

## 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. Jonathan Swift Clinic, Dublin 8  
[http://www.mhcirl.ie/File/2017IRs/JonathanSwiftClinic\\_ir2017.pdf](http://www.mhcirl.ie/File/2017IRs/JonathanSwiftClinic_ir2017.pdf)
2. St Aloysius Ward, Mater Misericordiae University Hospital, Dublin 7  
[http://www.mhcirl.ie/File/2017IRs/MaterHospital\\_ir2017.pdf](http://www.mhcirl.ie/File/2017IRs/MaterHospital_ir2017.pdf)
3. Lois Bridges, Dublin 13  
<http://www.mhcirl.ie/File/2017IRs/Lois-Bridges-IR-2017.pdf>
4. Willow Grove Adolescent Unit, St Patrick's University Hospital, Dublin  
<http://www.mhcirl.ie/File/2017IRs/Willow-Grove-IR-2017.pdf>
5. Haywood Lodge, Co. Tipperary  
[http://www.mhcirl.ie/File/2017IRs/HaywoodLodge\\_ir2017.pdf](http://www.mhcirl.ie/File/2017IRs/HaywoodLodge_ir2017.pdf)
6. Phoenix Care Centre, Dublin 7  
[http://www.mhcirl.ie/File/2017IRs/PhoenixCareCentre\\_ir2017.pdf](http://www.mhcirl.ie/File/2017IRs/PhoenixCareCentre_ir2017.pdf)
7. Linn Dara Child and Adolescent Mental Health in-patient unit, Cherry Orchard, Dublin 10  
[http://www.mhcirl.ie/File/2017IRs/LinnDara\\_ir2017.pdf](http://www.mhcirl.ie/File/2017IRs/LinnDara_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. Department of Psychiatry, University Hospital Waterford  
<http://www.mhcirl.ie/File/2017IRs/DOP-Waterford-Focused-Inspection-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/](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:

# Jonathan Swift Clinic

ID Number: AC0009

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

Jonathan Swift Clinic  
St. James's Hospital  
James's Street  
Dublin 8

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

Most Recent Registration Date:  
1 March 2017

Conditions Attached:  
Yes

Registered Proprietor:  
HSE

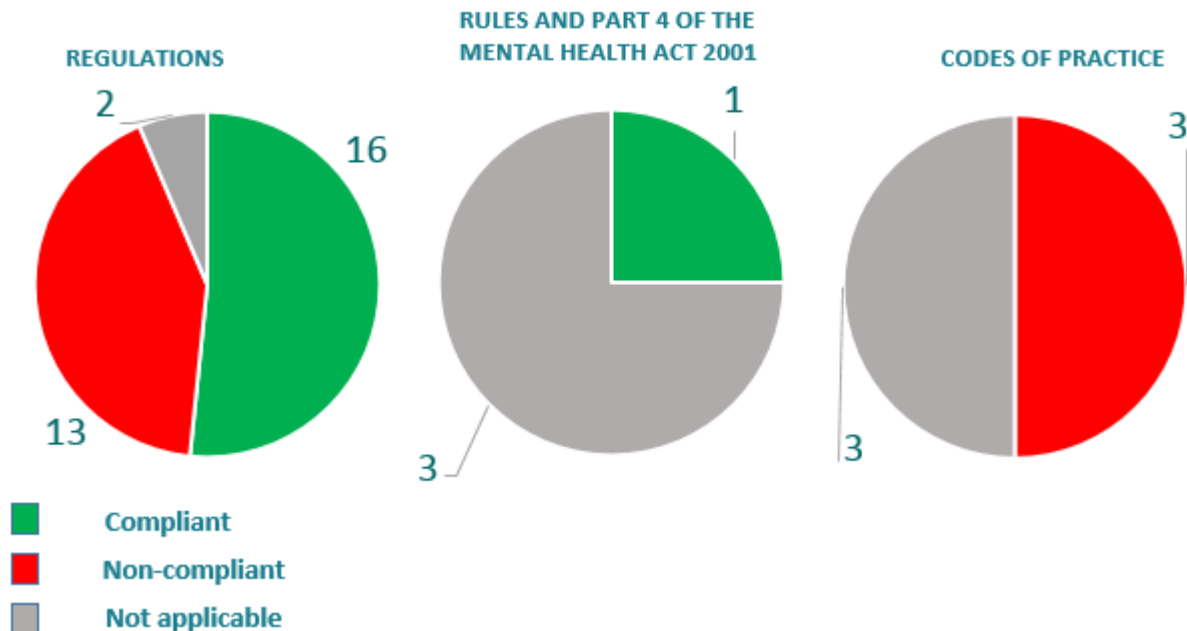
Registered Proprietor Nominee:  
Mr Kevin Brady, Head of Service,  
Mental Health, CHO7

Donal O'Gorman

Unannounced Annual Inspection

The Inspector of Mental Health Services:  
Dr Susan Finnerty MCRN009711

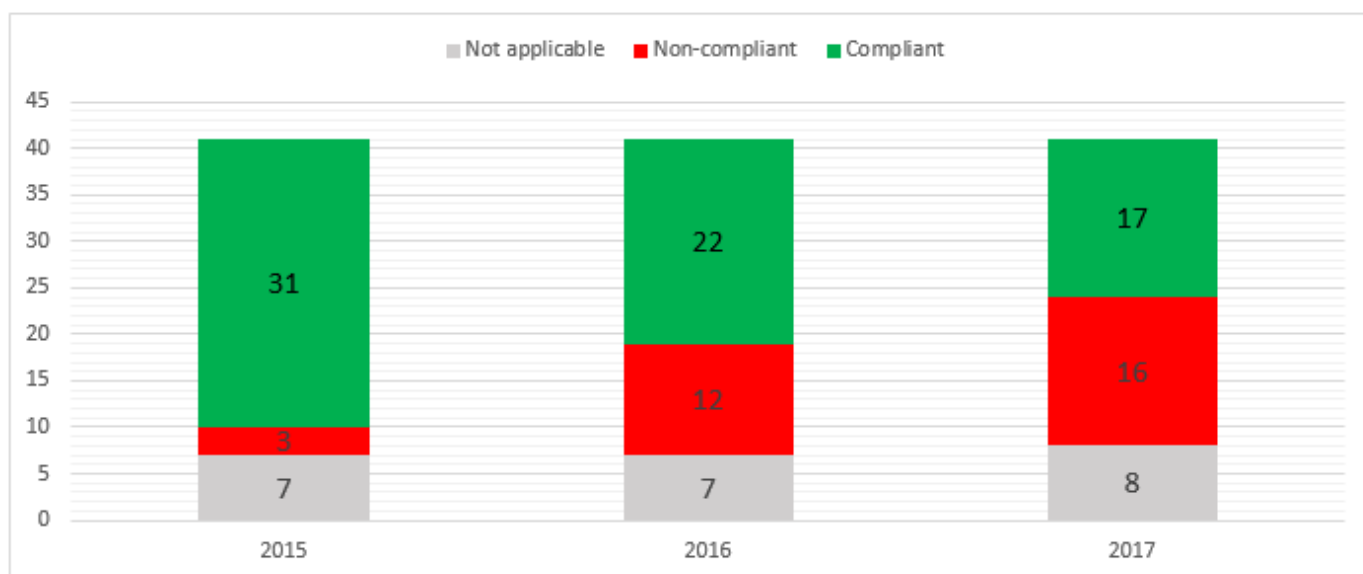
Date of Publication:  
31 August 2017



## 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**



### Conditions to registration

The following condition was attached to the registration of this approved centre at the time of inspection:

To ensure adherence to 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.

During the inspection, some maintenance was being carried out, but as this condition was attached to the registration three weeks prior to the inspection, it was not possible to assess compliance.

### Non-compliant areas from 2016 inspection

The previous inspection of the approved centre on 3 – 5 May 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 9: Recreational Activities	Compliant
Regulation 14: Care of the Dying	Compliant
Regulation 15: Individual Care Plan	Non-Compliant
Regulation 19: General Health	Compliant
Regulation 22: Premises	Non-Compliant
Regulation 26: Staffing	Non-Compliant

Regulation 27: Maintenance of Records	Non-Compliant
Mental Health Act 2001: Part 4 Consent to Treatment	Compliant
Code of Practice on the Use of Physical Restraint in Approved Centres	Non-Compliant
Code of Practice on the 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 6: Food Safety	✓	X	X Moderate
Regulation 7: Clothing	✓	✓	X Moderate
Regulation 8: Residents' Personal Property and Possessions	✓	✓	X Low
Regulation 13: Searches	✓	✓	X Moderate
Regulation 15: Individual Care Plan	✓	X	X Moderate
Regulation 21: Privacy	✓	✓	X Moderate
Regulation 22: Premises	X	X	X Critical
Regulation 23: Ordering, Prescribing, Storing and Administration of Medicines	X	✓	X High
Regulation 26: Staffing	✓	X	X Critical
Regulation 27: Maintenance of Records	✓	X	X Moderate
Regulation 28: Register of Residents	✓	✓	X Low
Regulation 31: Complaints Procedure	✓	✓	X High
Regulation 32: Risk Management Procedures	✓	✓	X High
Code of Practice on the Use of Physical Restraint in Approved Centres	✓	X	X Critical
Code of Practice on the Notification of Deaths and Incident Reporting	✓	X	X Low
Code of Practice on Admission, Transfer and Discharge to and from Approved Centres	✓	X	X Moderate

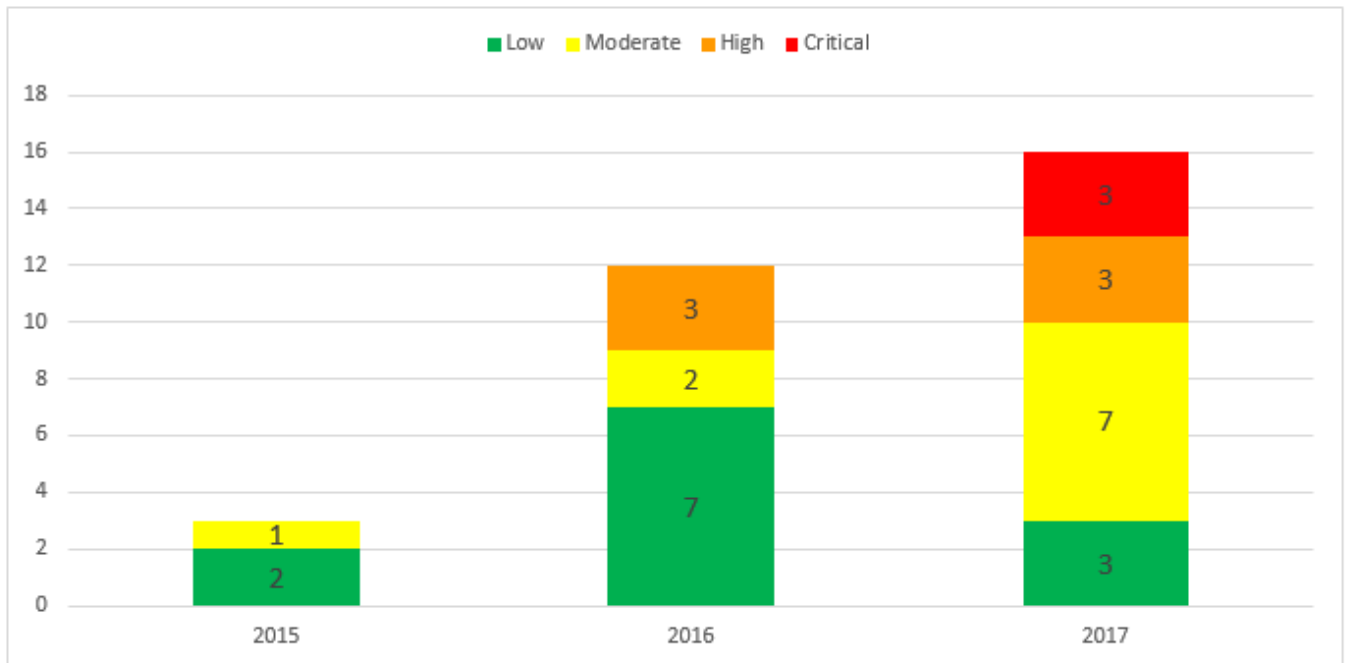
### Areas of compliance rated Excellent on this inspection

No areas of compliance were rated excellent on this inspection.

## 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.



# St. Aloysius Ward, Mater Misericordiae University Hospital

ID Number: AC0028

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

St Aloysius Ward	Approved Centre Type:	Most Recent Registration Date:
Mater Misericordiae University Hospital	Acute Adult Mental Health Care	25 September 2015
North Circular Road		
Dublin 7		

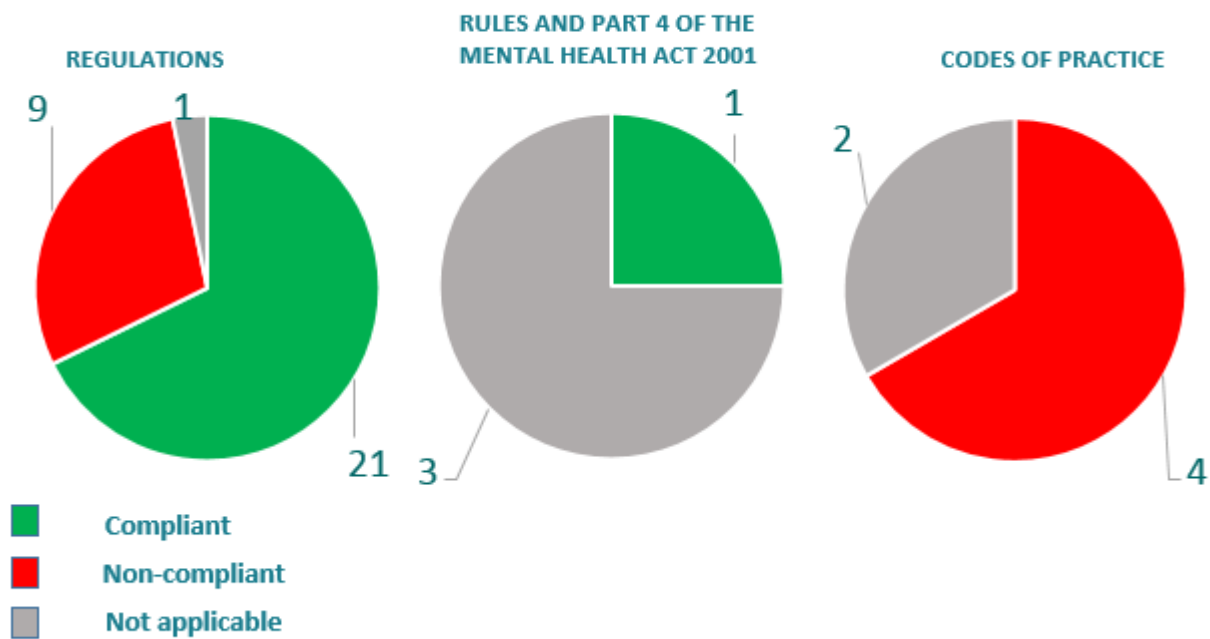
Conditions Attached: None	Registered Proprietor: Mr Gordon Dunne	Registered Proprietor Nominee: N/A
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David McGuinness

Unannounced Annual Inspection

The Inspector of Mental Health Services:  
Dr Susan Finnerty MCRN009711

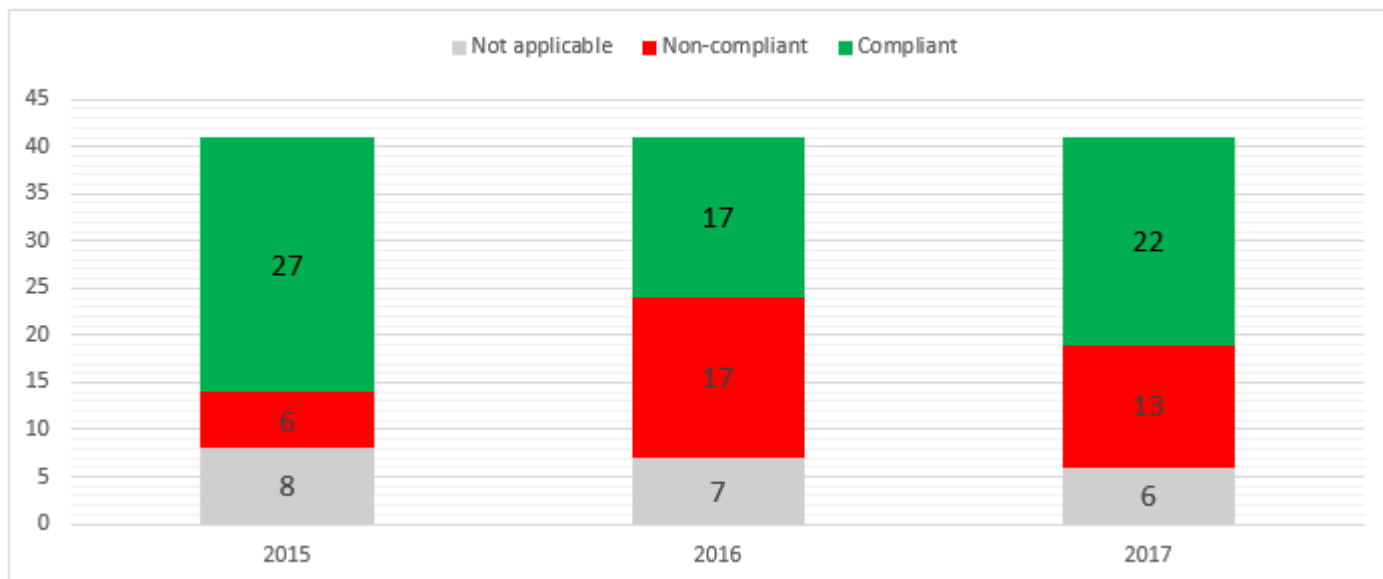
Date of Publication:  
31 August 2017



### 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 6: Food Safety	Compliant
Regulation 9: Recreational Activities	Compliant
Regulation 11: Visits	Non-Compliant
Regulation 13: Searches	Compliant
Regulation 15: Individual Care Plan	Non-Compliant
Regulation 16: Therapeutic Services and Programmes	Non-Compliant
Regulation 20: Provision of Information to Residents	Non-Compliant
Regulation 21: Privacy	Non-Compliant
Regulation 22: Premises	Non-Compliant
Regulation 23: Ordering, Prescribing, Storing and Administration of Medicines	Compliant
Regulation 26: Staffing	Non-Compliant
Regulation 27: Maintenance of Records	Compliant
Regulation 29: Operating Policies and Procedures	Compliant
Regulation 32: Risk Management Procedures	Compliant
Rules Governing the Use of Seclusion	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 13: Searches	✓	X	X Moderate
Regulation 15: Individual Care Plan	✓	X	X High
Regulation 16: Therapeutic Services and Programmes	X	X	X Critical
Regulation 19: General Health	✓	✓	X Moderate
Regulation 20: Provision of Information to Residents	✓	X	X Moderate
Regulation 21: Privacy	✓	X	X Moderate
Regulation 22: Premises	✓	X	X High
Regulation 26: Staffing	X	X	X High
Regulation 28: Register of Residents	✓	✓	X Low
Code of Practice on the Use of Physical Restraint in Approved Centres	✓	✓	X Low
Code of Practice Relating to the Admission of Children under the Mental Health Act 2001	✓	N/A	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 High

The approved centre was requested to provide Corrective and Preventative Action (CAPA) plans for areas of non-compliance. Acceptable CAPA plans were not provided to the Commission at the time of publication.

## Areas of compliance rated Excellent on this inspection

The following areas were rated excellent on this inspection:

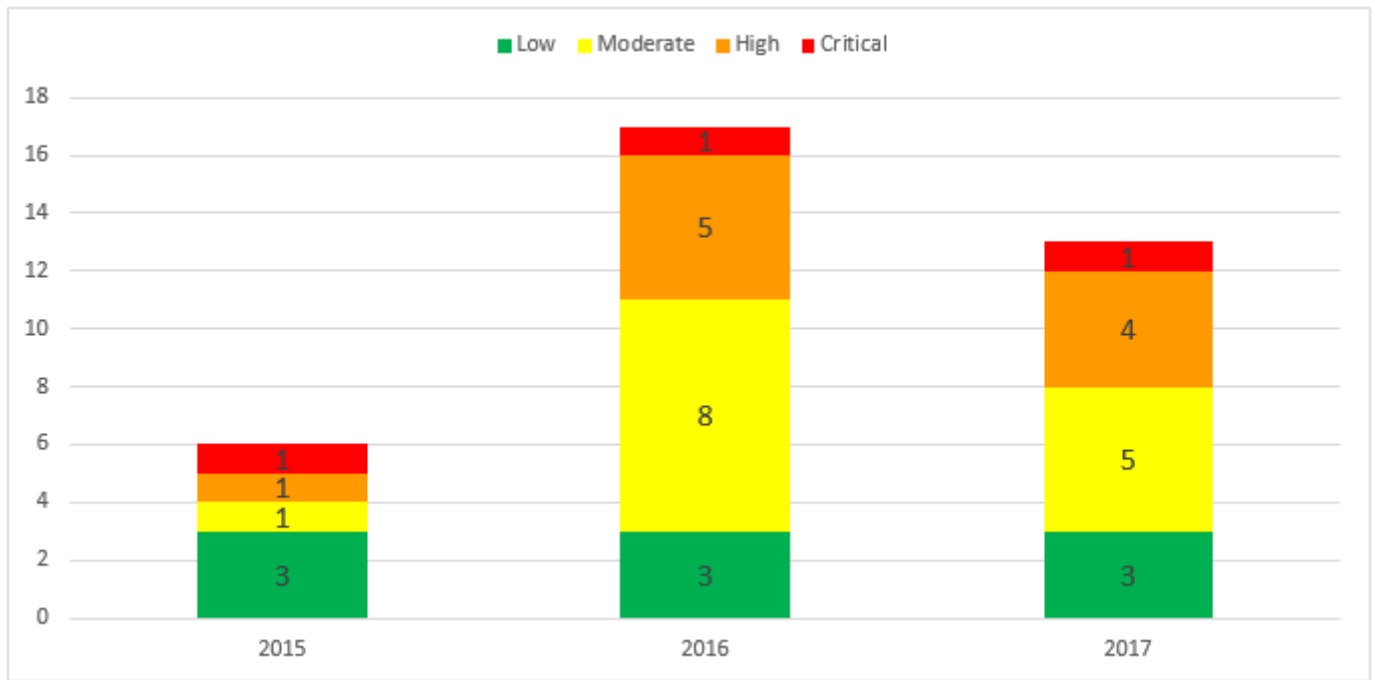
Regulation
Regulation 7: Clothing

## Overall Risk Comparison

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



**Chart 2 – Comparison of overall risk ratings 2015 – 2017**



# Lois Bridges

ID Number: AC0079

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

Lois Bridges  
3 Greenfield Road  
Sutton  
Dublin 13

Approved Centre Type:  
Acute Adult Mental Health Care

Most Recent Registration Date:  
19 January 2016

Conditions Attached:  
None

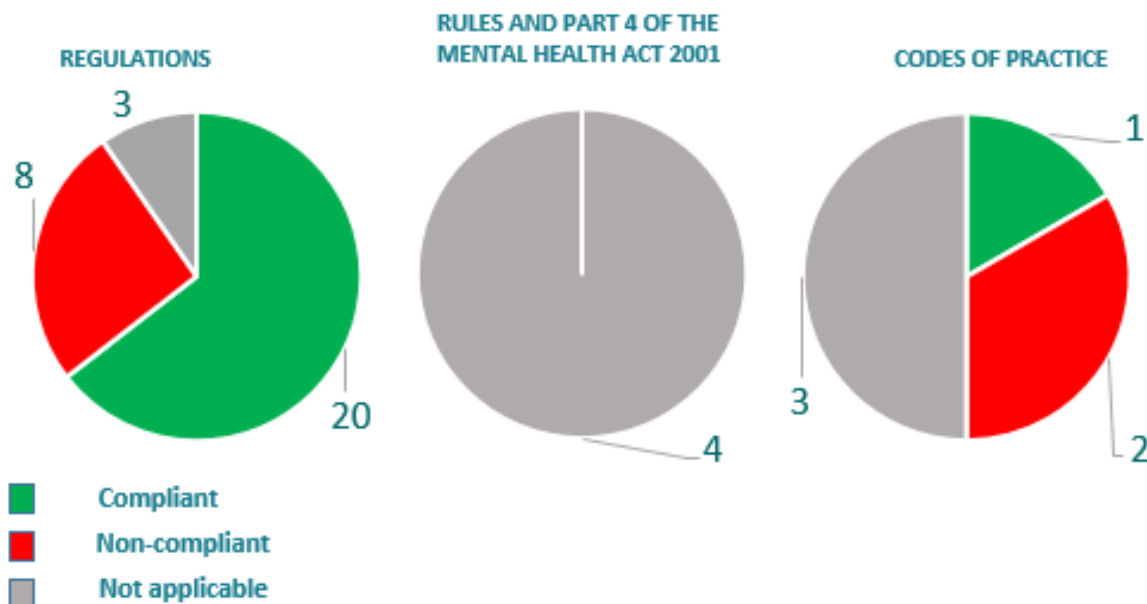
Registered Proprietor:  
Ms Melanie Wright

Registered Proprietor Nominee:  
Not applicable

Unannounced Annual Inspection

The Inspector of Mental Health Services:  
Dr Susan Finnerty MCRN009711

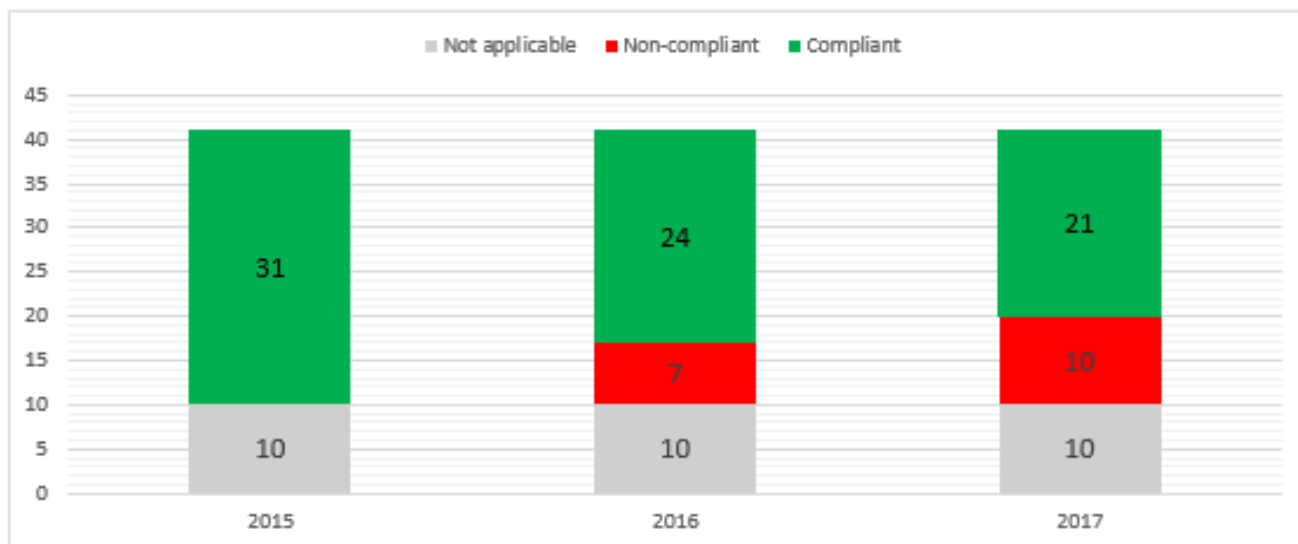
Date of Publication:  
31 August 2017



## 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 May 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 22: Premises	Non-Compliant
Regulation 26: Staffing	Non-Compliant
Regulation 27: Maintenance of Records	Non-Compliant
Regulation 28: Register of Residents	Compliant
Regulation 32: Risk Management Procedures	Non-Compliant
Code of Practice on the 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 20: Provision of Information to Residents	✓	✓	X Moderate
Regulation 22: Premises	✓	X	X High
Regulation 23: Ordering, Prescribing, Storing and Administration of Medicines	✓	✓	X High
Regulation 26: Staffing	✓	X	X Critical

Regulation 27: Maintenance of Records	✓	X	X Low
Regulation 32: Risk Management Procedures	✓	X	X Critical
Code of Practice on the Notification of Deaths and Incident Reporting	✓	X	X Moderate
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

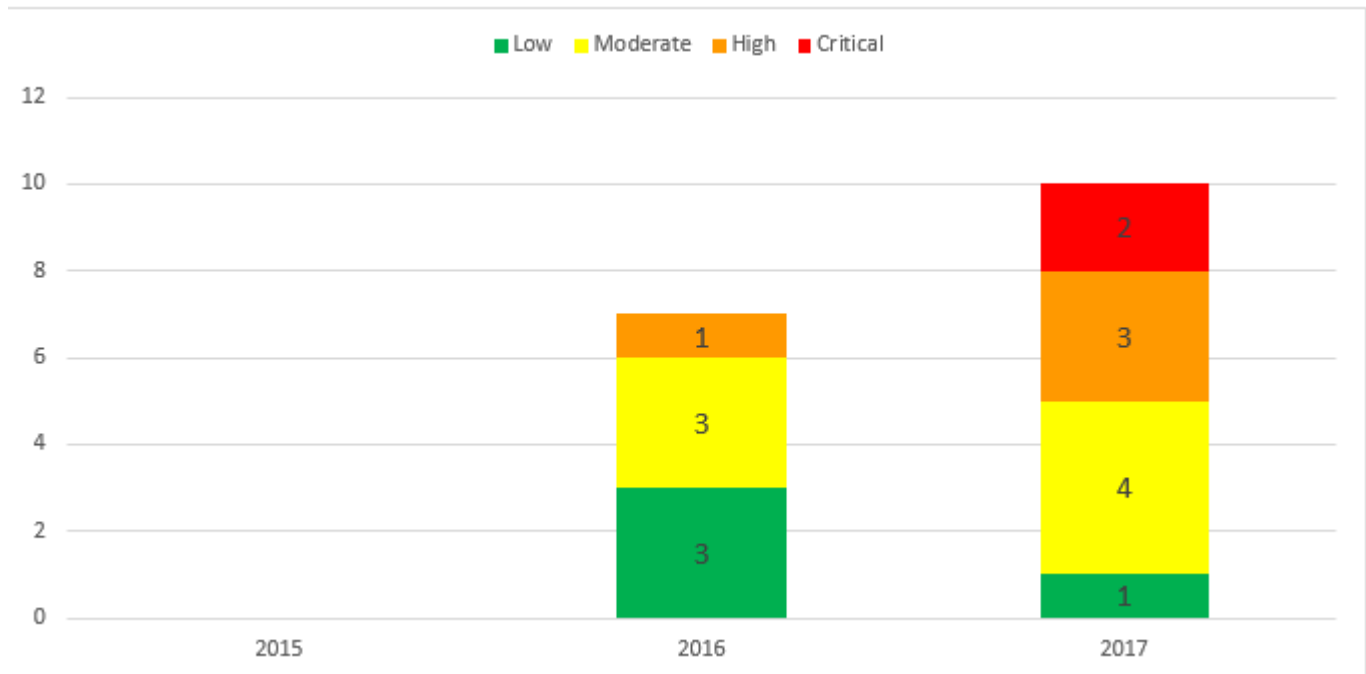
The following areas were rated excellent on this inspection:

<b>Regulation</b>
Regulation 5: Food and Nutrition
Regulation 6: Food Safety
Regulation 7: Clothing

### Overall Risk Comparison

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

**Chart 2 – Comparison of overall risk ratings 2015 – 2017**



Lois Bridges did not have any areas of non-compliance in 2015, and therefore; no associated risk ratings in 2015.



# Willow Grove Adolescent Unit, St. Patrick's University Hospital

ID Number: AC0080

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

Willow Grove Adolescent Unit  
St. Patrick's University Hospital  
James's Street  
Dublin 8

**Approved Centre Type:**  
Child and Adolescent Mental Health  
Care

**Most Recent Registration Date:**  
30 April 2016

**Conditions Attached:**  
None

**Registered Proprietor:**  
Mr Paul Gilligan

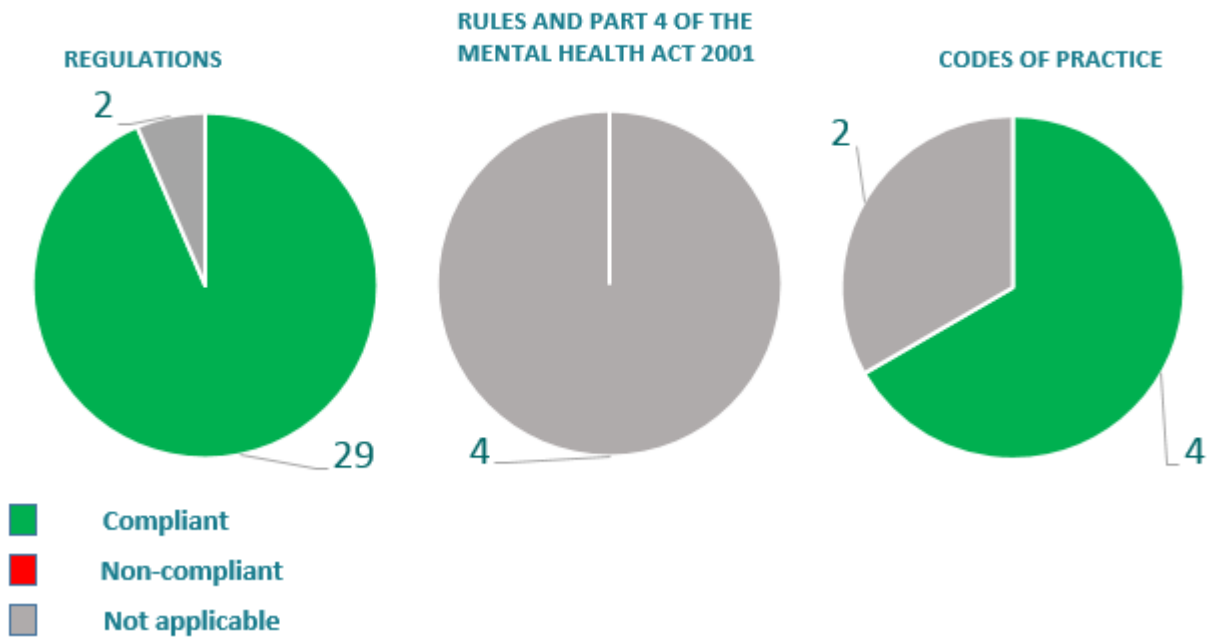
**Registered Proprietor Nominee:**  
Mr Paul Gilligan

Inspector:  
Barbara Morrissey

Inspection Type:  
Unannounced Annual Inspection

**The Inspector of Mental Health Services:**  
Dr Susan Finnerty MCRN009711

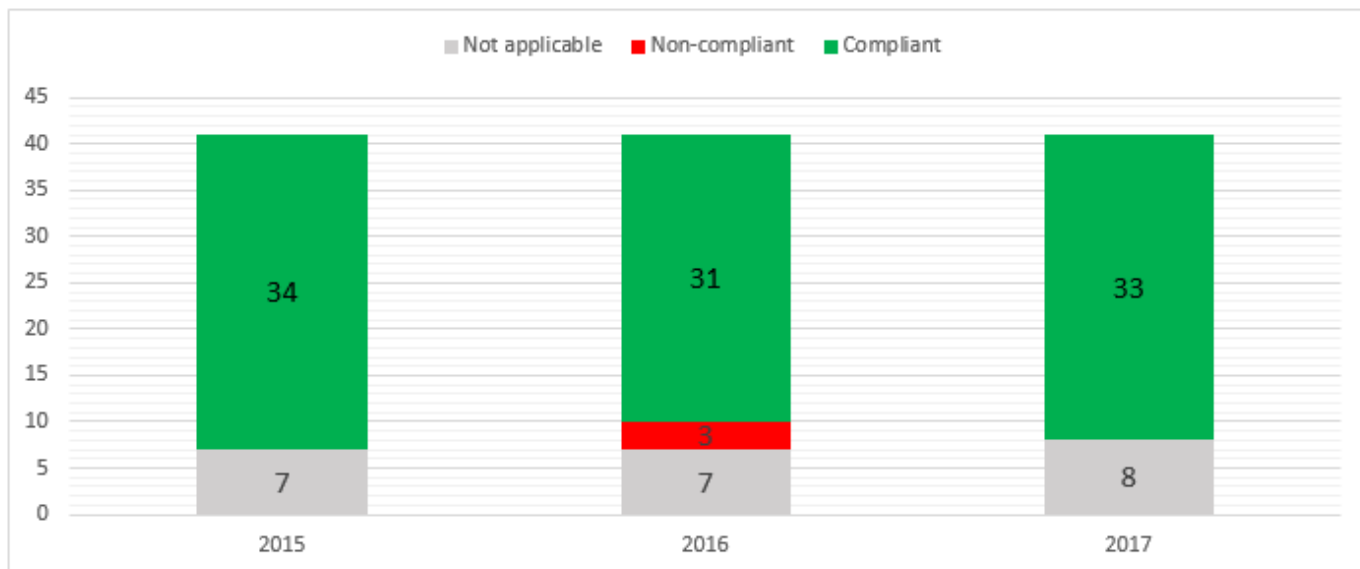
**Date of Publication:**  
<<\*\*- \*\* Month 2017>>



### 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 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 27: Maintenance of Records	Compliant
Regulation 31: Complaints Procedures	Compliant
Code of Practice on Admission, Transfer and Discharge to and from an Approved Centre	Compliant

### Non-compliant areas on this inspection

There were no areas of non-compliance identified during 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 13: Searches
Regulation 15: Individual Care Plan
Regulation 16: Therapeutic Services and Programmes
Regulation 17: Children’s Education
Regulation 18: Transfer of Residents
Regulation 19: General Health
Regulation 20: Provision of Information to Residents
Regulation 22: Premises
Regulation 23: Ordering, Prescribing, Storing and Administration of Medicines
Regulation 25: Use of Closed Circuit Television
Regulation 26: Staffing
Regulation 27: Maintenance of Records
Regulation 29: Operating Policies and Procedures
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.

**Chart 2 – Comparison of overall risk ratings 2015 – 2017**



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



# Haywood Lodge

ID Number: AC0087

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

Haywood Lodge  
Haywood Road  
Clonmel  
Co. Tipperary

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

Most Recent Registration Date:  
23 April 2015

Conditions Attached:  
None

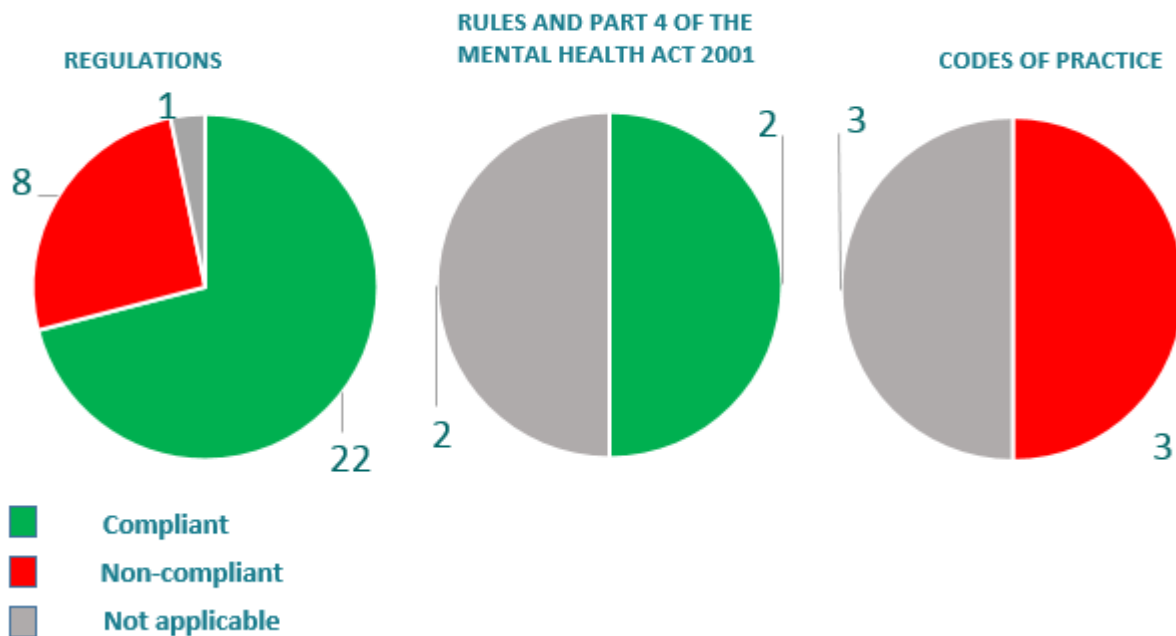
Registered Proprietor:  
HSE

Registered Proprietor Nominee:  
David Heffernan, General Manager  
CH05 Mental Health Services

Unannounced Annual Inspection

The Inspector of Mental Health Services:  
Dr Susan Finnerty MCRN009711

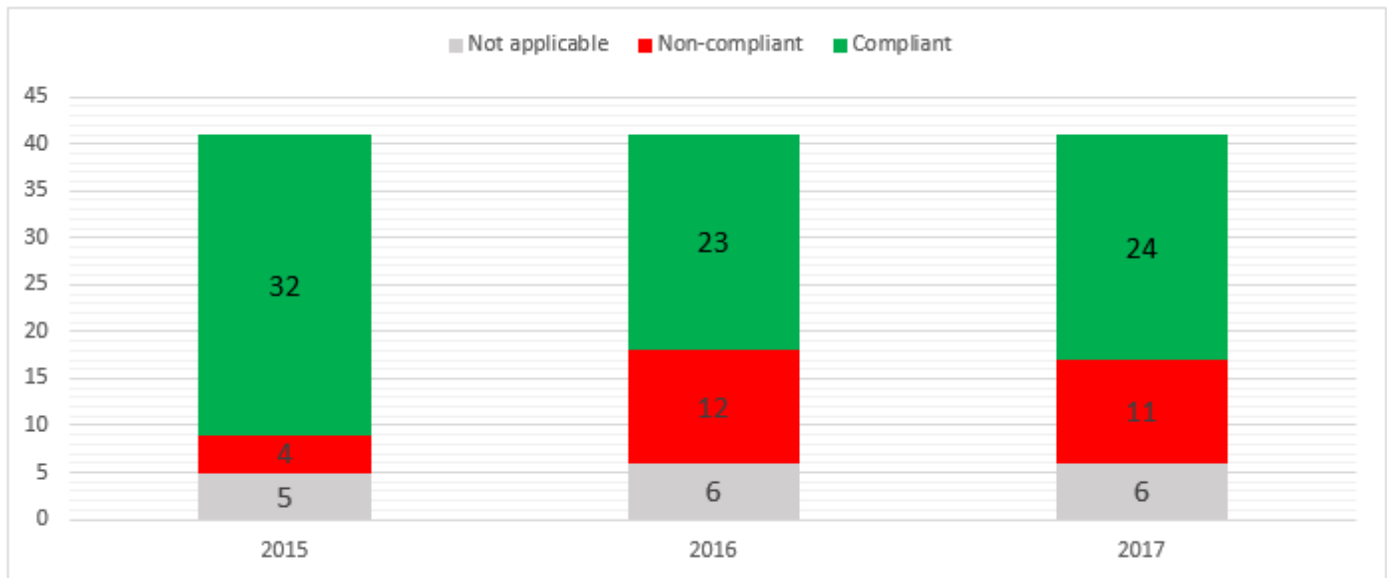
Date of Publication:  
31 August 2017



### 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 4 – 6 May 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 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	Non-Compliant
Regulation 32: Risk Management Procedures	Non-Compliant
Rules Governing the Use of Mechanical Means of Bodily Restraint	Compliant
Part 4 of the Mental Health Act (2001): Consent to Treatment	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
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Regulation 19: General Health	✓	X	X High
Regulation 20: Provision of Information to Residents	✓	✓	X Low
Regulation 22: Premises	✓	✓	X Low
Regulation 23: Ordering, Prescribing, Storing and Administration of Medicines	✓	X	X High
Regulation 26: Staffing	✓	X	X High
Regulation 29: Operating Policies and Procedures	✓	X	X Moderate
Regulation 31: Complaints Procedures	✓	X	X Moderate
Regulation 32: Risk Management Procedures	X	X	X Moderate
Code of Practice on Notification of Deaths and Incident Reporting	✓	X	X Moderate
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	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

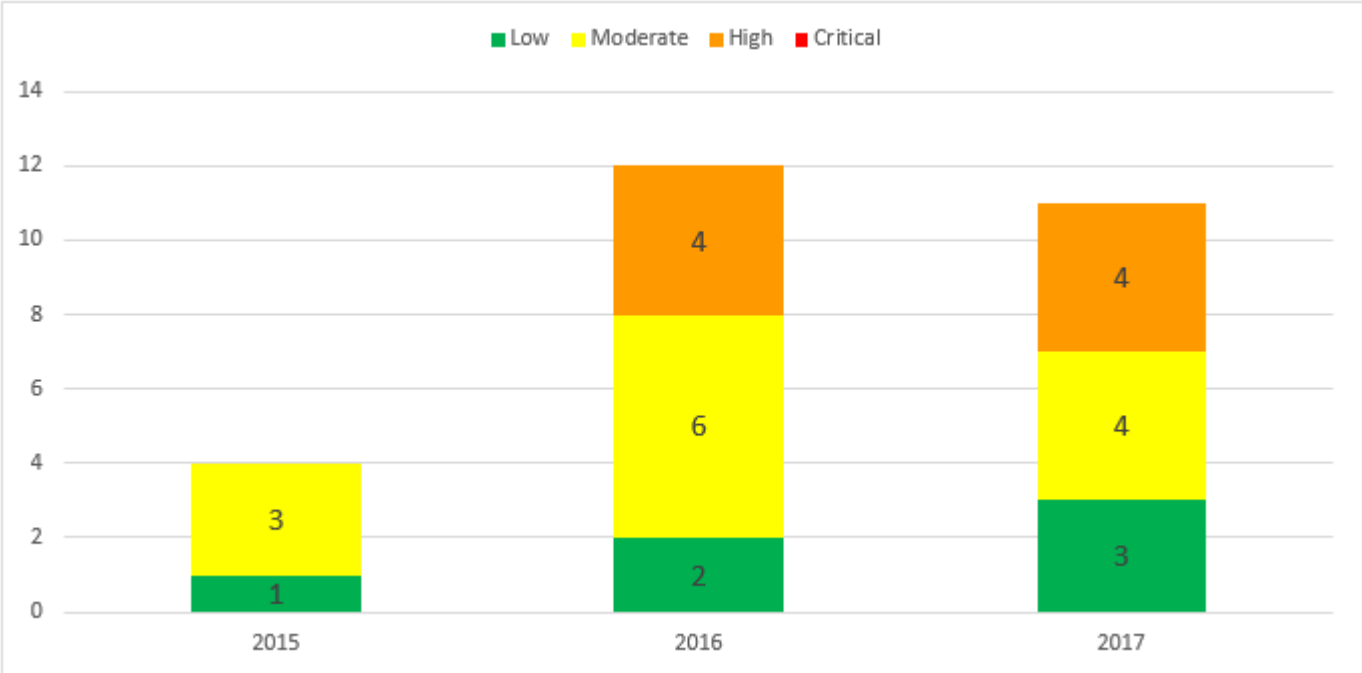
The following areas were rated excellent on this inspection:

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



# Phoenix Care Centre

ID Number: ACC093

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

Phoenix Care Centre  
Grangegorman  
North Circular Road  
Dublin 7

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

Most Recent Registration Date:  
17 May 2016

Conditions Attached:  
None

Registered Proprietor:  
HSE

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

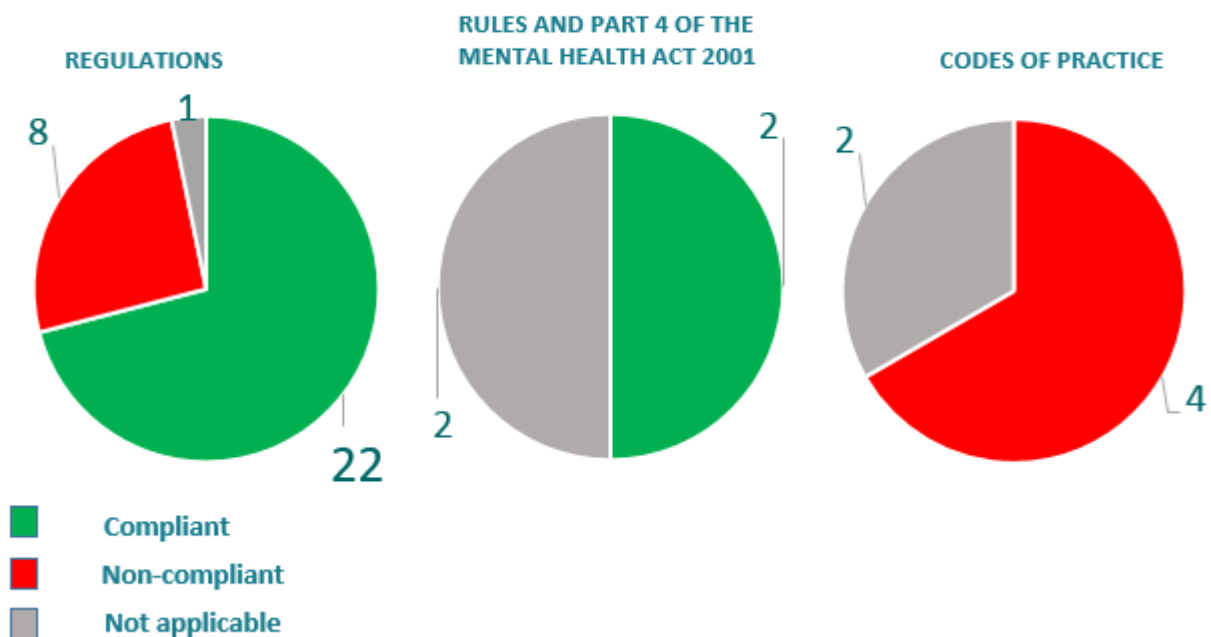
Dr Ann Marie Murray MCRN363031  
Leon O'Donovan

Unannounced Annual  
Inspection

The Inspector of Mental Health Services:  
Dr Susan Finnerty MCRN009711

Date of Publication:  
31 August 2017

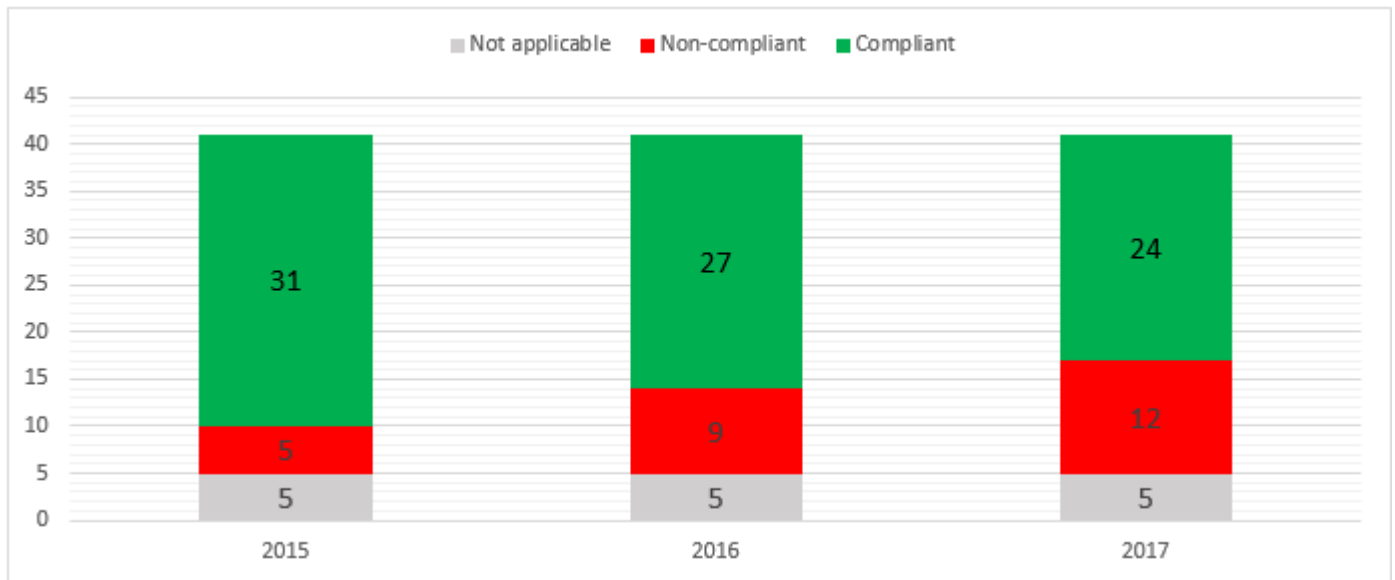
### 2017 COMPLIANCE RATINGS



### 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.

### Non-compliant areas from 2016 inspection

The previous inspection of the approved centre on 9 – 11 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 21: Privacy	Compliant
Regulation 22: Premises	Non-Compliant
Regulation 23: Ordering, Prescribing, Storing and Administration of Medicines	Non-Compliant
Regulation 25: Use of Closed Circuit Television	Non-Compliant
Regulation 26: Staffing	Non-Compliant
Rules Governing the Use of Seclusion	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

### 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 2015:

Regulation/Rule/Act/Code	2015 Compliance	2016 Compliance	2017 Compliance
Regulation 15: Individual Care Plan	✓	✓	X High

Regulation 22: Premises	X	X	X Moderate
Regulation 23: Ordering, Prescribing, Storing and Administration of Medicines	✓	X	X High
Regulation 25: Use of Closed Circuit Television	✓	X	X Critical
Regulation 26: Staffing	✓	X	X High
Regulation 28: Register of Residents	X	✓	X Low
Regulation 31: Complaints Procedures	✓	✓	X Low
Regulation 32: Risk Management Procedures	✓	✓	X Moderate
Code of Practice on the Use of Physical Restraint in Approved Centres	✓	X	X Moderate
Code of Practice on the 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 Low
Code of Practice on Admission, Transfer and Discharge to and from an Approved Centre	✓	✓	X Low

The approved centre was requested to provide Corrective and Preventative Actions (CAPAs) for areas of non-compliance. These are included in [Appendix 1](#) of the report.

### Areas of compliance rated Excellent on this inspection

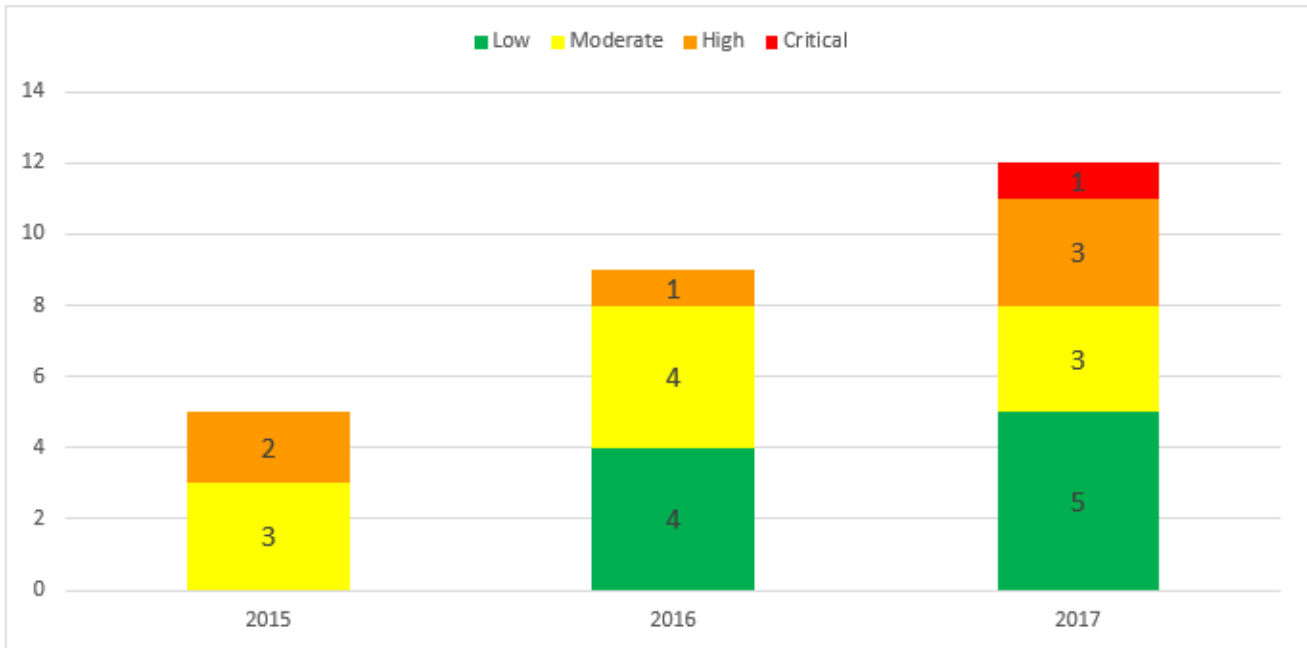
The following areas were rated excellent on this inspection:

Regulation
Regulation 5: Food and Nutrition
Regulation 6: Food Safety
Regulation 7: Clothing
Regulation 11: Visits
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](#)





# Linn Dara Child & Adolescent Mental Health In-patient Unit, Cherry Orchard

ID Number: AC0097

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

Linn Dara Child & Adolescent  
Mental Health In-patient Unit,  
Cherry Orchard Hospital Campus  
Ballyfermot Road  
Ballyfermot  
Dublin 10

Approved Centre Type:  
Child and Adolescent  
In-patient Unit

Most Recent Registration Date:  
10 December 2015

Conditions Attached:  
None

Registered Proprietor:  
HSE

Registered Proprietor Nominee:  
Kevin Brady, Head of Service, Mental Health CHO 7

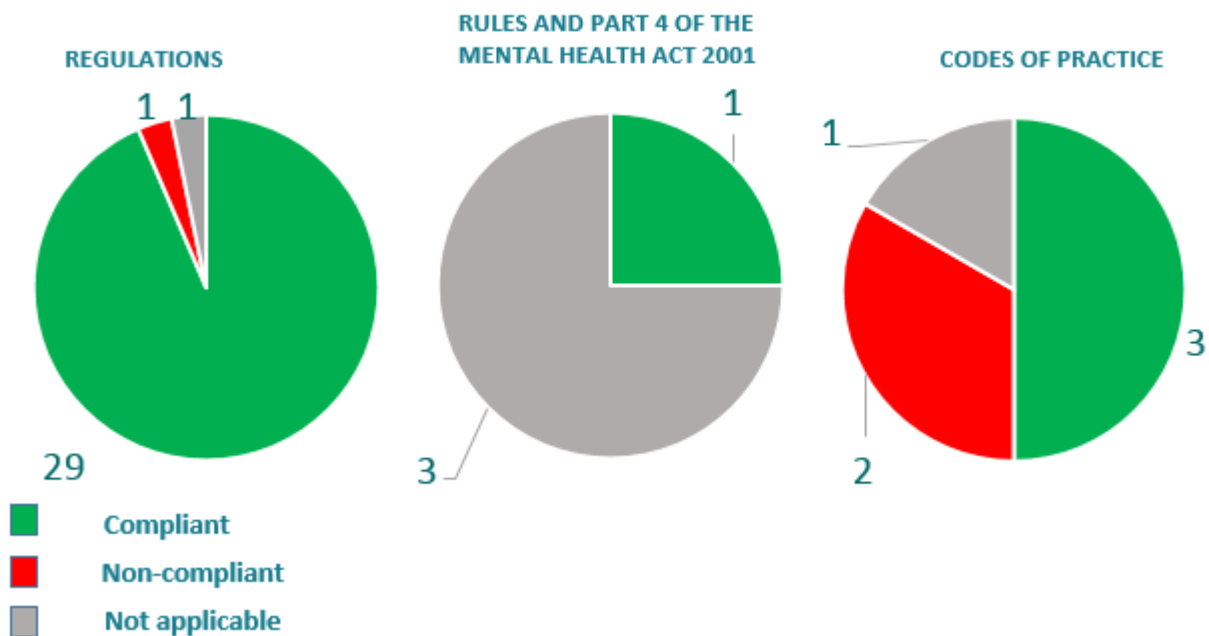
Siobhán Dinan

Inspection Type:  
Unannounced Annual  
Inspection

The Inspector of Mental Health Services:  
Dr Susan Finnerty MCRN009711

Date of Publication:  
31 August 2017

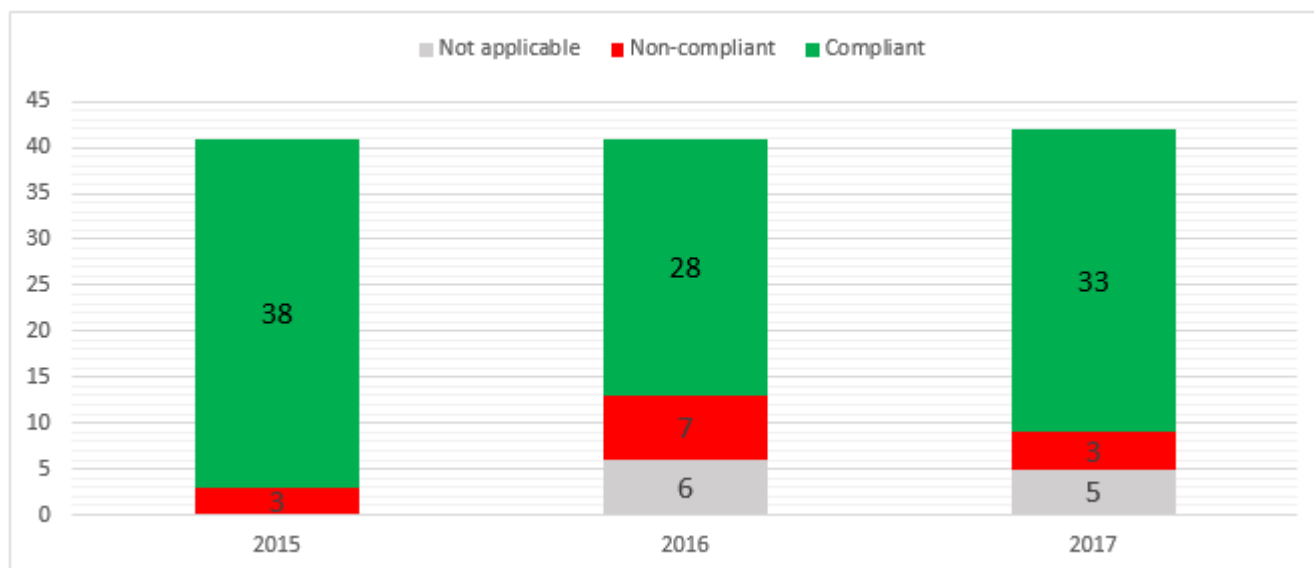
### COMPLIANCE RATINGS 2017



### 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 30 – 31 August and 1 September 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	Compliant
Regulation 18: Transfer of Residents	Compliant
Regulation 23: Ordering, Prescribing, Storing and Administration of Medicines	Compliant
Regulation 25: Use of Closed Circuit Television	Compliant
Regulation 26: Staffing	Non-Compliant
Regulation 31: Complaints Procedures	Compliant
Code of Practice on Admission, Transfer and Discharge to and from an Approved Centre	Compliant

### Non-compliant areas on this inspection

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

Regulation/Rule/Act/Code	2015 Compliance	2016 Compliance	2017 Compliance
Regulation 26: Staffing	✓	X	X Moderate
Code of Practice Guidance for Persons working in Mental Health Services with People with Intellectual Disabilities	✓	✓	X Low

Code of Practice on the Use of Physical Restraint in Approved Centres	✓	✓	<b>X Low</b>
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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

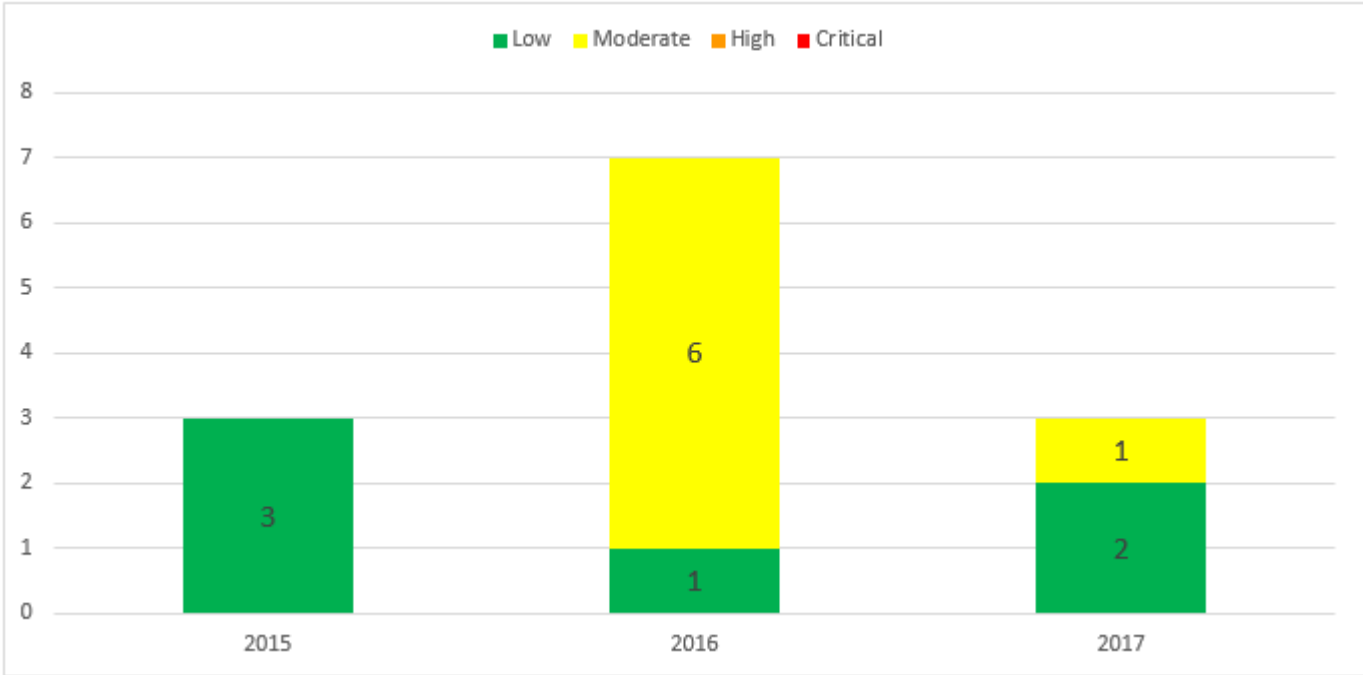
The following areas were rated excellent on this inspection.

Regulation
Regulation 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 13: Searches
Regulation 16: Therapeutic Services and Programmes
Regulation 17: Children's Education
Regulation 18: Transfer of Residents
Regulation 20: Provision of Information to Residents
Regulation 21: Privacy
Regulation 22: Premises
Regulation 23: Ordering, Prescribing, Storing and Administration of Medicines
Regulation 31: Complaints Procedures

### Overall Risk Comparison

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

#### Chart 2 – Comparison of overall risk ratings 2015 – 2017



# Department of Psychiatry, Waterford University Hospital

**ID Number:** AC0034

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

Department of Psychiatry  
Waterford University Hospital  
Ardkeen  
Waterford

**Approved Centre Type:**  
Acute Adult Mental Health Care

**Most Recent Registration Date:**  
1 March 2014

**Conditions Attached:**  
None

**Registered Proprietor:**  
HSE

**Registered Proprietor Nominee:**  
David Heffernan

### Focused Inspection

**The Inspector of Mental Health Services:**  
Dr Susan Finnerty MGRN009711

**Date of Publication:**  
24 August 2017

### Background and scope of focused inspection

This focused inspection was a follow-up to both the annual inspection of the Department of Psychiatry, Waterford University Hospital, 11 – 13 May 2016, and the focused inspection, 13 – 14 July 2016. It had a broad perspective on patient safety and care.

The inspection 11-13 May 2016 identified 20 areas of statutory non-compliance. Five of these were rated critical:

- Regulation 9: Recreational Activities.
- Regulation 16: Therapeutic Services and Programmes.
- Regulation 21: Privacy.
- Rules Governing the Use of Seclusion.
- Part 4 of the Mental Health Act 2001: Consent to Treatment.

The approved centre was required to provide a Corrective and Preventative Action Plan (CAPA) to the Mental Health Commission (MHC) to address each area of non-compliance. The MHC issued a serious concern immediate action notification to the registered proprietor on 25 May 2016 in respect of the following:

- The use of seclusion.
- The provision of recreational activities.
- The provision of therapeutic services and programmes.
- Sleeping accommodation and the provision of adequate privacy.

The focused inspection in July 2016, specifically examined recreation, therapeutic services and programmes, privacy, and seclusion. At this time, the inspectors noted that the staffing level on the second day of inspection comprised three nurses for 32 residents on the Sub-Acute Unit. The serious concerns arising out of the July 2016 focused inspection included the following:

- The safety and suitability of the premises, including ligature anchor points in both the Acute and Sub-Acute Units.
- The lack of facilities in the Acute Unit, including no dining area or communal seating area.
- The inadequate protection of residents' privacy in the Acute Unit.
- The lack of recreational facilities in the Acute Unit.
- The inadequate provision of therapeutic services and programme provision to residents in the Acute Unit.
- The insufficient staffing levels.
- The intention to expand the 10-bed Acute Unit to a 14-bed unit, despite the lack of adequate facilities and inadequacies in the provision of therapeutic services.

In 2016, the MHC required the registered proprietor to provide monthly CAPA reports in relation to the critically rated areas of non-compliance and the proposed refurbishment works. These included the registered proprietor's considerations and plans for ensuring resident safety and care during the refurbishment works.

### **Focus of inspection**

In the period from January 2016 to January 2017, there had been two deaths, both suspected cases of suicide, in the Department of Psychiatry (DOP). Both occurred in lavatories in the Sub-Acute Unit.

At the time of the January 2017 focused inspection, refurbishment work was under way throughout the approved centre to remediate ligature anchor points in showers and lavatories and some window fittings. The refurbishment, which commenced in September 2016, also included the reconfiguration of the Acute Unit from a 10-bed to a 14-bed unit. It was a matter of concern that the approved centre had increased its bed numbers in the Acute Unit without having made provision for adequate living, recreational, or therapeutic facilities. This inspection had a broad focus on patient care and safety and included but was not limited to the following:

- Recreational facilities and resources.
- Care and treatment – Individual care planning and therapeutic services and programmes.
- Resident privacy and dignity.
- The safety and suitability of the premises.
- Staffing.
- Risk Management.

### **Summary of findings**

Considerable work had been completed in relation to the refurbishment of sleeping, toileting, and showering facilities. The remediation of ligature anchor points had progressed considerably. A ligature audit had been completed and risk was being mitigated by limiting the unsupervised access of residents to

specific rooms and assigning beds according to individual risk management plans. Each resident was risk-assessed at the time of admission and each clinical file inspected contained a risk management plan. This inspection found the DOP compliant with Regulation 32: Risk Management Procedures. An additional clinical nurse manager 3 post had been put in place and two additional nurses were assigned to the DOP for the duration of the refurbishment works. Also, a dedicated activities nurse had been appointed to the Acute Unit. There were plans to extend the Acute Unit and to provide a dining-cum-sitting room and an activity room. This process had gone to tender at the time of the inspection.

A number of issues had not been resolved, however. Concerns relating to ligature anchor points, inadequate facilities in the Acute Unit, and the upkeep of outdoor areas had all been consistently highlighted in inspection reports since 2012 and remained concerns. The DOP did not achieve regulatory compliance in the regulations listed below.

Regulation	Risk Rating	Reason for Non-Compliance
<b>Regulation 9: Recreational Activities</b>	High	<ul style="list-style-type: none"> <li>Inadequate access for Acute Unit residents to appropriate recreational activities</li> </ul>
<b>Regulation 15: Individual Care Plan</b>	High	<ul style="list-style-type: none"> <li>Two residents did not have an individual care plan (ICP).</li> <li>A number of the ICPs had not been developed and reviewed by the residents' multi-disciplinary teams.</li> </ul>
<b>Regulation 16: Therapeutic Services and Programmes</b>	High	<ul style="list-style-type: none"> <li>Lack of adequate and suitable therapeutic services and programmes for residents in the Acute Unit.</li> </ul>
<b>Regulation 21: Privacy</b>	Moderate	<ul style="list-style-type: none"> <li>There was inadequate privacy afforded to residents required to sleep in the day activity room on a temporary basis.</li> <li>One resident's bedroom door panel was not appropriately screened to ensure privacy.</li> </ul>
<b>Regulation 22: Premises</b>	High	<ul style="list-style-type: none"> <li>Cramped and inadequate living facilities for residents in the Acute Unit.</li> <li>Incomplete ligature anchor point remediation work.</li> <li>Tardy management of waste bins and the implications of this for infection control.</li> </ul>
<b>Regulation 26: Staffing</b>	High	<ul style="list-style-type: none"> <li>Staff training was not up to date in mandatory areas.</li> </ul>