

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 Patrick's University Hospital, Dublin
http://www.mhcirl.ie/File/2017IRs/StPatricks_ir2017.pdf
2. Avonmore and Glencree Units, Newcastle Hospital, Greystones
http://www.mhcirl.ie/File/2017IRs/NewcastleHosp_ir2017.pdf
3. Tearmann Ward, St. Camillus' Hospital, Limerick
http://www.mhcirl.ie/File/2017IRs/TearmannWard_ir2017.pdf
4. O'Casey Rooms, Fairview Community Unit, Dublin
http://www.mhcirl.ie/File/2017IRs/OCaseyrooms_ir2017.pdf
5. Cluain Lir Care Centre, Mullingar
http://www.mhcirl.ie/File/2017IRs/CluainLir_ir2017.pdf

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

1. Acute Psychiatric Unit 5B, Unibersity Hospital Limerick
http://www.mhcirl.ie/File/2017IRs/APU5BLimerick_Foclisp_ir2017.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. Patrick's University Hospital

ID Number: AC0005

2017 Approved Centre Inspection Report (Mental Health Act 2001)

St. Patrick's University Hospital
James's St
Dublin 8.

Approved Centre Type:
Acute Adult Mental Health Care
Psychiatry of Later Life
Mental Health Rehabilitation

Most Recent Registration Date:
1 March 2017

Conditions Attached:
None

Registered Proprietor:
Mr Paul Gilligan, CEO

Registered Proprietor Nominee:
N/A

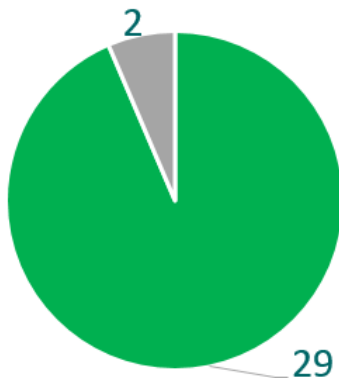
Barbara Morrissey
Sandra McGrath
Noeleen Byrne
Siobhán Dinan

Unannounced Annual Inspection

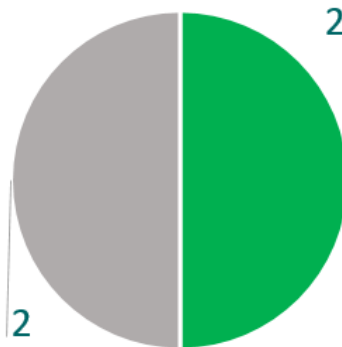
The Inspector of Mental Health Services:
Dr Susan Finnerty MCRN009711

Date of Publication:
24 August 2017

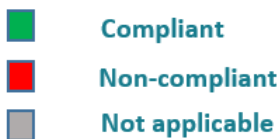
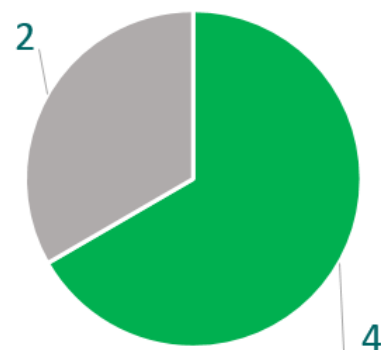
REGULATIONS



RULES AND PART 4 OF THE MENTAL HEALTH ACT 2001



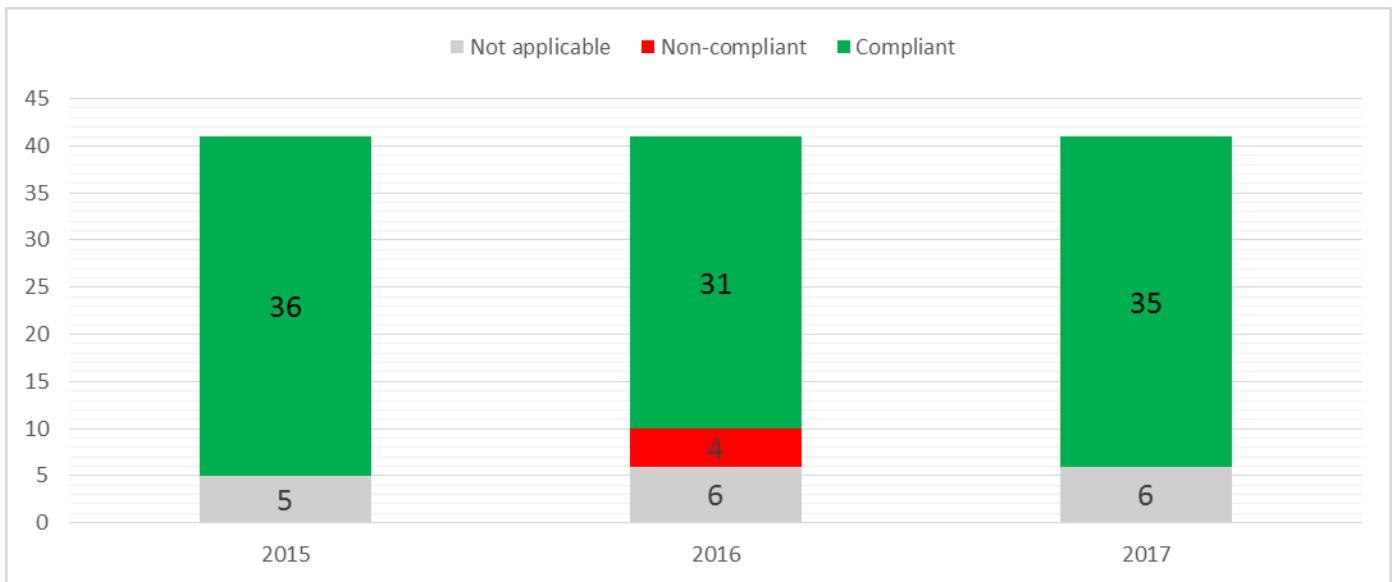
CODES OF PRACTICE



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.

Non-compliant areas from 2016 inspection

The previous inspection of the approved centre on 8 – 11 November 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 13: Searches	Compliant
Regulation 15: Individual Care Plan	Compliant
Regulation 23: Ordering, Prescribing, Storing and Administration of Medicines	Compliant
Code of Practice on Admission, Transfer and Discharge to and from an Approved Centre	Compliant

Non-compliant areas on this inspection

No areas of non-compliance were identified on this inspection.

Areas of compliance rated Excellent on this inspection

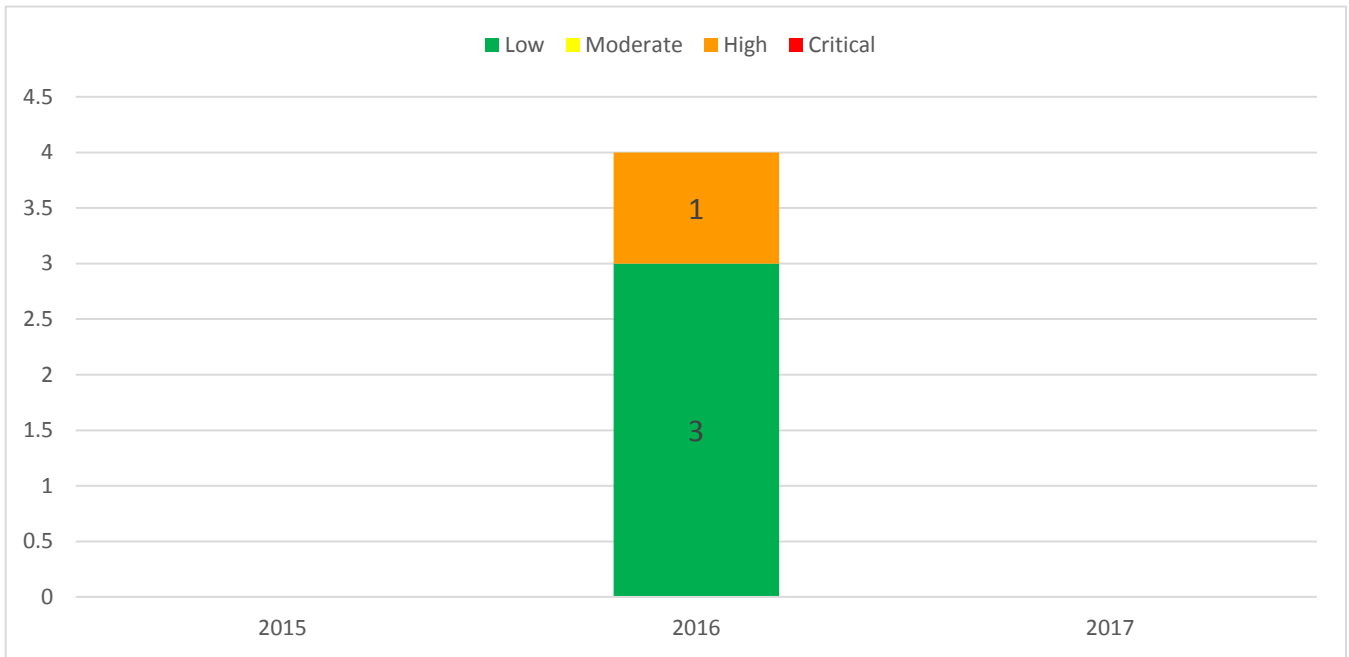
The following areas were rated excellent on this inspection:

Regulation
Regulation 4: Identification of Residents
Regulation 5: Food and Nutrition
Regulation 6: Food Safety
Regulation 7: Clothing
Regulation 8: Residents' Personal Property and Possessions
Regulation 9: Recreational Activities
Regulation 10: Religion
Regulation 11: Visits
Regulation 12: Communication
Regulation 14: Care of the Dying
Regulation 16: Therapeutic Services and Programmes
Regulation 18: Transfer of Residents
Regulation 19: General Health
Regulation 20: Provision of Information to Residents
Regulation 21: Privacy
Regulation 22: Premises
Regulation 26: Staffing
Regulation 27: Maintenance of Records
Regulation 29: Operating Policies and Procedures
Regulation 30: Mental Health Tribunals
Regulation 31: Complaints Procedures
Regulation 32: Risk Management 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.

Overall risk ratings comparison 2015 – 2017



The approved centre had no areas of non-compliance in 2015 and 2017 and, therefore, no associated risk ratings for those years.

Avonmore and Glencree Units, Newcastle Hospital

ID Number: AC0053

2017 Approved Centre Inspection Report (Mental Health Act 2001)

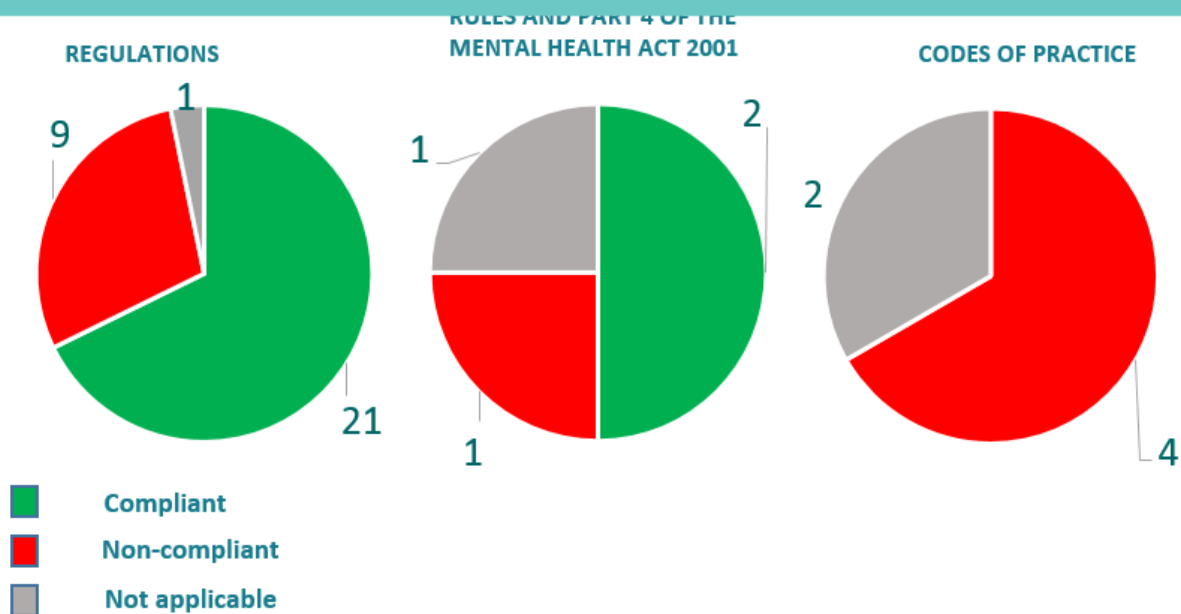
Avonmore & Glencree Units, Newcastle Hospital Greystones Co. Wicklow	Approved Centre Type: Acute Adult Mental Health Care Continuing Mental Health Care/Long Stay Psychiatry of Later Life Mental Health Rehabilitation Mental Health Care for People with Intellectual Disability	Most Recent Registration Date: 1 March 2017
Conditions Attached: None	Registered Proprietor: HSE	Registered Proprietor Nominee: Ms Martina Queally, Chief Officer, CHO6

Mary Connellan
Leon Donovan

Unannounced
Annual Inspection

The Inspector of Mental Health Services:
Dr Susan Finnerty MCRN009711

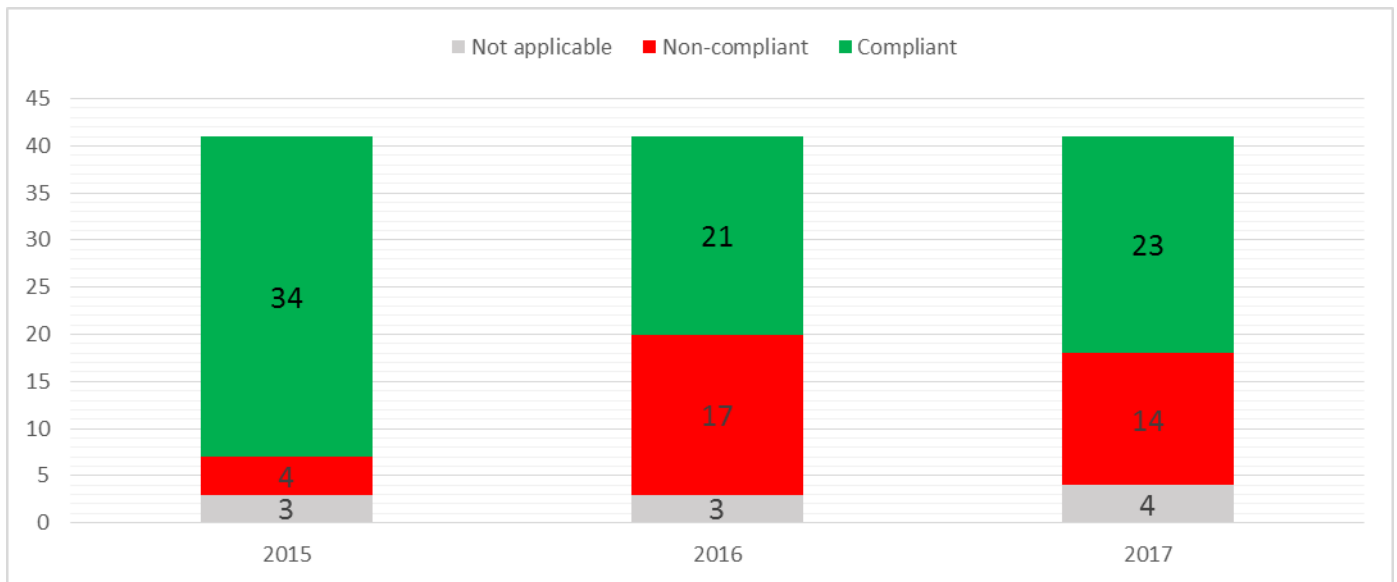
Date of Publication:
24 August 2017



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 31 May, 1 June and 2 June 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	Compliant
Regulation 15: Individual Care Plan	Non-compliant
Regulation 21: Privacy	Non-compliant
Regulation 22: Premises	Non-compliant
Regulation 23: Ordering, Prescribing, Storing and Administration of Medicines	Non-compliant
Regulation 26: Staffing	Non-compliant
Regulation 27: Maintenance of Records	Compliant
Regulation 29: Operating Policies and Procedures	Non-compliant
Regulation 31: Complaints Procedures	Compliant
Regulation 32: Risk Management Procedures	Non-compliant
Rules Governing the Use of Seclusion	Non-compliant
Rules Governing the Use of Mechanical Means of Bodily Restraint	Compliant
Code of Practice on the Use of Physical Restraint	Non-compliant
Code of Practice on the Admission of Children	Not Applicable
Code of Practice 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 7: Clothing	✓	✓	X Moderate
Regulation 15: Individual Care Plan	✓	X	X High
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 25: Use of Closed Circuit Television	✓	✓	X Low
Regulation 26: Staffing	✓	X	X Moderate
Regulation 29: Operating Policies and Procedures	✓	X	X Moderate
Regulation 32: Risk Management	✓	X	X High
Rules on the Use of Seclusion	X	X	X Moderate
Code of Practice on the Use of Physical Restraint	X	X	X High
Code of Practice on the Notification of Deaths and Incident Reporting	✓	X	X Low
Code of Practice Guidance for Persons 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

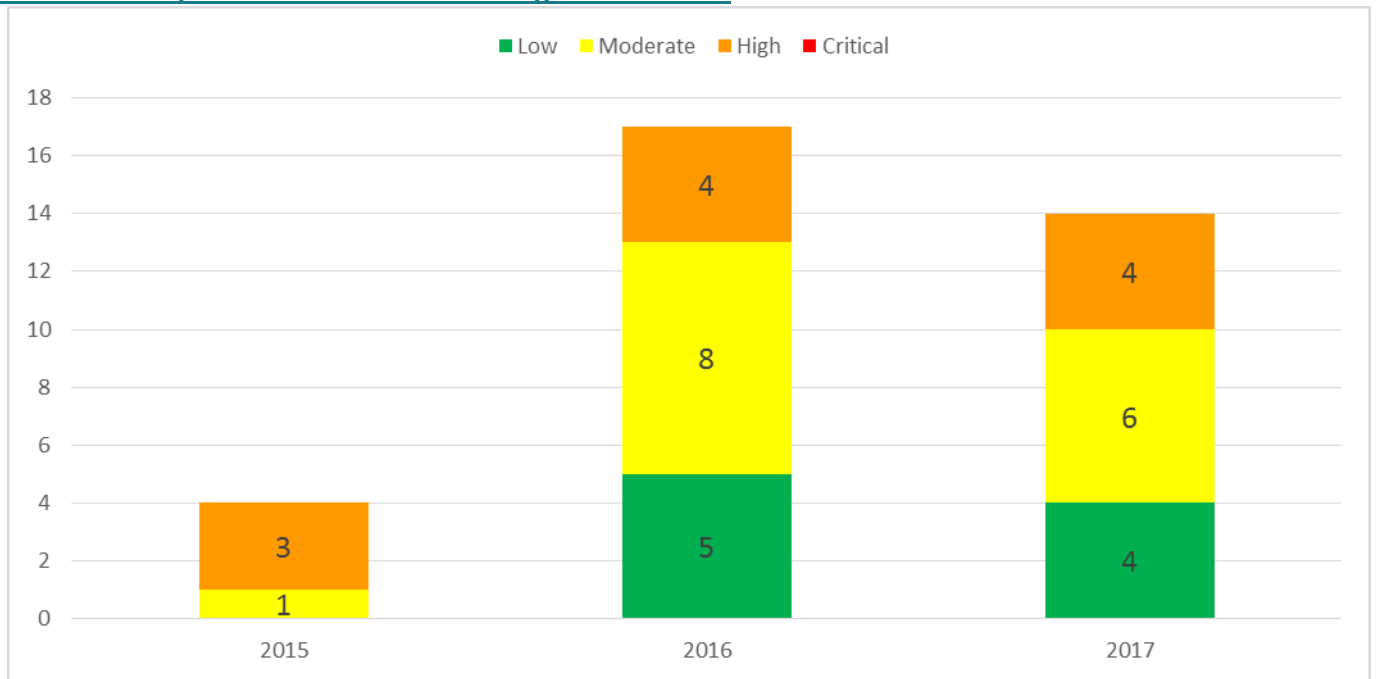
The following areas were rated excellent on this inspection:

Regulation
Regulation 4: Identification of Residents
Regulation 10: Religion

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



Tearmann Ward, St. Camillus' Hospital

ID Number: AC0073

2017 Approved Centre Inspection Report (Mental Health Act 2001)

Tearmann Ward, St. Camillus' Hospital
Shelbourne Road
Limerick

Approved Centre Type:
Psychiatry of Later Life

Most Recent Registration Date:
01 October 2014

Conditions Attached:
None

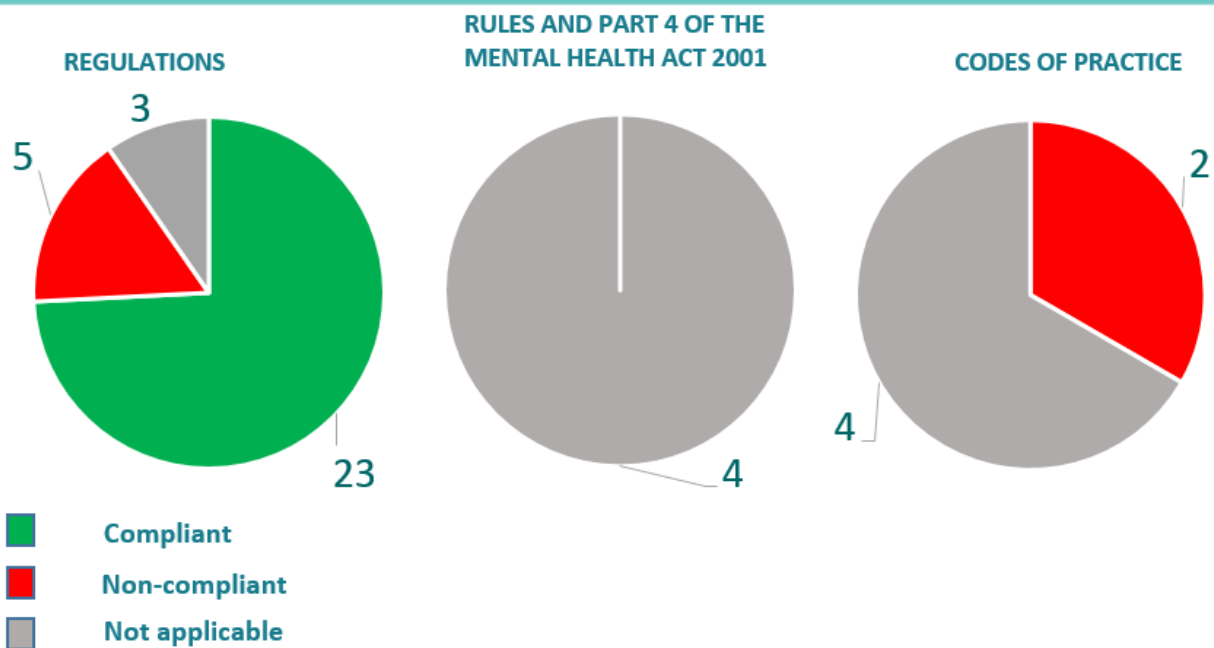
Registered Proprietor:
HSE

Registered Proprietor Nominee:
Mr. Mark Sparling, Head of Service –
Mental Health CHO3

Unannounced Annual Inspection

The Inspector of Mental Health Services:
Dr Susan Finnerty MCRN009711

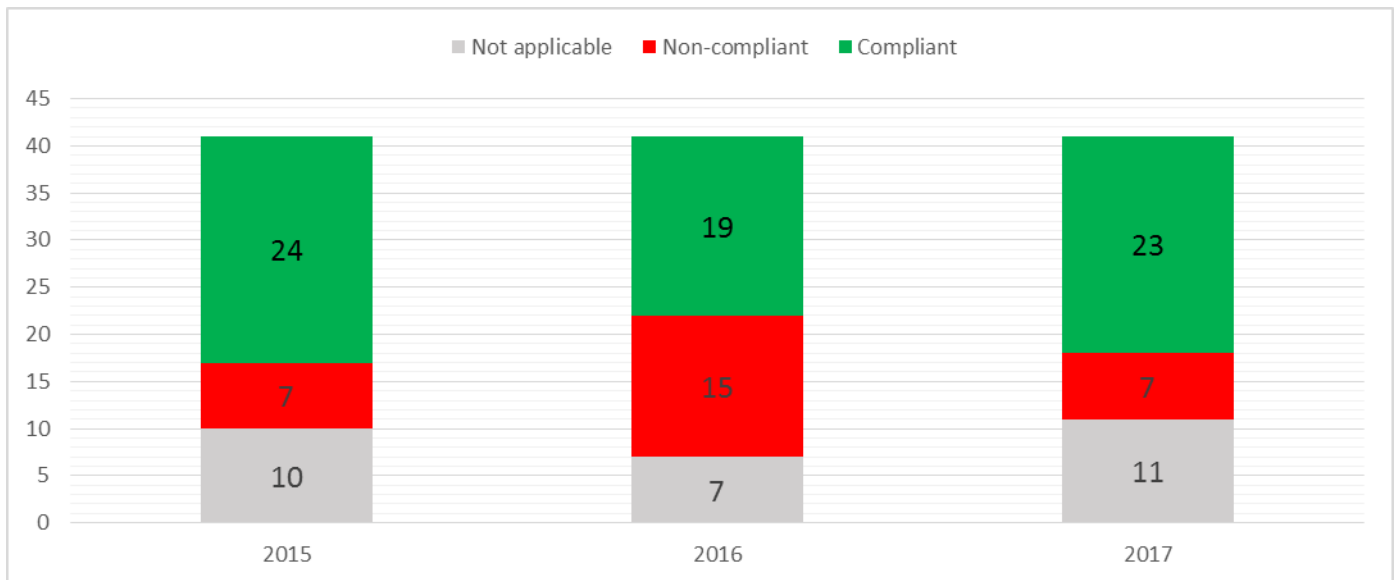
Date of Publication:
24 August 2017



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 2 – 5 August 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 13: Searches	Compliant
Regulation 14: Care of the Dying	Compliant
Regulation 15: Individual Care Plan	Compliant
Regulation 21: Privacy	Compliant
Regulation 22: Premises	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	Compliant
Regulation 29: Operating Policies and Procedures	Compliant
Regulation 32: Risk Management Procedures	Non-Compliant
Code of Practice on the Use of Physical Restraint in Approved Centres	Not Applicable
Code of Practice 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 11: Visits	✓	✓	✗ Low
Regulation 18: Transfer of Residents	✓	✓	✗ Moderate
Regulation 26: Staffing	✗	✗	✗ Moderate
Regulation 27: Maintenance of Records	✓	✗	✗ Low
Regulation 32: Risk Management Procedures	✗	✗	✗ Moderate
Code of Practice on Notification of Deaths and Incident Reporting	✗	✗	✗ Low
Code of Practice on Admission, Transfer and Discharge to and from an Approved Centre	✗	✗	✗ 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

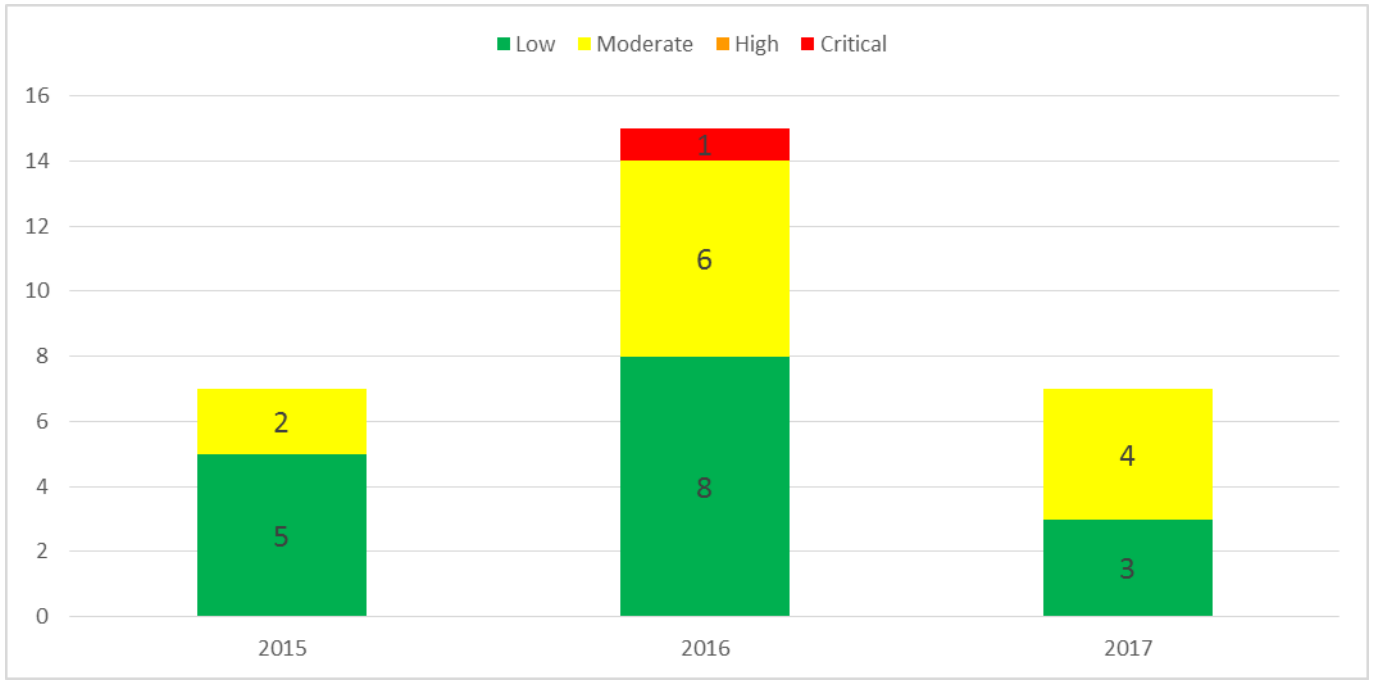
The following areas were rated excellent on this inspection:

Regulation
Regulation 4: Identification of Residents
Regulation 9: Recreational Activities
Regulation 10: Religion

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



O'Casey Rooms, Fairview Community Unit

ID Number: AC0083

2017 Approved Centre Inspection Report (Mental Health Act 2001)

O'Casey Rooms, Fairview Community Unit
Griffith Court
Philipsburgh Avenue
Dublin 3

Approved Centre Type:
Acute Adult Mental Health Care
Psychiatry of Later Life
Mental Health Rehabilitation

Most Recent Registration Date:
08 March 2017

Conditions Attached:
Yes

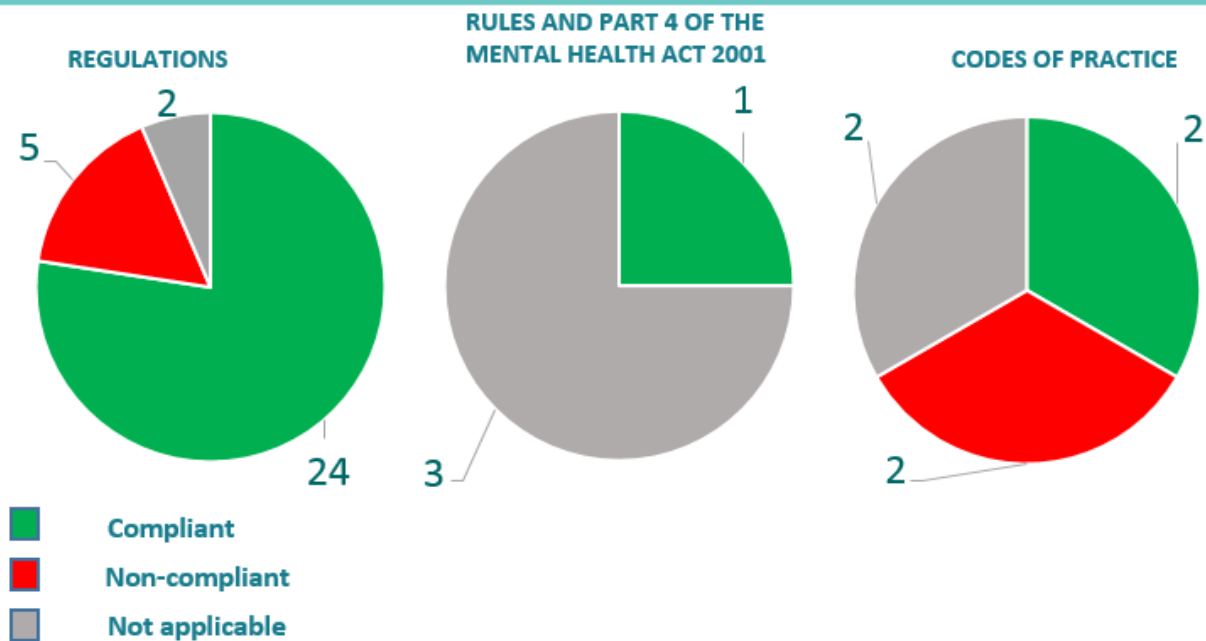
Registered Proprietor:
HSE

Registered Proprietor Nominee:
Ms Angela Walsh, Head of Mental
Services, CHO9

Unannounced Annual Inspection

The Inspector of Mental Health Services:
Dr Susan Finnerty MCRN009711

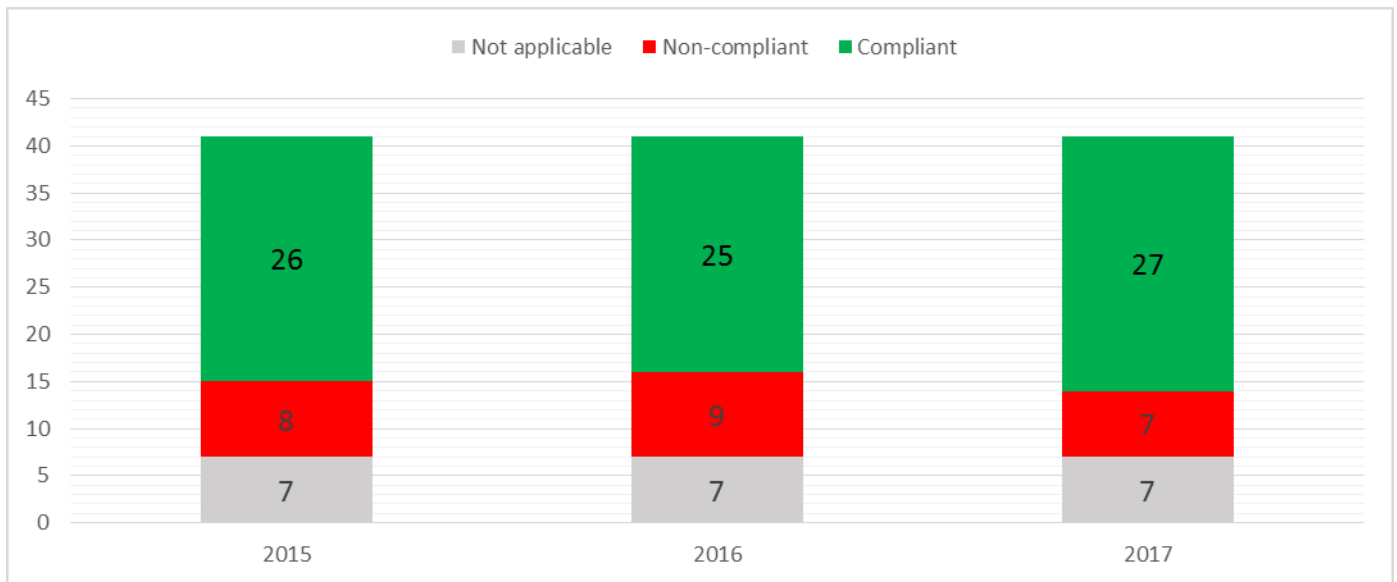
Date of Publication:
24 August 2017



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 18 – 20 April 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 14: Care of the Dying	Compliant
Regulation 18: Transfer of Residents	Compliant
Regulation 20: Provision of Information to Residents	Compliant
Regulation 22: Premises	Non-compliant
Regulation 26: Staffing	Non-compliant
Regulation 27: Maintenance of Records	Non-compliant
Regulation 28: Register of Residents	Compliant
Code of Practice 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 15: Individual Care Plan	✓	✓	X Low
Regulation 22: Premises	X	X	X High
Regulation 26: Staffing	✓	X	X High
Regulation 27: Maintenance of Records	X	X	X

			Moderate
Regulation 32: Risk Management Procedures	✓	✓	X Moderate
Code of Practice for Mental Health Services on Notifications of Deaths and Incident Reporting	✓	X	X Low
Code of Practice 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

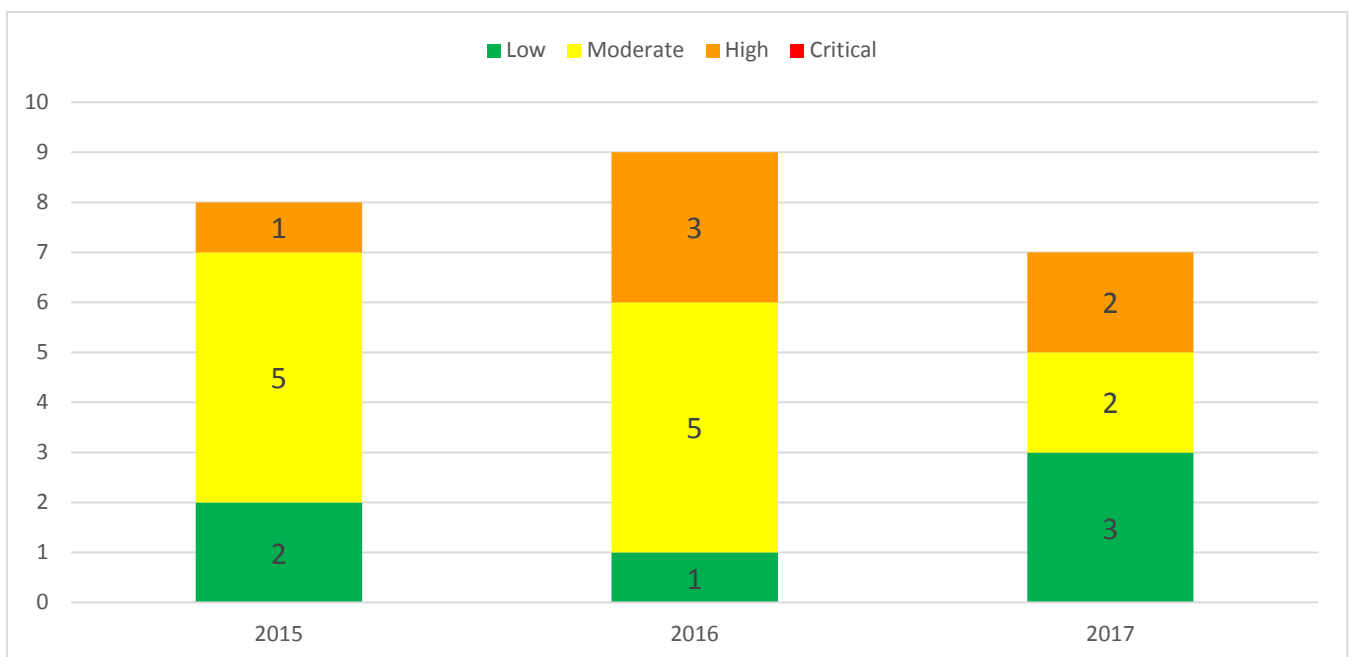
The following areas were rated excellent on this inspection:

Regulation
Regulation 5: Food and Nutrition
Regulation 7: Clothing
Regulation 8: Residents' Personal Property and Possessions
Regulation 11: Visits
Regulation 12: Communication
Regulation 18: Transfer of Residents
Regulation 19: General Health
Regulation 29: Operating Policies and 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



St. Bridget's Ward & St. Marie Goretti's Ward, Cluain Lir Care Centre

ID Number: AC0090

2017 Approved Centre Inspection Report (Mental Health Act 2001)

St. Bridget's Ward & St. Marie Goretti's
Ward, Cluain Lir Care Centre
St. Mary's Campus
Longford Road
Mullingar

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

Most Recent Registration Date:
31 May 2015

Conditions Attached:
None

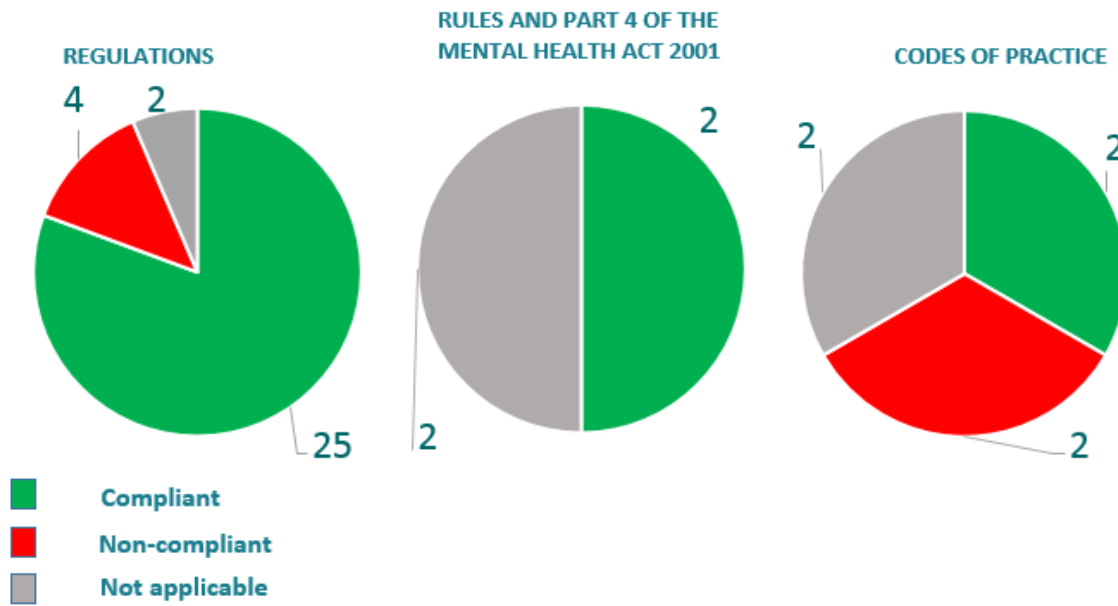
Registered Proprietor:
HSE

Registered Proprietor Nominee:
Ms. Dervila Eyres

The Inspector of Mental Health Services:
Dr Susan Finnerty MCRN009711

Date of Publication:
24 August 2017

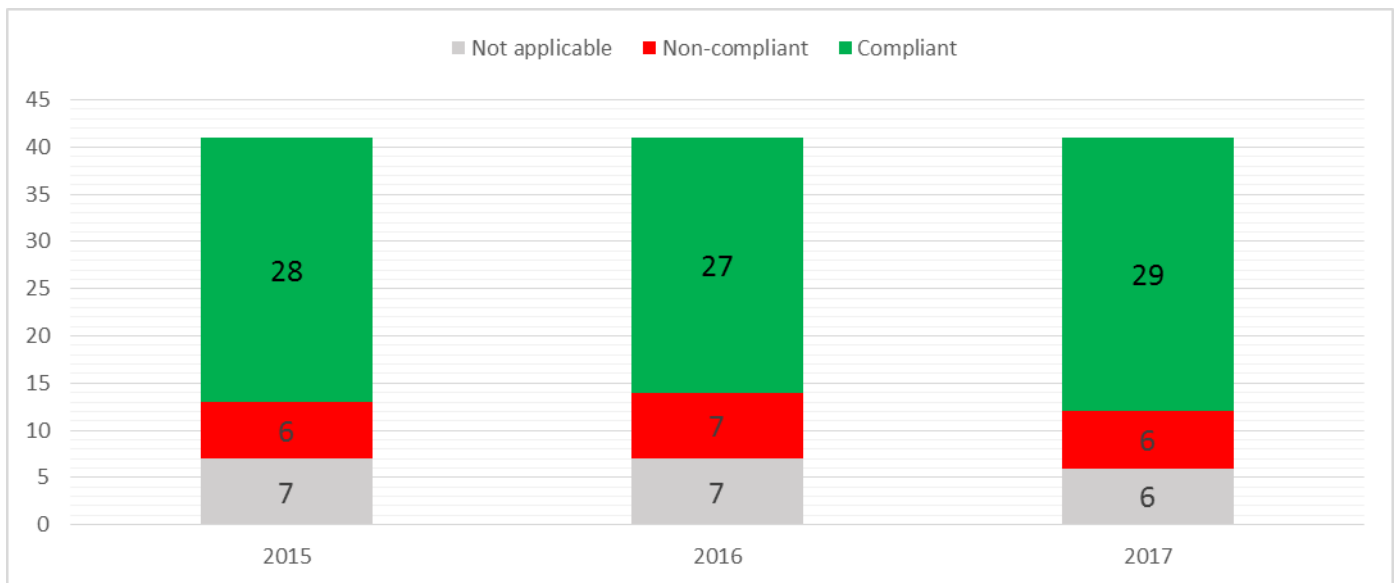
COMPLIANCE RATINGS 2017



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 10 – 12 August 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 15: Individual Care Plan	Non-Compliant
Regulation 20: Provision of Information to Residents	Compliant
Regulation 26: Staffing	Non-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 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	X Low
Regulation 23: Ordering, Prescribing, Storing and Administration of Medicines	X	✓	X Moderate
Regulation 26: Staffing	✓	X	X High
Regulation 27: Maintenance of Records	✓	✓	X Moderate
Code of Practice Guidance for Persons working in Mental Health Services with People with Intellectual Disabilities	N/A	✓	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

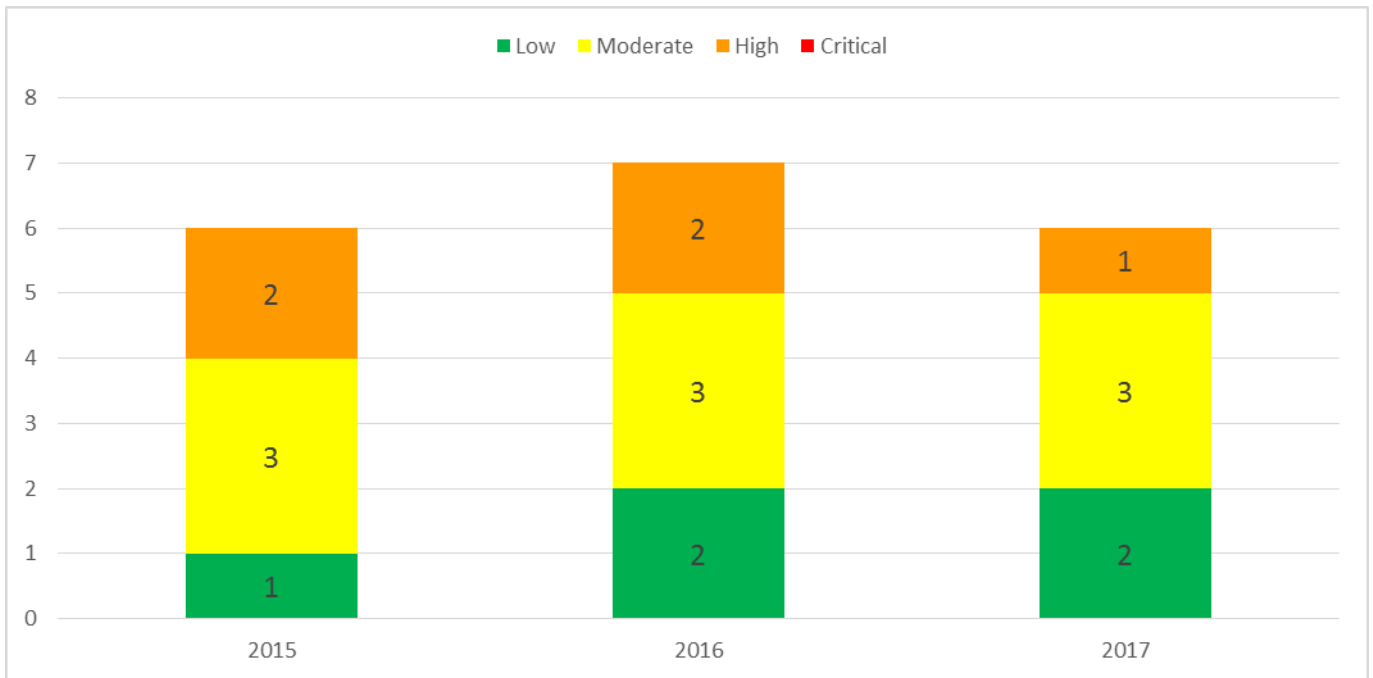
The following areas were rated excellent on this inspection:

Regulation
Regulation 7: Clothing
Regulation 8: Residents' Personal Property and Possessions
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



Acute Psychiatric Unit 5B, University Hospital Limerick

ID Number: AC0002

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

Acute Psychiatric Unit 5B
University Hospital Limerick
Dooradoyle
Limerick

Approved Centre Type:
Acute Adult Mental Health Care

Most Recent Registration Date:
1 March 2015

Conditions Attached:
None

Registered Proprietor:
HSE

Registered Proprietor Nominee:
Mark Sparling

Donal O'Sullivan

Focused Inspection

The Inspector of Mental Health Services:
Dr Susan Finnerty MCRN009711

Date of Publication:
24 August 2017

This unannounced focused inspection was a follow-up to the 2016 annual inspection. Three regulations were inspected against:

- Regulation 21: Privacy
- Regulation 22: Premises
- Regulation 32: Risk Management Procedures

The 2016 inspection identified the following areas of concern.

Regulation	Risk Rating	Reasons for Non-Compliance
Regulation 21: Privacy	Critical	<ul style="list-style-type: none"> • Bed screening was inadequate and did not ensure privacy. • The PA system was loud and intrusive. • Residents' phone conversations could be overheard because the phone was located in a communal area and did not have a privacy hood.
Regulation 22: Premises	Critical	<ul style="list-style-type: none"> • The premises were not clean or maintained in good structural and decorative condition. • The premises were not properly ventilated. • The condition of the physical structure and the overall approved centre environment were not maintained with due regard to the specific needs of residents and patients and the safety and well-being of residents, staff, and visitors.
Regulation 32: Risk Management Procedures	High	<ul style="list-style-type: none"> • The risk management policy was not comprehensive, as required by part 1 of the regulation. • The risk management policy was not implemented. • The policy did not reference the identification and assessment of risks throughout the approved centre.

These areas of non-compliance were referred to the Mental Health Commission's Regulatory Review Committee. An immediate action notice was issued to the registered proprietor, and an action plan to correct the areas of non-compliance was requested.

Summary of findings from the focused inspection

Regulation	Findings	Risk Rating
Regulation 21: Privacy	Non-Compliant	Critical
Regulation 22: Premises	Non-Compliant	Critical
Regulation 32: Risk Management Procedures	Non-Compliant	High