

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, Midland Regional Hospital, Portlaoise
https://www.mhcirl.ie/File/2018IRs/DOP_Portlaoise_ir2018.pdf
2. St. Anne's Unit, Sacred Heart Hospital, Mayo
https://www.mhcirl.ie/File/2018IRs/StAnnesSacredHeartHospital_ir2018.pdf
3. Eist Linn Child & Adolescent In-patient Unit, Cork
https://www.mhcirl.ie/File/2018IRs/EistLinn_ir2018.pdf

Focussed Inspection

1. Teach Aisling, Mayo
https://www.mhcirl.ie/File/2018IRs/TeachAisling_FocInspec2018.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/

Department of Psychiatry, Midland Regional Hospital, Portlaoise

ID Number: AC0030

2018 Approved Centre Inspection Report (Mental Health Act 2001)

Department of Psychiatry, Midland
Regional Hospital, Portlaoise
Portlaoise
Co Laois

Approved Centre Type:
Acute Adult Mental Health Care
Psychiatry of Later Life
Mental Health Rehabilitation
Mental Health Care for People with
Intellectual Disabilities

Most Recent Registration Date:
1 March 2017

Conditions Attached:
Yes

Registered Proprietor:
HSE

Registered Proprietor Nominee:
Ms Dervila Eyres, General Manager, CHO8

Inspection Team:
Leon Donovan, Lead Inspector
Carol Brennan-Forsyth
Martin McMennamin
Noeleen Byrne
Mary Connellan

Inspection Date:
8 – 11 May 2018

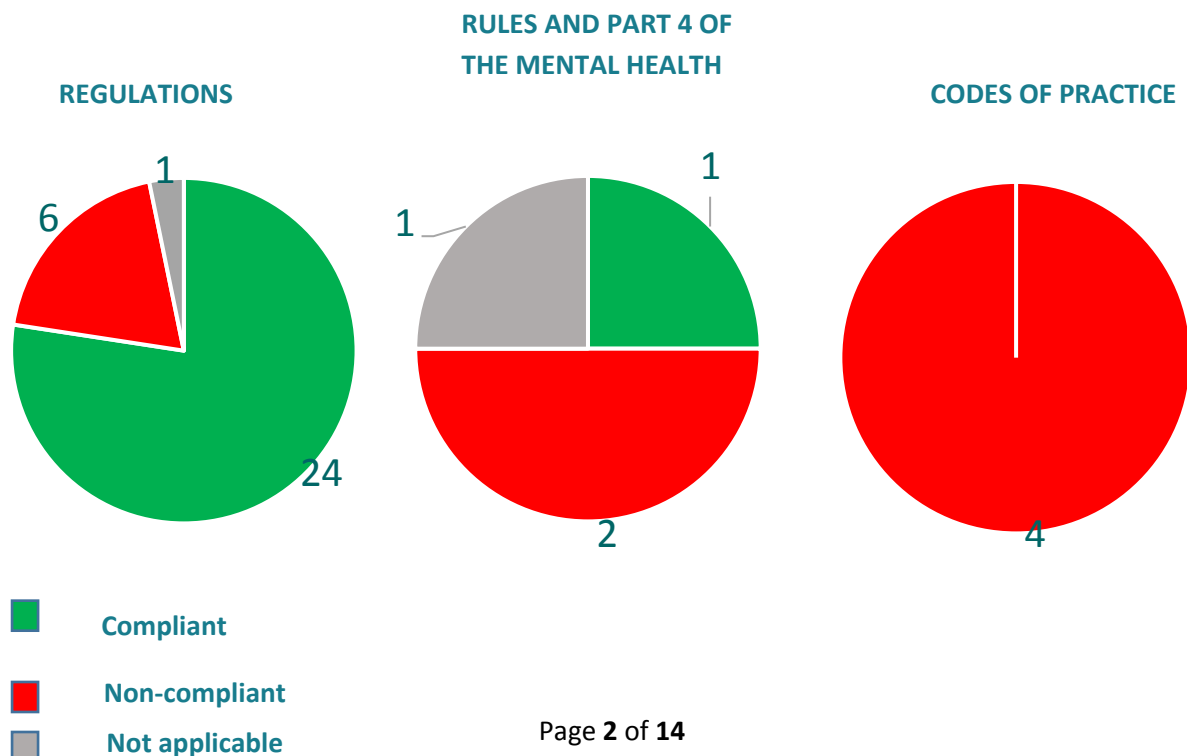
Previous Inspection Date:
30 May – 2 June 2017

Inspection Type:
Unannounced Annual Inspection

The Inspector of Mental Health Services:
Dr Susan Finnerty MCRN009711

Date of Publication:
11 October 2018

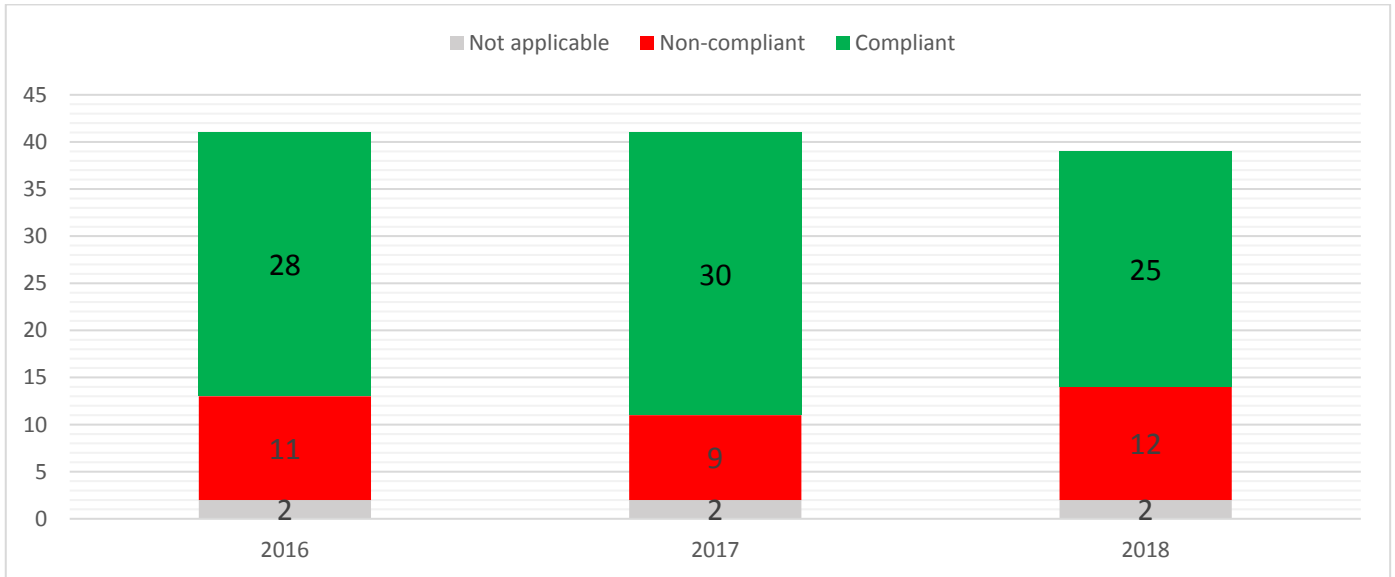
2018 COMPLIANCE RATINGS



RATINGS SUMMARY 2016 – 2018

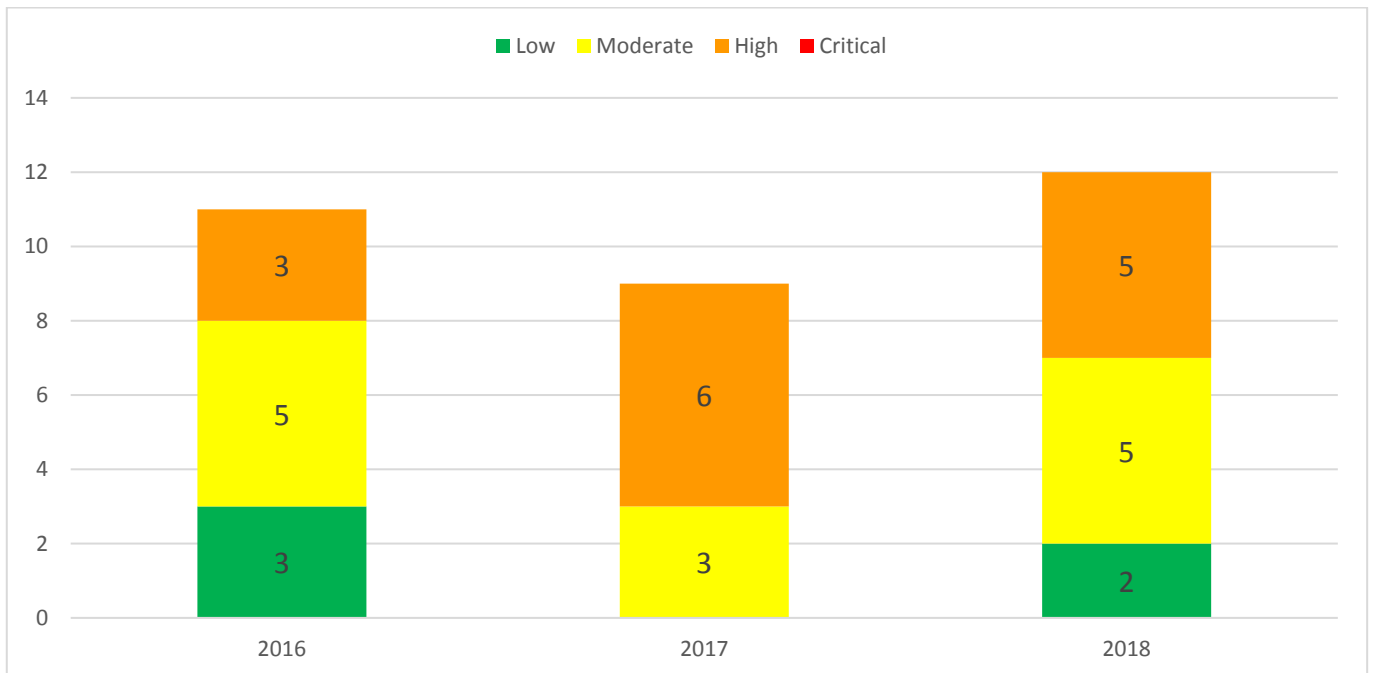
Compliance ratings across all 39 areas of inspection are summarised in the chart below.

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 four 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.

Condition 3: 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.

Condition 4: To ensure adherence to the Rules Governing the Use of Seclusion, the approved centre shall provide the Mental Health Commission with a report on the rate and duration of episodes of seclusion within the approved centre 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 9: Recreational Activities	✓	✓	X Moderate
Regulation 16: Therapeutic Activities	✓	✓	X High
Regulation 21: Privacy	X High	X Moderate	X Moderate
Regulation 22: Premises	X High	X High	X High
Regulation 26: Staffing	X Moderate	X Moderate	X Moderate
Regulation 28: Register of Residents	✓	✓	X Low
Rules Governing the Use of Electro-Convulsive Therapy	✓	✓	X High
Rules Governing the Use of Seclusion	X Moderate	X High	X High
Code of Practice on the Use of Physical Restraint in Approved Centres	X Moderate	X High	X Moderate
Code of Practice on the Admission of Children	X High	X High	X Moderate

Code of Practice on the Use of Electro-Convulsive Therapy for Voluntary Patients	X	Moderate	✓		X	High
Code of Practice on Admission, Transfer, and Discharge to and from an Approved Centre	X	Moderate	X	High	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 10: Religion
Regulation 11: Visits
Regulation 31: Complaints Procedures

St. Anne's Unit, Sacred Heart Hospital

ID Number: AC0072

2018 Approved Centre Inspection Report (Mental Health Act 2001)

St Anne's Unit
Sacred Heart Hospital
Pontoon Road
Castlebar
Co. Mayo

Approved Centre Type:
Psychiatry of Later Life

Most Recent Registration Date:
1 October 2017

Conditions Attached
None

Registered Proprietor:
HSE

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

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

Inspection Date:
20 – 23 February 2018

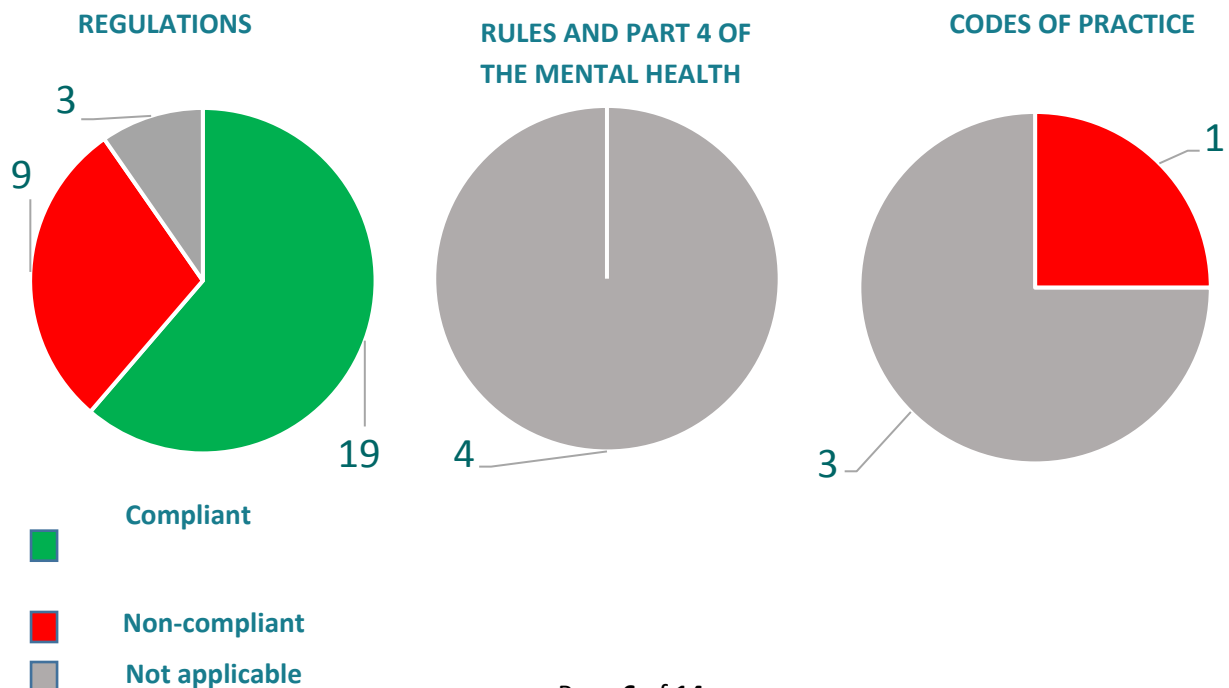
Previous Inspection Date:
30 May – 2 June 2017

Inspection Type:
Unannounced Annual Inspection

The Inspector of Mental Health Services:
Dr Susan Finnerty MCRN009711

Date of Publication:
11 October 2018

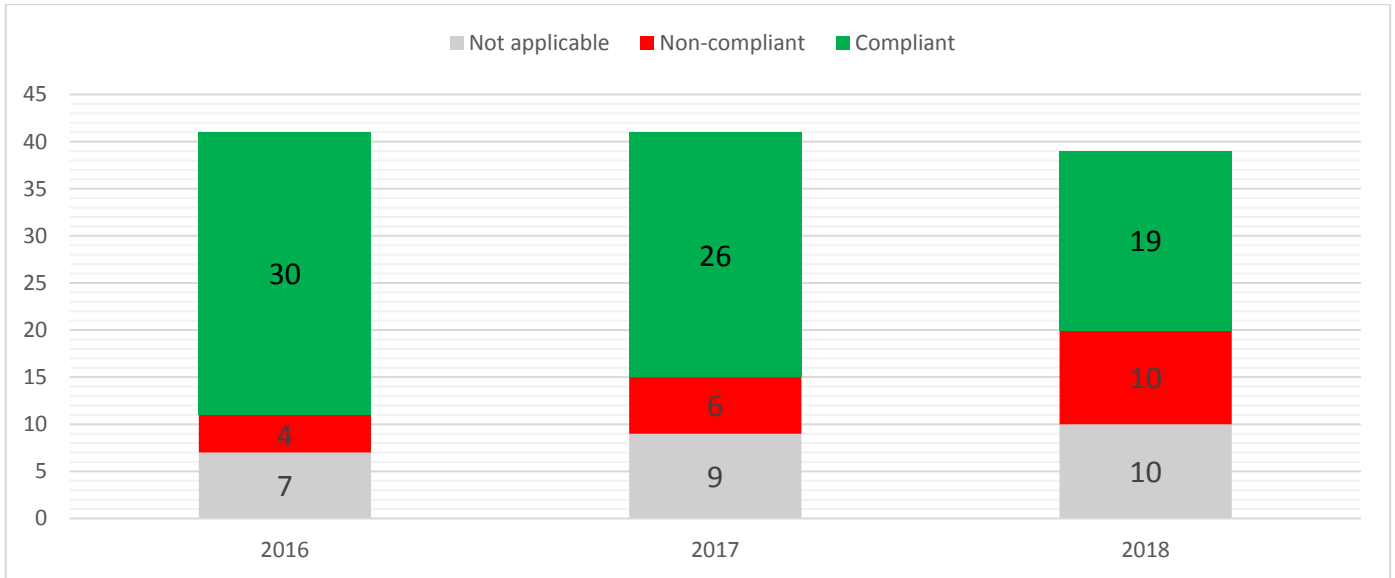
2018 COMPLIANCE RATINGS



RATINGS SUMMARY 2016 – 2018

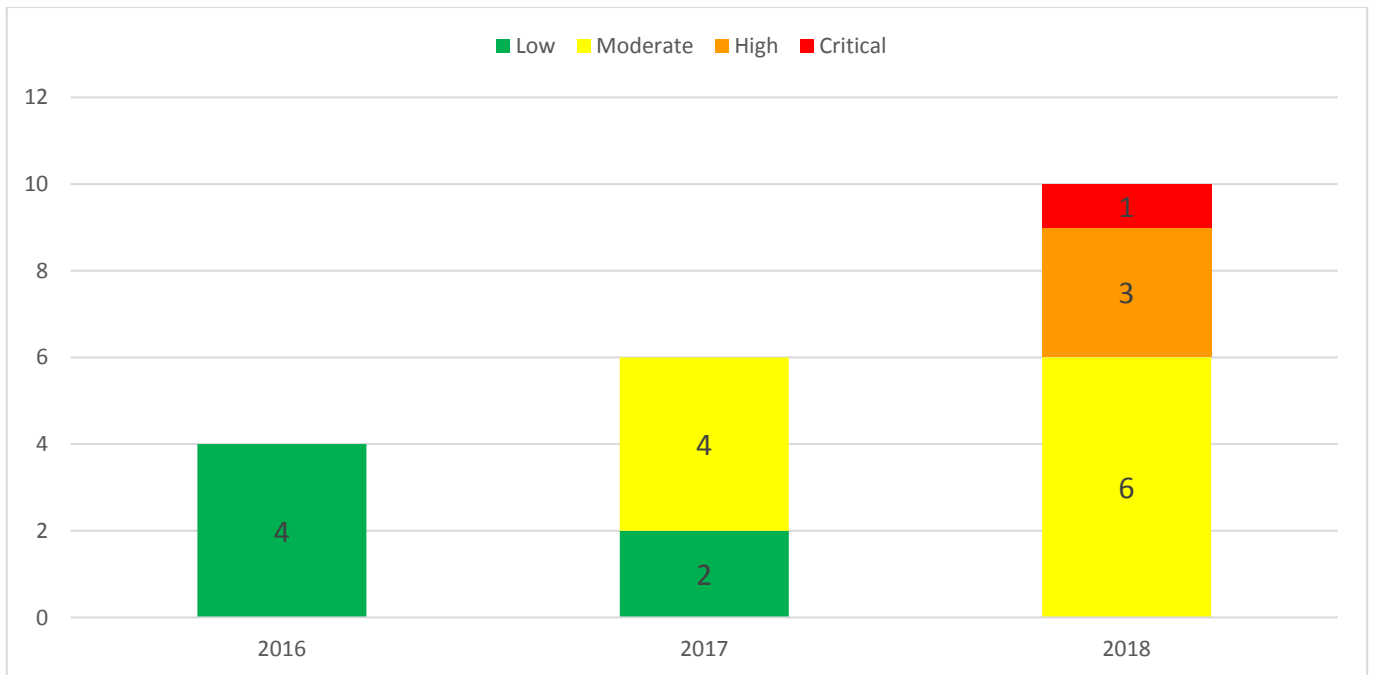
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Chart 1 – Comparison of overall compliance ratings 2016 – 2018



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 15: Individual Care Plan	✓	X	Moderate	X High
Regulation 20: Provision of Information to Residents	✓	✓	X	Moderate
Regulation 21: Privacy	✓	✓	X	Moderate
Regulation 22: Premises	✓	X	Moderate	X Moderate
Regulation 23: Ordering, Prescribing and Administration of Medicines	✓	✓	X	Critical
Regulation 26: Staffing	X	Low	X	Low High
Regulation 27: Maintenance of Records	✓	✓	X	Moderate
Regulation 32: Risk Management Procedures	✓	X	Moderate	X High
Code of Practice on Admission, Transfer and Discharge to and from an Approved Centre	X	Low	X	Moderate 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.

Eist Linn Child & Adolescent In-patient Unit

ID Number: AC0082

2018 Approved Centre Inspection Report (Mental Health Act 2001)

Eist Linn Child & Adolescent In-patient Unit
Bessborough
Blackrock
Cork

Approved Centre Type:
Child & Adolescent Mental Health Care

Most Recent Registration Date:
22 December 2016

Conditions Attached:
None

Registered Proprietor:
HSE

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

Inspection Team:
Mary Connellan, Lead Inspector
Dr Enda Dooley, MCRN004155
Martin McMenamín

Inspection Date:
24 – 27 April 2018

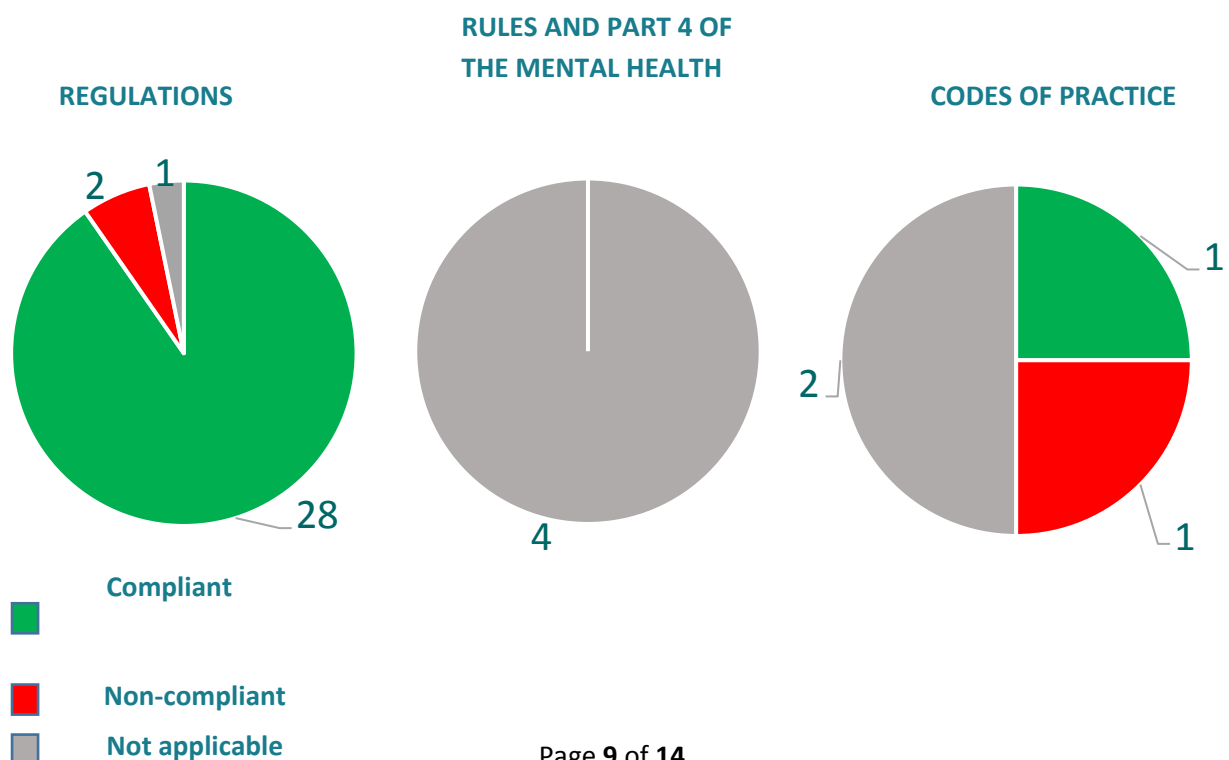
Previous Inspection Date:
2 – 5 May 2017

Inspection Type:
Unannounced Annual Inspection

The Inspector of Mental Health Services:
Dr Susan Finnerty MCRN009711

Date of Publication:
11th October 2018

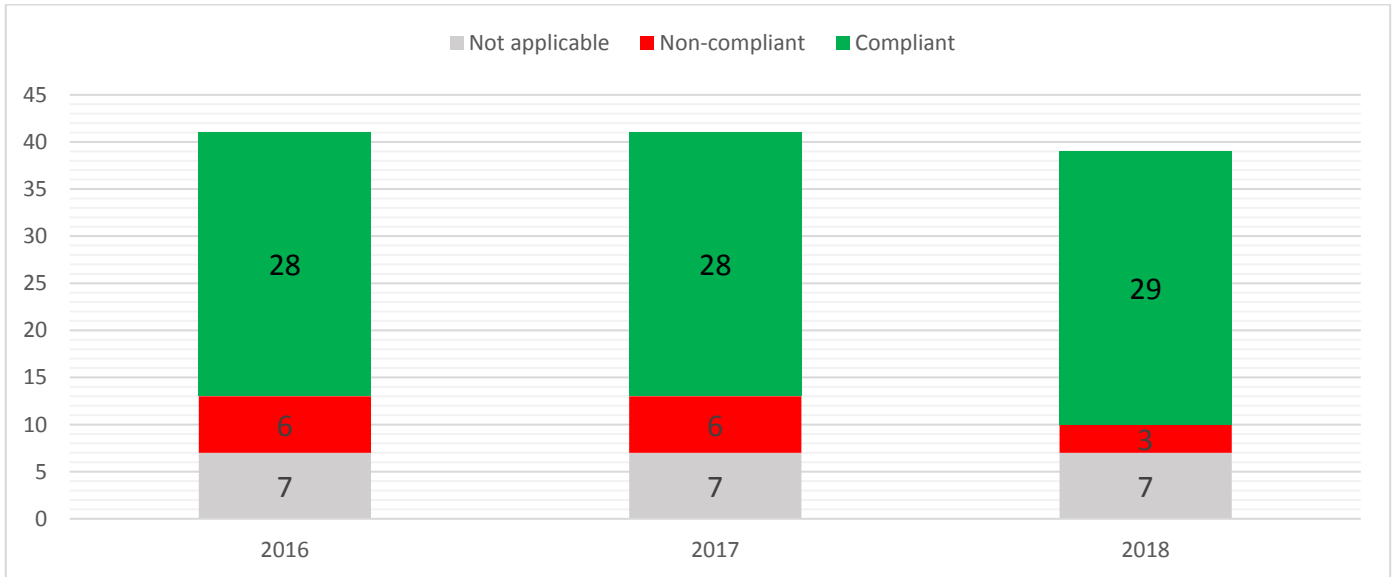
2018 COMPLIANCE RATINGS



RATINGS SUMMARY 2016 – 2018

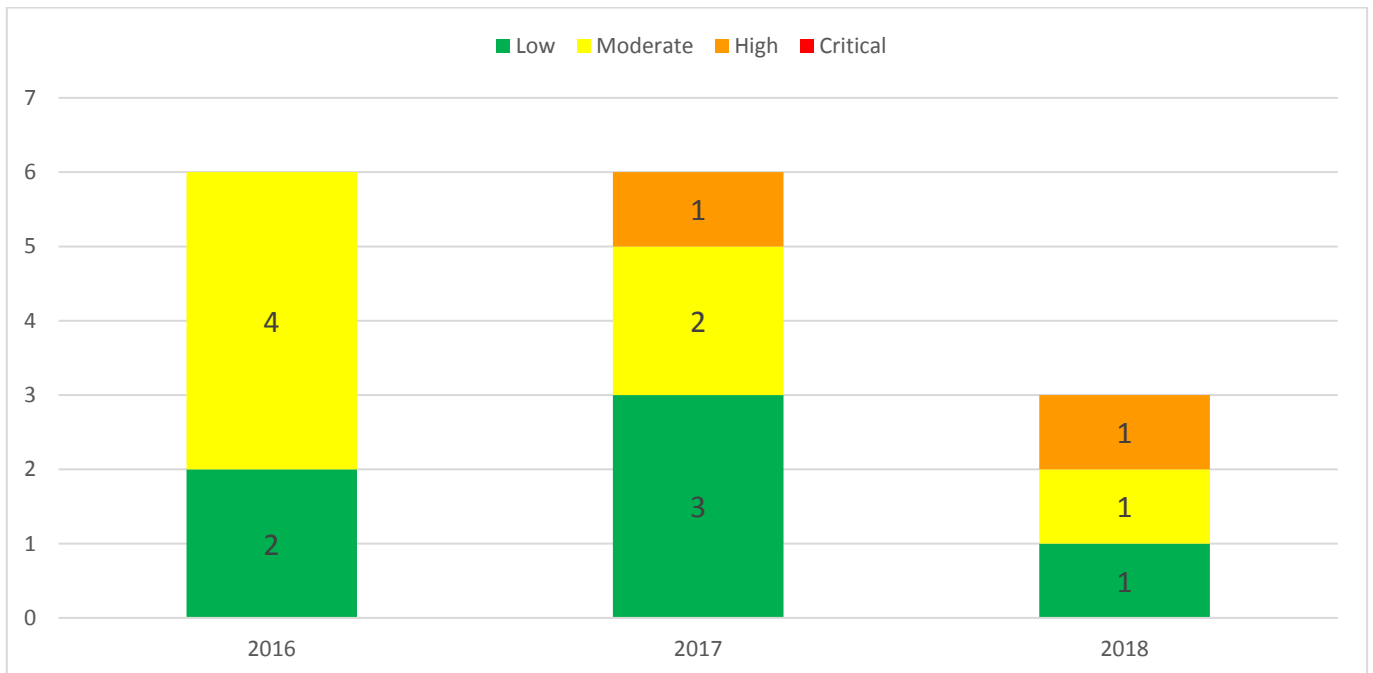
Compliance ratings across all 39 areas of inspection are summarised in the chart below.

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 25: Use of Closed Circuit Television	✓		✓		X	High
Regulation 26: Staffing	X	Low	X	Low	X	Moderate
Code of Practice on the Use of Physical Restraint in Approved Centres	X	Moderate	X	Low	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 8: Residents’ Personal Property and Possessions
Regulation 13: Searches
Regulation 23: Ordering, Prescribing and Administration of Medicines
Regulation 27: Maintenance of Records
Regulation 32: Risk Management Procedures

Teach Aisling

ID Number: AC0069

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

Teach Aisling
Castlebar
Co Mayo

Approved Centre Type:
Continuing mental health care/long
stay
Rehabilitation and Recovery

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:
Dr Susan Finnerty

Inspection Date:
9 August 2018

Previous Inspection Date:
20-23 March 2018 (Annual)

Inspection Type:
Focused Inspection

The Inspector of Mental Health Services:
Dr Susan Finnerty MCRN009711

Date of Publication:
11 October 2018

Reason for focused inspection

This focused inspection on 9 August 2018, was carried out as there had been serious concerns following the annual inspection on 20-23 March 2018. These serious concerns concerned the therapeutic services and programmes for residents, the availability of recreational activity, the layout and use of the premises, availability of drinking water, restrictive practices and the staffing of the approved centre. Non-compliance with associated regulations was risk-rated as critical.

While on inspection in March 2018, the Inspector requested the immediate rectification of the following:

- The service must ensure that the resident who was confined to a locked area was enabled to leave that area.
- Access to the garden and access to drinking water must be provided.
- The service must immediately terminate a punitive behavioural programme for a resident and ensure the resident was reviewed by a psychologist.
- Residents must have access to a range of recreational activities

This report is published on the Mental Health Commission website:

http://www.mhcirl.ie/Inspectorate_of_Mental_Health_Services/AC_IRs/

Following the annual regulatory inspection of Teach Aisling on 20-23 March 2018, the Director of Standards and Quality Assurance was alerted by the Inspector to serious concerns about critical risk ratings of non-compliances with:

- Regulation 5: Food and Nutrition
- Regulation 9: Recreational Activities
- Regulation 16: Therapeutic Services and Programmes
- Regulation 22: Premises
- Regulation 26: Staffing
- Regulation 32: Risk Management Procedures

These recent serious concerns were the latest in a series of reports dating back to 2015. Despite ongoing enforcement actions, including immediate action notices and a Regulatory Compliance Meeting in November 2017, the annual inspection of 2018 found no improvement. On the 28 March 2018, the Mental Health Commission notified the registered proprietor that it was considering issuing a proposal to close the approved centre pursuant to Section 64(5) and Section 64(11) of the Mental Health Act 2001. The Mental Health Commission continued to monitor the service closely by way of further requests for information and through the Corrective and Preventative Action Plan (CAPA) process.

Focus of inspection

The focus of this inspection was on:

- Regulation 5: Food and Nutrition
 - Residents' access to drinking water
- Regulation 9: Recreational Activities
 - Residents' access to recreational activities
- Regulation 16: Therapeutic Services and Programmes
 - Residents' access to therapeutic services and programmes
- Regulation 22: Premises
 - Layout and safety of the premises

- Regulation 26: Staffing
 - Availability of appropriate skill mix to provide appropriate care and treatment
- Regulation 32 Risk Management Procedures

Summary of findings

Regulation/Rule/Act/Code	Compliance/Risk Rating 2018
Regulation 5: Food & Nutrition	Compliant
Regulation 9: Recreational Activities	Compliant
Regulation 16: Therapeutic Services and Programmes	Compliant
Regulation 22: Premises	Non-compliant critical
Regulation 26: Staffing	Compliant
Regulation 32 Risk Management Procedures	Compliant

Conditions to registration

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