

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, St Luke's Hospital, Kilkenny
http://www.mhcirl.ie/File/2017IRs/DOPStLukes_ir2017.pdf
2. Grangemore Ward & St. Aidan's Ward, St Otteran's Hospital, Waterford
http://www.mhcirl.ie/File/2017IRs/StOtterans_ir2017.pdf
3. Deer Lodge, Kerry
http://www.mhcirl.ie/File/2017IRs/DeerLodge_ir2017.pdf
4. Wood View, Galway
http://www.mhcirl.ie/File/2017IRs/Woodview_ir2017.pdf
5. St Michael's Unit, Mercy University Hospital, Cork
http://www.mhcirl.ie/File/2017IRs/StMichaelsMercy_ir2017.pdf
6. Carraig Mór, Cork
http://www.mhcirl.ie/File/2017IRs/CarraigMor_ir2017.pdf
7. Adult Mental Health Unit, Mayo University Hospital, Mayo
http://www.mhcirl.ie/File/2017IRs/ANHU_MayoUniHosp_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/

Adult Mental Health Unit, Mayo University Hospital

ID Number: AC0001

2017 Approved Centre Inspection Report (Mental Health Act 2001)

Adult Mental Health Unit
Mayo University Hospital
Castlebar
Co. Mayo

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:
Mr Steve Jackson, General Manager,
CHO 2 – Mental Health Services

Inspection Team:
Martin McMenemy, Lead Inspector
Dr Enda Dooley MCRN004155
Barbara Morrissey
Siobhán Dinan

Inspection Date:
17 – 20 October 2017

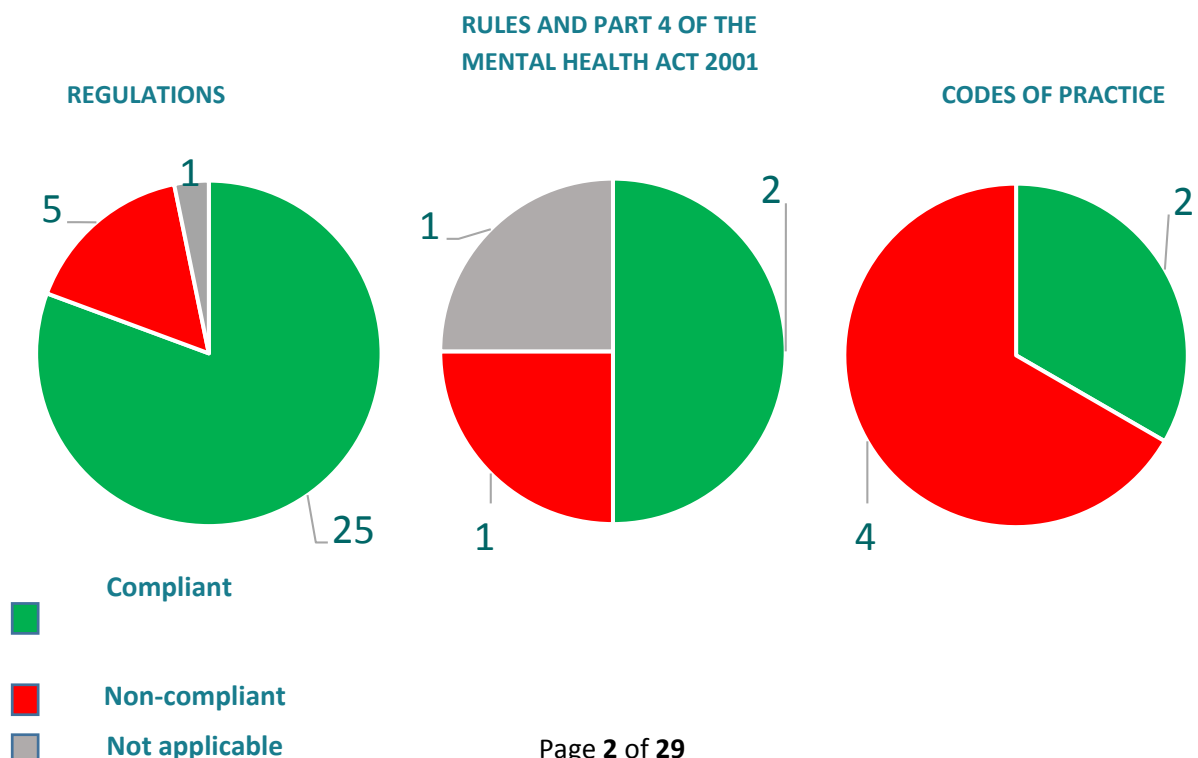
Previous Inspection Date:
4 – 7 October 2016

Inspection Type:
Unannounced Annual Inspection

The Inspector of Mental Health Services:
Dr Susan Finnerty MCRN009711

Date of Publication:
26 April 2018

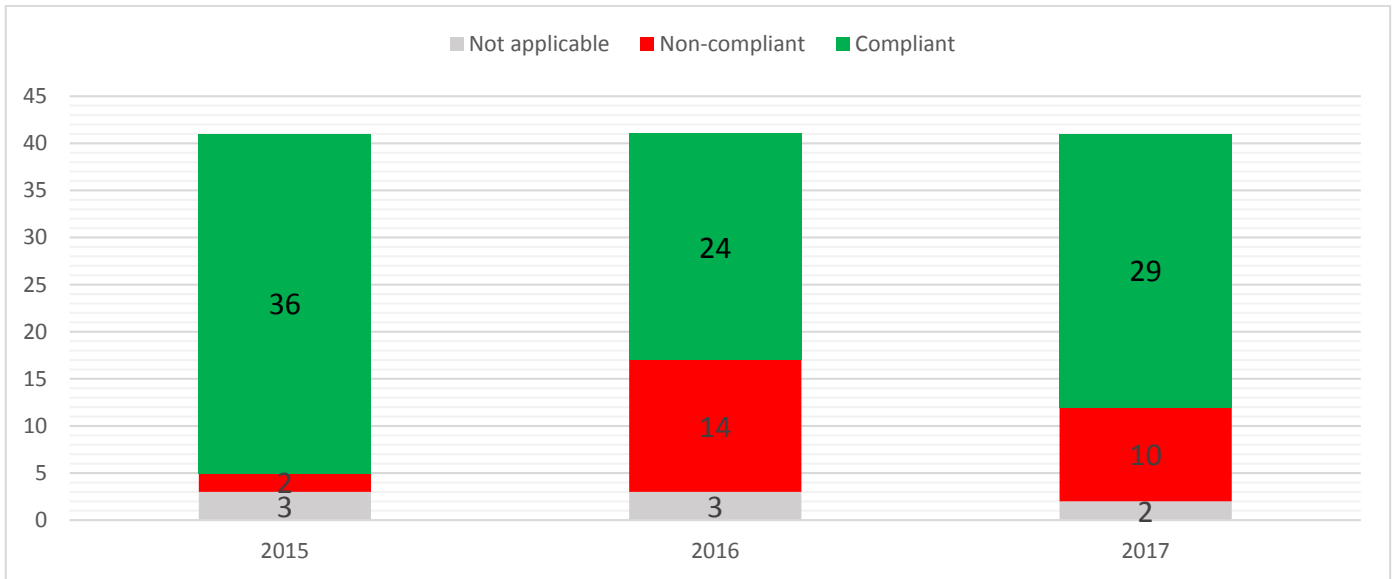
2017 COMPLIANCE RATINGS



RATINGS SUMMARY 2015 – 2017

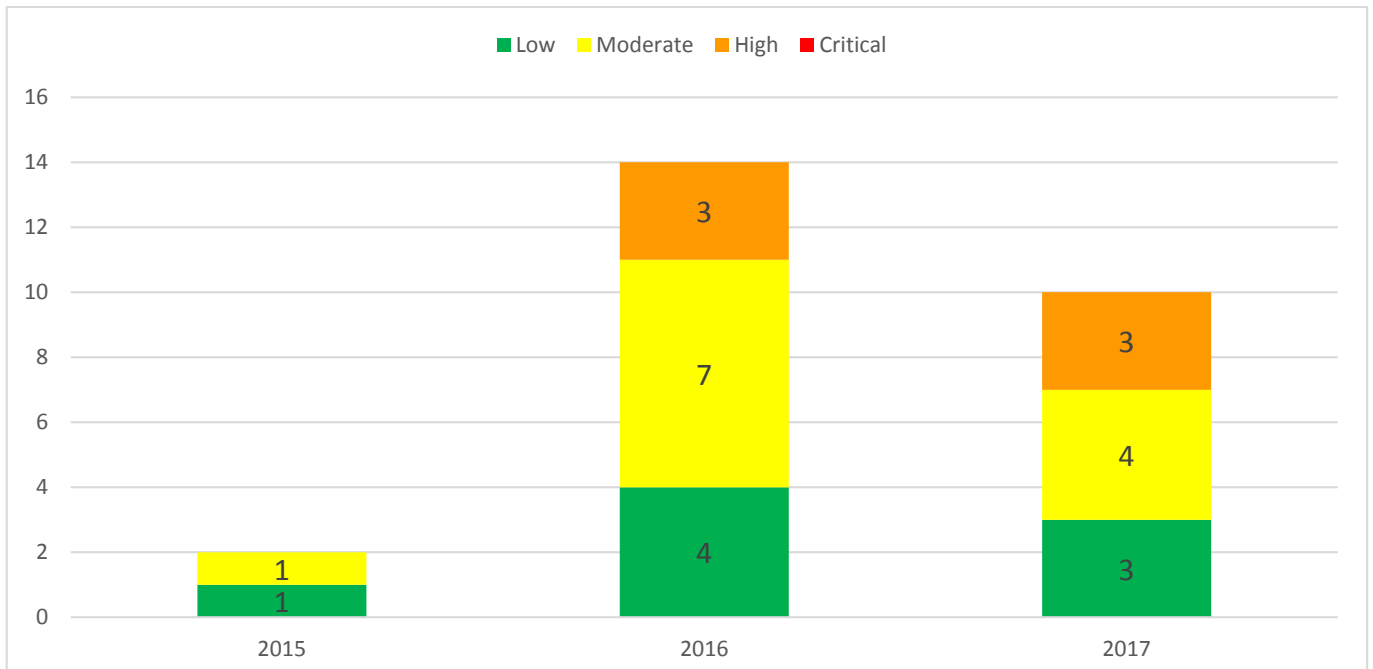
Compliance ratings across all 41 areas of inspection are summarised in the chart below.

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 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 4 – 7 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 15: Individual Care Plan	Non-Compliant
Regulation 18: Transfer of Residents	Compliant
Regulation 21: Privacy	Compliant
Regulation 22: Premises	Non-Compliant
Regulation 26: Staffing	Non-Compliant
Regulation 31: Complaints Procedures	Compliant
Rules Governing the Use of Electro-Convulsive Therapy	Compliant
Rules Governing the Use of Seclusion	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 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	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 15: Individual Care Plan	✓	X	X Moderate
Regulation 16: Therapeutic Services and Programmes	✓	✓	X High
Regulation 22: Premises	✓	X	X High
Regulation 26: Staffing	✓	X	X Moderate
Regulation 32: Risk Management Procedures	✓	✓	X Moderate
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 Low
Code of Practice Relating to Admission of Children under the Mental Health Act 2001	Not applicable	Not applicable	X Moderate
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 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 29: Operating Policies and Procedures

Carraig Mór

ID Number: AC0018

2017 Approved Centre Inspection Report (Mental Health Act 2001)

Carraig Mór
Shanakiel
Cork

Approved Centre Type:
Psychiatric Intensive Care Unit

Most Recent Registration Date:
1 March 2017

Conditions Attached:
None

Registered Proprietor:
HSE

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

Inspection Team:
Barbara Morrissey, Lead Inspector
Dr Enda Dooley
Mary Connellan

Inspection Date:
7 – 10 November 2017

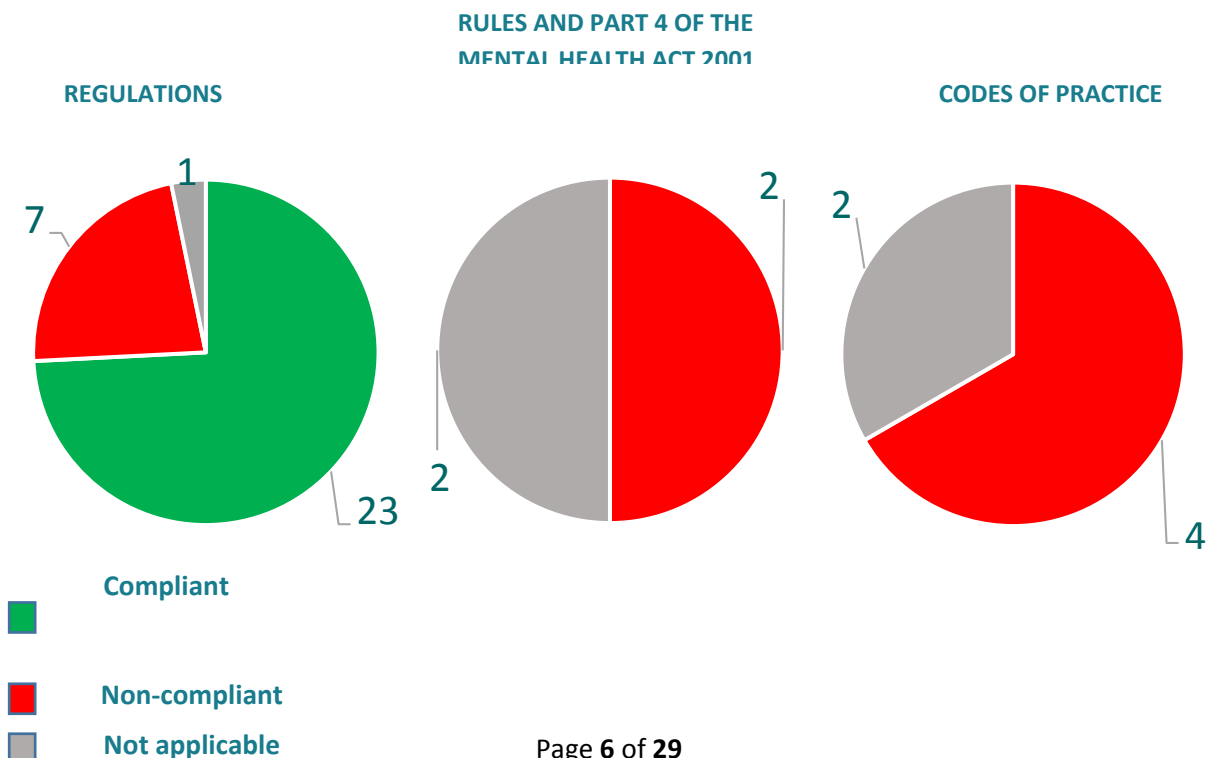
Previous Inspection Date:
8 – 10 June 2016

Inspection Type:
Unannounced Annual Inspection

The Inspector of Mental Health Services:
Dr Susan Finnerty MCRN009711

Date of Publication:
<<**-** Month 2017>>

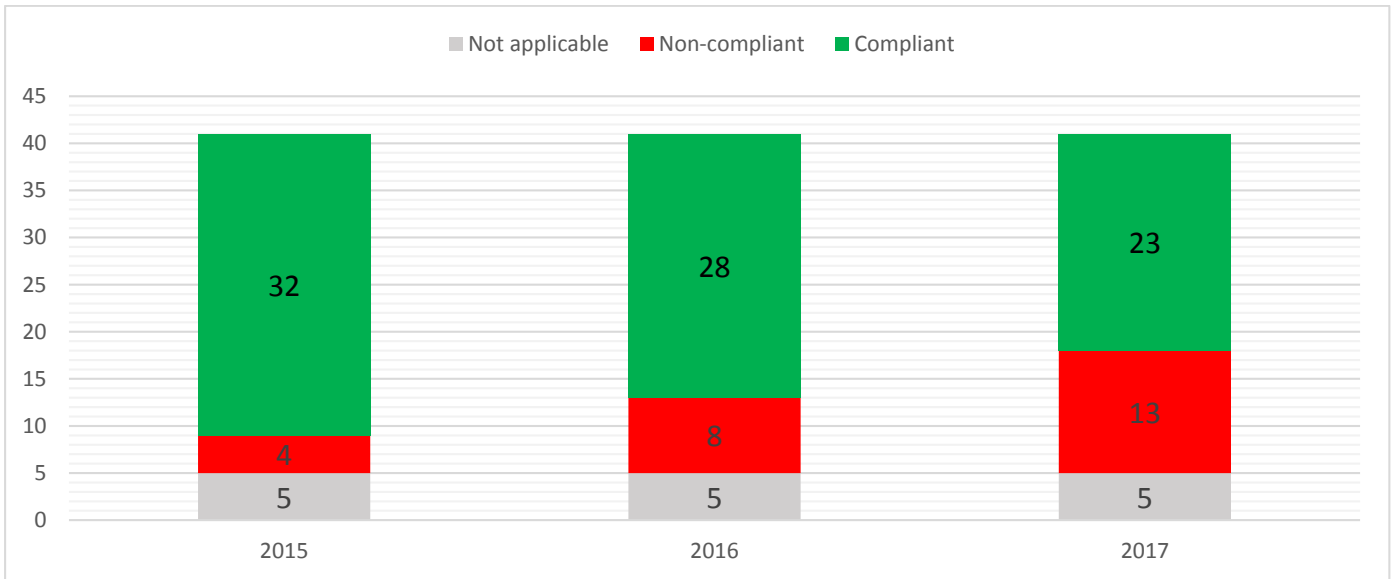
2017 COMPLIANCE RATINGS



RATINGS SUMMARY 2015 – 2017

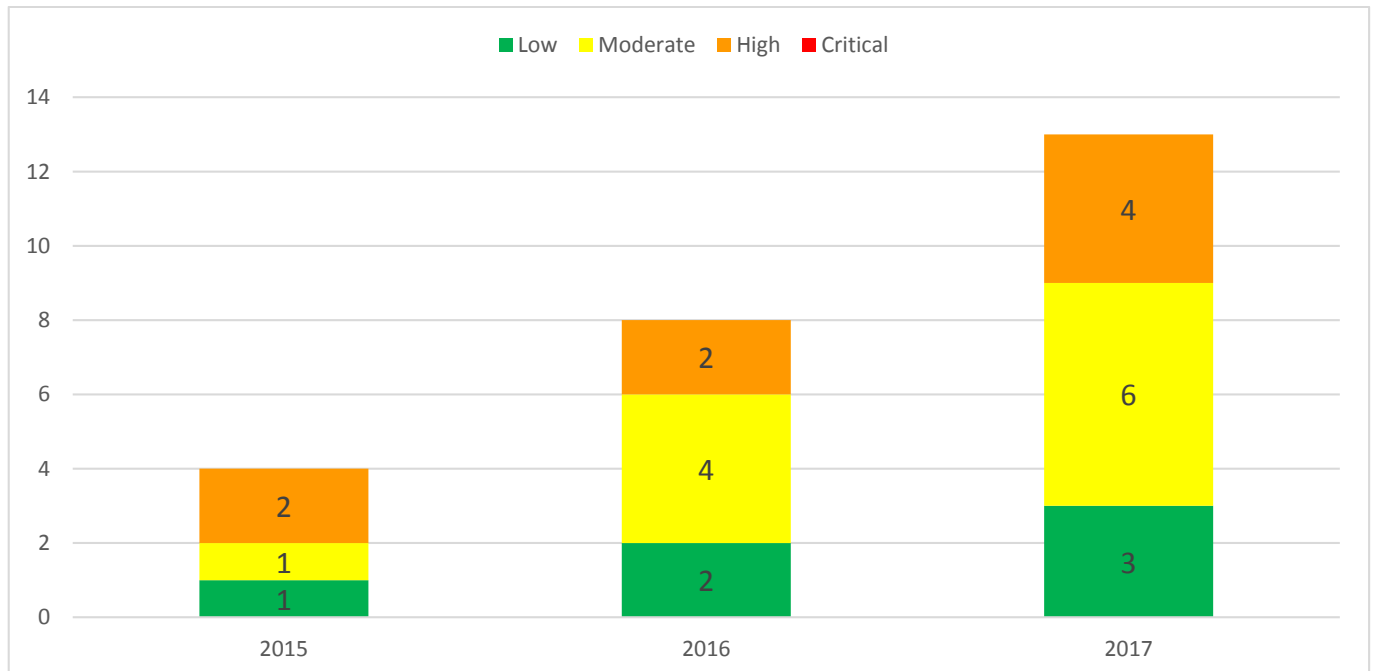
Compliance ratings across all 41 areas of inspection are summarised in the chart below.

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 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 8 – 10 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 21: Privacy	Non-Compliant
Regulation 22: Premises	Non-Compliant
Regulation 23: Ordering, Prescribing, Storing and Administration of Medicines	Compliant
Regulation 24: Health and Safety	Compliant
Regulation 26: Staffing	Non-Compliant
Regulation 27: Maintenance of Records	Non-Compliant
Rules Governing the Use of Seclusion	Non-Compliant
Code of Practice for Mental Health Services on Notification of Deaths and Incident Reporting	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 18: Transfer of Residents	✓	✓	X Moderate
Regulation 21: Privacy	✓	X	X Moderate
Regulation 22: Premises	X	X	X High
Regulation 25: Use of Closed Circuit Television	✓	✓	X High
Regulation 26: Staffing	✓	X	X Moderate
Regulation 27: Maintenance of Records	X	X	X Moderate
Regulation 32: Risk Management Procedures	✓	✓	X Moderate
Rules Governing the Use of Seclusion	✓	X	X High
Part 4 of the Mental Health Act 2001: Consent to Treatment	✓	✓	X High
Code of Practice on the Use of Physical Restraint in Approved Centres	✓	✓	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 Low
Code of Practice on Admission, Transfer and Discharge to and from an Approved Centre	✓	✓	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 8: Residents' Personal Property and Possessions
Regulation 9: Recreational Activities
Regulation 10: Religion
Regulation 11: Visits
Regulation 19: General Health

St. Michael's Unit, Mercy University Hospital

ID Number: AC0029

2017 Approved Centre Inspection Report (Mental Health Act 2001)

St. Michael's Unit
Mercy University Hospital
Grenville Place
Cork

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

Most Recent Registration Date:
1 March 2017

Conditions Attached:
Yes

Registered Proprietor:
HSE

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

Inspection Team:
 Leon Donovan, Lead Inspector
 Orla O'Neill
 Mary Connellan
 Carol Brennan-Forsyth
 Martin McMEnamin

Inspection Date:
 22 – 25 August 2017

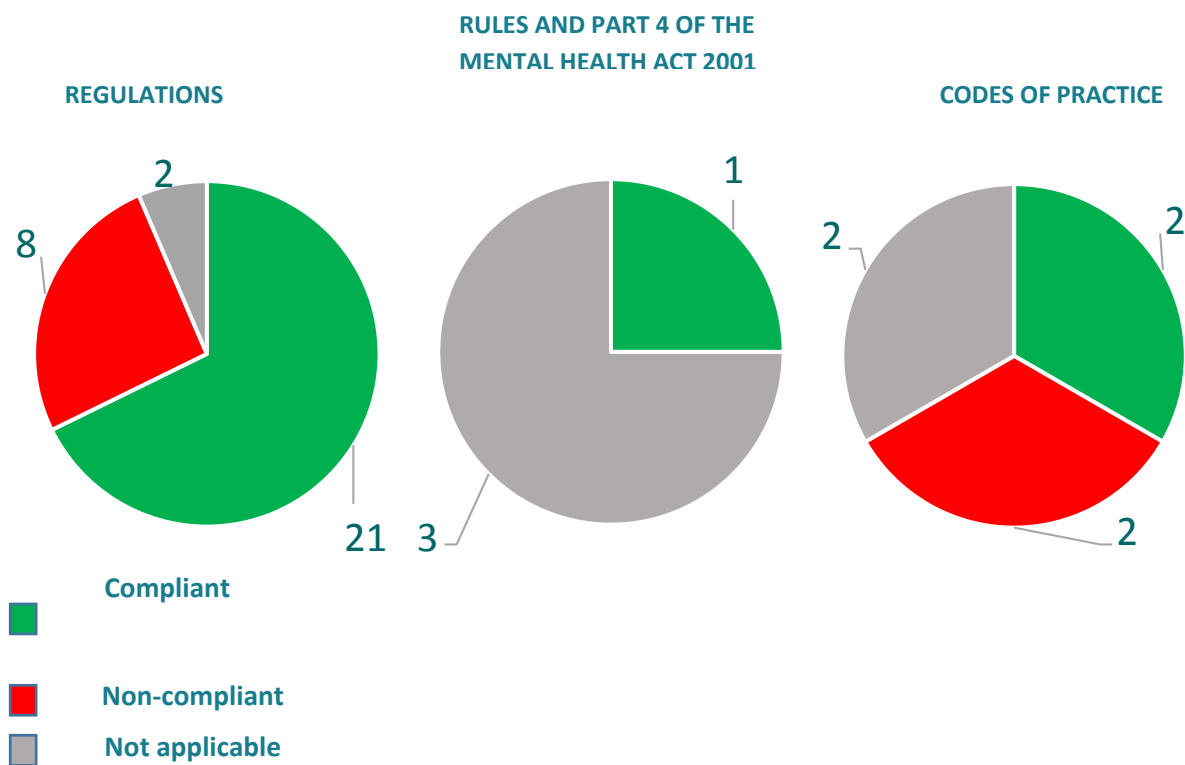
Inspection Type:
 Unannounced Annual Inspection

Previous Inspection Date:
 7 – 10 June 2016

The Inspector of Mental Health Services:
 Dr Susan Finnerty MCRN009711

Date of Publication:
 26 April 2018

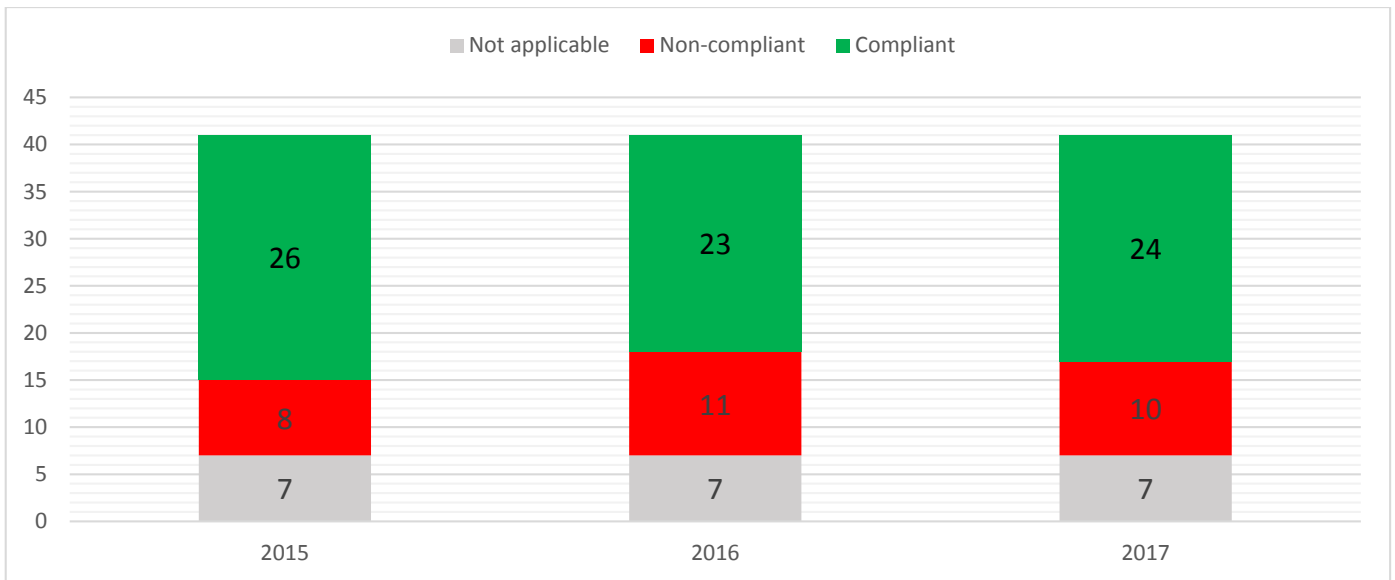
2017 COMPLIANCE RATINGS



RATINGS SUMMARY 2015 – 2017

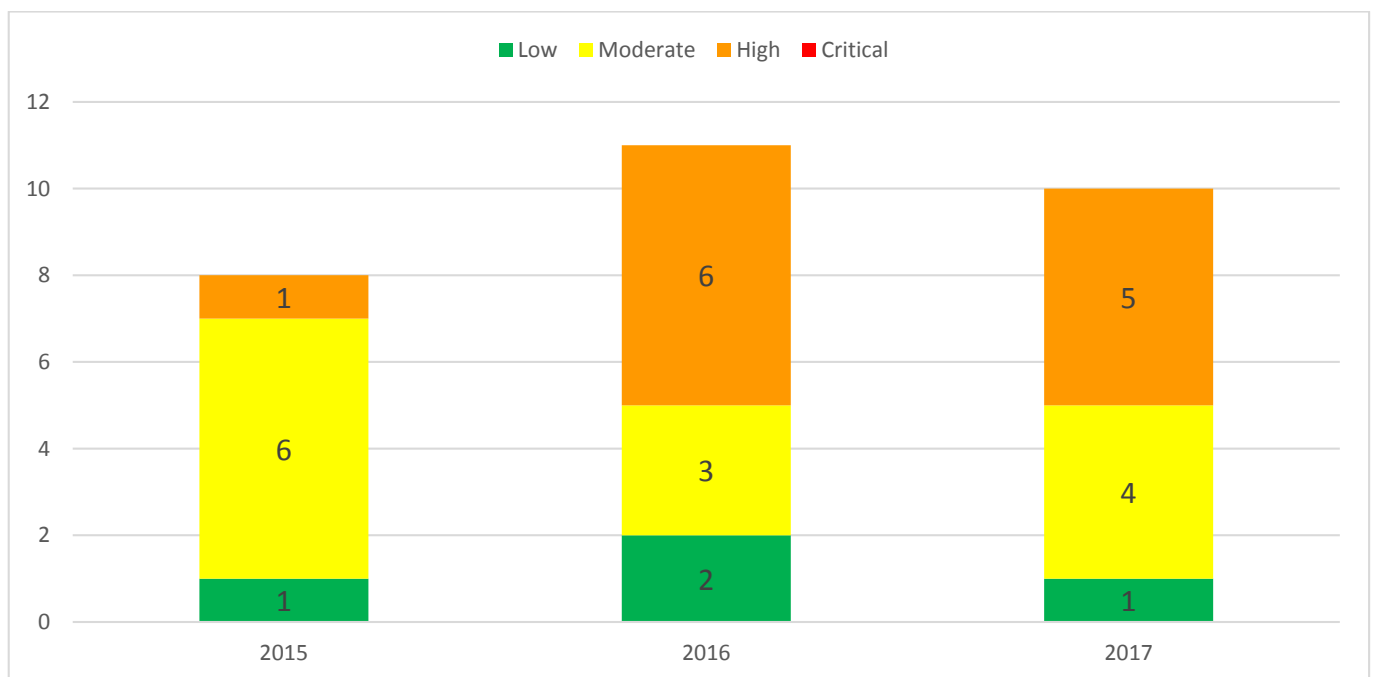
Compliance ratings across all 41 areas of inspection are summarised in the chart below.

[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 were two conditions attached to the registration of this approved centre 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.

Non-compliant areas from 2016 inspection

The previous inspection of the approved centre on 7 – 10 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 8: Residents' Personal Property and Possessions	Compliant
Regulation 15: Individual Care Plan	Non-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	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 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 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 13: Searches	✓	✓	X Moderate
Regulation 15: Individual Care Plan	X	X	X High
Regulation 16: Therapeutic Services and Programmes	✓	✓	X Moderate
Regulation 21: Privacy	X	X	X High
Regulation 22: Premises	X	X	X High
Regulation 26: Staffing	X	X	X

			Moderate
Regulation 27: Maintenance of Records	X	X	X High
Regulation 28: Register of Residents	✓	✓	X Low
Code of Practice Guidance for Persons Working in Mental Health Services with People with Intellectual Disabilities	✓	✓	X High
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 9: Recreational Activities
Regulation 10: Religion
Regulation 19: General Health
Regulation 30: Mental Health Tribunals

Grangemore Ward & St. Aidan's Ward St. Otteran's Hospital

ID Number: AC0033

2017 Approved Centre Inspection Report (Mental Health Act 2001)

Grangemore Ward & St. Aidan's Ward
St. Otteran's Hospital
John's Hill
Waterford

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,
CHO 5 Mental Health Services

Inspection Team:
Dr Ann Marie Murray, Lead Inspector MCRN
363031
Carol Brennan-Forsyth
Leon Donovan
Sandra McGrath

Inspection Date:
17 – 20 October 2017

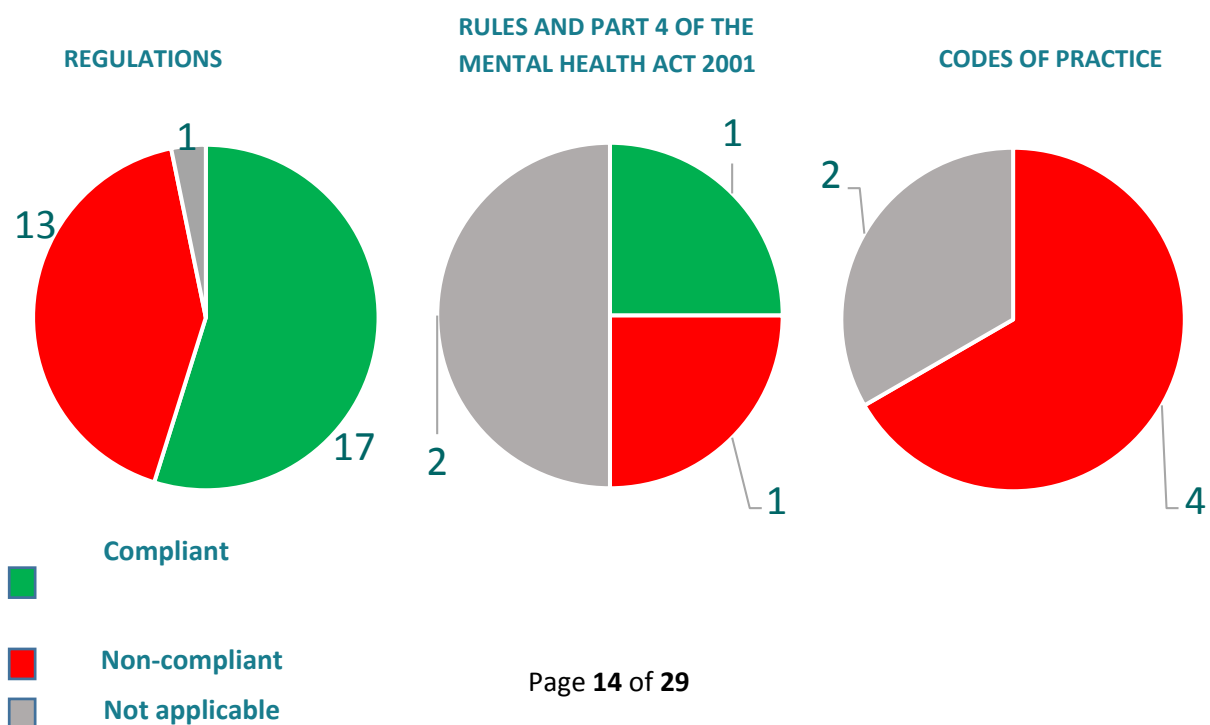
Previous Inspection Date:
12 – 14 July 2016

Inspection Type:
Unannounced Annual Inspection

The Inspector of Mental Health Services:
Dr Susan Finnerty MCRN009711

Date of Publication:
26 April 2018

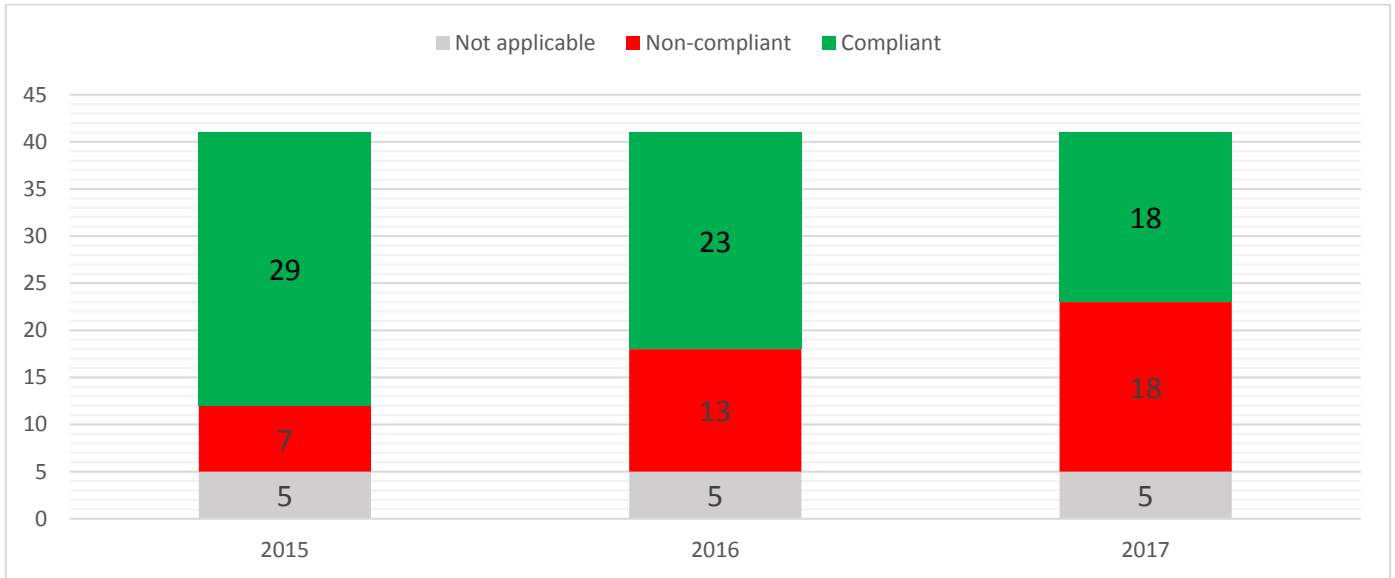
2017 COMPLIANCE RATINGS



RATINGS SUMMARY 2015 – 2017

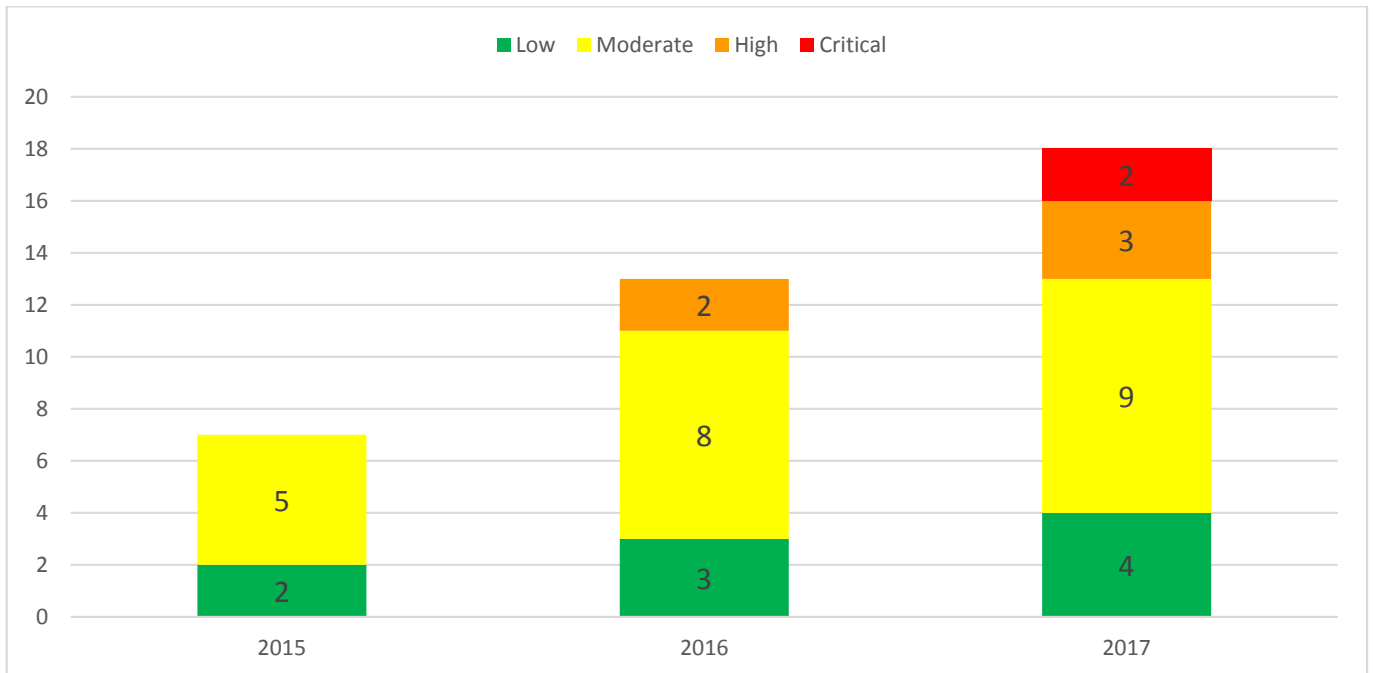
Compliance ratings across all 41 areas of inspection are summarised in the chart below.

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 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 12-14 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 15: Individual Care Plan	Compliant
Regulation 19: General Health	Non-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
Regulation 32: Risk Management Procedures	Non-Compliant
Regulation 34: Certificate of Registration	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 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 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 Moderate
Regulation 9: Recreational Activities	✓	✓	X Moderate
Regulation 11: Visits	✓	✓	X Moderate
Regulation 16: Therapeutic Services and Programme	✓	✓	X High
Regulation 19: General Health	✓	X	X Critical
Regulation 20: Provision of Information to Residents	✓	✓	X Moderate
Regulation 21: Privacy	✓	✓	X Moderate
Regulation 22: Premises	✓	✓	X Moderate
Regulation 25: Use of Closed Circuit Television	✓	X	X High
Regulation 26: Staffing	X	X	X Critical
Regulation 27: Maintenance of Records	✓	X	X Moderate
Regulation 28 Register of Residents	✓	X	X Low
Regulation 32: Risk Management Procedures	X	X	X Moderate
Part 4 of the Mental Health Act 2001: Consent to Treatment	✓	✓	X High
Code of Practice on the Use of Physical Restraint in Approved Centres	✓	X	X Low
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 Moderate
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:

Department of Psychiatry, St Luke's Hospital

ID Number: AC0037

2017 Approved Centre Inspection Report (Mental Health Act 2001)

Department of Psychiatry
St. Luke's Hospital
Freshford Road
Kilkenny

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

Most Recent Registration Date:
1 March 2017

Conditions Attached:
Yes

Registered Proprietor:
HSE

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

Inspection Team:
Dr Ann Marie Murray MCRN 363031, Lead
Inspector
Orla O'Neill
Sandra McGrath
Mary Connellan
Carol Brennan-Forsyth

Inspection Date:
19 – 22 September 2017

Inspection Type:
Unannounced Annual Inspection

Previous Inspection Date:
6 – 8 July 2016

The Inspector of Mental Health Services:
Dr Susan Finnerty MCRN009711

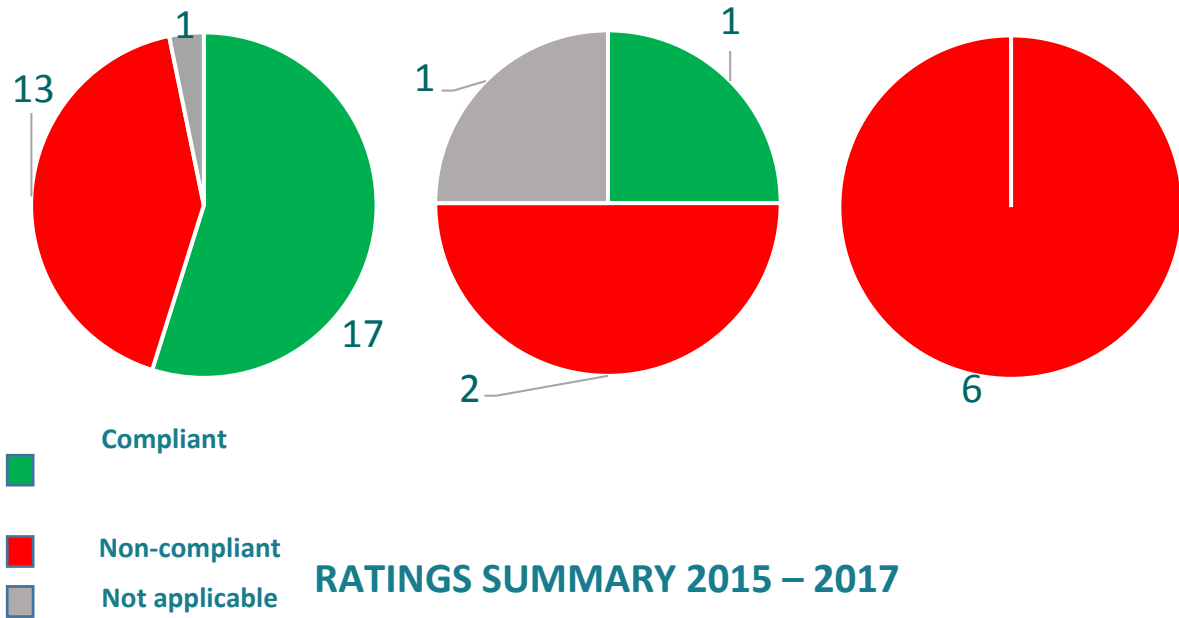
Date of Publication:
26 April 2018

2017 COMPLIANCE RATINGS

REGULATIONS

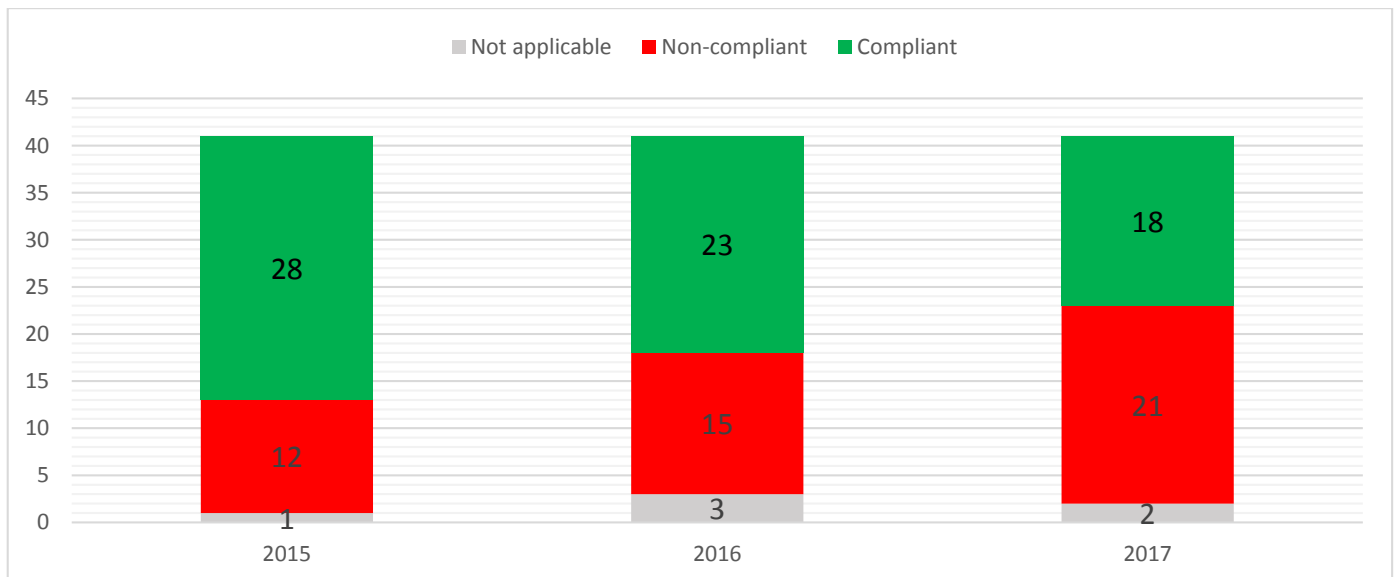
RULES AND PART 4 OF THE
MENTAL HEALTH ACT 2001

CODES OF PRACTICE



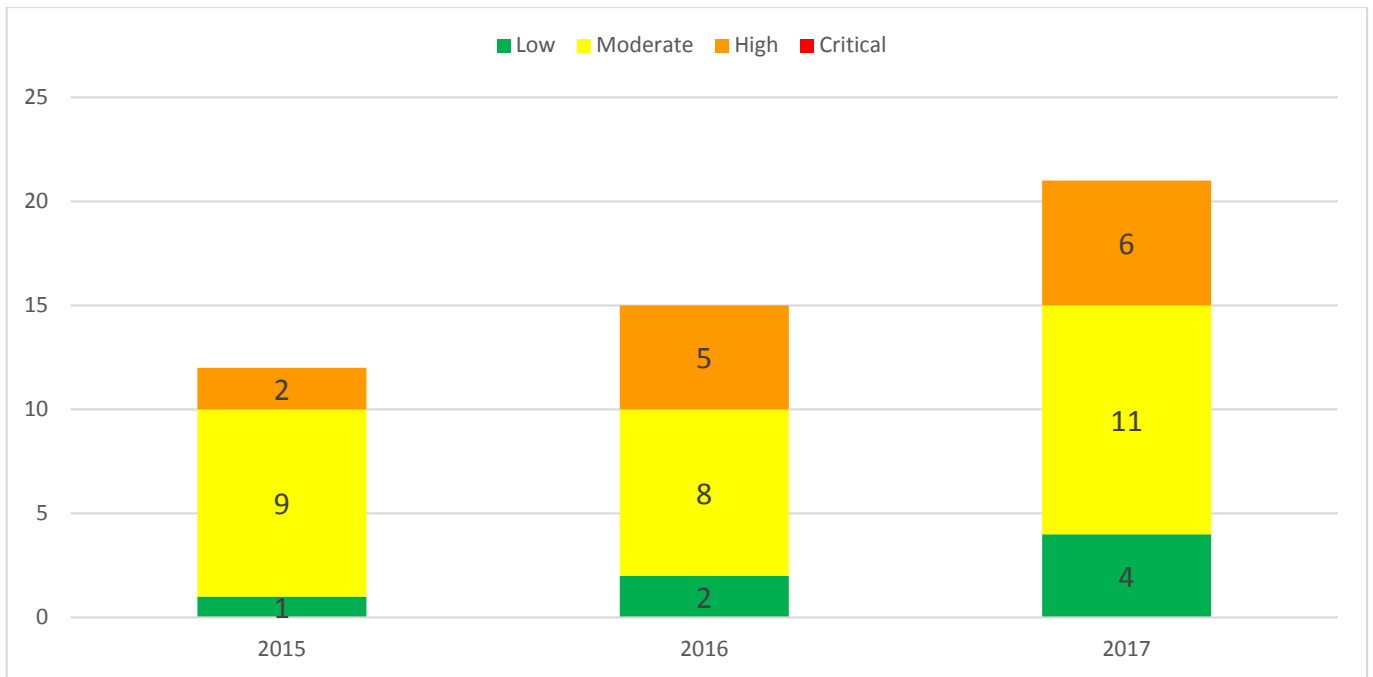
Compliance ratings across all 41 areas of inspection are summarised in the chart below.

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 two conditions attached to the registration of this approved centre 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.

Non-compliant areas from 2016 inspection

The previous inspection of the approved centre on 6 – 8 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 8: Residents' Personal Property and Possessions	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	Non-Compliant
Regulation 28: Register of Residents	Non-Compliant
Rules Governing the Use of Electro-Convulsive Therapy	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 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 13: Searches	✓	✓	X Moderate
Regulation 15: Individual Care Plan	✓	X	X Moderate
Regulation 19: General Health	✓	✓	X Moderate
Regulation 21: Privacy	✓	X	X High
Regulation 22: Premises	X	X	X High
Regulation 23: Ordering, Prescribing, Storing and Administration of Medicines	X	X	X Moderate
Regulation 26: Staffing	X	X	X High
Regulation 27: Maintenance of Records	✓	X	X Moderate
Regulation 28: Register of Residents	✓	X	X Moderate
Regulation 29: Operating Policies and Procedures	✓	✓	X Moderate
Regulation 30: Mental Health Tribunals	✓	✓	X Moderate
Regulation 32: Risk Management Procedures	✓	✓	X Moderate
Regulation 34: Certificate of Registration	✓	✓	X Low

Rules Governing the Use of Electro-Convulsive Therapy	✓	X	X Low
Rules Governing the Use of Seclusion	X	X	X High
Code of Practice on the Use of Physical Restraint in Approved Centres	X	X	X Moderate
Code of Practice Relating to Admission of Children under the Mental Health Act 2001	X	N/A	X Moderate
Code of Practice for Mental Health Services on Notification of Deaths and Incident Reporting	✓	✓	X Low
Code of Practice Guidance for Persons working in Mental Health Services with People with Intellectual Disabilities	✓	X	X High
Code of Practice on the Use of Electro-Convulsive Therapy for Voluntary Patients	✓	X	X Low
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 6: Food Safety

Wood View

ID Number: AC0098

2017 Approved Centre Inspection Report (Mental Health Act 2001)

Wood View
Merlin Park
Galway

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

Most Recent Registration Date:
15 March 2016

Conditions Attached:
None

Registered Proprietor:
HSE

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

Inspection Team:
 Leon Donovan, Lead Inspector
 Dr Enda Dooley MCRN044155
 Mary Connellan

Inspection Date:
 31 October – 3 November 2017

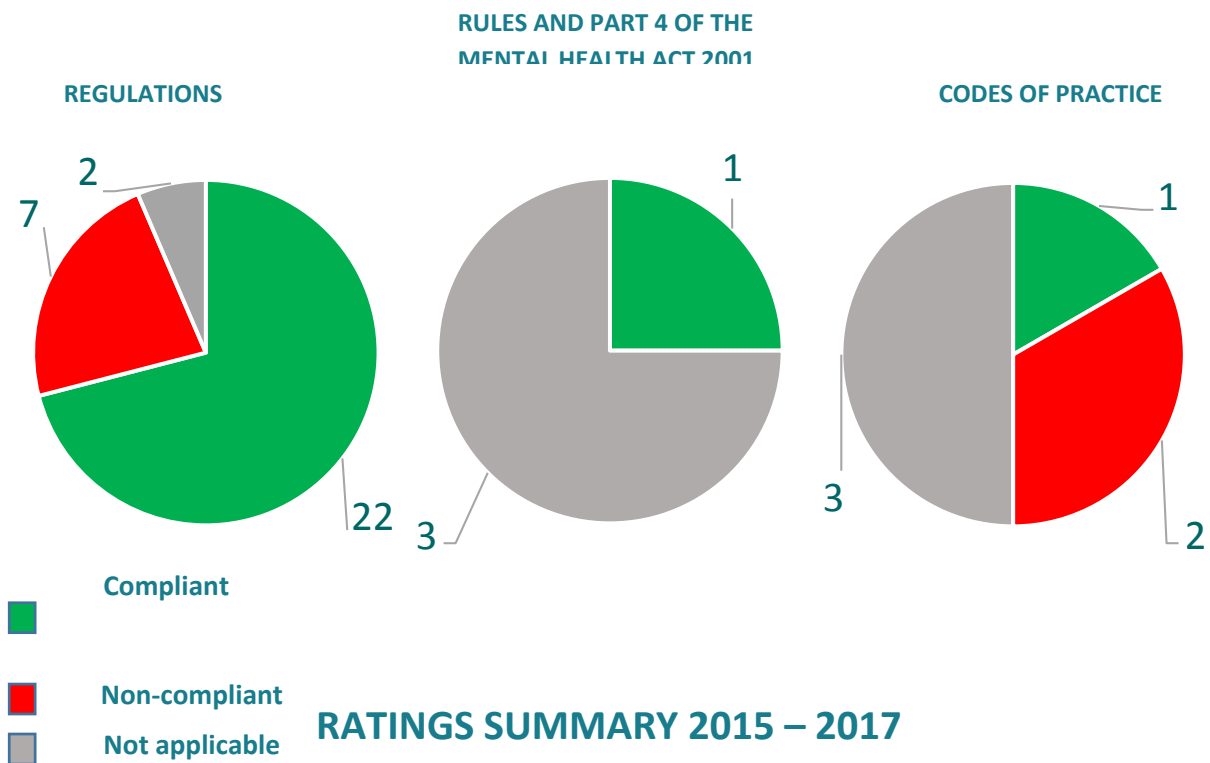
Inspection Type:
 Unannounced Annual Inspection

Previous Inspection Date:
 1 – 4 November 2016

The Inspector of Mental Health Services:
 Dr Susan Finnerty MCRN009711

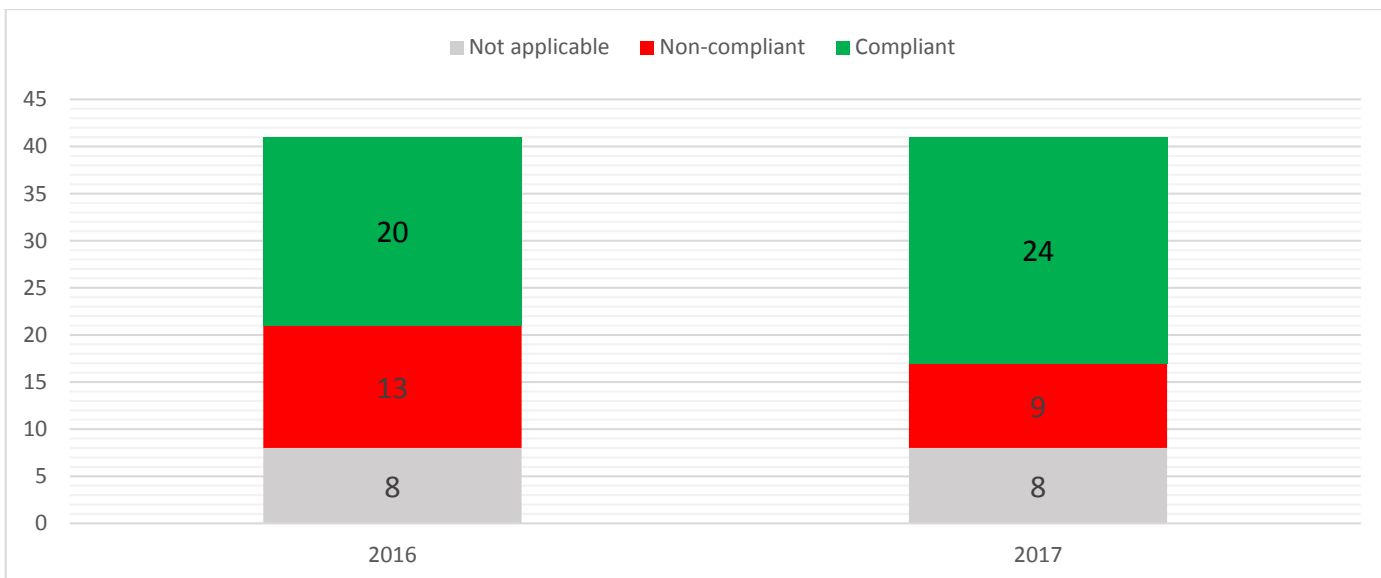
Date of Publication:
 26 April 2018

2017 COMPLIANCE RATINGS



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

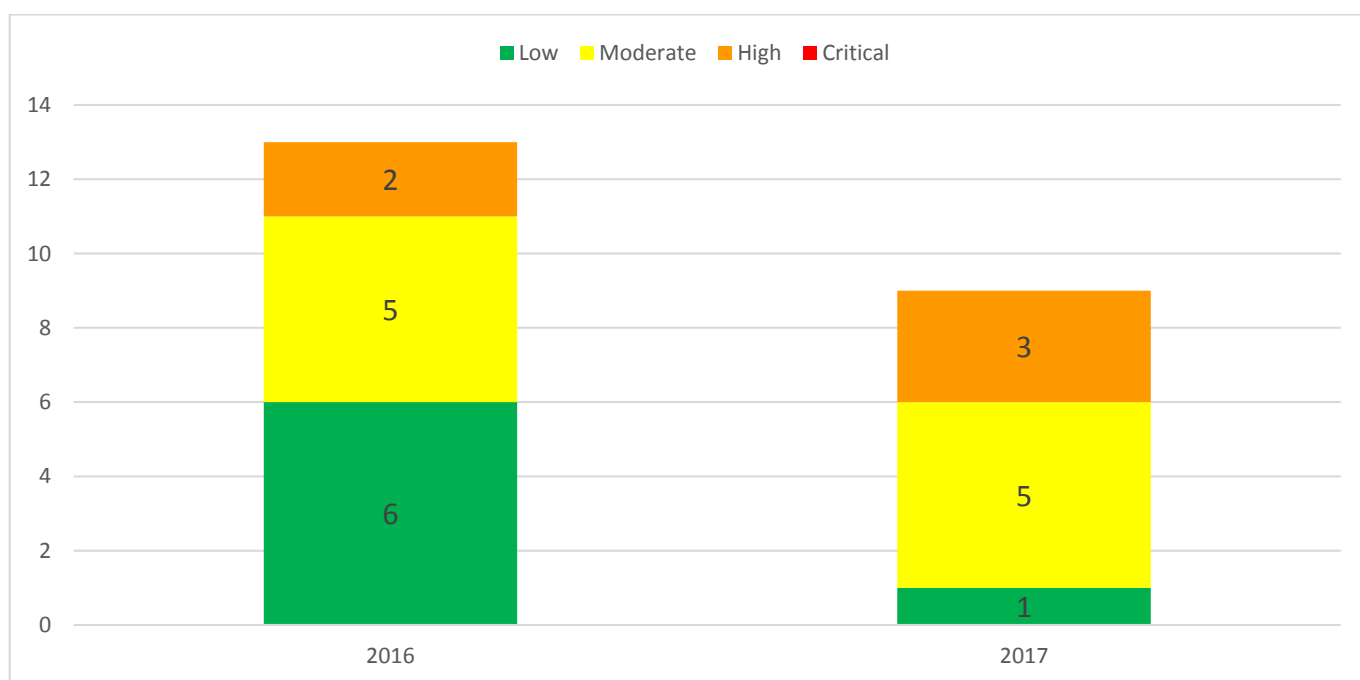
[Chart 1 – Comparison of overall compliance ratings 2015 – 2017](#)



Note: As Wood View was registered as an approved centre in March 2016, there are no inspection findings for 2015

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: As Wood View was registered as an approved centre in March 2016, there are no inspection findings for 2015

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 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 5: Food and Nutrition	Compliant
Regulation 11: Visits	Non-Compliant
Regulation 16: Therapeutic Services and Programmes	Non-Compliant
Regulation 18: Transfer of Residents	Compliant
Regulation 20: Provision of Information to Residents	Compliant
Regulation 21: Privacy	Compliant
Regulation 22: Premises	Non-Compliant
Regulation 26: Staffing	Non-Compliant
Regulation 29: Operating Policies and 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 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	2016 Compliance	2017 Compliance
Regulation 9: Recreational Activities	✓	X High
Regulation 11: Visits	X	X Moderate
Regulation 16: Therapeutic Services and Programmes	X	X High
Regulation 22: Premises	X	X High
Regulation 23: Ordering, Prescribing, Storing and Administration of Medicines	✓	X Moderate
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	N/A	X Low

Code of Practice on Admission, Transfer and Discharge to and from an Approved Centre	X	X Moderate
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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 10: Religion

Deer Lodge

ID Number: AC0103

2017 Approved Centre Inspection Report (Mental Health Act 2001)

Deer Lodge
St. Margaret's Road
Killarney
Co. Kerry

Approved Centre Type:
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:
11 July 2017

Conditions Attached:
Yes

Registered Proprietor:
HSE

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

Inspection Team:
Noleen Byrne, Lead Inspector
Barbara Morrissey
Martin McMenamin
Carol Brennan-Forsyth

Inspection Date:
31 October – 3 November 2017

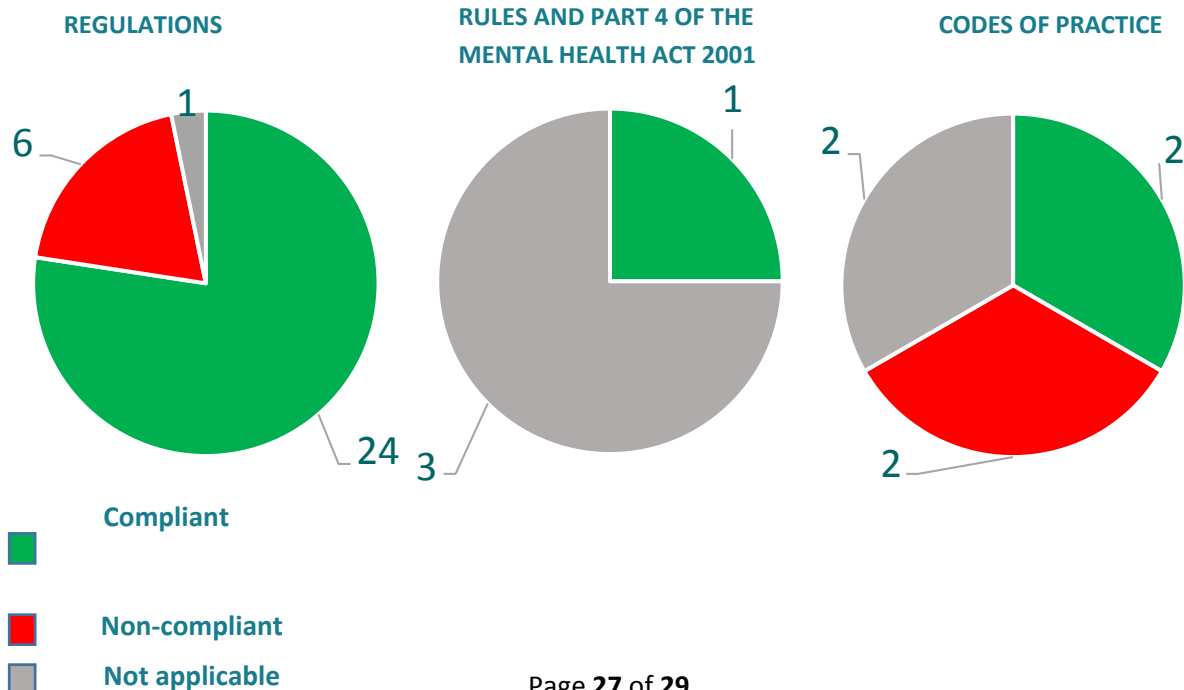
Previous Inspection Date:
N/A

Inspection Type:
Unannounced Annual Inspection

The Inspector of Mental Health Services:
Dr Susan Finnerty MCRN009711

Date of Publication:
26 April 2018

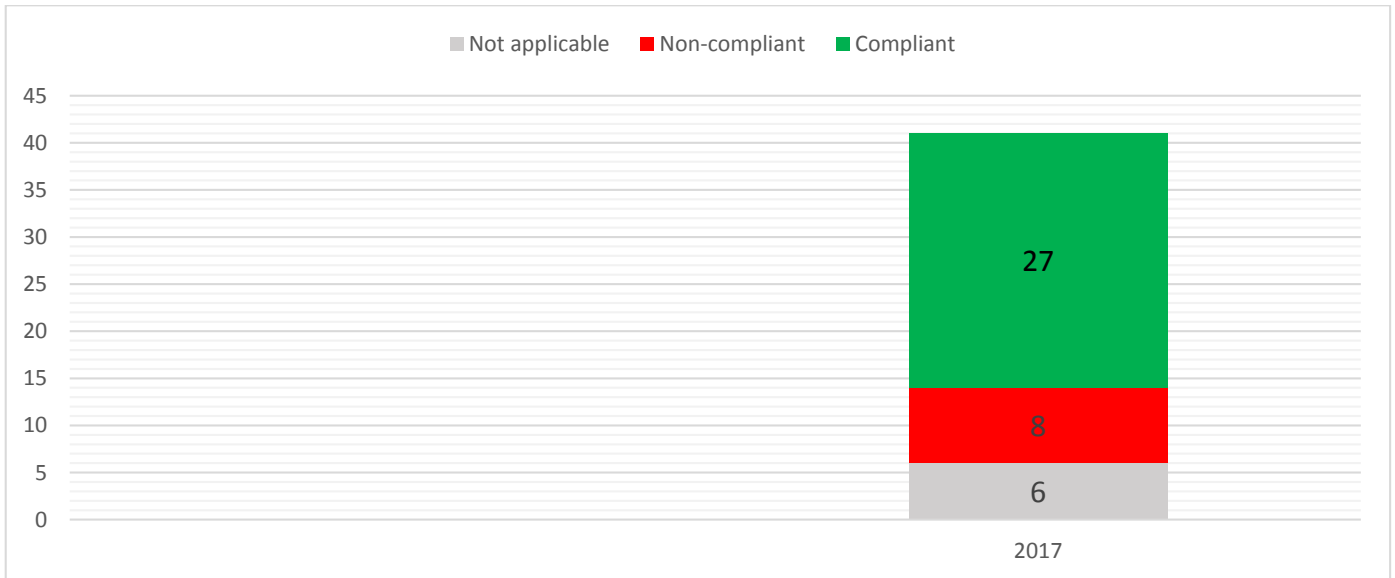
COMPLIANCE RATINGS 2017



RATINGS SUMMARY 2015 – 2017

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

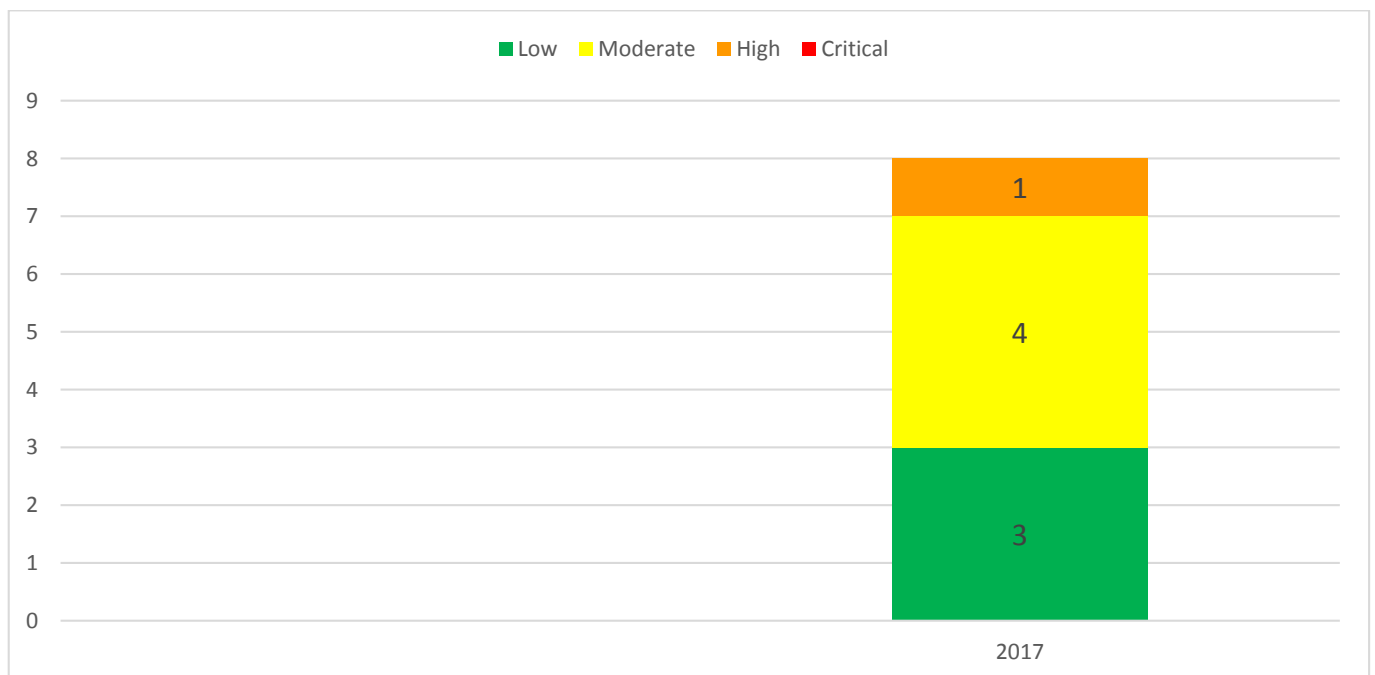
Chart 1 – Comparison of overall compliance ratings 2015 – 2017



Please note: The approved centre was registered for the first time in July 2017, meaning there are no ratings for 2015 or 2016.

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



Please note: The approved centre was registered for the first time in July 2017, meaning there are no ratings for 2015 or 2016.

Conditions to registration

There was one condition attached to the registration of this approved centre at the time of inspection: To ensure adherence to *Regulation 23: Ordering, Prescribing, Storing and Administration of Medicines*, 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 approved centre opened in July 2017, therefore there was no previous inspection prior to this one.

Non-compliant areas on this inspection

Non-compliant (X) areas on this inspection are detailed below.

Regulation/Rule/Act/Code	2017 Compliance
Regulation 7: Clothing	X Low
Regulation 16: Therapeutic Services and Programmes	X Low
Regulation 23: Ordering, Prescribing, Storing and Administration of Medicines	X Low
Regulation 25: The Use of Closed Circuit Television	X Moderate
Regulation 26: Staffing	X High
Regulation 32: Risk Management Procedures	X Moderate
Code of Practice on the Use of Physical Restraint in Approved Centres	X Moderate
Code of Practice on Admission, Transfer and Discharge to and from an Approved Centre	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 11: Visits
Regulation 12: Communication
Regulation 30: Mental Health Tribunals