

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. Ita's Ward, St. Brigid's Hospital, Co. Louth
<http://www.mhcirl.ie/File/2017IRs/St-Itas-Ward-IR-2017.pdf>
2. Acute Psychiatric Unit, Cavan General Hospital
<http://www.mhcirl.ie/File/2017IRs/APU-Cavan-IR-2017.pdf>
3. Sycamore Unit, Connolly Hospital
<http://www.mhcirl.ie/File/2017IRs/Sycamore-Unit-IR-2017.pdf>
4. Bloomfield Hospital, Rathfarnham
<http://www.mhcirl.ie/File/2017IRs/Bloomfield-Hospital-IR-2017.pdf>
5. Department of Psychiatry, Letterkenny General Hospital
<http://www.mhcirl.ie/File/2017IRs/DOP-Letterkenny-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. Ita's Ward, St. Brigid's Hospital

ID Number: AC0016

2017 Approved Centre Inspection Report (Mental Health Act 2001)

St. Ita's Ward, St. Brigid's Hospital
Kells Road
Ardee
Co. Louth

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

Most Recent Registration Date:
1 March 2017

Conditions Attached:
Yes

Registered Proprietor:
HSE

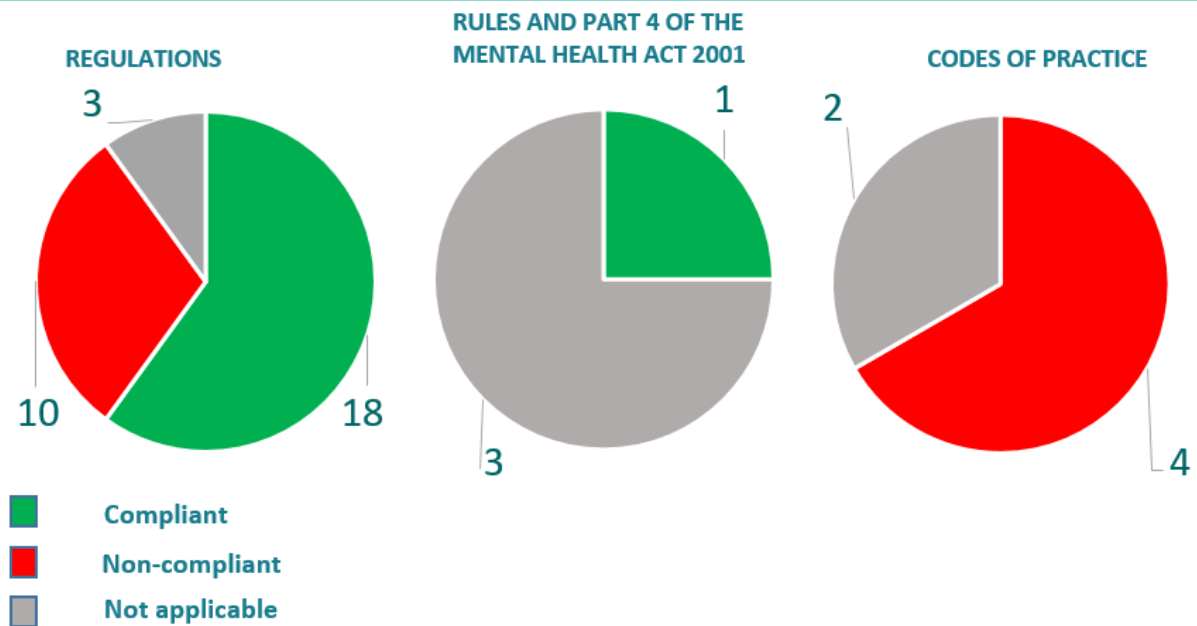
Registered Proprietor Nominee:
Ms Dervla Eyres, General Manager,
CHC8

Carol Brennan-Forsyth

Inspection Type:
Unannounced Annual Inspection

The Inspector of Mental Health Services:
Dr Susan Finnerty MCRN009711

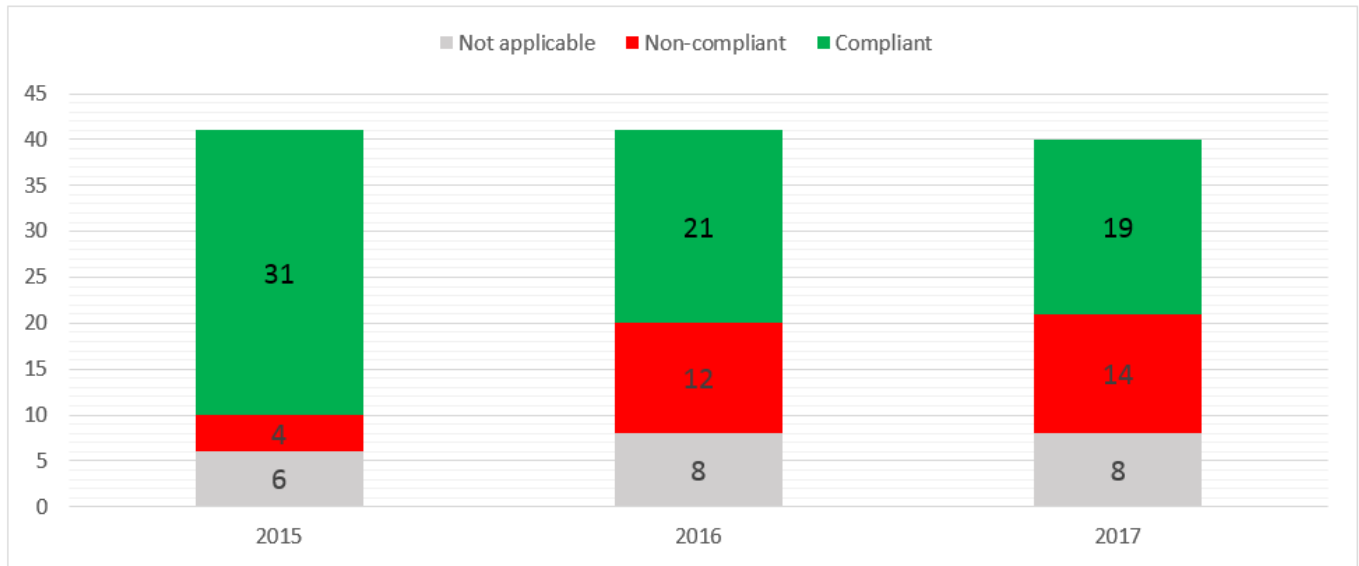
Date of Publication:
14 September 2017



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 27 – 29 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 7: Clothing	Compliant
Regulation 15: Individual Care Plan	Compliant
Regulation 16: Therapeutic Services and Programmes	Non-Compliant
Regulation 19: General Health	Compliant
Regulation 20: Provision of Information to Residents	Compliant
Regulation 21: Privacy	Non-Compliant
Regulation 22: Premises	Non-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
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 6: Food Safety	✓	✓	X Moderate
Regulation 9: Recreational Activities	✓	✓	X

			Moderate
Regulation 16: Therapeutic Services and Programmes	✓	X	X Low
Regulation 18: Transfer of Residents	✓	✓	X Moderate
Regulation 21: Privacy	✓	X	X Moderate
Regulation 22: Premises	X	X	X High
Regulation 23: Ordering, Prescribing, Storing and Administration of Medicines	X	✓	X Moderate
Regulation 26: Staffing	✓	X	X Moderate
Regulation 27: Maintenance of Records	✓	X	X Moderate
Regulation 32: Risk Management Procedures	✓	X	X Moderate
Code of Practice on the Use of Physical Restraint in Approved Centres	✓	X	X High
Code of Practice Guidance for Persons working in Mental Health Services with People with Intellectual Disabilities	N/A	✓	X Moderate
Code of Practice 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 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

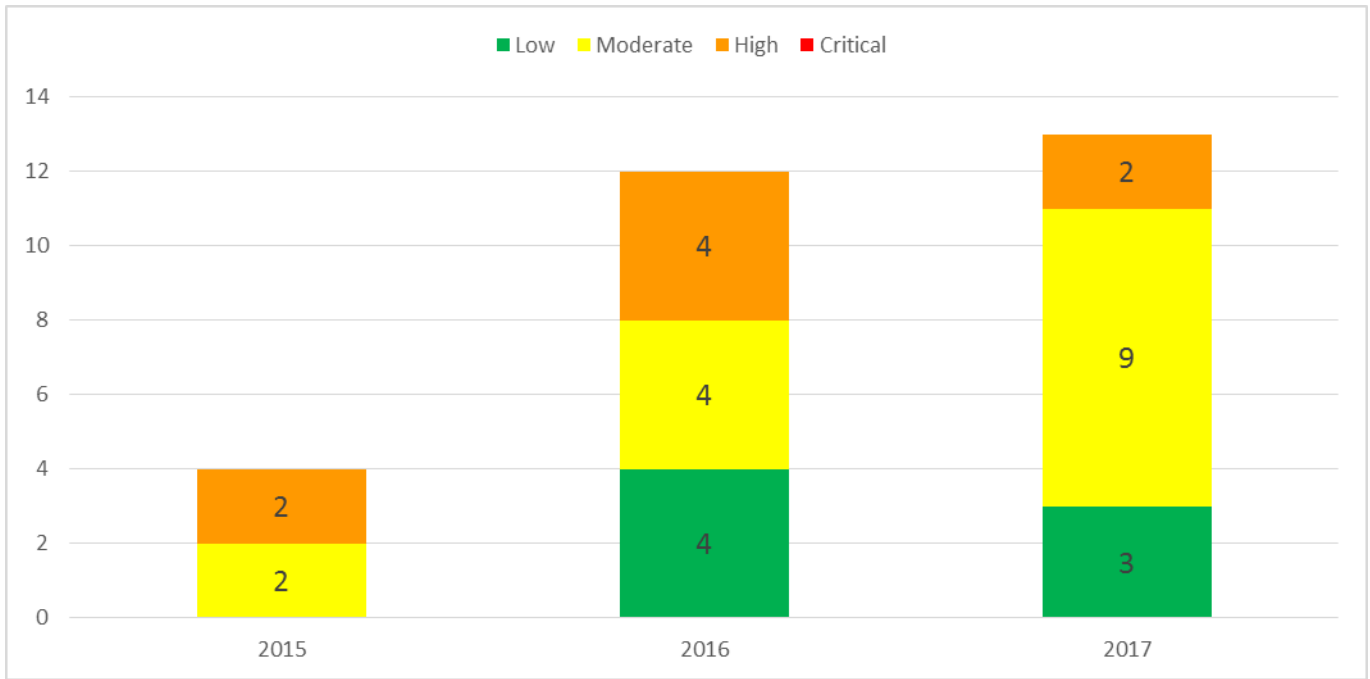
The following areas were rated excellent on this inspection:

Regulation
Regulation 4: Identification of Residents
Regulation 5: Food and Nutrition
Regulation 8: Residents' Personal Property and Possessions
Regulation 10: Religion
Regulation 12: Communication
Regulation 31: Complaints Procedures

Overall Risk Comparison

Chart 2 – Comparison of overall risk 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.



Acute Psychiatric Unit, Cavan General Hospital

ID Number: AC0019

2017 Approved Centre Inspection Report (Mental Health Act 2001)

Acute Psychiatric Unit
Cavan General Hospital
Cavan
Co. Cavan

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

Most Recent Registration Date:
01 March 2017

Conditions Attached:
Yes

Registered Proprietor:
HSE

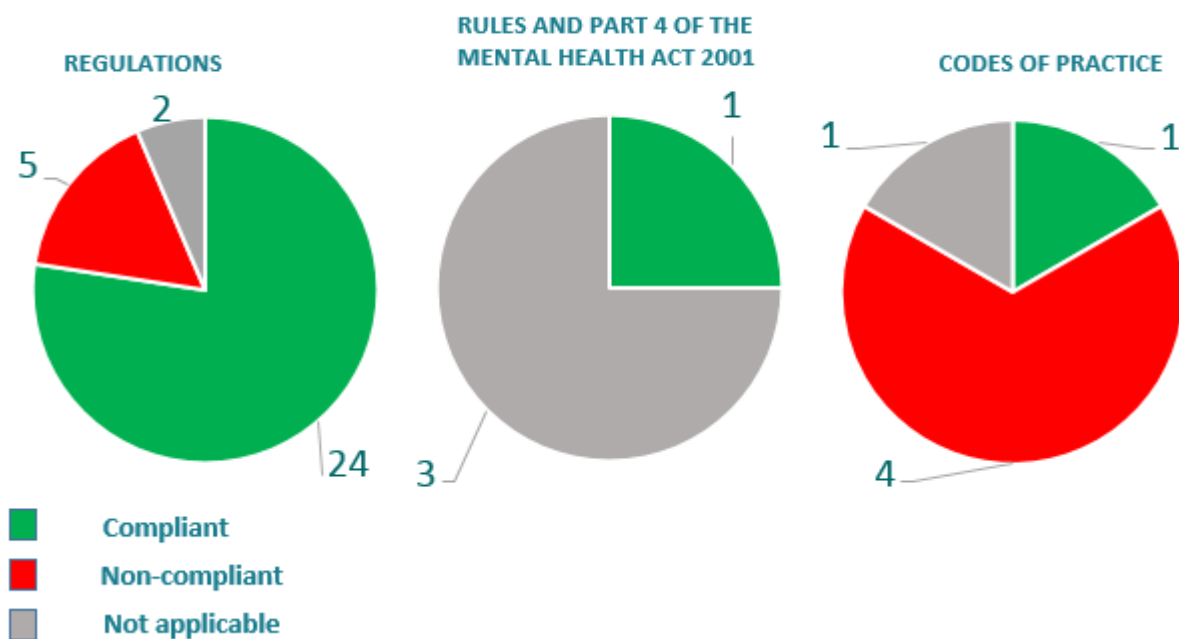
Registered Proprietor Nominee:
Teresa Dykes, Operations Manager
Mental Health, CHO 1

Leon Donovan
Marianne Griffiths
Donal O’Gorman

Inspection Type:
Unannounced Annual Inspection

The Inspector of Mental Health Services:
Dr Susan Finnerty MCRN009711

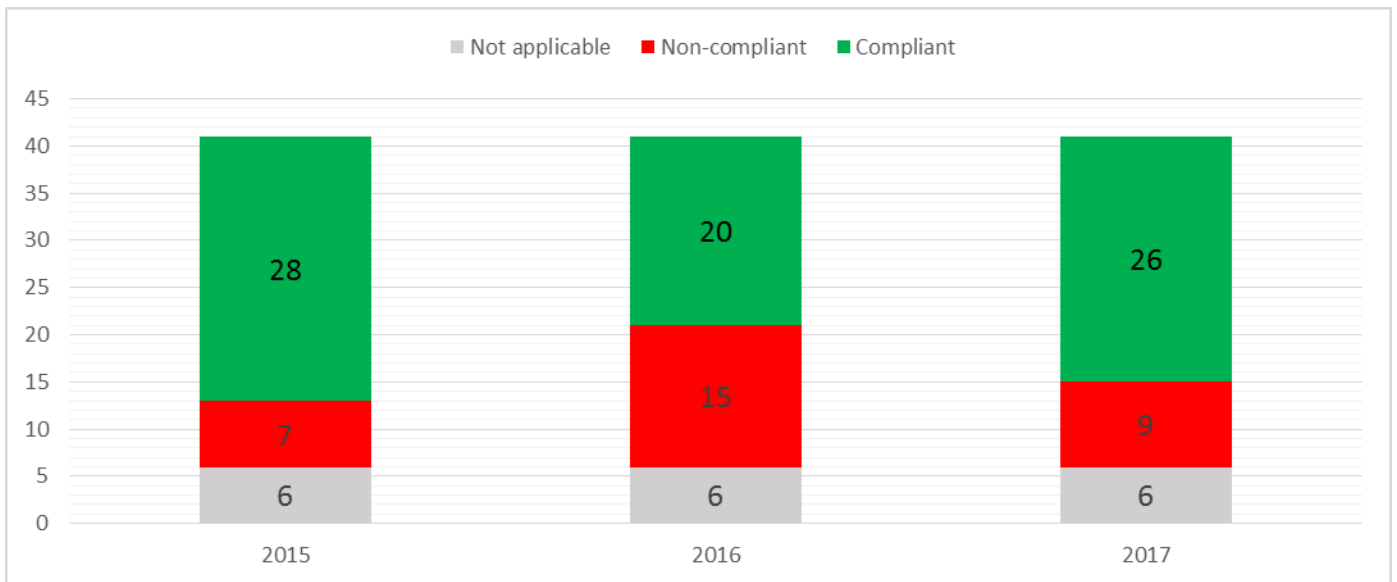
Date of Publication:
14 September 2017



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 16 – 18 August 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	Compliant
Regulation 15: Individual Care Plan	Compliant
Regulation 22: Premises	Non-Compliant
Regulation 25: Use of Closed Circuit Television	Not Applicable
Regulation 26: Staffing	Non-Compliant
Regulation 28: Register of Residents	Compliant
Regulation 29: Operating Policies and Procedures	Compliant
Regulation 31: Complaints Procedures	Non-Compliant
Regulation 32: Risk Management Procedures	Compliant
Regulation 34: Certificate of Registration	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 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 21: Privacy	X	✓	X Moderate
Regulation 22: Premises	✓	X	X High
Regulation 23: Ordering, Prescribing, Storing and Administration of Medicines	✓	✓	X Moderate
Regulation 26: Staffing	X	X	X High
Regulation 31: Complaints Procedures	✓	X	X Low
Code of Practice on the Use of Physical Restraint in Approved Centres	X	X	X Moderate
Code of Practice on the Admission of Children	X	✓	X Moderate
Code of Practice Guidance for Persons Working in Mental Health Services with People with Intellectual Disabilities.	✓	X	X Low
Code of Practice on Admission, Transfer and Discharge to and from an Approved Centre	✓	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.

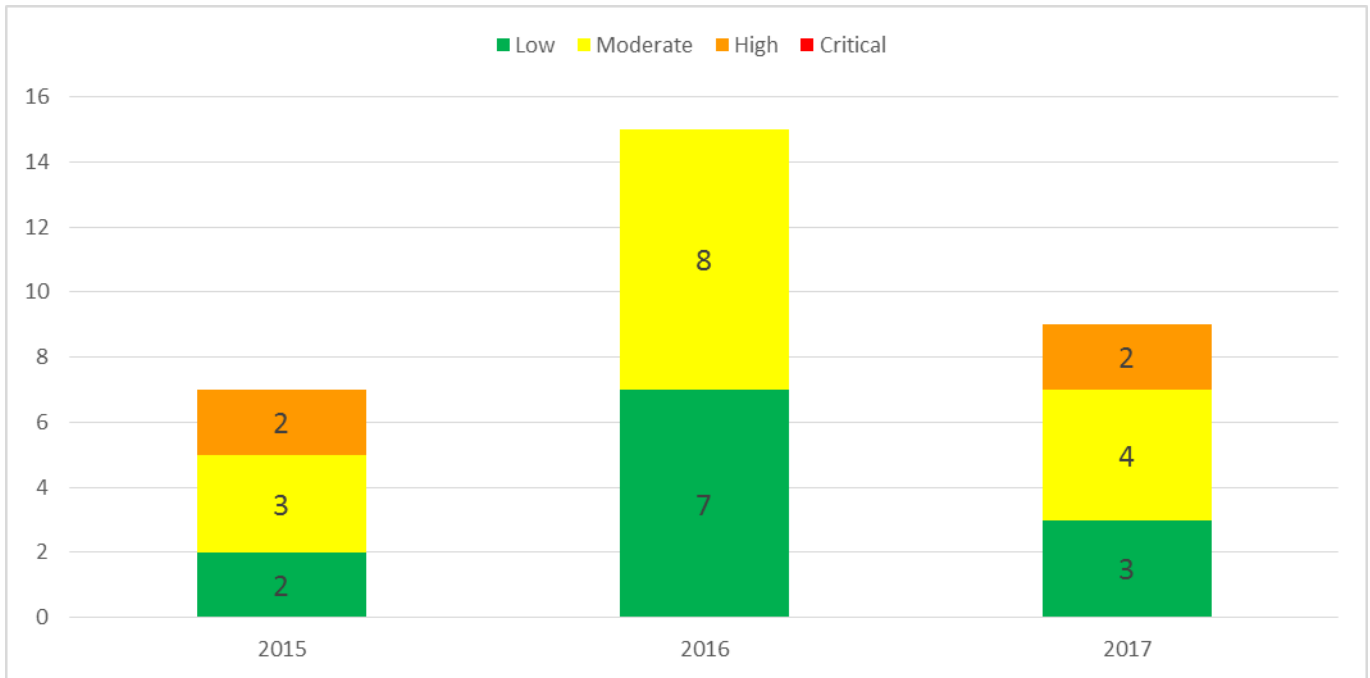
Areas of compliance rated Excellent on this inspection

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](#)



Sycamore Unit, Connolly Hospital

ID Number: AC0032

2017 Approved Centre Inspection Report (Mental Health Act 2001)

Sycamore Unit
Connolly Hospital
Blanchardstown
Dublin 15

Approved Centre Type:
Psychiatry of Later Life

Most Recent Registration Date:
6 June 2016

Conditions Attached:
None

Registered Proprietor:
HSE

Registered Proprietor Nominee:
Angela Walsh, Head of Mental Services, CHO 9

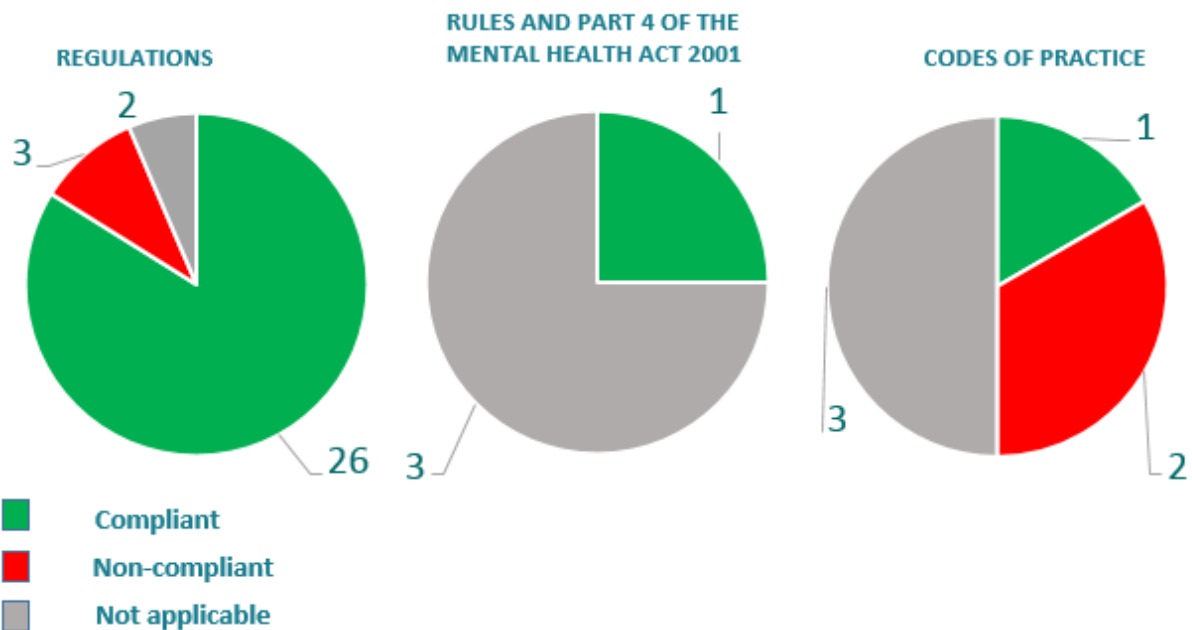
Marianne Griffiths

Inspection Type:
Unannounced Annual
Inspection

The Inspector of Mental Health Services:
Dr Susan Finnerty MCRN009711

Date of Publication:
14 September 2017

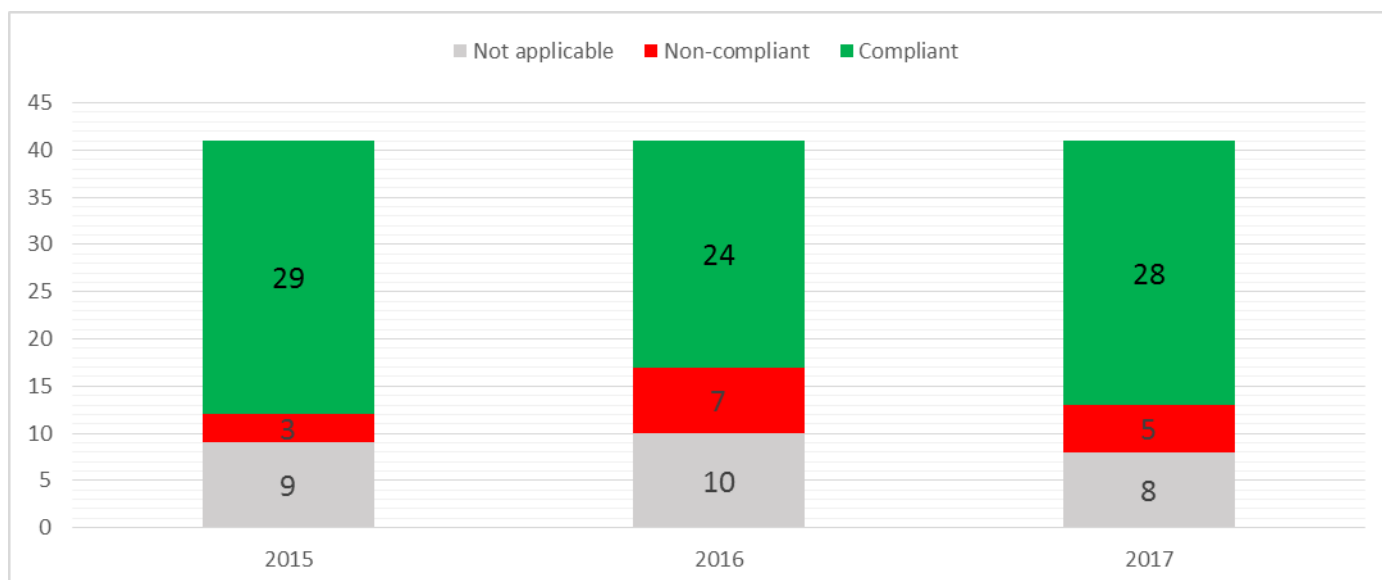
COMPLIANCE RATINGS



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



Non-compliant areas from 2016 inspection

The previous inspection of the approved centre on 21 – 22 April 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	Compliant
Regulation 14: Care of the Dying	Compliant
Regulation 15: Individual Care Plan	Non-Compliant
Regulation 31: Complaints Procedures	Compliant
Regulation 32: Risk Management Procedures	Compliant
Code of Practice for Mental Health Services on Notification of Deaths and Incident Reporting	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 the 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	X	X Moderate
Regulation 27: Maintenance of Records	✓	✓	X Moderate
Regulation 28: Register of Residents	✓	✓	X Low

Code of Practice on the Use of Physical Restraint in Approved Centres	N/A	✓	X Low
Code of Practice on Admission, Transfer and Discharge to and from an Approved Centre	✓	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

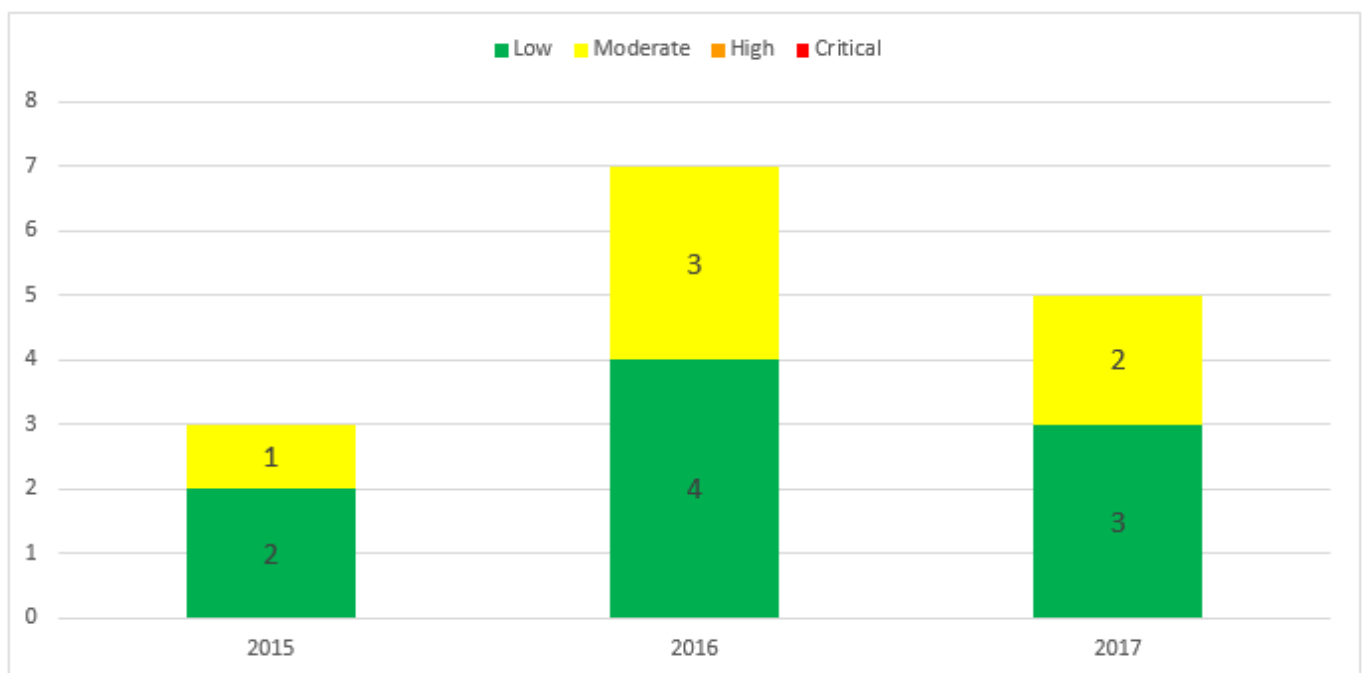
The following areas were rated excellent on this inspection:

Regulation
Regulation 6: Food Safety
Regulation 7: Clothing
Regulation 8: Residents' Personal Property and Possessions
Regulation 10: Religion
Regulation 21: Privacy
Regulation 30: Mental Health Tribunals

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



Bloomfield Hospital

ID Number: AC0062

2017 Approved Centre Inspection Report (Mental Health Act 2001)

Bloomfield Hospital
Stocking Lane
Rathfarnham
Dublin 16

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

Most Recent Registration Date:
17 May 2016

Conditions Attached:
None

Registered Proprietor:
Bloomfield Care Centre Ltd.

Registered Proprietor Nominee:
Mr Damien O'Dowd, Chief Executive

Inspection Team:
Barbara Morrissey, Lead Inspector
Dr Enda Dooley MCRN004155
Sandra McGrath
Carol Brennan-Forsyth
Donal O'Gorman

Inspection Date:
21 – 24 March 2017

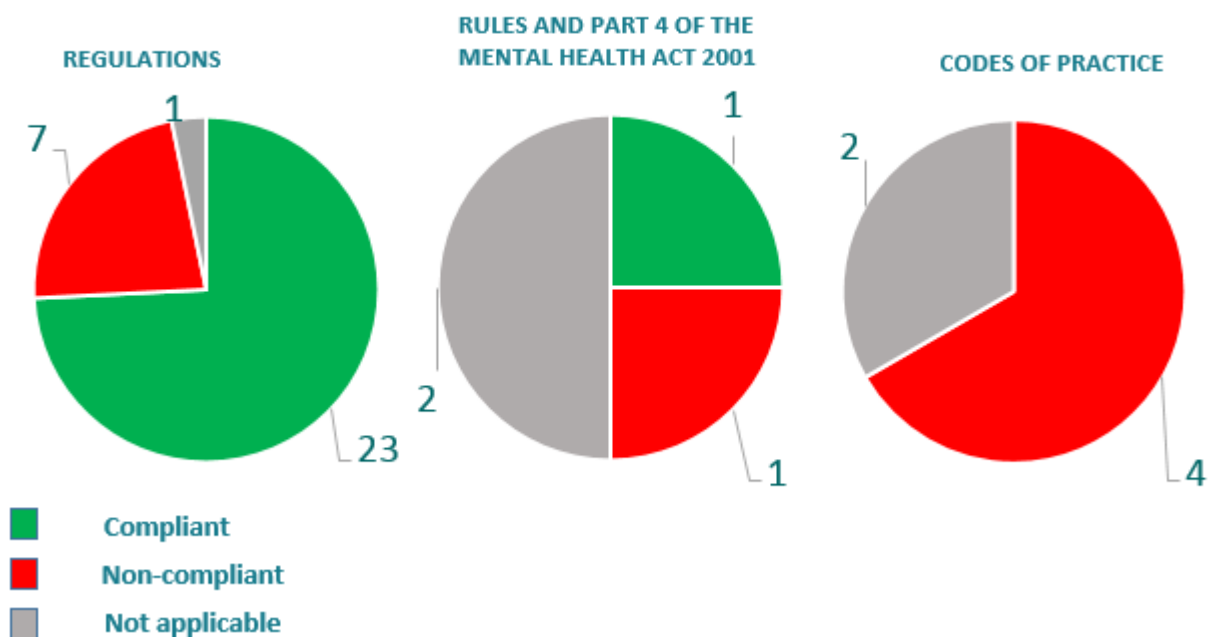
Previous Inspection Date:
19 – 21 July 2016

Inspection Type:
Unannounced Annual Inspection

The Inspector of Mental Health Services:
Dr Susan Finnerty MCRN009711

Date of Publication:
14 September 2017

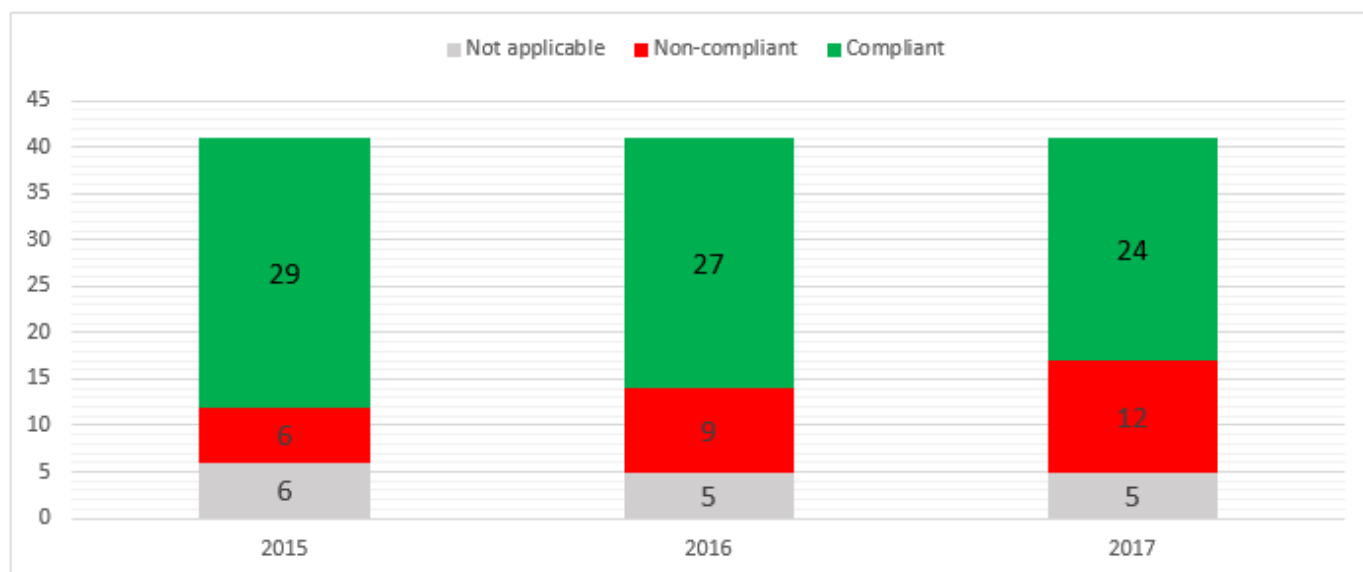
2017 COMPLIANCE RATINGS



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



Non-compliant areas from 2016 inspection

The previous inspection of the approved centre on 19 – 21 July 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 21: Privacy	Compliant
Regulation 23: Ordering, Prescribing, Storing and Administration of Medicines	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	Non-Compliant
Code of Practice on the Use of Physical Restraint in Approved Centres	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 14: Care of the Dying	X	✓	X Low
Regulation 18: Transfer of Residents	✓	✓	X Moderate
Regulation 19: General Health	✓	✓	X High
Regulation 22: Premises	✓	✓	X Moderate
Regulation 26: Staffing	✓	X	X High
Regulation 27: Maintenance of Records	✓	X	X Moderate
Regulation 28: Register of Residents	X	X	X Moderate
Part 4: Consent to Treatment	✓	X	X High
Code of Practice on the Use of Physical Restraint in Approved Centres	X	X	X Low
Code of Practice for Mental Health Services on Notification of Deaths and Incident Reporting	X	✓	X Low
Code of Practice Guidance for Persons Working in Mental Health Services with People with Intellectual Disabilities	✓	X	X Low
Code of Practice on Admission, Transfer and Discharge to and from an Approved Centre	✓	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

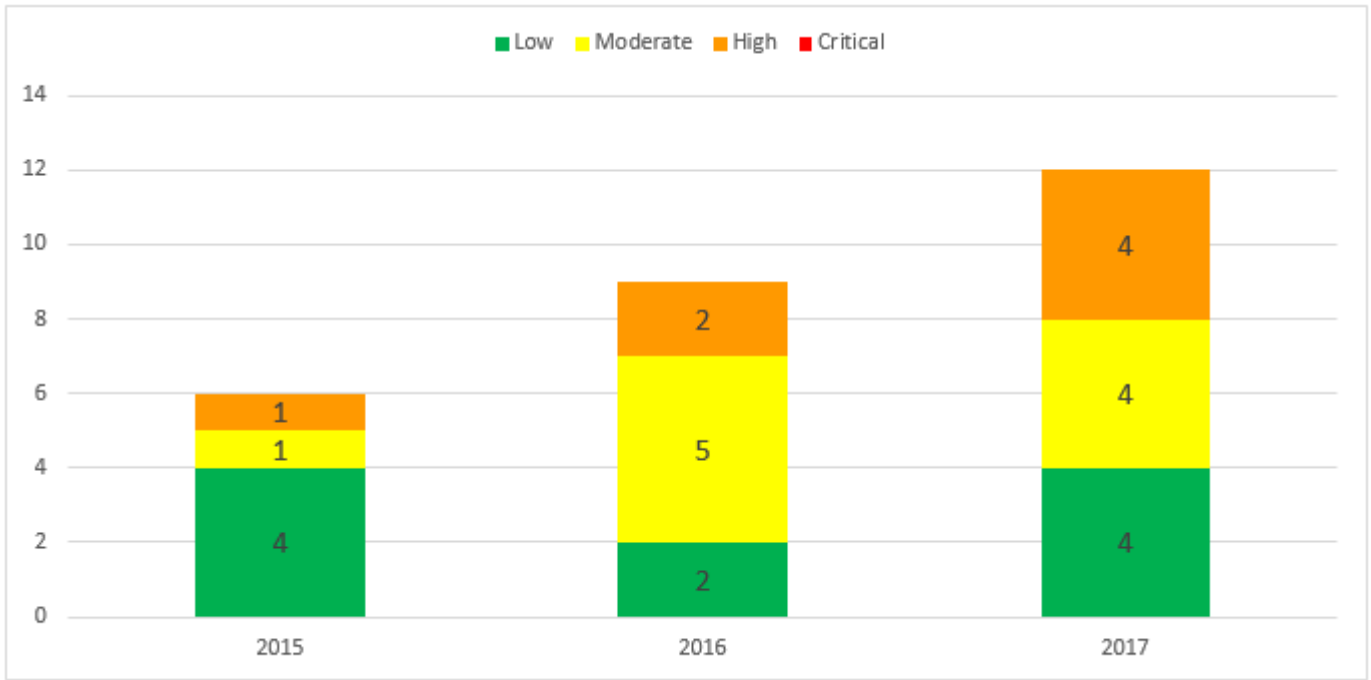
The following areas were rated excellent on this inspection:

Regulation
Regulation 23: Ordering, Prescribing, Storing and Administration of Medicines

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, Letterkenny General Hospital

ID Number: AC0086

2017 Approved Centre Inspection Report (Mental Health Act 2001)

Department of Psychiatry
Letterkenny General Hospital
Circular Road
Letterkenny
Co. Donegal

Approved Centre Type:
Acute Adult Mental Health Care
Continuing Mental Health Care/Long Stay
Psychiatry of Later Life
Mental Health Care for People with
Intellectual Disability
Child & Adolescent Mental Health Care

Most Recent Registration Date:
14 September 2014

Conditions Attached:
None

Registered Proprietor:
HSE

Registered Proprietor Nominee:
Ms Teresa Dykes, Operations
Manager, Mental Health, CHO 1

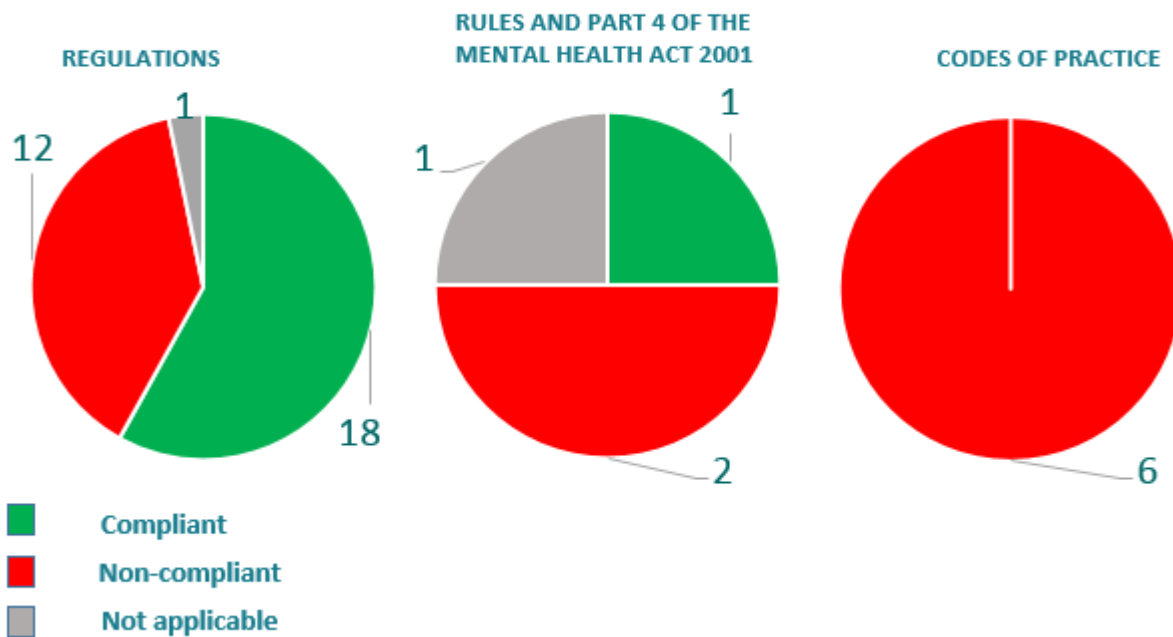
David McGuinness

Unannounced Annual Inspection

The Inspector of Mental Health Services:
Dr Susan Finnerty MCRN009711

Date of Publication:
14 September 2017

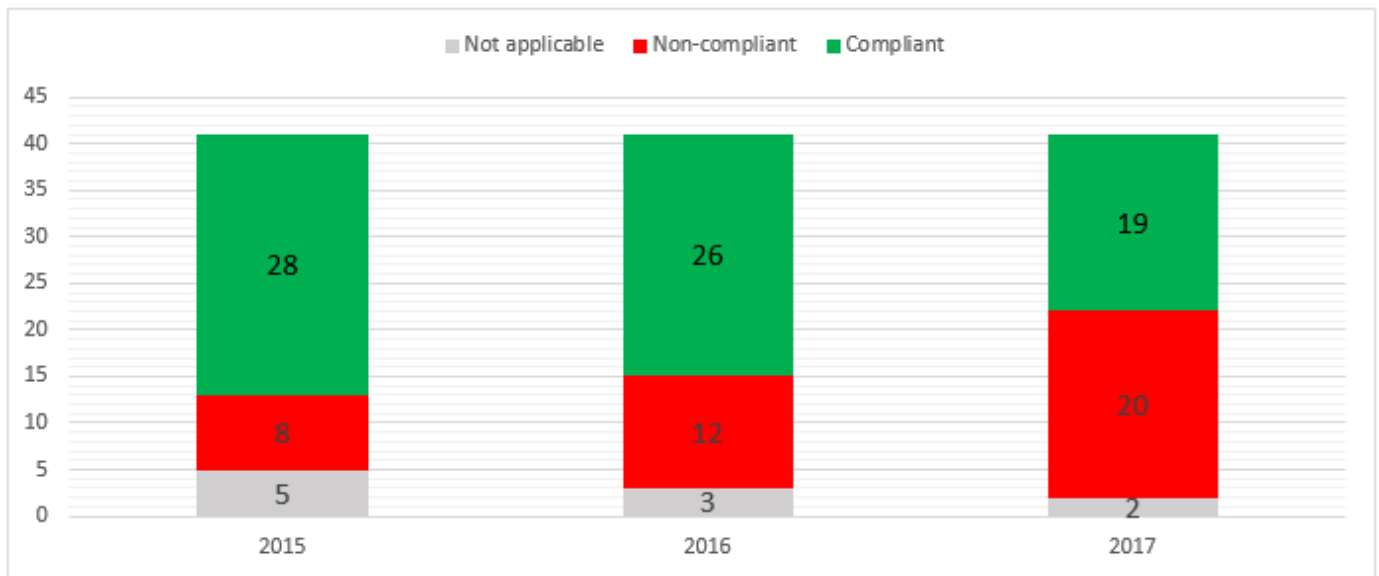
2017 COMPLIANCE RATINGS



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



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 15: Individual Care Plan	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 31: Complaints	Non-Compliant
Rules Governing the Use of Electro-Convulsive Therapy	Non-Compliant
Code of Practice on the Use of Physical Restraint in Approved Centres	Non-Compliant
Code of Practice Relating to the Admission of Children under the Mental Health Act 2001	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	Non-Compliant
Code of Practice on the Use of Electro-Convulsive Therapy for Voluntary Patients	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 6: Food Safety	✓	✓	X High
Regulation 15: Individual Care Plan	X	X	X Critical
Regulation 18: Transfer of Residents	✓	✓	X Moderate
Regulation 19: General Health	✓	✓	X High
Regulation 21: Privacy	✓	✓	X Moderate
Regulation 22: Premises	X	✓	X High
Regulation 23: Ordering, Prescribing, Storing, and Administration of Medicines	X	X	X Moderate
Regulation 26: Staffing	X	X	X High
Regulation 28: Register of Residents	✓	✓	X Low
Regulation 29: Operating Policies and Procedures	✓	✓	X Moderate
Regulation 31: Complaints Procedures	✓	X	X High
Regulation 32: Risk Management Procedures	✓	✓	X High
Rules Governing the Use of Electro-Convulsive Therapy	✓	X	X High
Rules Governing the Use of Seclusion	✓	✓	X Moderate
Code of Practice on the Use of Physical Restraint in Approved Centres	X	X	X Moderate
Code of Practice Relating to the Admission of Children under the Mental Health Act 2001	N/A	X	X Moderate
Code of Practice for Mental Health Services on Notification of Deaths and Incident Reporting	X	X	X Low
Code of Practice Guidance for Persons Working in Mental Health Services with People with Intellectual Disabilities	✓	X	X Low
Code of Practice on the Use of Electro-Convulsive Therapy for Voluntary Patients	✓	X	X High
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

