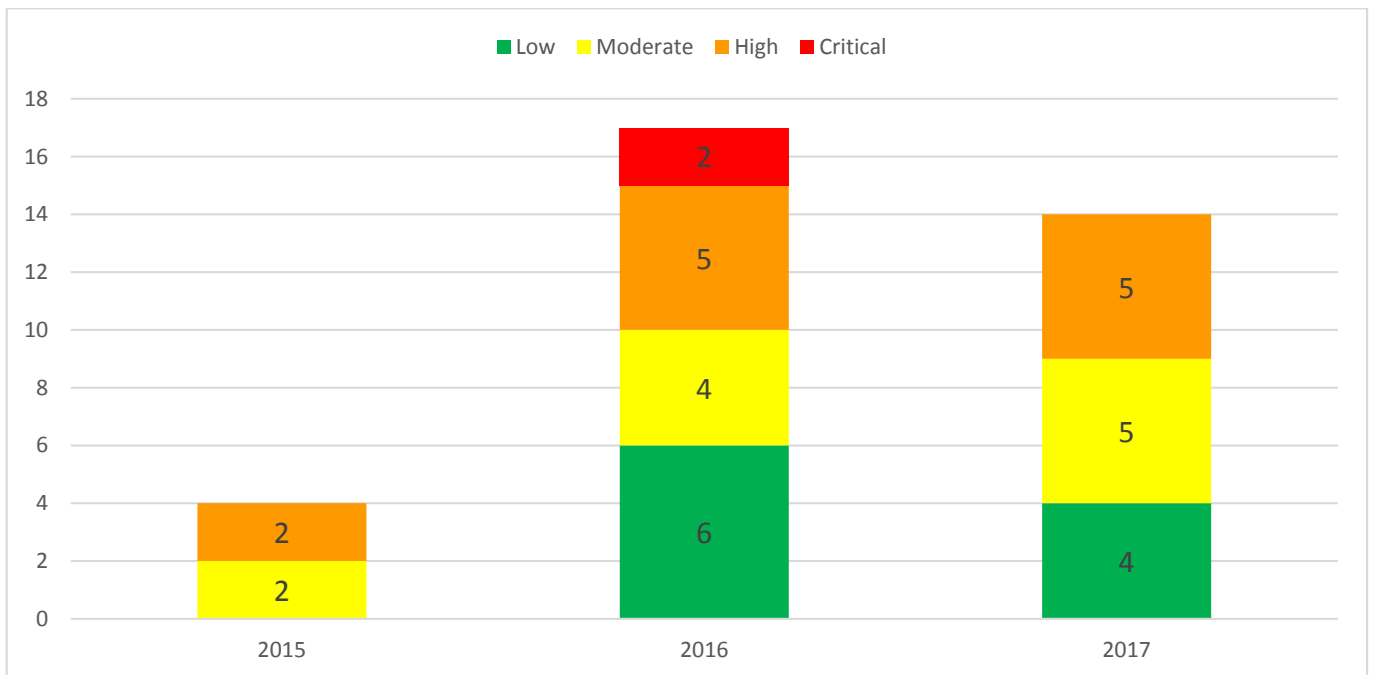
Compliance ratings across all 41 areas of inspection are summarised in the chart below.

Chart 1 – Comparison of overall compliance ratings 2015 – 2017



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



Conditions to registration

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

Condition: 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.

Non-compliant areas from 2016 inspection

The previous inspection of the approved centre on 18 – 21 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 7: Clothing	Compliant
Regulation 13: Searches	Compliant
Regulation 18: Transfer of Residents	Compliant
Regulation 19: General Health	Compliant
Regulation 21: Privacy	Non-compliant
Regulation 22: Premises	Non-compliant
Regulation 23: Ordering, Prescribing, Storing and Administration of Medicines	Non-compliant
Regulation 26: Staffing	Non-compliant
Regulation 27: Maintenance of Records	Compliant
Regulation 28: Register of Residents	Non-compliant
Regulation 29: Operating Policies and Procedures	Non-compliant
Rules Governing the Use of Mechanical Means of Bodily Restraint	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 for Mental Health Services on Notification of Deaths and Incident Reporting	Compliant
Code of Practice Guidance for Persons Working in Mental Health Services with People with Intellectual Disabilities	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 12: Communication	✓	✓	X Risk: High
Regulation 15: Individual Care Plan	✓	✓	X Risk: Moderate
Regulation 21: Privacy	✓	X	X Risk: Moderate
Regulation 22: Premises	✓	X	X Risk: Low
Regulation 23: Ordering, Prescribing, Storing and Administration of Medicines	X	X	X Risk: High
Regulation 26: Staffing	✓	X	X Risk: High
Regulation 28: Register of Residents	✓	X	X Risk: Moderate
Regulation 29: Operating Policies and Procedures	✓	X	X Risk: Low
Rules Governing the Use of Seclusion	✓	✓	X Risk: Moderate
Part 4 of the Mental Health Act 2001: Consent to Treatment	✓	✓	X Risk: Moderate
Code of Practice on the Use of Physical Restraint in Approved Centres	X	X	X Risk: High
Code of Practice Relating to Admission of Children Under the Mental Health Act 2001	X	X	X Risk: High
Code of Practice Guidance for Persons Working in Mental Health Services with People with Intellectual Disabilities	✓	X	X Risk: Low
Code of Practice on Admission, Transfer and Discharge to and from an Approved Centre	✓	X	X Risk: 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

No areas of compliance were rated excellent on this inspection.

St. Joseph's Intellectual Disability Service

ID Number: AC0052

2017 Approved Centre Inspection Report (Mental Health Act 2001)

St. Joseph's Intellectual Disability Service
St. Ita's Hospital
Portrane
Donabate
Co. Dublin

Approved Centre Type:
Mental Health Care for People with
Intellectual Disability

Most Recent Registration Date:
17 May 2016

Conditions Attached:
None

Registered Proprietor:
HSE

Registered Proprietor Nominee:
Ms Angela Walsh

Inspection Team:
Leon Donovan, Lead Inspector
Orla O'Neill
Ann Marie Murray
Barbara Morrissey
Siobhán Dinan
Marianne Griffiths
Dr Susan Finnerty

Inspection Date:
13 – 16 June 2017

Previous Inspection Date:
20 – 22 September 2016

Inspection Type:
Unannounced Annual Inspection

The Inspector of Mental Health Services:
Dr Susan Finnerty MCRN009711

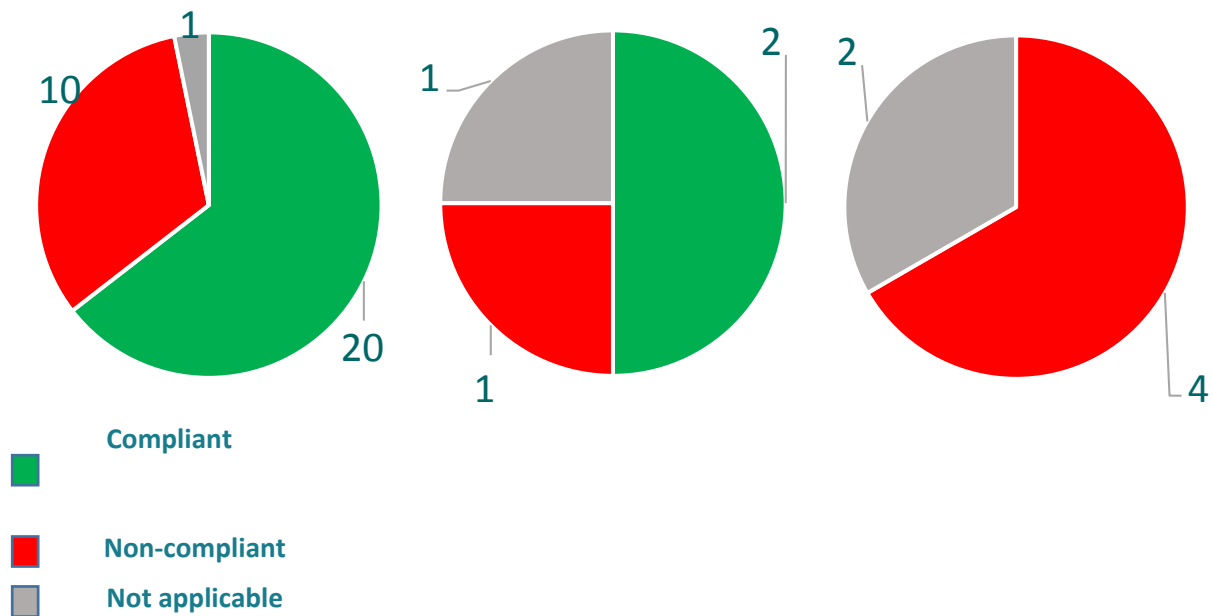
Date of Publication:
14 December 2017

2017 COMPLIANCE RATINGS

REGULATIONS

RULES AND PART 4 OF THE
MENTAL HEALTH ACT 2001

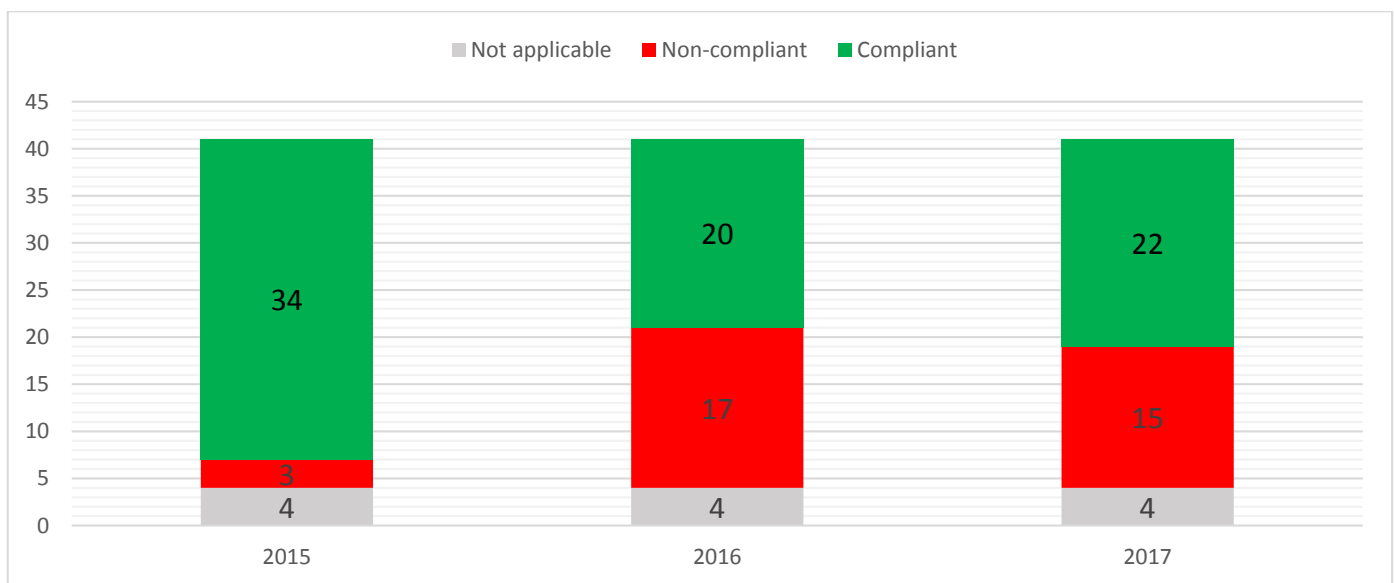
CODES OF PRACTICE



RATINGS SUMMARY 2015 – 2017

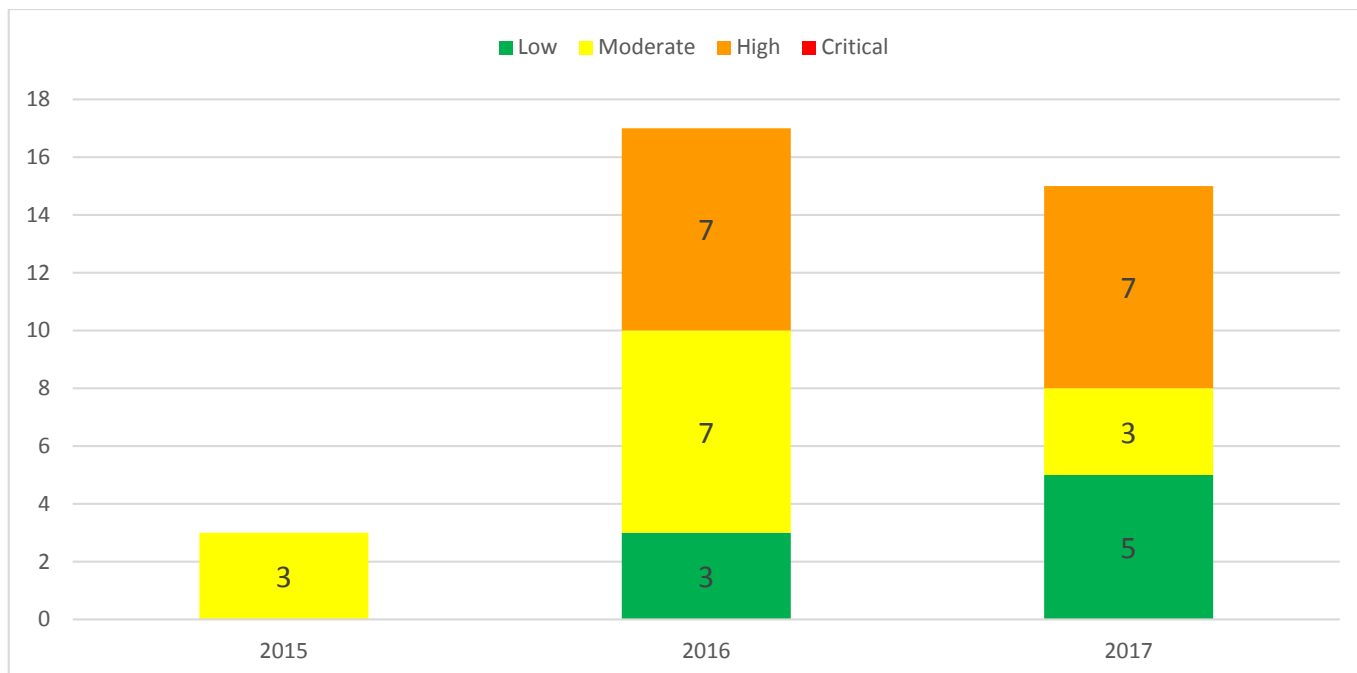
Compliance ratings across all 41 areas of inspection are summarised in the chart below.

Chart 1 – Comparison of overall compliance ratings 2015 – 2017



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



Conditions to registration

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

Non-compliant areas from 2016 inspection

The previous inspection of the approved centre on 20 – 22 September 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 4: Identification of Residents	Non-Compliant
Regulation 13: Searches	Compliant
Regulation 15: Individual Care Plan	Compliant
Regulation 16: Therapeutic Services and Programmes	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 25: Use of Closed Circuit Television	Non-Compliant
Regulation 26: Staffing	Non-Compliant
Regulation 27: Maintenance of Records	Non-Compliant
Regulation 29: Operating Policies and Procedures	Non-Compliant
Regulation 32: Risk Management Procedures	Non-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 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 4: Identification of Residents	✓	X	X Risk: High
Regulation 21: Privacy	X	X	X Risk: High
Regulation 22: Premises	X	X	X Risk: High
Regulation 23: Ordering, Prescribing, Storing and Administration of Medicines	✓	X	X Risk: High
Regulation 25: Use of Closed Circuit Television	✓	X	X Risk: High
Regulation 26: Staffing	✓	X	X Risk: High
Regulation 27: Maintenance of Records	✓	X	X Risk: Low
Regulation 28: Register of Residents	✓	✓	X Risk: Low
Regulation 29: Operating Policies and Procedures	✓	X	X Risk: Moderate
Regulation 32: Risk Management Procedures	✓	X	X Risk: Moderate
Rules Governing the Use of Seclusion	✓	X	X Risk: High
Code of Practice on the Use of Physical Restraint in Approved Centres	✓	X	X Risk: Moderate
Code of Practice Guidance for Persons Working in Mental Health Services with People with Intellectual Disabilities	✓	✓	X Risk: Low
Code of Practice for Mental Health Services on Notification of Deaths and Incident Reporting	✓	X	X Risk: Low
Code of Practice on Admission, Transfer and Discharge to and from an Approved Centre	✓	X	X Risk: 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

No areas of compliance were rated excellent on this inspection.