

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. Creagh Suite, St Brigid's Healthcare Campus, Galway
https://www.mhcirl.ie/File/2018IRs/CreaghSuite_IR2018.pdf
2. Sliabh Mis Mental Health Admission Unit, University Hospital Kerry
https://www.mhcirl.ie/File/2018IRs/SliabhMis_ir2018.pdf
3. Teach Ailsing, Mayo
https://www.mhcirl.ie/File/2018IRs/TeachAsh_ir2018.pdf
4. Tearmann Ward, St. Camillus' Hospital, Limerick
https://www.mhcirl.ie/File/2018IRs/TearmanWard_IR2018.pdf

Focussed Inspection

1. St. Alloysius Ward, Mater Misericordiae University Hospital, Dublin
https://www.mhcirl.ie/File/2018IRs/Mater_Foclnsp_ir2018.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/

Creagh Suite, St Brigid's Healthcare Campus

ID Number: AC0100

2018 Approved Centre Inspection Report (Mental Health Act 2001)

Creagh Suite, St. Brigid's Healthcare
Campus
Creagh
Ballinasloe
Co. Galway

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

Most Recent Registration Date:
3 October 2016

Conditions Attached:
None

Registered Proprietor:
HSE

Registered Proprietor Nominee:
Mr Steve Jackson, General
Manager, CHO2 - Mental Health
Services

Inspection Team:
Leon Donovan, Lead Inspector
Dr Ann Marie Murray MCRN363031
Martin McMEnamin

Inspection Date:
6 - 9 March 2018

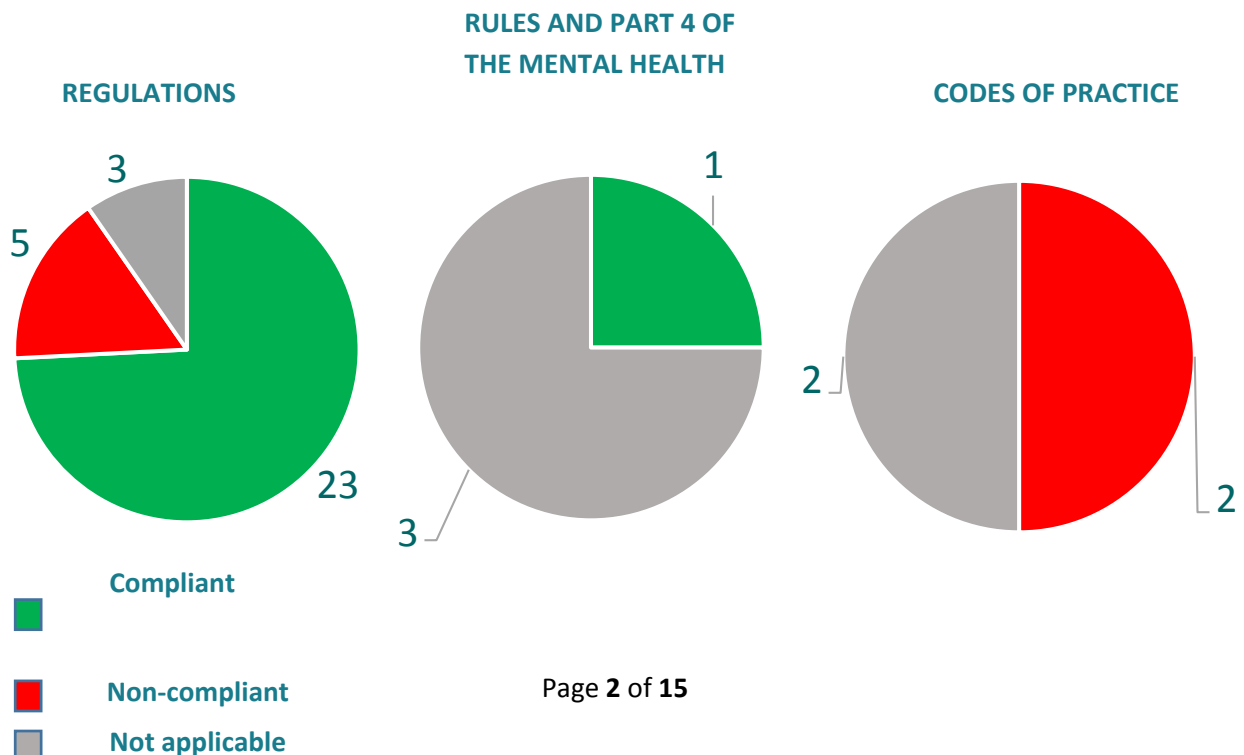
Previous Inspection Date:
27 - 30 June 2017

Inspection Type:
Unannounced Annual Inspection

The Inspector of Mental Health Services:
Dr Susan Finnerty MCRN009711

Date of Publication:
23 August 2018

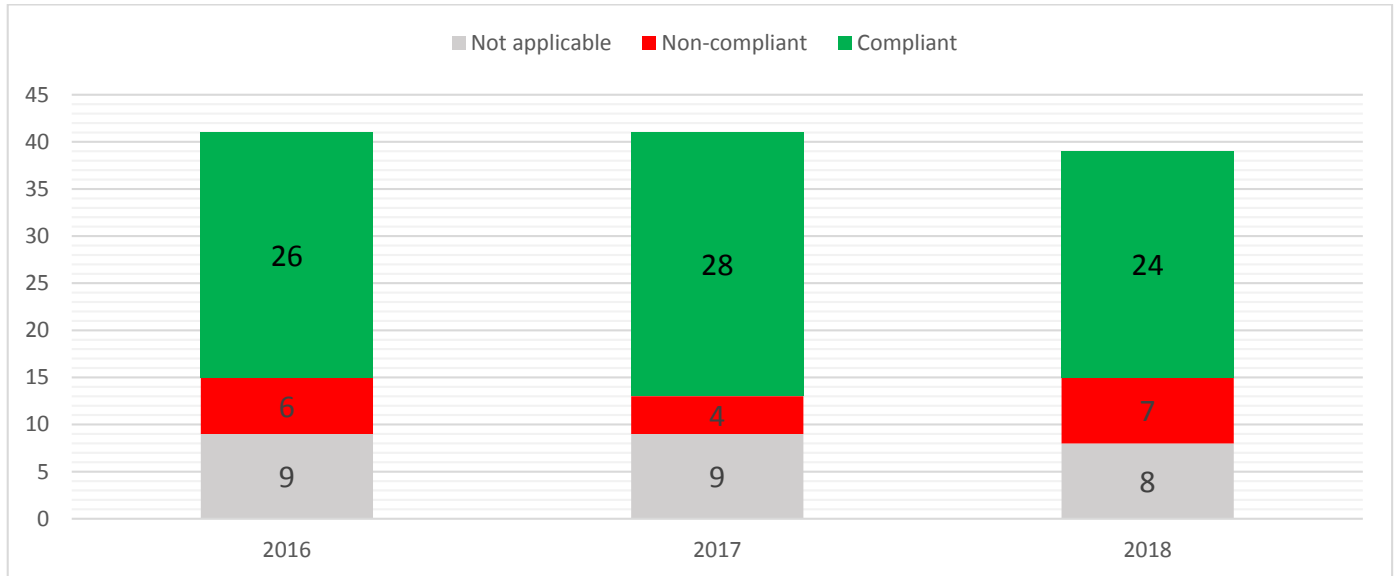
2018 COMPLIANCE RATINGS



RATINGS SUMMARY 2016 – 2018

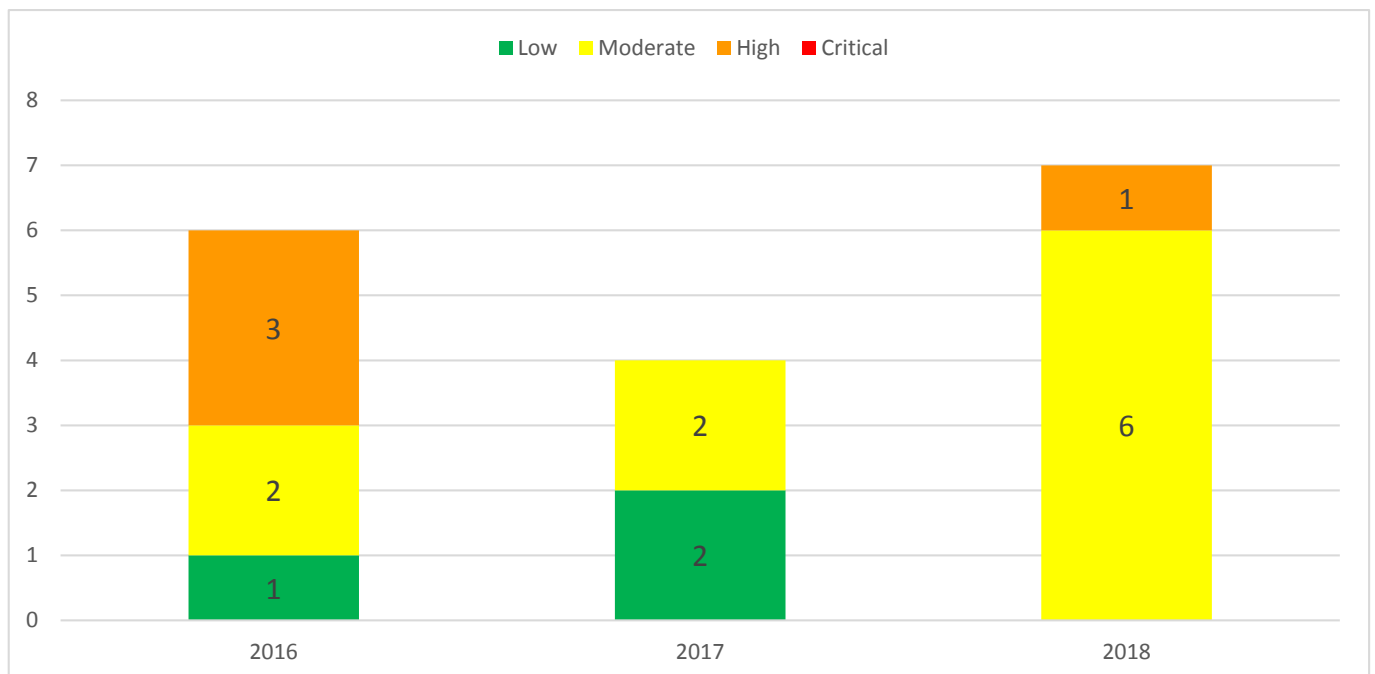
Compliance ratings across all 39 areas of inspection are summarised in the chart below.

Chart 1 – Comparison of overall compliance ratings 2016 – 2018



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 2016 – 2018



Conditions to registration

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

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 2017 and 2016 and the relevant risk rating where the service was non-compliant:

Regulation/Rule/Act/Code	Compliance/Risk Rating 2016		Compliance/Risk Rating 2017		Compliance/Risk Rating 2018	
Regulation 6: Food Safety	✓		✓		X	Moderate
Regulation 18: Transfer of Residents	✓		✓		X	Moderate
Regulation 21: Privacy	✓		✓		X	Moderate
Regulation 26: Staffing	X	High	X	Moderate	X	Moderate
Regulation 27: Maintenance of Records	✓		X	Moderate	X	Moderate
Code of Practice on the Use of Physical Restraint in Approved Centres	X	Low	X	Low	X	Moderate
Code of Practice on Admission, Transfer and Discharge to and from an Approved Centre	✓		X	Low	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

No areas of compliance were rated excellent on this inspection.

Sliabh Mis Mental Health Admission Unit, University Hospital Kerry

ID Number: AC0055

2018 Approved Centre Inspection Report (Mental Health Act 2001)

Sliabh Mis Mental Health Admission
Unit, University Hospital Kerry
Rathass
Tralee
Co. Kerry

Approved Centre Type:
Acute Adult Mental Health Care

Most Recent Registration Date:
1 March 2017

Conditions Attached:
Yes

Registered Proprietor:
HSE

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

Inspection Team:
Leon Donovan, Lead Inspector
Dr Ann Marie Murray MCRN363031
Dr Enda Dooley MCRN004155
Carol Brennan-Forsyth

Inspection Date:
13 – 16 February 2018

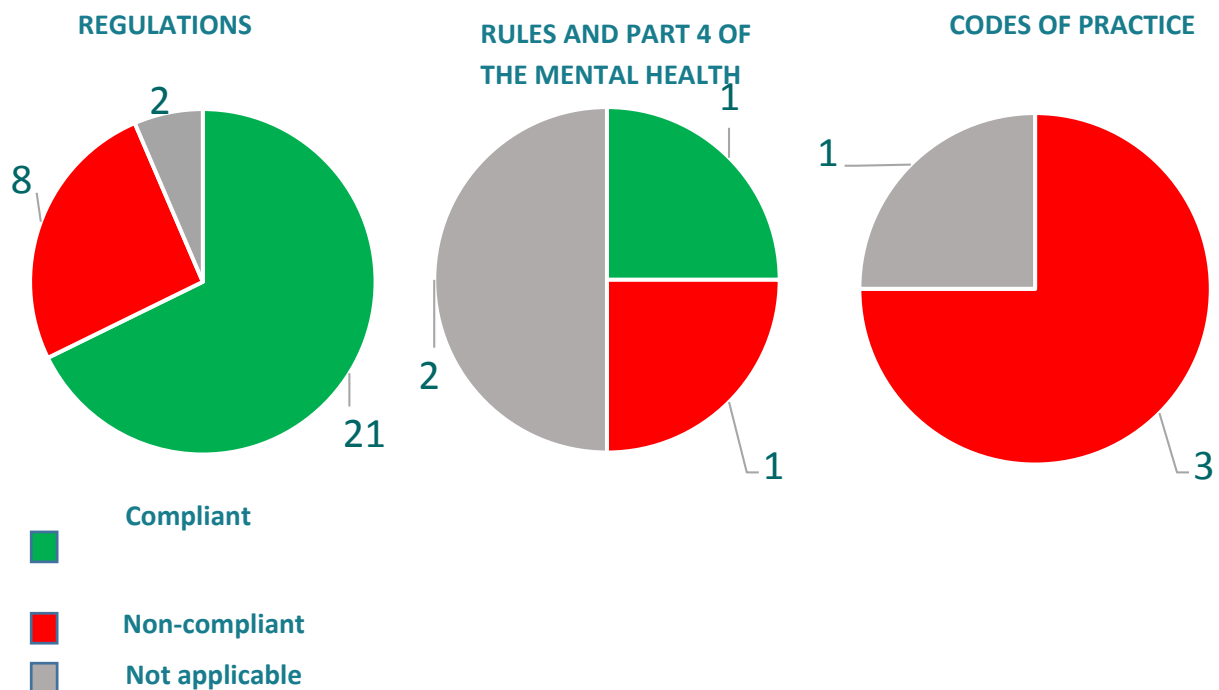
Previous Inspection Date:
20 – 23 June 2017

Inspection Type:
Unannounced Annual Inspection

The Inspector of Mental Health Services:
Dr Susan Finnerty MCRN009711

Date of Publication:
23 August 2018

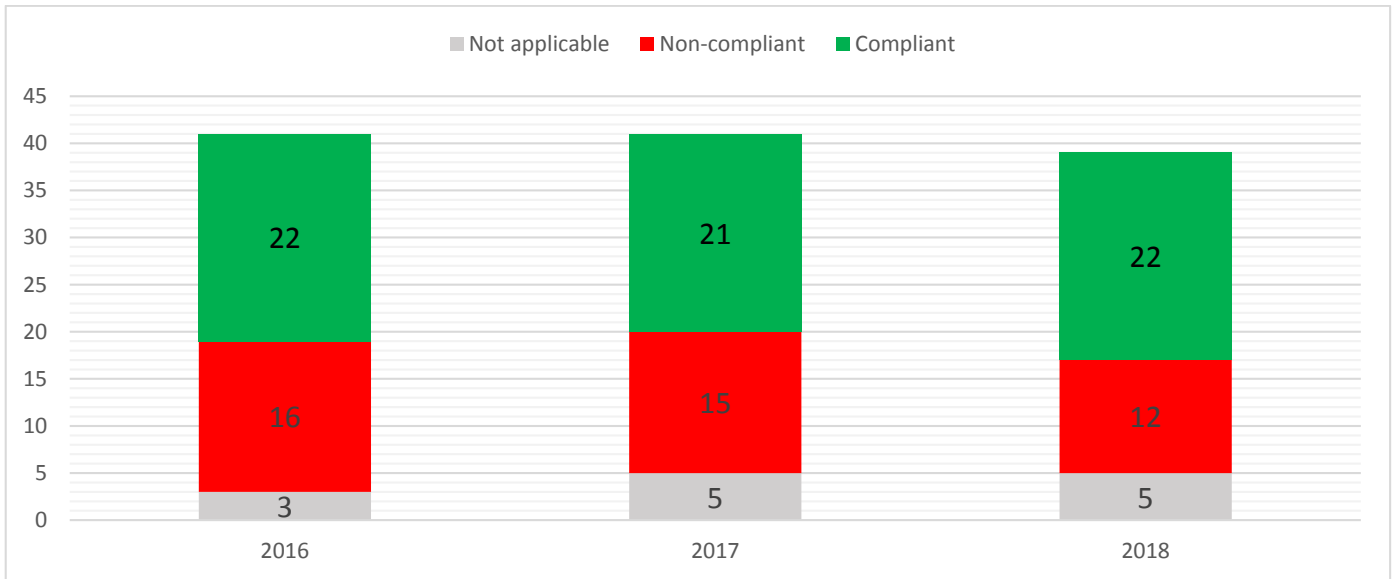
2018 COMPLIANCE RATINGS



RATINGS SUMMARY 2016 – 2018

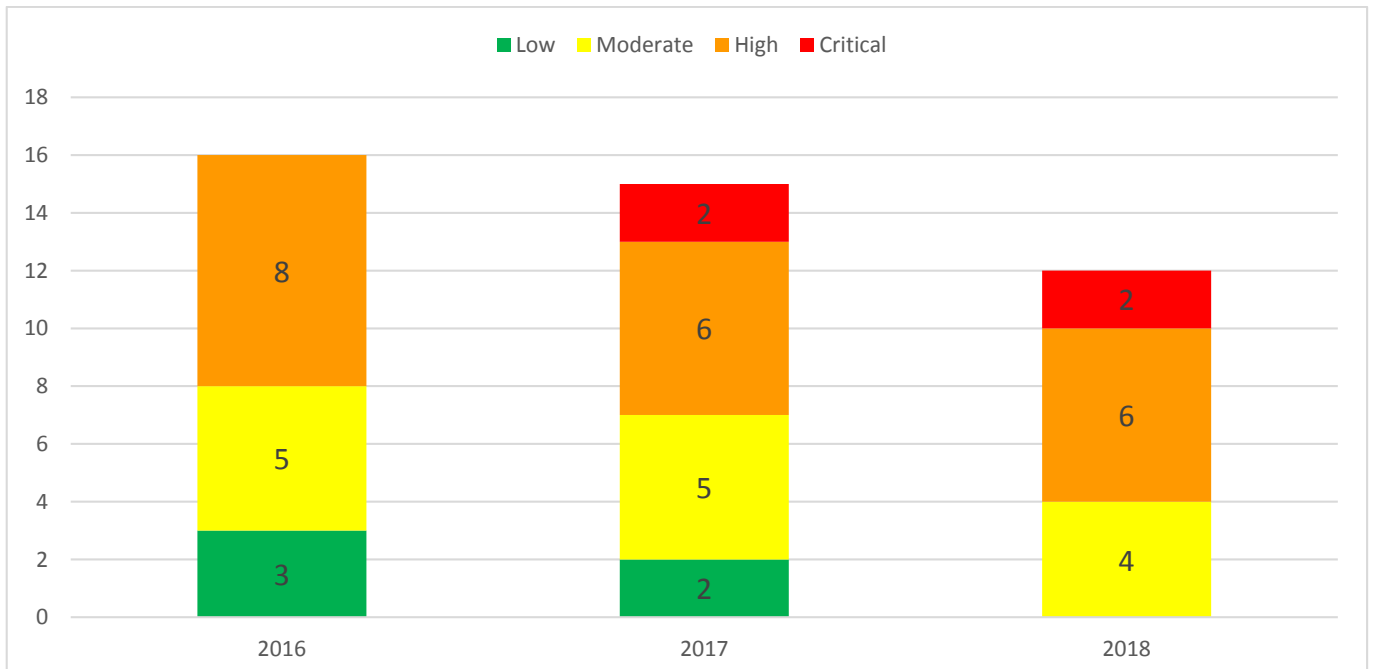
Compliance ratings across all 39 areas of inspection are summarised in the chart below.

Chart 1 – Comparison of overall compliance ratings 2016 – 2018



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 2016 – 2018



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 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.

Condition 2: 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.

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 2017 and 2016 and the relevant risk rating when the service was non-compliant:

Regulation/Rule/Act/Code	Compliance/Risk Rating 2016	Compliance/Risk Rating 2017	Compliance/Risk Rating 2018
Regulation 7: Clothing	✓	X Moderate	X Moderate
Regulation 19: General Health	✓	✓	X High
Regulation 21: Privacy	X High	✓	X Moderate
Regulation 22: Premises	X High	High	X Critical
Regulation 23: Ordering Prescribing, Storing, and Administration of Medicines	✓	✓	X High
Regulation 26: Staffing	X Moderate	X Critical	X High
Regulation 27: Maintenance of Records	✓	X Moderate	X High
Regulation 32: Risk Management Procedures	X High	X High	X High
Rules Governing the Use of Seclusion	X High	X High	X Critical
Code of Practice on the Use of Physical Restraint in Approved Centres	X Moderate	X Low	X High
Code of Practice Relating to the Admission of Children under the Mental Health Act 2001	X High	X High	X Moderate
Code of Practice on Admission, Transfer and Discharge to and from an Approved Centre	X Moderate	X Moderate	X Moderate

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

Areas of compliance rated “excellent” on this inspection

No areas of compliance were rated excellent on this inspection.

Tearmann Ward, St. Camillus' Hospital

ID Number: AC0073

2018 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 2017

Conditions Attached:
Yes

Registered Proprietor:
HSE

Registered Proprietor Nominee:
Mr Mark Sparling, Head of Service –
Mental Health CHO 3

Inspection Team:
Mary Connellan, Lead Inspector
Noeleen Byrne
Siobhan Dinan

Inspection Date:
20 – 23 February 2018

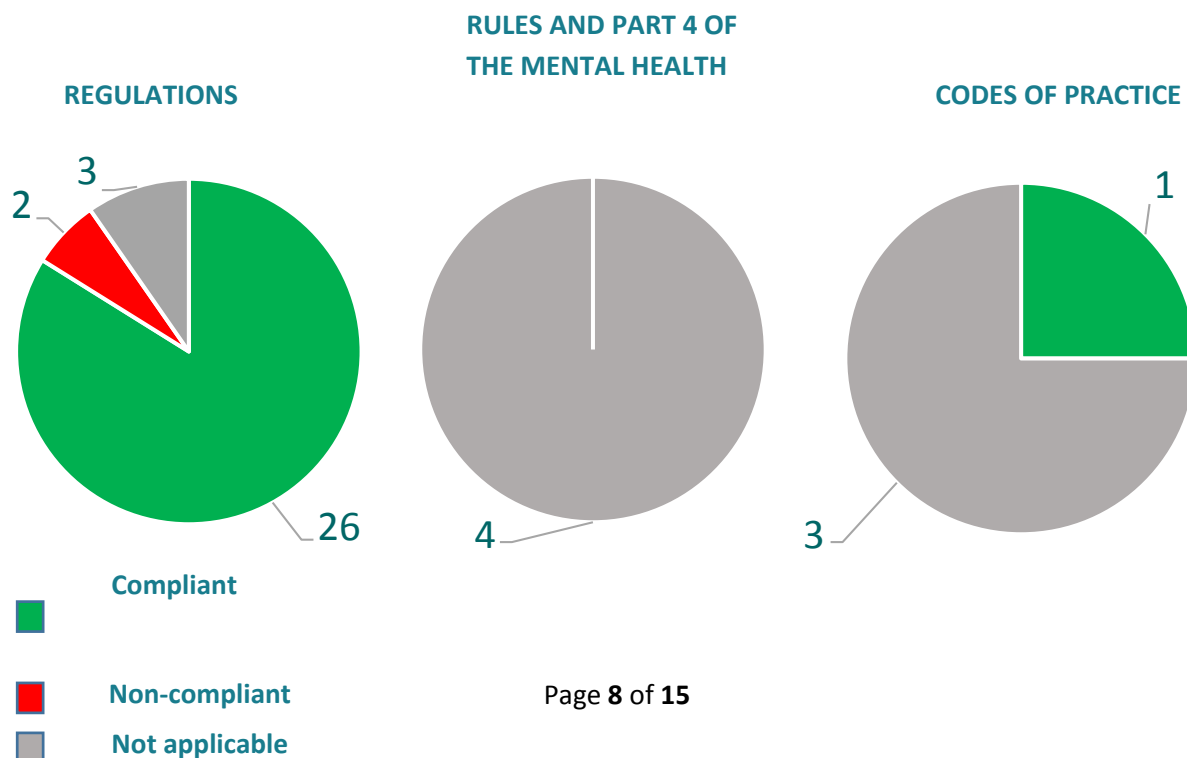
Previous Inspection Date:
18 – 21 April 2017

Inspection Type:
Unannounced Annual Inspection

The Inspector of Mental Health Services:
Dr Susan Finnerty MCRN009711

Date of Publication:
23 August 2018

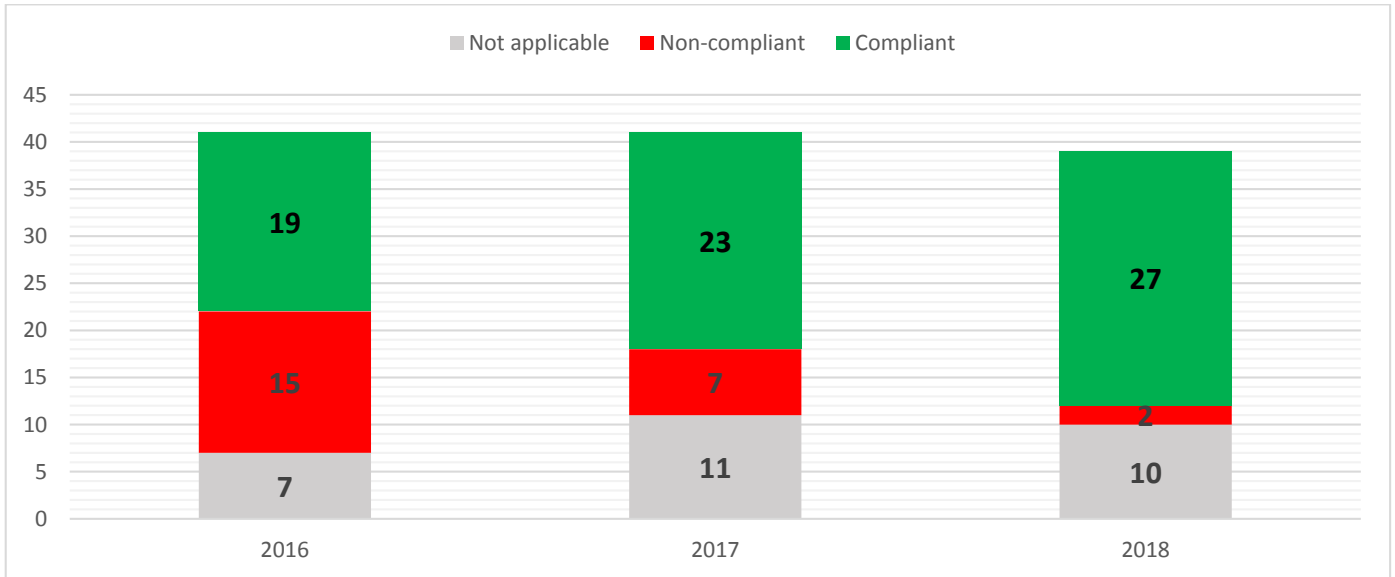
2018 COMPLIANCE RATINGS



RATINGS SUMMARY 2016 – 2018

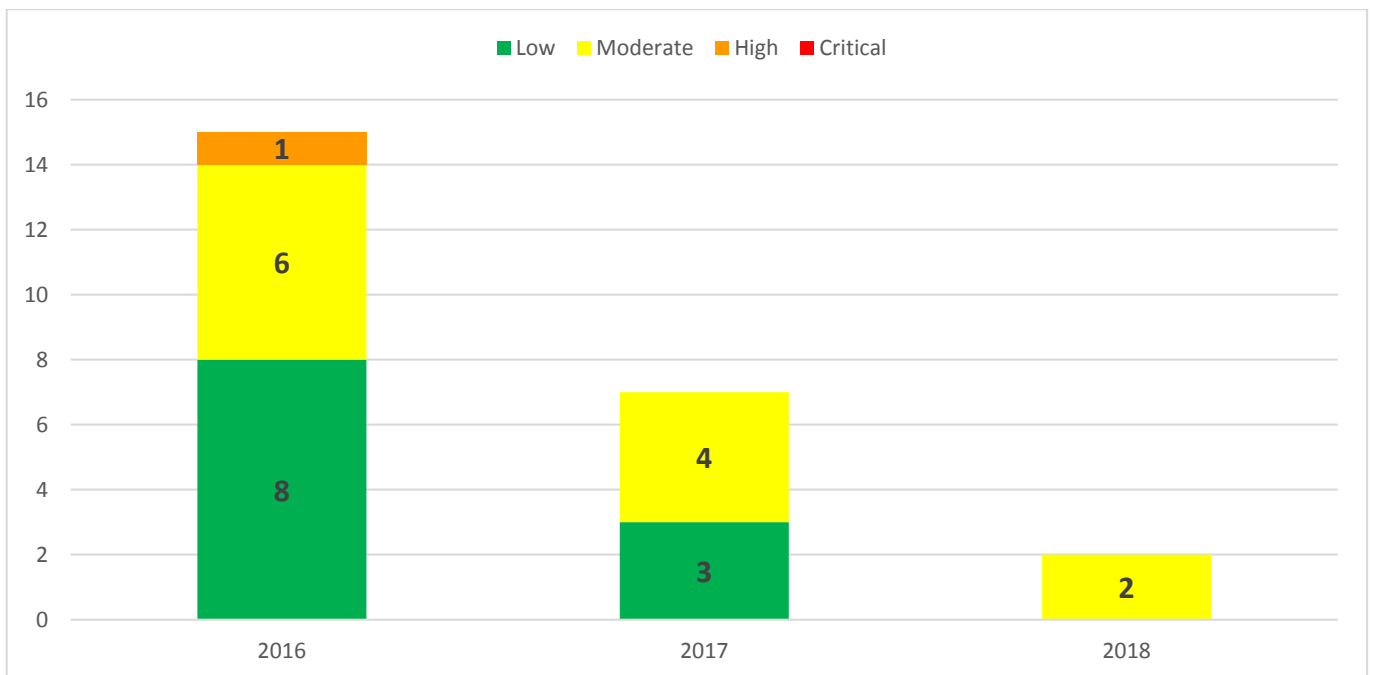
Compliance ratings across all 39 areas of inspection are summarised in the chart below.

Chart 1 – Comparison of overall compliance ratings 2016 – 2018



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 2016 – 2018



Conditions to registration

There was one condition attached to the registration of this approved centre with effect from 1 October 2017.

Condition: To ensure adherence to Regulation 26(4): Staffing, the approved centre shall implement a plan to ensure all healthcare professionals working in the approved centre are up to date in mandatory training areas. The approved centre shall provide a progress update on staff training to the Mental Health Commission in a form and frequency prescribed by the Commission.

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 2017 and 2016 and the relevant risk rating when the service was non-compliant:

Regulation/Rule/Act/Code	Compliance/Risk Rating 2016		Compliance/Risk Rating 2017		Compliance/Risk Rating 2018	
Regulation 23: Ordering, Prescribing, Storing and Administration of Medicines	✓		✓		X	Moderate
Regulation 26: Staffing	X	Critical	X	Moderate	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 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 12: Communication
Regulation 15: Individual Care Plan
Regulation 18: Transfer of Residents
Regulation 31: Complaints Procedures

Teach Aisling

ID Number: AC0069

2018 Approved Centre Inspection Report (Mental Health Act 2001)

Teach Aisling
Westport Road
Castlebar
Co. Mayo

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

Most Recent Registration Date:
31 May 2016

Conditions Attached:
None

Registered Proprietor:
HSE

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

Inspection Team:
Noeleen Byrne, Lead Inspector
Dr Susan Finnerty
Martin McMenamin

Inspection Date:
20 - 23 March 2018

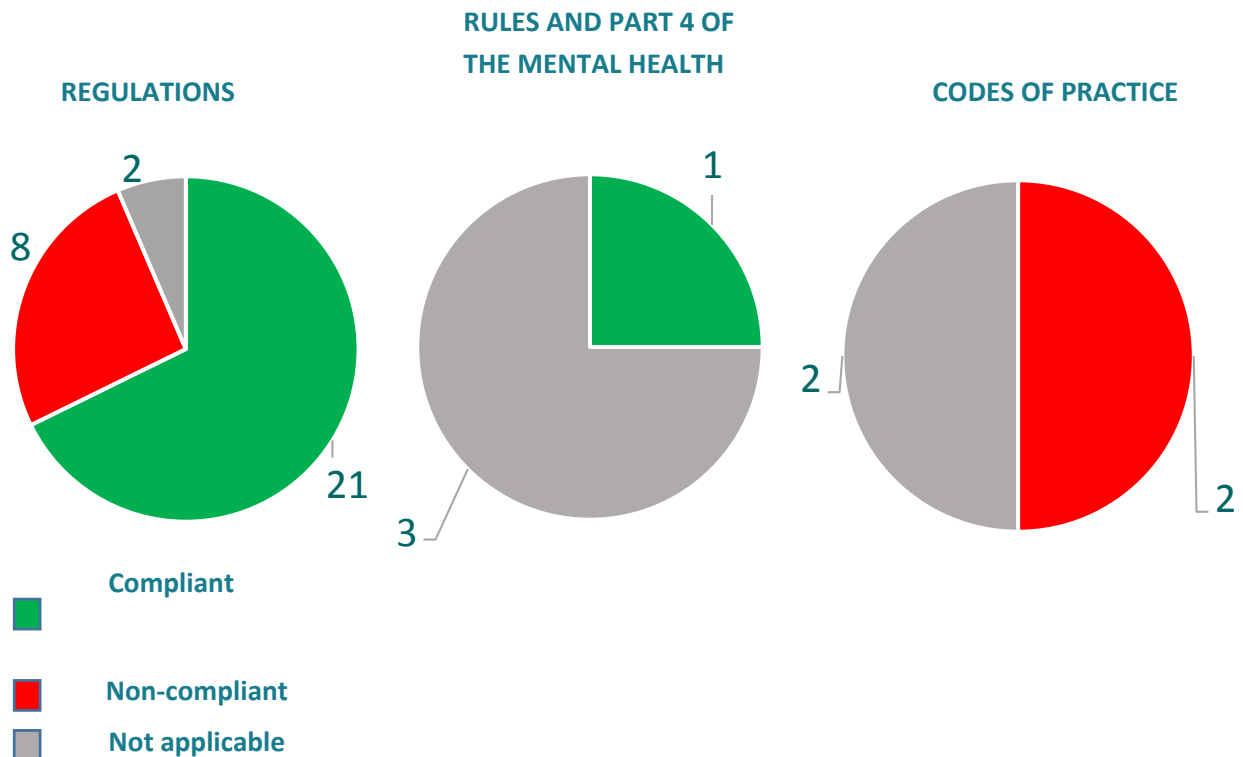
Inspection Type:
Unannounced Annual Inspection

Previous Inspection Dates:
Annual Inspection
20 - 23 June 2017
Focused Inspection
11 July 2017

The Inspector of Mental Health Services:
Dr Susan Finnerty MCRN009711

Date of Publication:
23 August 2018

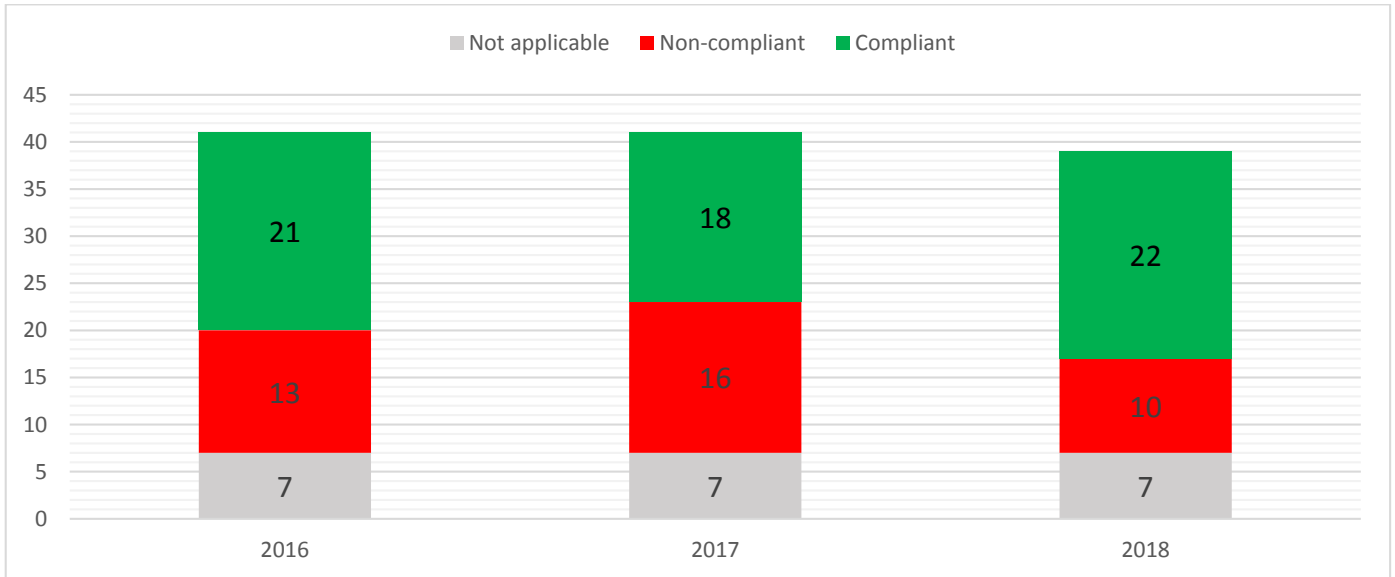
2018 COMPLIANCE RATINGS



RATINGS SUMMARY 2016 – 2018

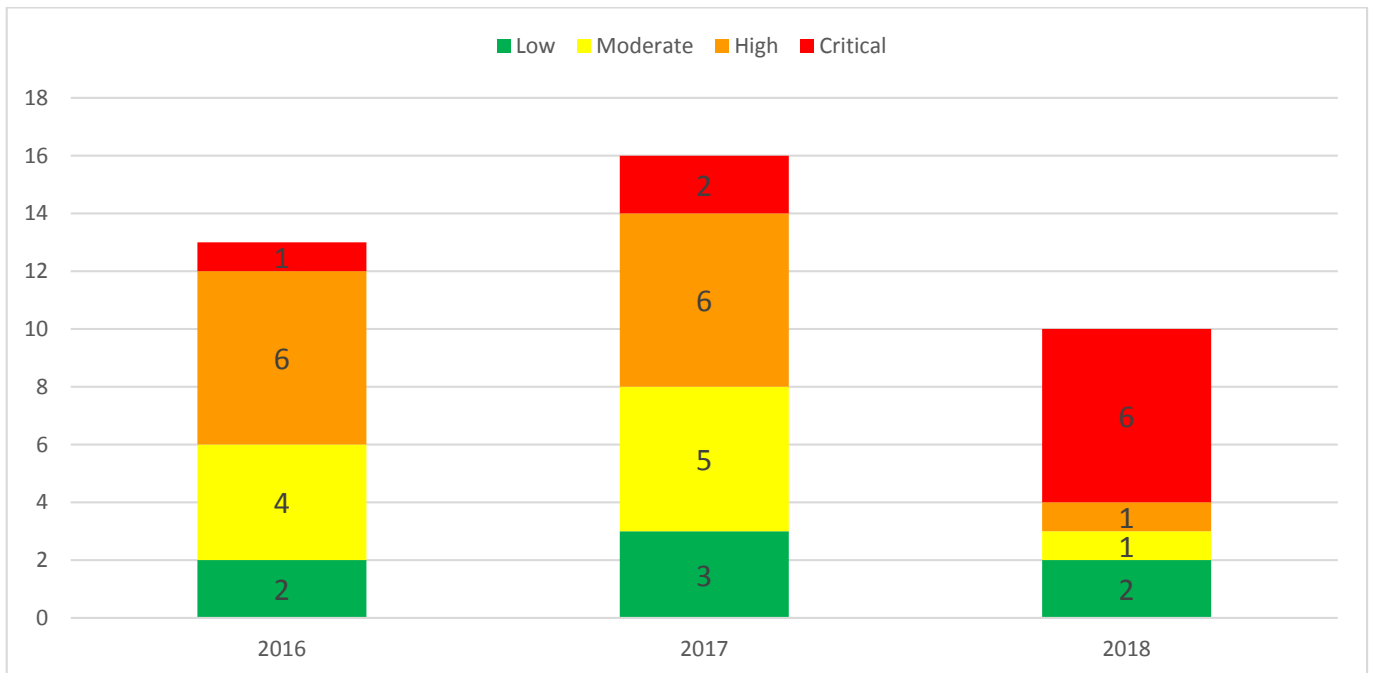
Compliance ratings across all 39 areas of inspection are summarised in the chart below.

Chart 1 – Comparison of overall compliance ratings 2016 – 2018



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 2016 – 2018



Conditions to registration

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

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 2017 and 2016 and the relevant risk rating when the service was non-compliant:

Regulation/Rule/Act/Code	Compliance/Risk Rating 2016		Compliance/Risk Rating 2017		Compliance/Risk Rating 2018	
Regulation 5: Food and Nutrition	✓		X	Moderate	X	Critical
Regulation 9: Recreational Activities	X	Moderate	X	High	X	Critical
Regulation 16: Therapeutic Services and Programmes	X	High	X	Critical	X	Critical
Regulation 19: General Health	✓		✓		X	Low
Regulation 21: Privacy	X	Moderate	✓		X	High
Regulation 22: Premises	X	High	X	Critical	X	Critical
Regulation 26: Staffing	X	Critical	X	High	X	Critical
Regulation 32: Risk Management Procedures	X	Critical	X	High	X	Critical
Code of Practice on the Use of Physical Restraint	✓		X	High	X	Moderate
Code of Practice on Admission, Transfer, and Discharge to and from approved centres	X	Moderate	X	High	X	Low

As enforcement actions are ongoing with the registered proprietor of the approved centre, Corrective and Preventative Actions (CAPAs) have not been requested.

5.2 Areas of compliance rated “excellent” on this inspection

The following areas were rated excellent on this inspection:

Regulation
Regulation 6: Food Safety
Regulation 18: Transfer of Residents

St. Aloysius Ward, Mater Misericordiae University Hospital

ID Number: AC0028

2018 Approved Centre Focused Inspection Report (Mental Health Act 2001)

St. Aloysius Ward
Mater Misericordiae University Hospital
Eccles Street
Dublin 7

Approved Centre Type:
Acute Adult Mental Health Care

Most Recent Registration Date:
25 September 2015

Conditions Attached:
None

Registered Proprietor:
Mr Gordon Dunne

Registered Proprietor Nominee:
N/A

Inspection Team:
Dr Susan Finnerty MCRN009711 Lead
Inspector
Mary Connellan

Inspection Date:
7 February 2018

Previous Inspection Date:
28 February - 3 March 2017

Inspection Type:
Focused Inspection

The Inspector of Mental Health Services:
Dr Susan Finnerty MCRN009711

Date of Publication:
23 August 2018

Reason for focused inspection

Since 2015, serious concerns have been formally raised in relation to St. Aloysius Ward, including inadequate staffing and inadequate therapeutic services. There was also lack of engagement from the service on ongoing non-compliances and failure to provide information requested. This evidenced a cycle of serious concerns identified and raised on inspection and inadequate responses received from the service.

Because of this, the approved centre was issued with a closure notice (proposal to remove approved centre from the Register of Approved Centres) on 10 August 2017. Representations from the registered proprietor in relation to the proposal were provided, which outlined staffing improvements that were in progress.

The approved centre attended a Regulatory Compliance Meeting on 14 September 2017, in which these issues were discussed. It was agreed that the service would provide further information, including detailed timeframes, in relation to how they would ensure the provision of an appropriate therapeutic programme to residents in line with their assessed needs. On the basis of the further information provided, the Mental Health Commission provided the service with the opportunity the service to implement their plans.

It was determined that a focused inspection would be undertaken to ascertain whether appropriate actions had been taken by the service to address the risks identified, following the September meeting.

Focus of inspection

The focus of the inspection was Regulation 16: Therapeutic Services and Programmes and Regulation 26: Staffing, determined in advance of inspection by the Commission's Regulatory Review Committee. This committee comprises of the Director of Standards and Quality Assurance, the Inspector of Mental Health Services and the Chief Executive of the Mental Health Commission.

Specific legislative requirements, or parts thereof, inspected as part of the focused inspection were as follows:

Regulation	Part (or full regulation)
Regulation 16: Therapeutic Services and Programmes	Evidence of implementation
Regulation 26: Staffing	Evidence of implementation

Summary of Findings: Inspector of Mental Health Services, Dr Susan Finnerty

As Inspector of Mental Health Services, I have provided a summary of findings from the focused inspection of St. Aloysius Ward.

There had been specific concerns regarding the lack of staff for the delivery of therapeutic services and programmes in St. Aloysius Ward. This had been identified in the 2015 inspection, and all subsequent inspections. Following enforcement action, this focused inspection was carried out to ascertain whether plans to improve staffing and therapeutic activities had been implemented.

We found that, while the approved centre remained non-compliant with staffing, there was 0.5 WTE social worker in the approved centre. We also found that interviews for the recruitment of an occupational therapist (1 WTE) were to take place within two weeks, and that a senior psychologist (0.5 WTE) was due to commence in the approved centre in March 2017.

The provision of therapeutic services and programmes had been dependent on staffing. While the required posts were in the process of being filled, a clinical psychologist and psychology assistant from one of the sector teams had been facilitating a weekly psychology group. A four-week rolling programme for group therapeutic programmes and recreational activities had been developed and had partially commenced. Nursing staff facilitated aromatherapy groups, art groups, sleep hygiene and Cognitive Behavioural Therapy (CBT) informed skill groups. While these were timetabled, it was stated that these were dependent on the ward needs at the time and it was not clear whether these groups were taking place consistently.

Overall, there was evidence that the registered proprietor was addressing the non-compliance with staffing and therapeutic services and programmes. However, the approved centre remained non-compliant with these two regulations.

Conditions to registration

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