

Mental Health Commission Approved Centre Inspection Reports

Below you will find a number of Inspection Reports published by the Mental Health Commission.

The Approved Centres reported on are:

1. St. Catherine's Ward, St. Finbarr's Hospital, Cork
https://www.mhcirl.ie/File/2018IRs/StFinbarr_ir2018.pdf
2. Avonmore & Glencree Units, Newcastle Hospital, Wicklow
https://www.mhcirl.ie/File/2018IRs/Newcastle_ir2018.pdf
3. St. Vincent's Hospital, Dublin
https://www.mhcirl.ie/File/2018IRs/StVinHospFairview_ir2018.pdf
4. Bloomfield Hospital, Dublin
https://www.mhcirl.ie/File/2018IRs/Bloomfield_ir2018.pdf
5. Cappahard Lodge, Co Clare
https://www.mhcirl.ie/File/2018IRs/CappahardLodge_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/

St. Catherine's Ward, St. Finbarr's Hospital

ID Number: AC0044

2018 Approved Centre Inspection Report (Mental Health Act 2001)

St. Catherine's Ward
St. Finbarr's Hospital
Douglas Road
Cork

Approved Centre Type:
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:
Ms Sinéad Glennon, Head of
Mental Health Services – Cork &
Kerry

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

Inspection Date:
13 -16 March 2018

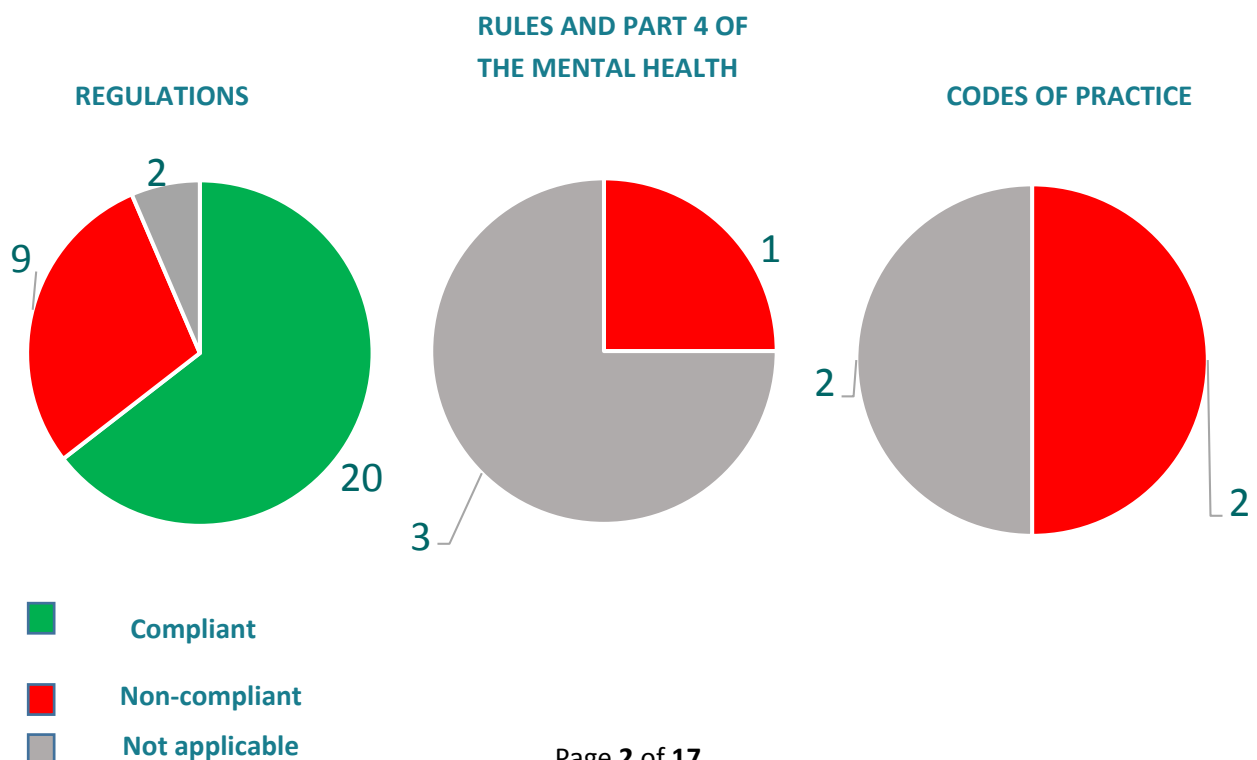
Previous Inspection Date:
16 - 19 May 2017

Inspection Type:
Unannounced Annual Inspection

The Inspector of Mental Health Services:
Dr Susan Finnerty MCRN009711

Date of Publication:
6th September 2018

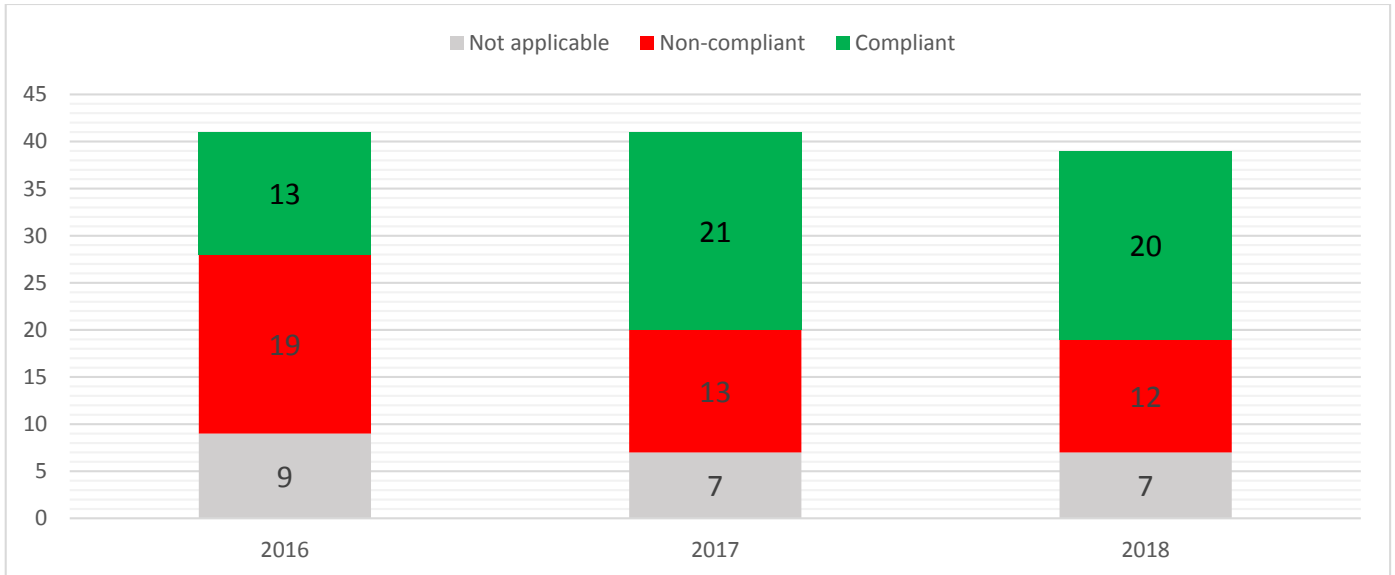
2018 COMPLIANCE RATINGS



RATINGS SUMMARY 2016 – 2018

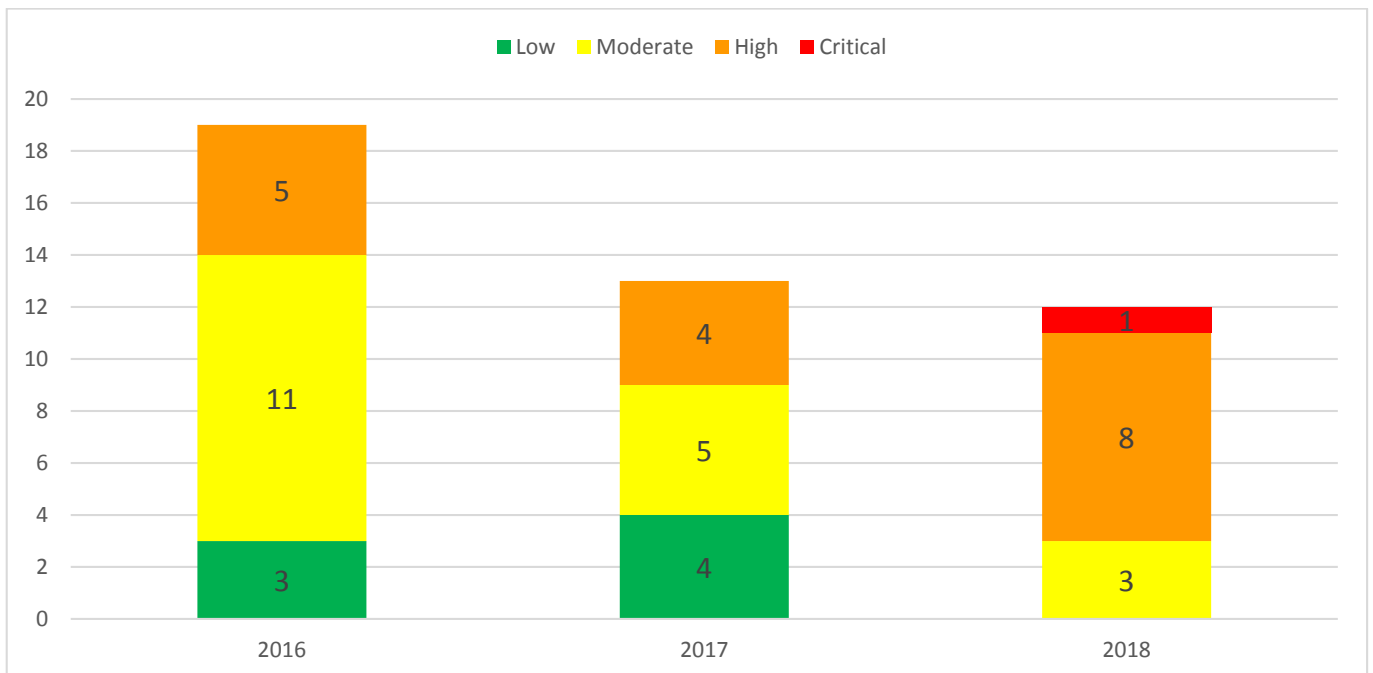
Compliance ratings across all 39 areas of inspection are summarised in the chart below.

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	High
Regulation 15 Individual Care Plan	X	Low	X	Moderate	X	High
Regulation 16 Therapeutic Services & Programmes	X	Moderate	✓		X	High
Regulation 19 General Health	X	High	X	High	X	High
Regulation 22 Premises	X	High	X	Moderate	X	High
Regulation 26 Staffing	X	Moderate	X	High	X	Moderate
Regulation 27 Maintenance of Records	X	High	X	High	X	High
Regulation 28 Register of Residents	X	Moderate	X	Low	X	Moderate
Regulation 32 Risk Management Procedures	✓		X	Moderate	X	Critical
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	Moderate	X	Low	X	Moderate
Code of Practice on Admission, Transfer and Discharge to and from an Approved Centre	X	Moderate	X	Moderate	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

Avonmore & Glencree Units, Newcastle Hospital

ID Number: AC0053

2018 Approved Centre Inspection Report (Mental Health Act 2001)

Avonmore & Glencree Units,
Newcastle Hospital
Greystones
Co. Wicklow

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

Most Recent Registration Date:
1 March 2017

Conditions Attached:
None

Registered Proprietor:
HSE

Registered Proprietor Nominee:
Ms Martina Behan, General
Manager, CHO East Mental Health
Services

Inspection Team:
Mary Connellan, Lead Inspector
Carol Brennan-Forsyth
Leon Donovan
Dr Enda Dooley MCRN004155

Inspection Date:
20 - 23 March 2018

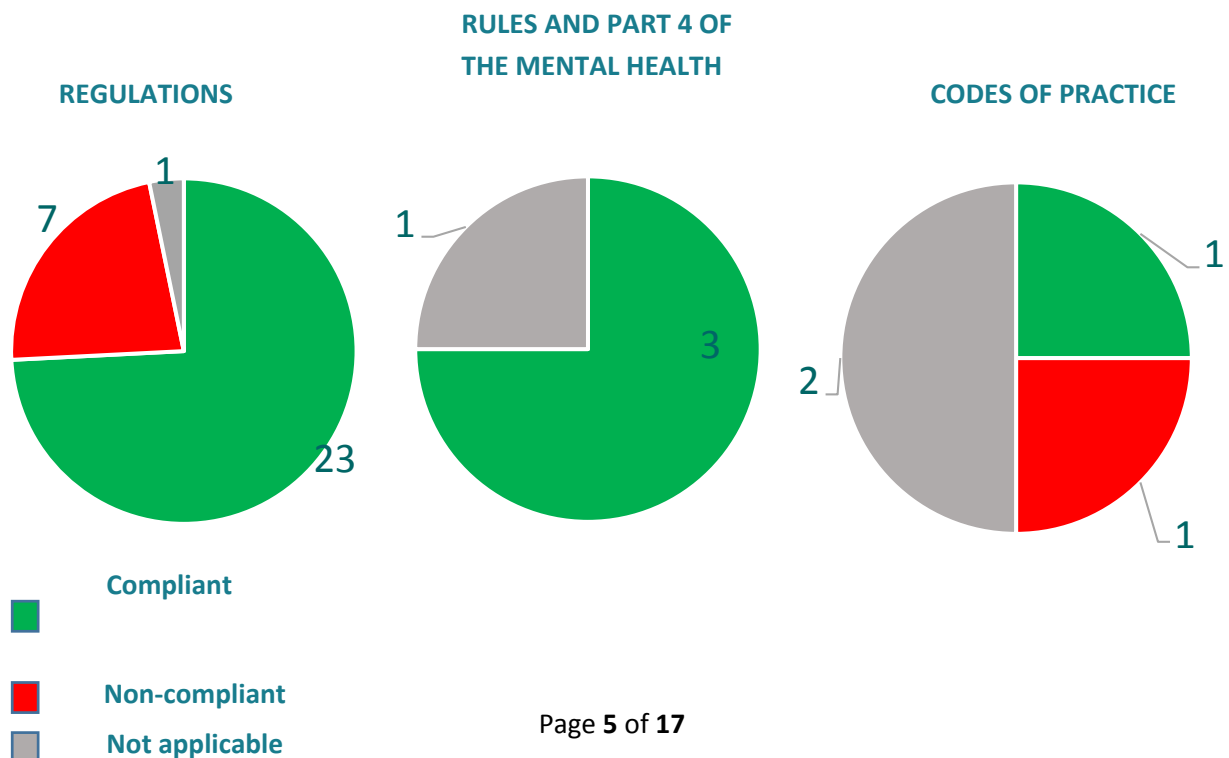
Previous Inspection Date:
14 - 16 March 2017

Inspection Type:
Unannounced Annual Inspection

The Inspector of Mental Health Services:
Dr Susan Finnerty MCRN009711

Date of Publication:
6 September 2018

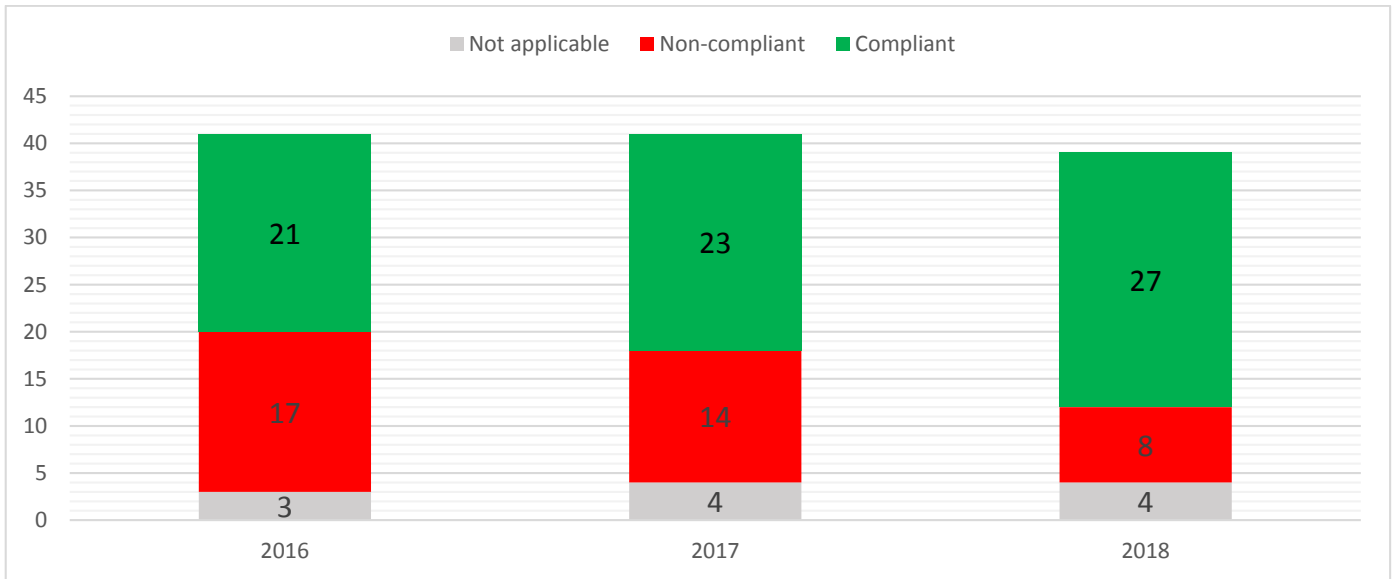
2018 COMPLIANCE RATINGS



RATINGS SUMMARY 2016 – 2018

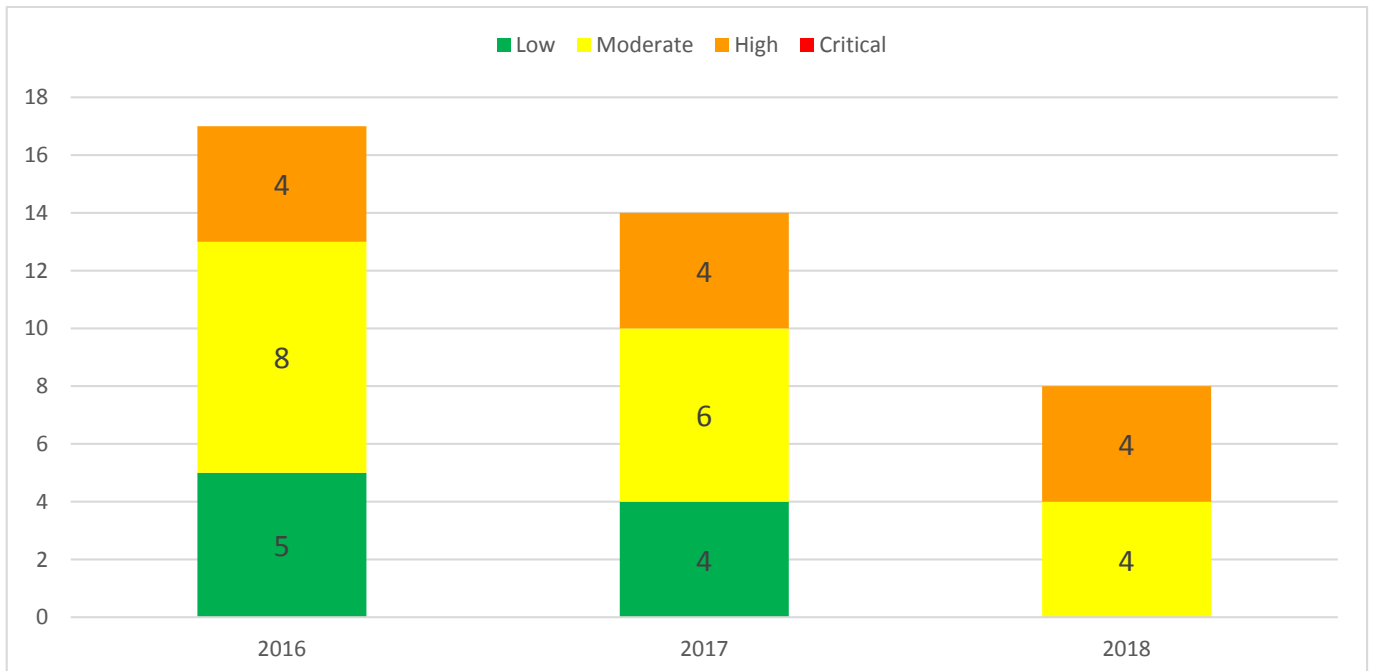
Compliance ratings across all 39 areas of inspection are summarised in the chart below.

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 6: Food safety	X	Low	✓		X	Moderate
Regulation 18: Transfer of Residents	✓		✓		X	High
Regulation 19: General Health	✓		✓		X	High
Regulation 22: Premises	X	High	X	High	X	High
Regulation 26: Staffing	X	High	X	Moderate	X	High
Regulation 27: Maintenance of Records	X	Low	✓		X	Moderate
Regulation 28: Register of Residents	✓		✓		X	Moderate
Code of Practice on Admission, Transfer and Discharge to and from an Approved Centre	X	Low	X	Low	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 4: Identification of Residents
Regulation 7: Clothing
Regulation 10: Religion
Regulation 29: Operating Policies and Procedures

St. Vincent's Hospital

ID Number: AC0054

2018 Approved Centre Inspection Report (Mental Health Act 2001)

St. Vincent's Hospital
Richmond Road
Fairview
Dublin 3

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:
Yes

Registered Proprietor:
St. Vincent's Hospital

Registered Proprietor Nominee:
Ms Caroline Grenham, Chief Executive

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

Inspection Date:
26 - 29 March 2018

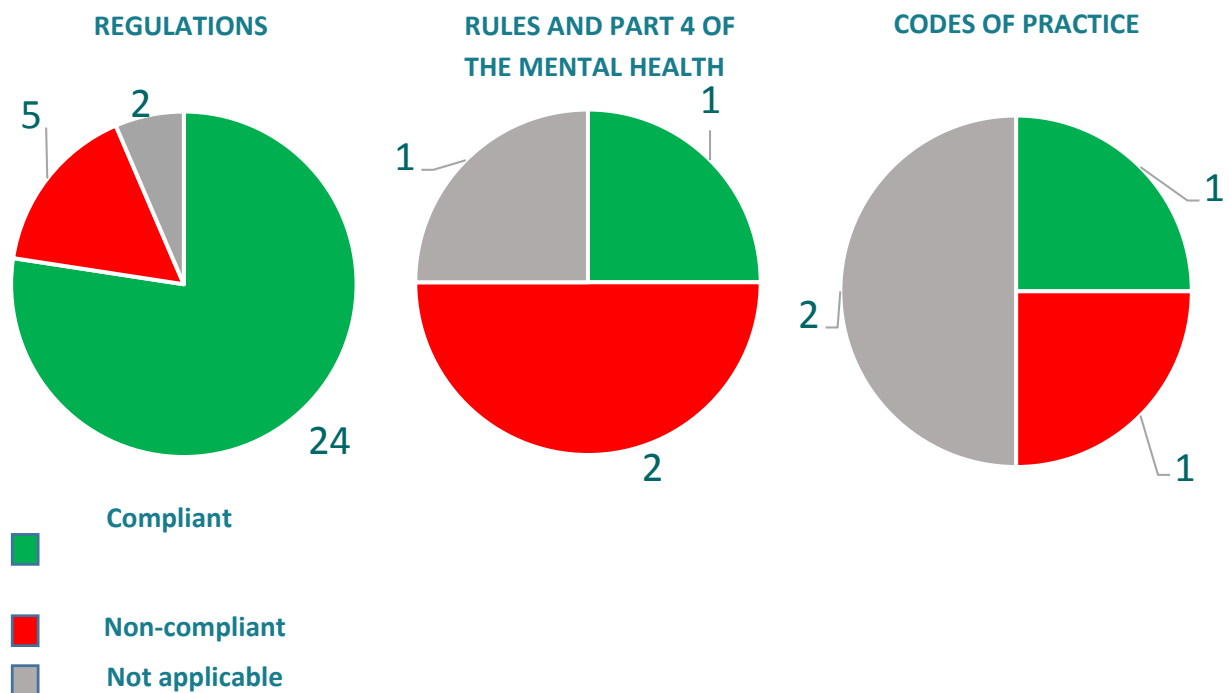
Inspection Type:
Unannounced Annual Inspection

Previous Inspection Date:
8 - 11 August 2017

The Inspector of Mental Health Services:
Dr Susan Finnerty MCRN009711

Date of Publication:
6 September 2018

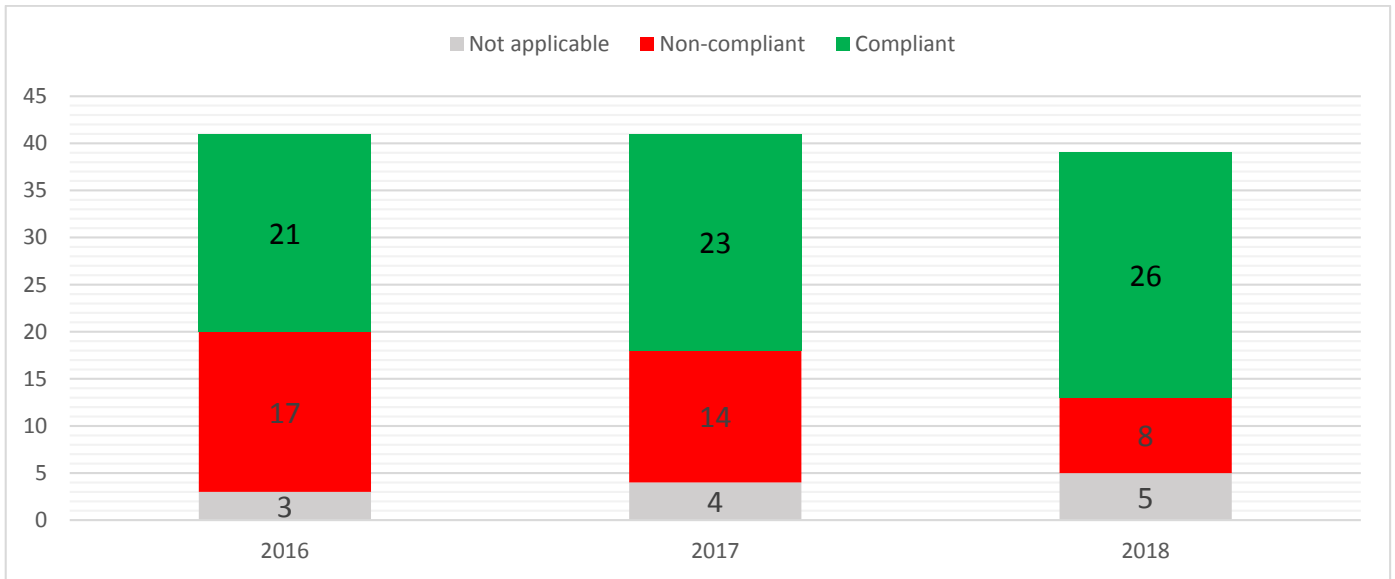
COMPLIANCE RATINGS 2018



RATINGS SUMMARY 2016 – 2018

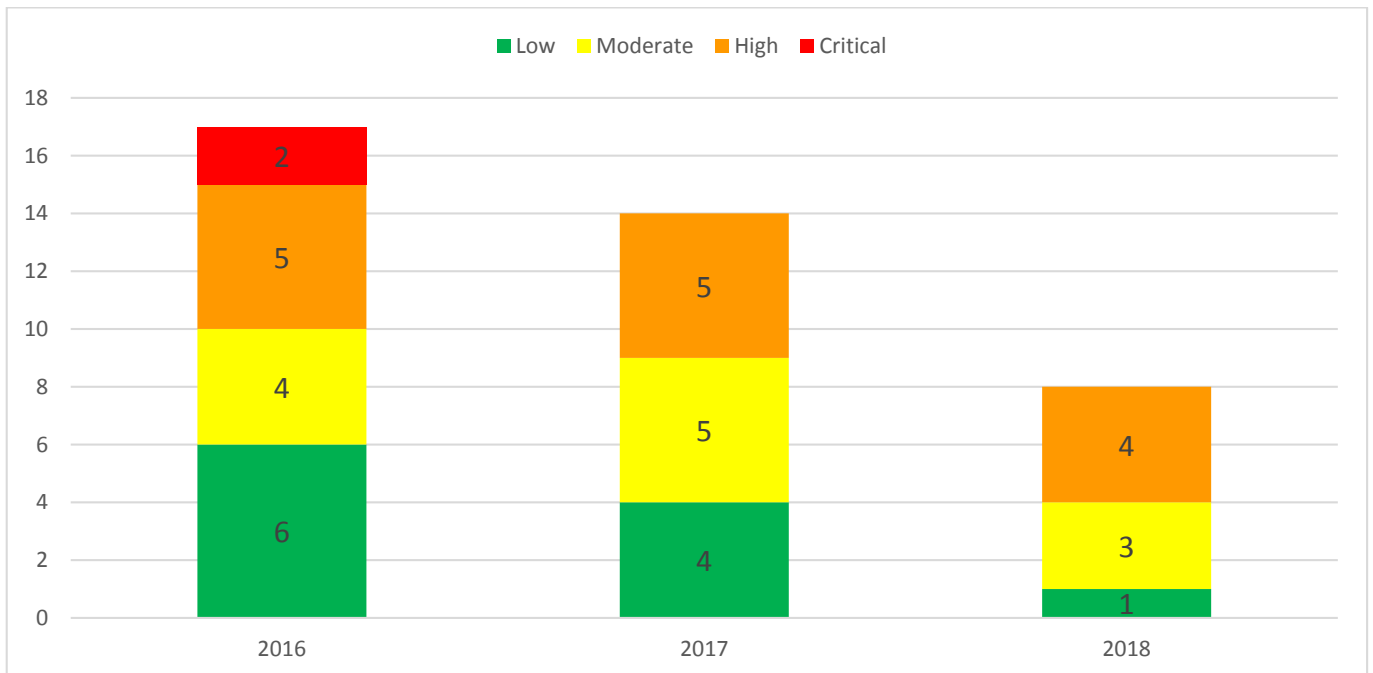
Compliance ratings across all 39 areas of inspection in 2018 are summarised in the chart below.

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 at the time of inspection.

Condition: To ensure adherence to *Regulation 23: Ordering, Prescribing, Storing and Administration of Medicines*, the approved centre shall audit their Medication Prescription and Administration Records (MPARs) 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 14: Care of the Dying	✓	✓	X Low
Regulation 15: Individual Care Plan	✓	X Moderate	X Moderate
Regulation 22: Premises	X High	X Low	X High
Regulation 23: Ordering, Prescribing, Storing and Administration of Medicines	X Critical	X High	X Moderate
Regulation 26: Staffing	X Critical	X High	X High
Rules Governing the Use of Seclusion	✓	X Moderate	X High
Rules Governing the Use of Mechanical Means of Bodily Restraint	X High	✓	X Moderate
Code of Practice on Admission, Transfer and Discharge to and from an Approved Centre	X High	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

The following areas were rated excellent on this inspection:

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

Bloomfield Hospital

ID Number: AC0062

2018 Approved Centre Inspection Report (Mental Health Act 2001)

Bloomfield Hospital
Stocking Lane
Rathfarnham
Dublin 16

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

Most Recent Registration Date:
17 May 2016

Conditions Attached:
None

Registered Proprietor:
Bloomfield Care Centre Ltd.

Registered Proprietor Nominee:
Mr Roger Smyth

Inspection Team:

Dr Enda Dooley, MCRN004155 Lead Inspector
Dr Ann Marie Murray, MCRN363031 (27/02)
Noeleen Byrne
Leon Donovan (27/02)
Martin McMenamin (27/02)
Siobhán Dinan
Mary Connelian (6-7/03)
The Inspector of Mental Health Services:
Dr Susan Finnerty MCRN009711

Inspection Date:

27 February and 6-7th March 2018

Previous Inspection Date:

21 – 24 March 2017

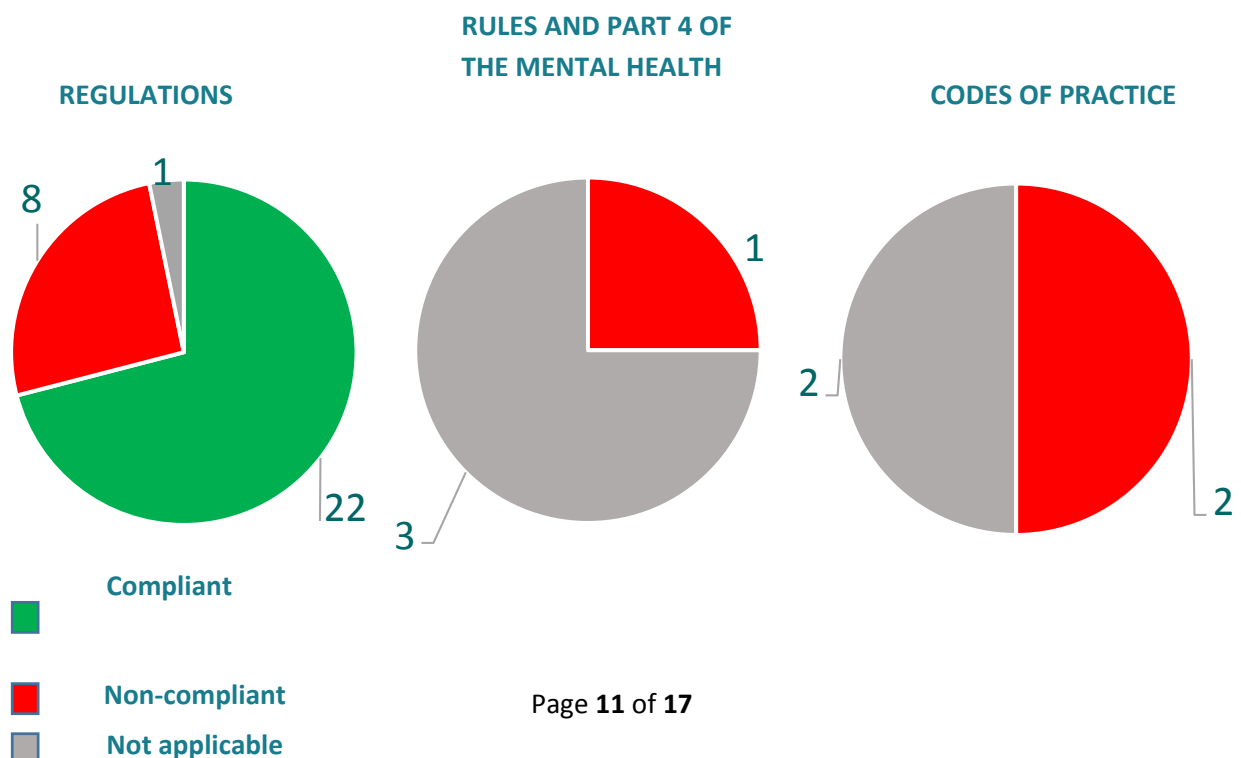
Inspection Type:

Unannounced Annual Inspection

Date of Publication:

6 September 2018

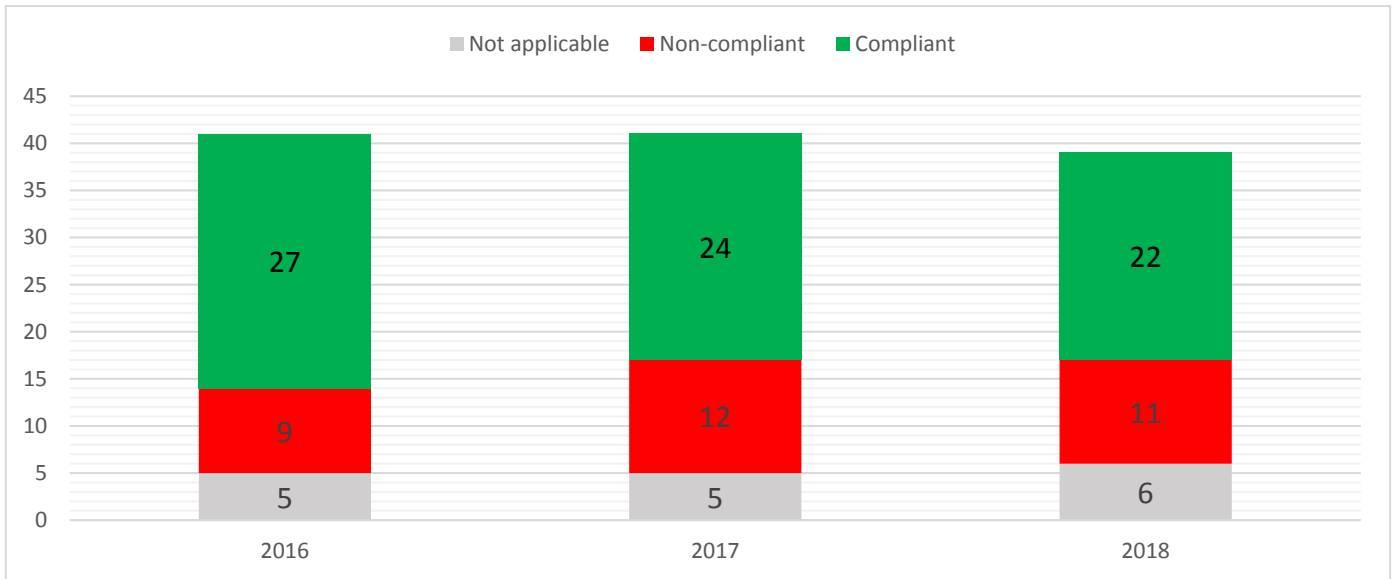
2018 COMPLIANCE RATINGS



RATINGS SUMMARY 2016 – 2018

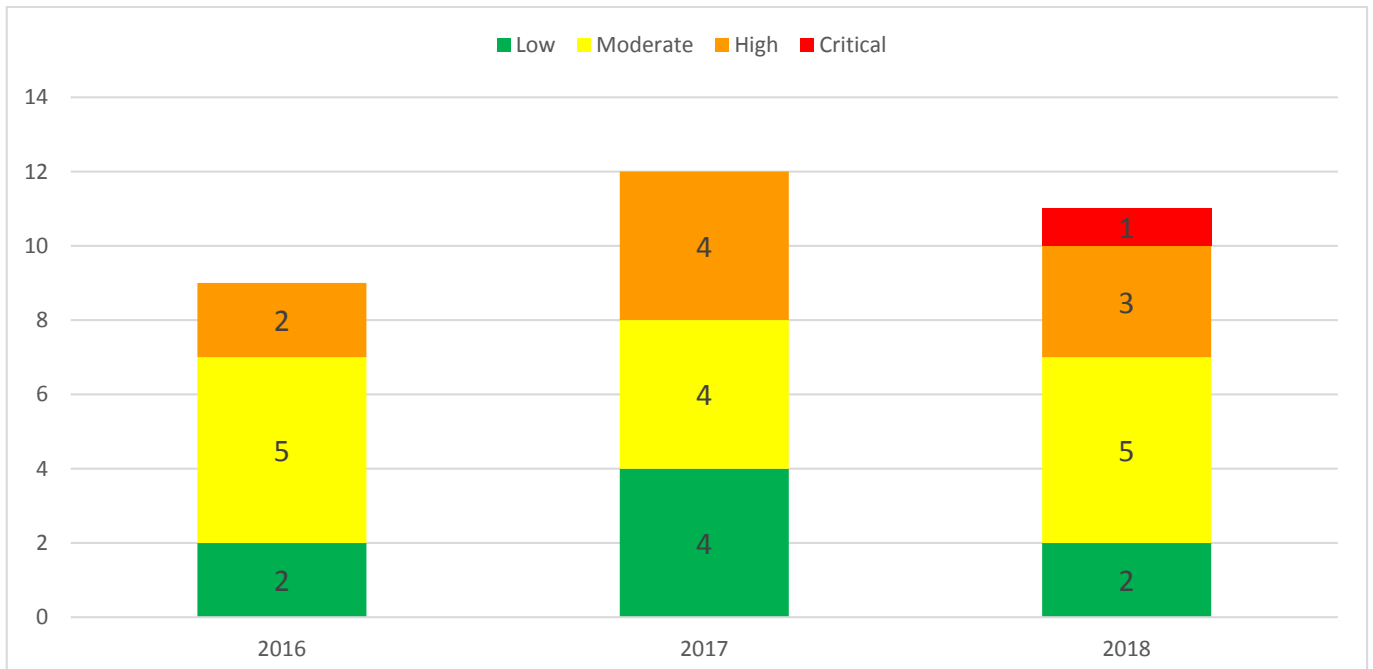
Compliance ratings across all 39 areas of inspection are summarised in the chart below.

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 8 Residents Personal Property and Possessions	✓		✓		X	Moderate
Regulation 14 Care of the Dying	✓		X	Low	X	Low
Regulation 15 Individual Care Plan	✓		✓		X	High
Regulation 22 Premises	✓		X	Moderate	X	Moderate
Regulation 25 Use of Closed Circuit Television	✓		✓		X	Moderate
Regulation 26 Staffing	X	Moderate	X	High	X	High
Regulation 27 Maintenance of Records	X	Moderate	X	Moderate	X	High
Regulation 28 Register of Residents	X	Low	X	Moderate	X	Moderate
Mental Health Act Part 4: Consent to Treatment	X	High	X	High	X	Critical
Code of Practice on the use of Physical Restraint in Approved Centres	X	High	X	Low	X	Low
Code of Practice on Admission, Transfer, and Discharge to and from an Approved Centre	X	Moderate	X	High	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 9: Recreational Activities
Regulation 11: Visits
Regulation 30: Mental Health Tribunals

Cappahard Lodge

ID Number: AC0071

2017 Approved Centre Inspection Report (Mental Health Act 2001)

Cappahard Lodge
Tulla Road
Ennis
Co. Clare

Approved Centre Type:
Psychiatry of Later Life
Mental Health Rehabilitation

Most Recent Registration Date:
1 October 2014

Conditions Attached:
None

Registered Proprietor:
HSE

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

Inspection Team:
Donal O’Gorman, Lead Inspector
Marianne Griffiths
Noeleen Byrne

Inspection Date:
23 – 26 May 2017

Previous Inspection Date:
4 – 7 October 2016

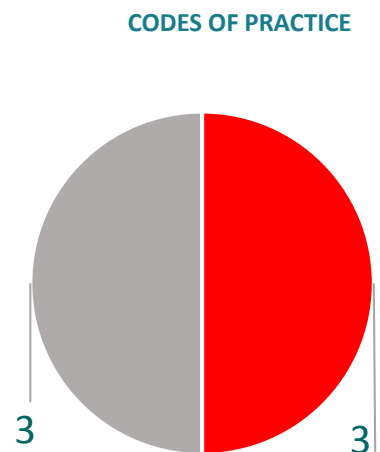
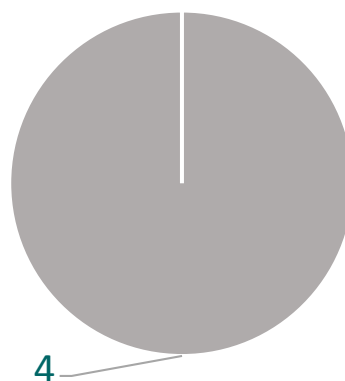
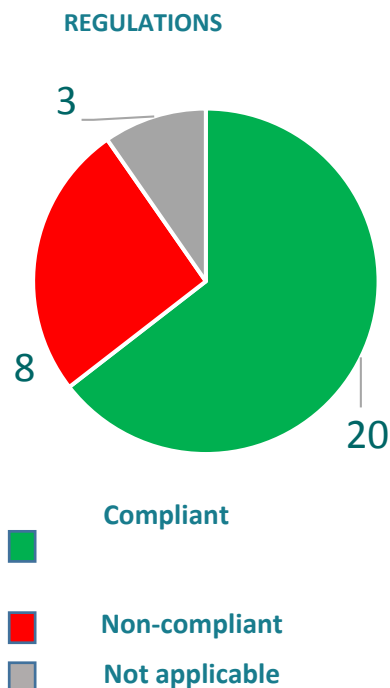
Inspection Type:
Unannounced Annual Inspection

The Inspector of Mental Health Services:
Dr Susan Finnerty MCRN009711

Date of Publication:
6 September 2017

COMPLIANCE RATINGS 2017

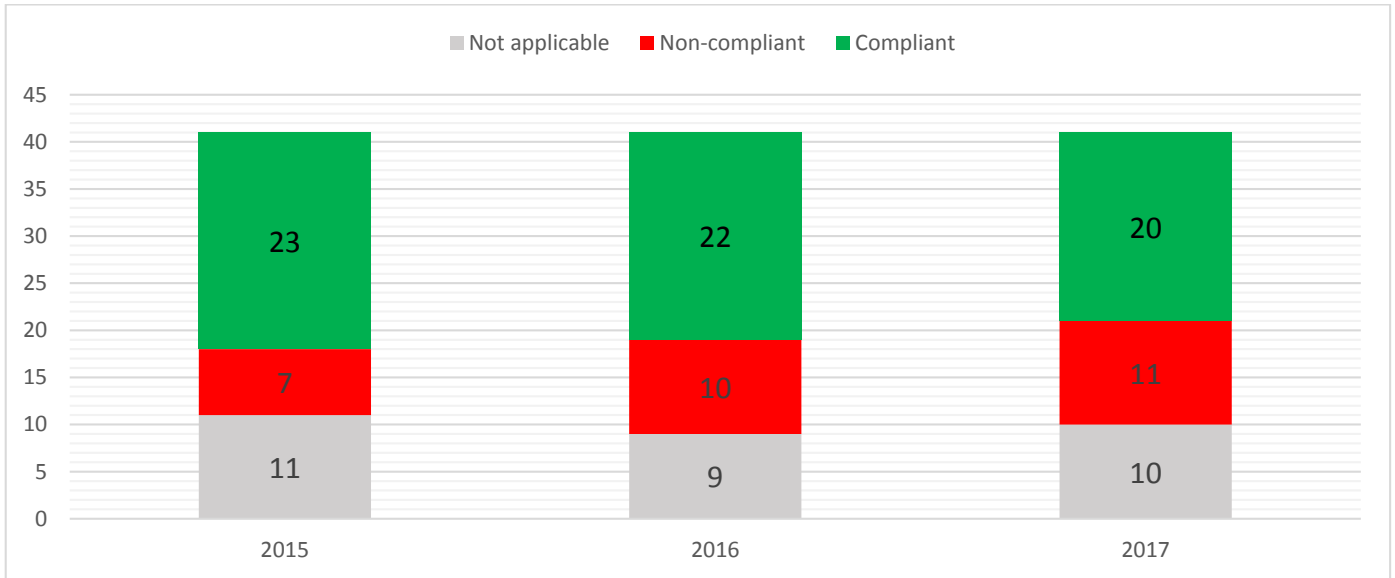
RULES AND PART 4 OF THE MENTAL HEALTH ACT 2001



RATINGS SUMMARY 2015 – 2017

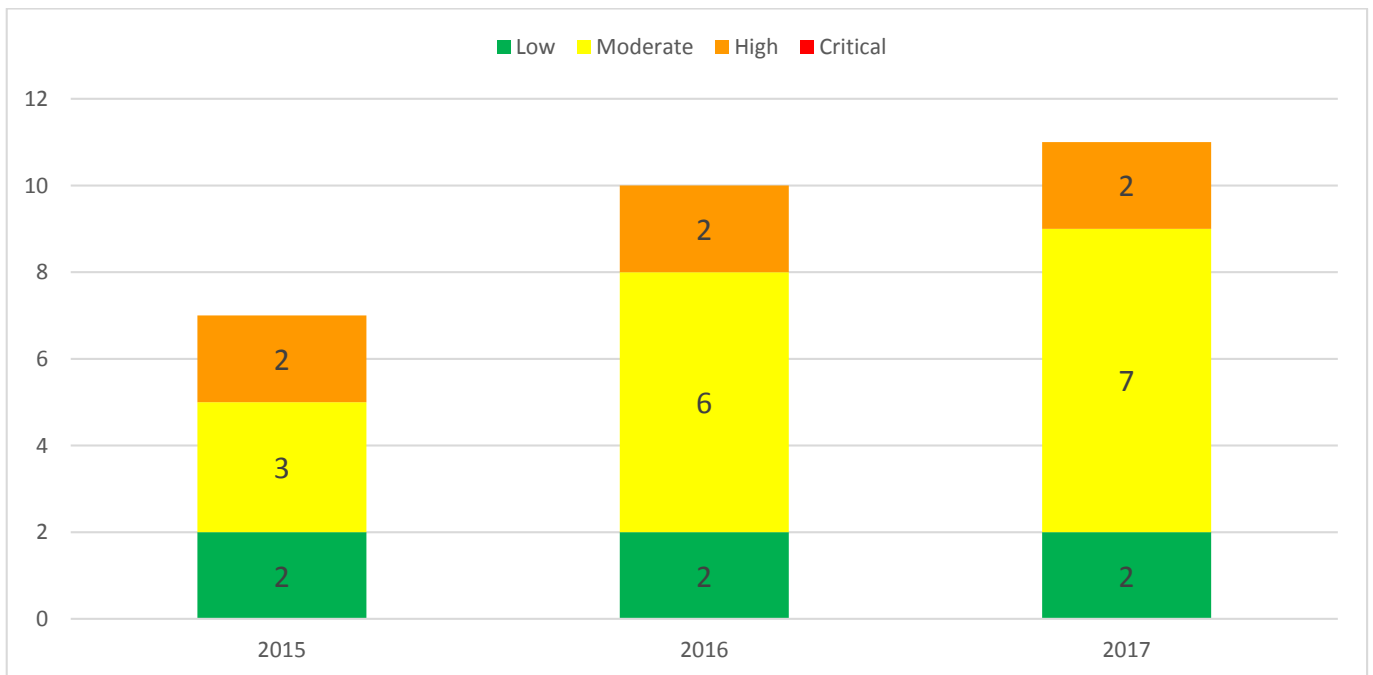
Compliance ratings across all 41 areas of inspection are summarised in the chart below.

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 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
Regulation 22: Premises	X	✓	X
Regulation 26: Staffing	✓	X	X
Regulation 27: Maintenance of Records	✓	X	X
Regulation 28: Register of Residents	✓	✓	X
Regulation 29: Operating Policies and Procedures	✓	✓	X
Regulation 31: Complaints Procedures	X	✓	X
Regulation 32: Risk Management Procedures	X	X	X
Code of Practice on the Notification of Deaths and Incident Reporting	X	X	X
Code of Practice Guidance for Persons Working in Mental Health Services with People with Intellectual Disabilities	X	X	X
Code of Practice on Admission, Transfer and Discharge to and from an Approved Centre	✓	X	X

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

