

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. Patrick's University Hospital, Dublin 8
https://www.mhcirl.ie/File/2018IRs/StPats_ir2018.pdf
2. Gabriel's Ward, St Canice's Hospital, Kilkenny
https://www.mhcirl.ie/File/2018IRs/StCanices_ir2018.pdf
3. St. John of God Hospital, Co Dublin
https://www.mhcirl.ie/File/2018IRs/StJOG_ir2018.pdf
4. Selskar House, Farnogue Residential Healthcare Unit
https://www.mhcirl.ie/File/2018IRs/SelskarHouse_ir2018.pdf
5. Highfield Hospital, Dublin 9
https://www.mhcirl.ie/File/2018IRs/Highfield_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. Patrick's University Hospital

ID Number: AC0005

2018 Approved Centre Inspection Report Mental Health Act 2001)

St. Patrick's University Hospital
James's St
Dublin 8.

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

Most Recent Registration Date:
1 March 2017

Conditions Attached:
None

Registered Proprietor:
Mr Paul Gilligan, CEO

Registered Proprietor Nominee:
N/A

Inspection Team:
Siobhán Dinan, Lead Inspector
Dr Enda Dooley MCRN004155
Martin McMenamin
Carol Brennan-Forsyth
Leon Donovan

Inspection Date:
1 – 4 May 2018

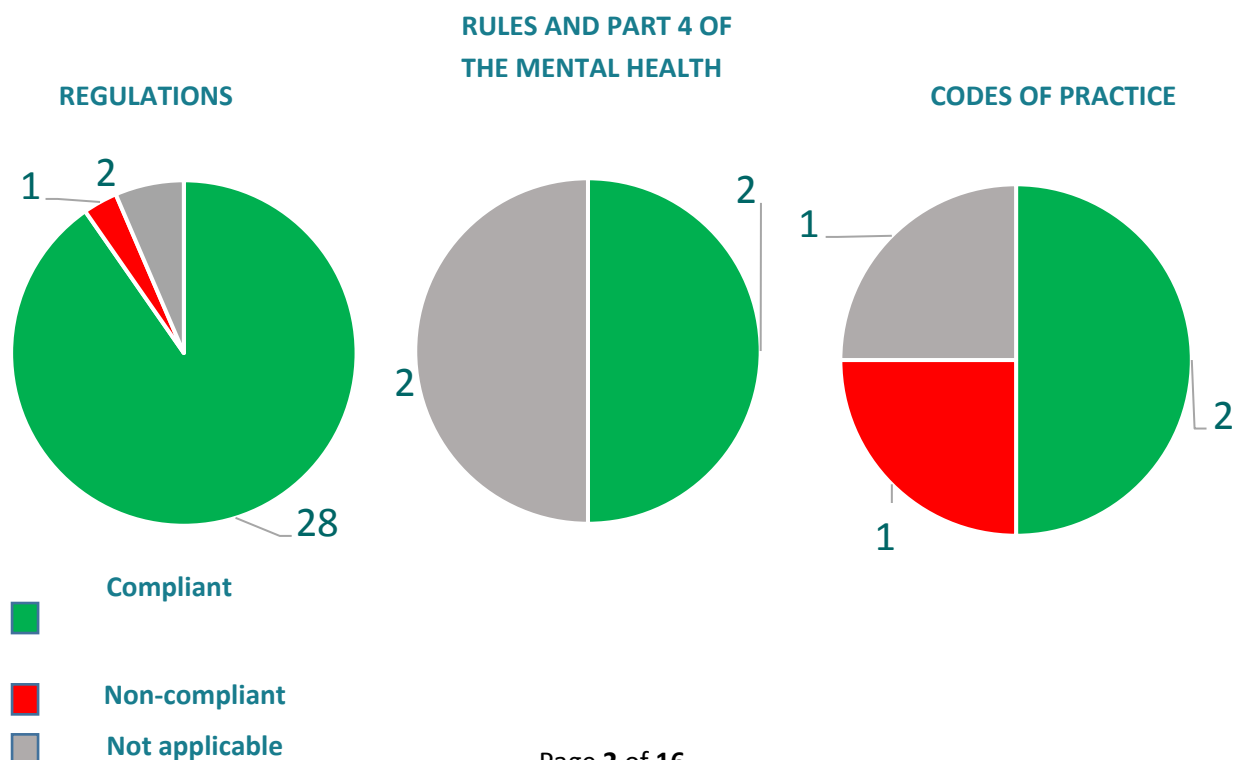
Previous Inspection Date:
9 – 12 May 2017

Inspection Type:
Unannounced Annual Inspection

The Inspector of Mental Health Services:
Dr Susan Finnerty MCRN009711

Date of Publication:
15 November 2018

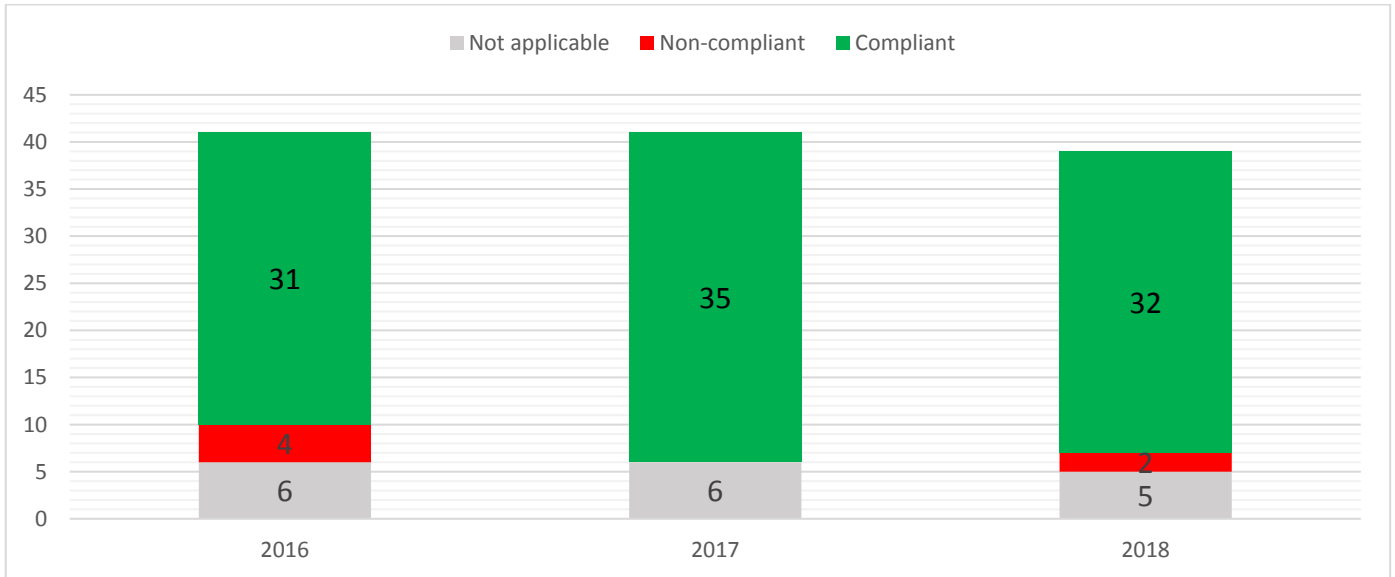
2018 COMPLIANCE RATINGS



RATINGS SUMMARY 2016 – 2018

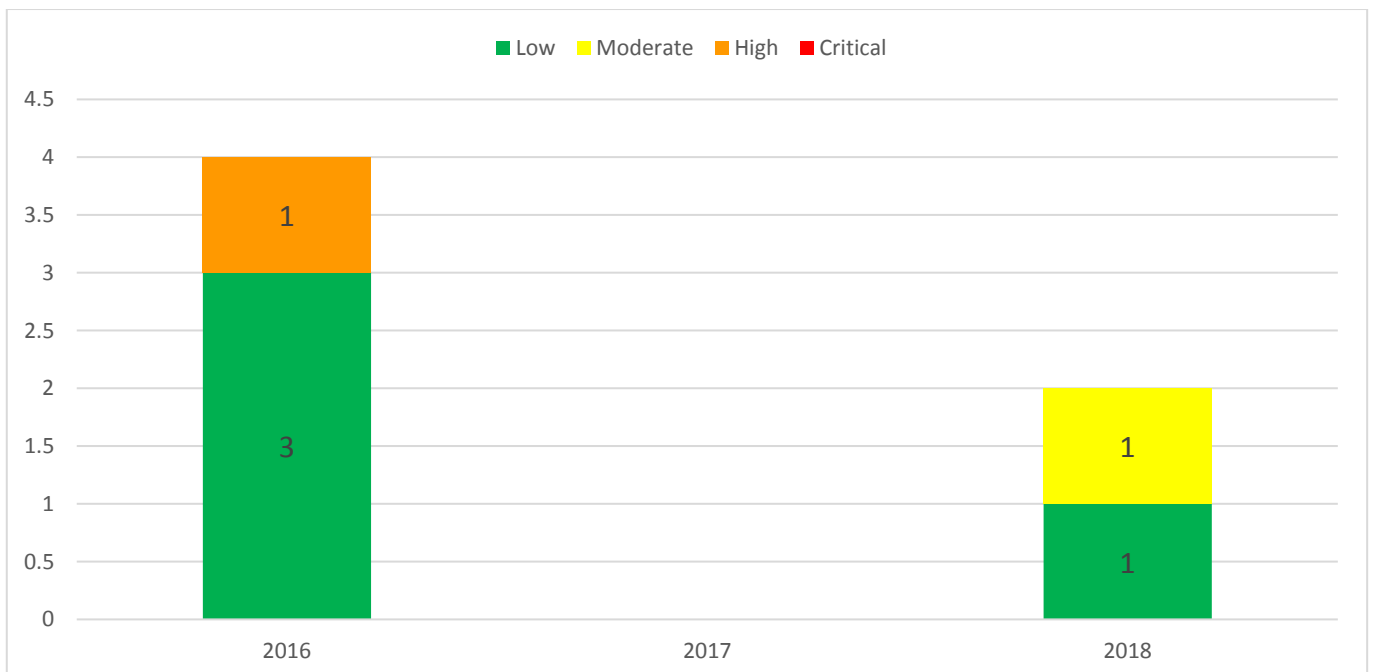
Compliance ratings across all 39 areas of inspection are summarised in the chart below.

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



Please note: There were no areas of non-compliance in the 2017 inspection.

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 22: Premises	✓		✓		X	Low
Code of Practice on the Use of Physical Restraint in Approved Centres	✓		✓		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 5: Food and Nutrition
Regulation 6: Food Safety
Regulation 8: Residents’ Personal Property and Possessions
Regulation 9: Recreational Activities
Regulation 10: Religion
Regulation 11: Visits
Regulation 12: Communication
Regulation 13: Searches
Regulation 16: Therapeutic Services and Programmes
Regulation 18: Transfer of Residents
Regulation 20: Provision of Information to Residents
Regulation 23: Ordering, Prescribing, Storing, and Administration of Medicines
Regulation 26: Staffing
Regulation 27: Maintenance of Records
Regulation 29: Operating Policies and Procedures
Regulation 30: Mental Health Tribunals
Regulation 31: Complaints Procedures
Regulation 32: Risk Management Procedures

St Gabriel's Ward, St Canice's Hospital

ID Number: AC0017

2018 Approved Centre Inspection Report (Mental Health Act 2001)

St Gabriel's Ward, St Canice's Hospital
Dublin Road
Kilkenny

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

Most Recent Registration Date:
1 March 2017

Conditions Attached:
None

Registered Proprietor:
HSE

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

Inspection Team:
Noeleen Byrne, Lead Inspector
Siobhán Dinan
Dr Susan Finnerty MCRN009711

Inspection Date:
23 – 26 April 2018

Previous Inspection Date:
16 – 19 May 2018

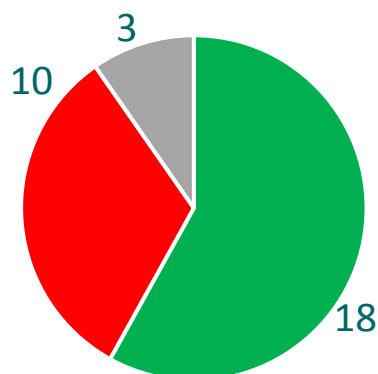
Inspection Type:
Unannounced Annual Inspection

The Inspector of Mental Health Services:
Dr Susan Finnerty MCRN009711

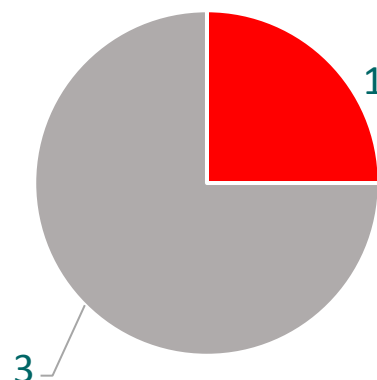
Date of Publication:
15 November 2018

2018 COMPLIANCE RATINGS

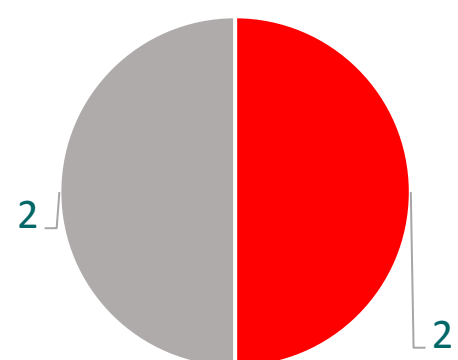
REGULATIONS



RULES AND PART 4 OF THE MENTAL HEALTH



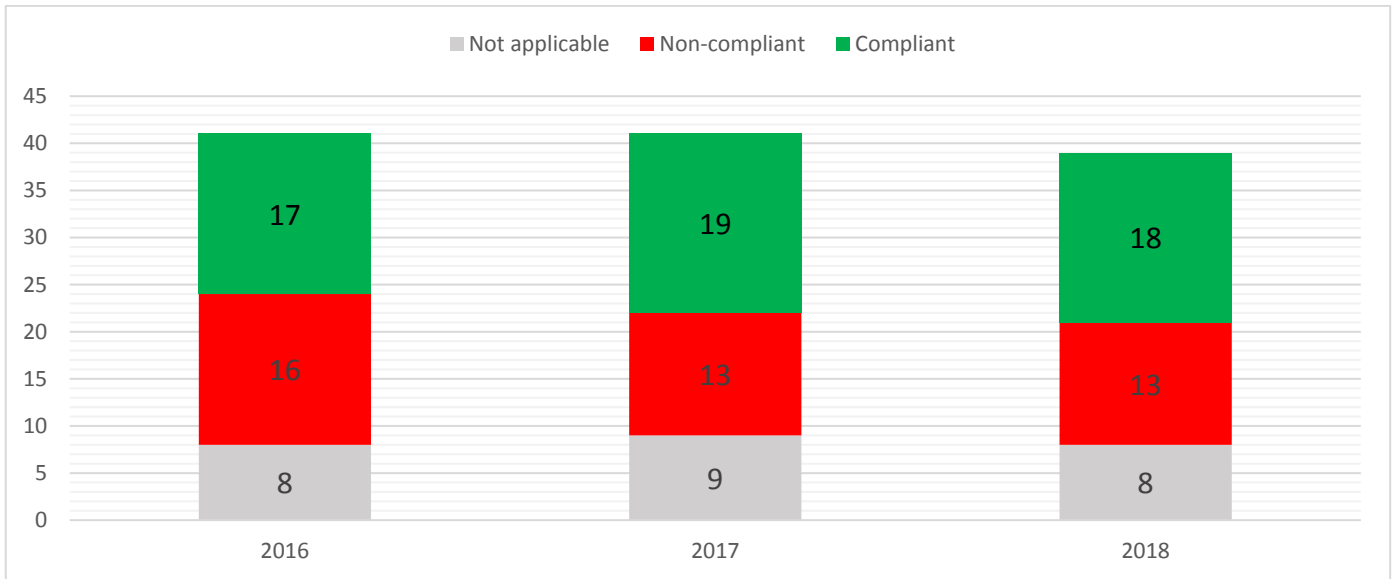
CODES OF PRACTICE



RATINGS SUMMARY 2016 – 2018

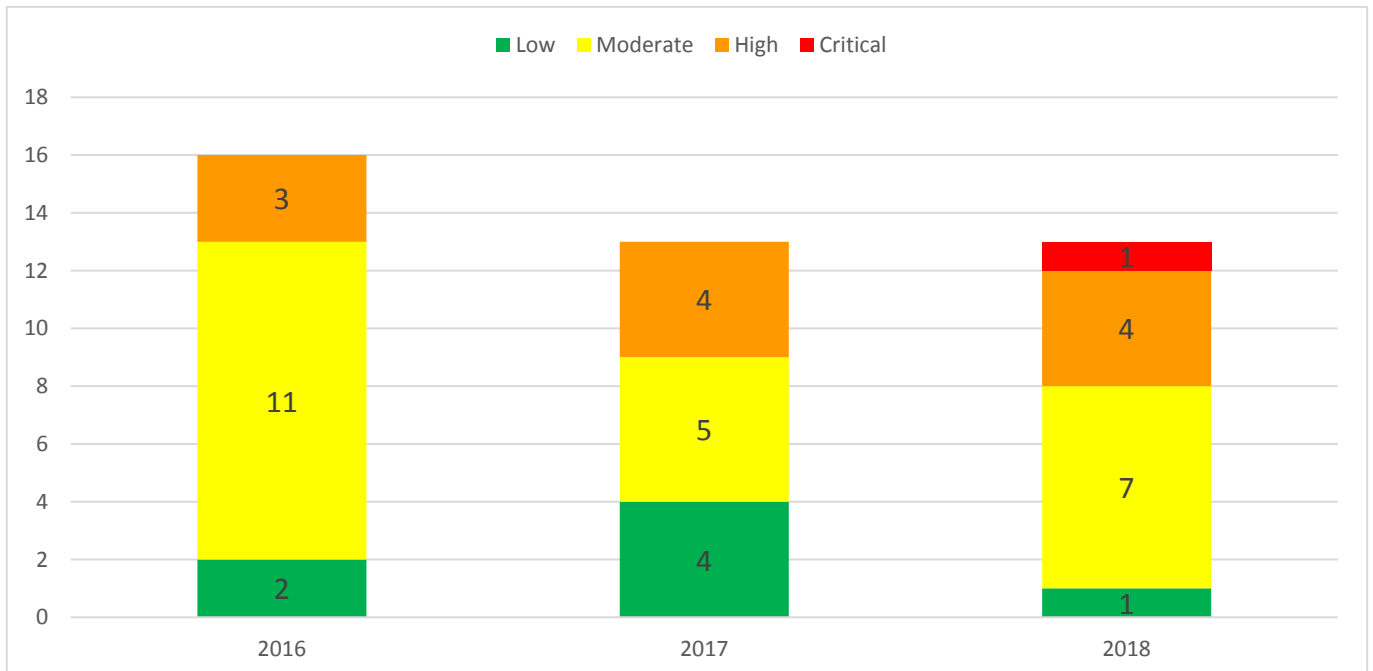
Compliance ratings across all 39 areas of inspection are summarised in the chart below.

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 12: Communication	✓		✓		X	Moderate
Regulation 15: Individual Care Plan	✓		X	Low	X	High
Regulation 16: Therapeutic Service and Programmes	✓		✓		X	High
Regulation 19: General Health	X	High	✓		X	Moderate
Regulation 21: Privacy	X	Moderate	X	Moderate	X	Moderate
Regulation 23: Ordering, Prescribing, Storing and Administration of Medicines	X	Moderate	X	Moderate	X	High
Regulation 26: Staffing	X	Moderate	X	High	X	High
Regulation 27: Maintenance of Records	X	Moderate	X	Low	X	Moderate
Regulation 28: Register of Residents	X	Moderate	X	Moderate	X	Low
Regulation 32: Risk Management Procedures	✓		✓		X	Moderate
Section 69: The Use of Mechanical Restraint	X	Low	X	Moderate	X	Critical
Code of Practice on The Use of Physical Restraint	X	High	X	Low	X	Moderate
Code of Practice on the Admission, Transfer, and Discharge to and from an Approved Centre	X	High	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 4: Identification of Residents
Regulation 8: Residents’ Personal Property and Possessions

St John of God Hospital

ID Number: AC0046

2018 Approved Centre Inspection Report (Mental Health Act 2001)

St John of God Hospital
Stillorgan
Co Dublin

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

Most Recent Registration Date:
17 May 2016

Conditions Attached:
None

Registered Proprietor:
St John of God Hospital Ltd.

Registered Proprietor Nominee:
Ms Emma Balmaine, Chief Executive

Inspection Team:
Martin McMenamin, Lead Inspector
Carol Brennan-Forsyth
Dr Enda Dooley, MCRN004155
Noeleen Byrne
Siobhán Dinan
Dr Susan Finnerty

Inspection Date:
15 – 18 May 2018

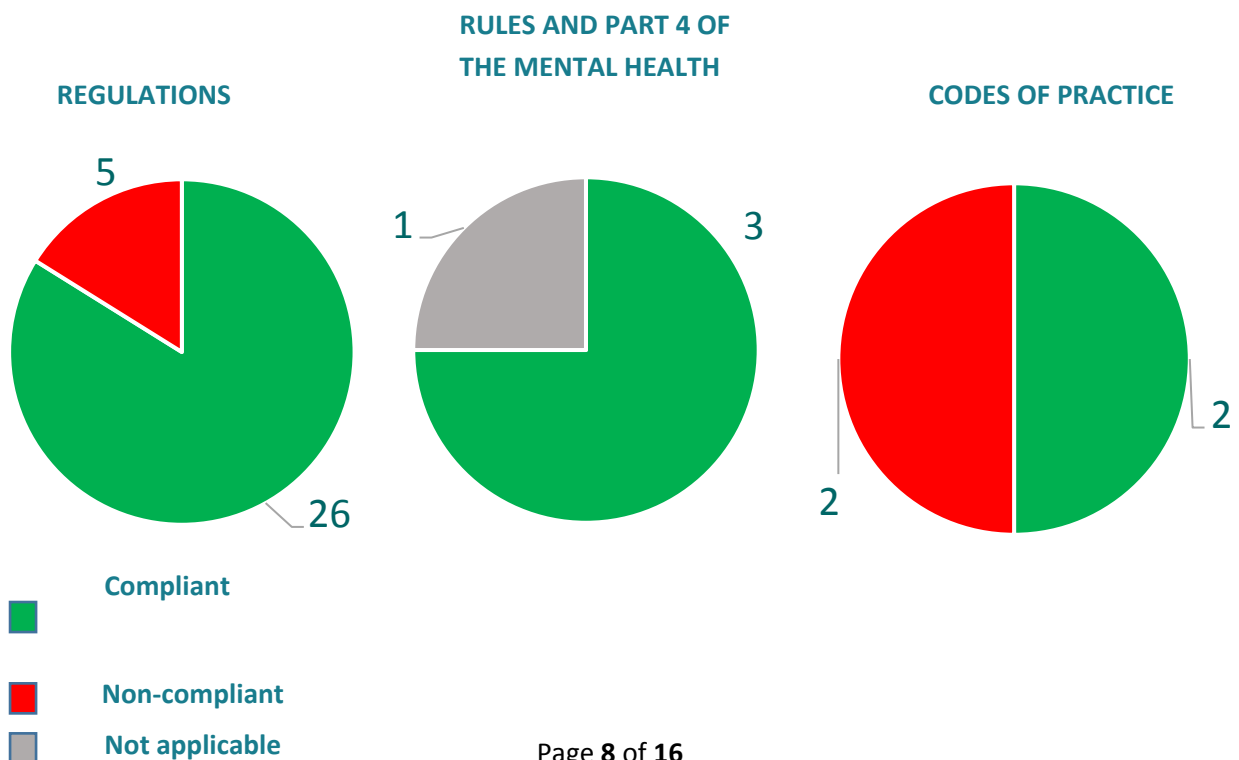
Inspection Type:
Unannounced Annual Inspection

Previous Inspection Date:
28 February – 3 March 2017

The Inspector of Mental Health Services:
Dr Susan Finnerty MCRN009711

Date of Publication:
15 November 2018

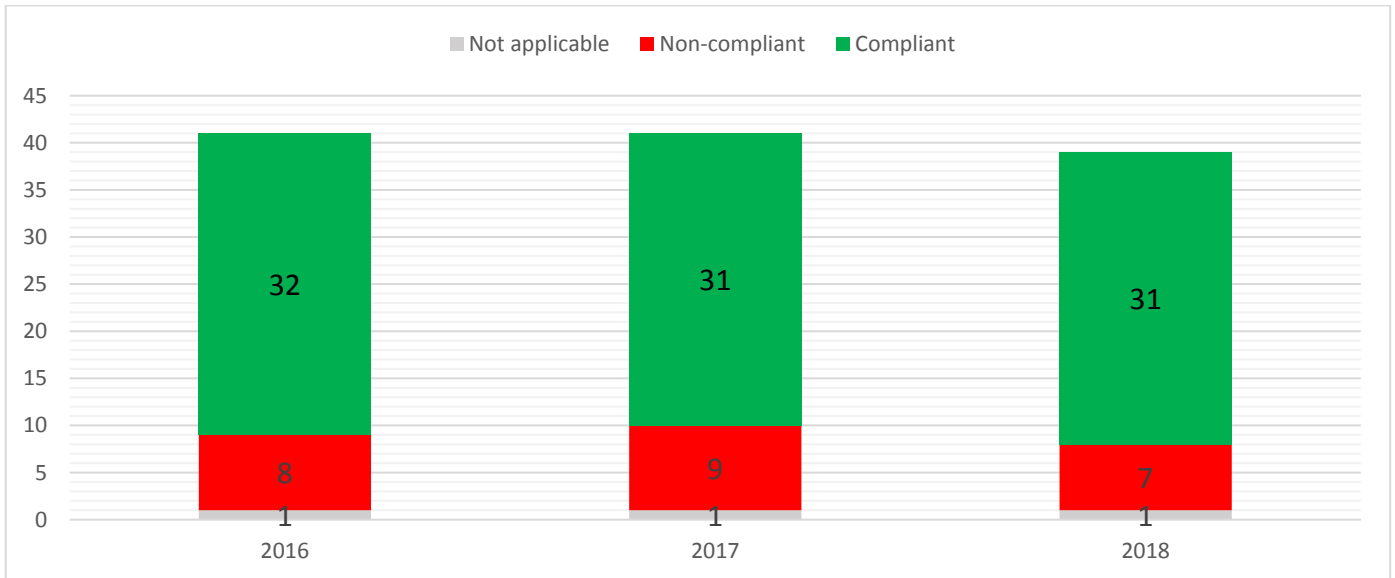
2018 COMPLIANCE RATINGS



RATINGS SUMMARY 2016 – 2018

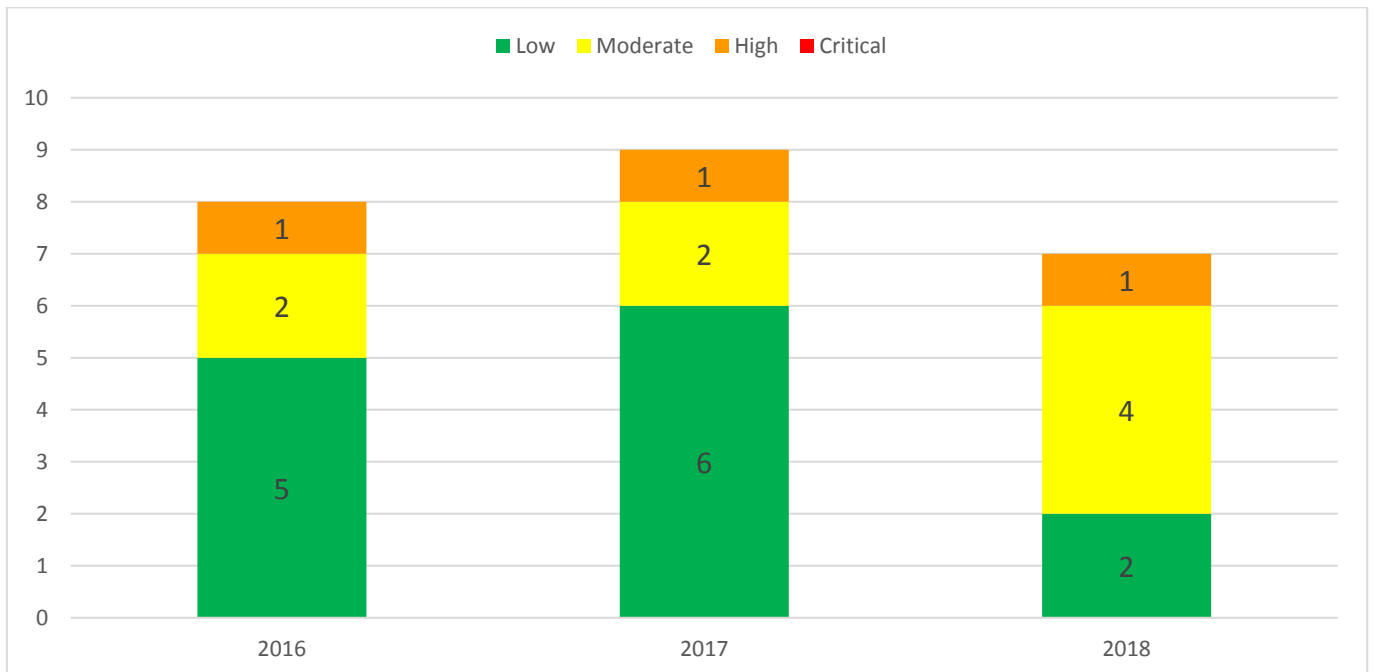
Compliance ratings across all 39 areas of inspection are summarised in the chart below.

Chart 1 – Comparison of overall compliance ratings 2016 – 2018



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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
Regulation 7: Clothing	✓		✓		X	Low
Regulation 15: Individual Care Plan	X	Low	✓		X	Moderate
Regulation 21: Privacy	✓		✓		X	Moderate
Regulation 26: Staffing	X	Moderate	X	Low	X	Moderate
Code of Practice on the Use of Physical Restraint in Approved Centres	X	Low	X	Low	X	High
Code of Practice on Admission, Transfer and Discharge to and from the approved Centre	X	Low	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 6: Food Safety
Regulation 9: Recreational Activities
Regulation 10: Religion
Regulation 12: Communication
Regulation 13: Searches
Regulation 14: Care of the Dying
Regulation 16: Therapeutic Services and Programmes
Regulation 17: Children’s Education
Regulation 29: Operating Policies and Procedures
Regulation 30: Mental Health Tribunals

Highfield Hospital

ID Number: AC0088

2018 Approved Centre Inspection Report (Mental Health Act 2001)

Highfield Hospital
Swords Road
Whitehall
Dublin 9

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

Most Recent Registration Date:
30 March 2018

Conditions Attached:
None

Registered Proprietor:
Mr Stephen Eustace

Registered Proprietor Nominee:
N/A

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

Inspection Date:
17 – 20 April 2018

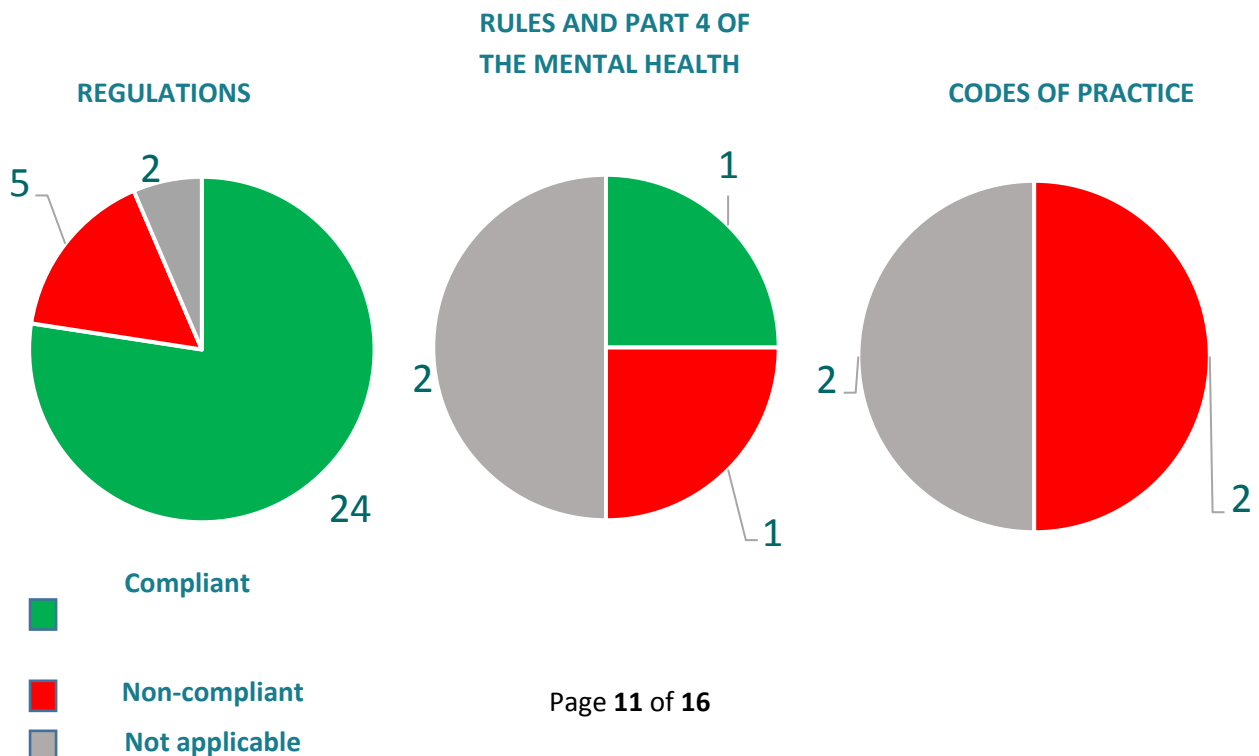
Previous Inspection Date:
18 – 21 July 2017

Inspection Type:
Unannounced Annual Inspection

The Inspector of Mental Health Services:
Dr Susan Finnerty MCRN009711

Date of Publication:
15 November 2018

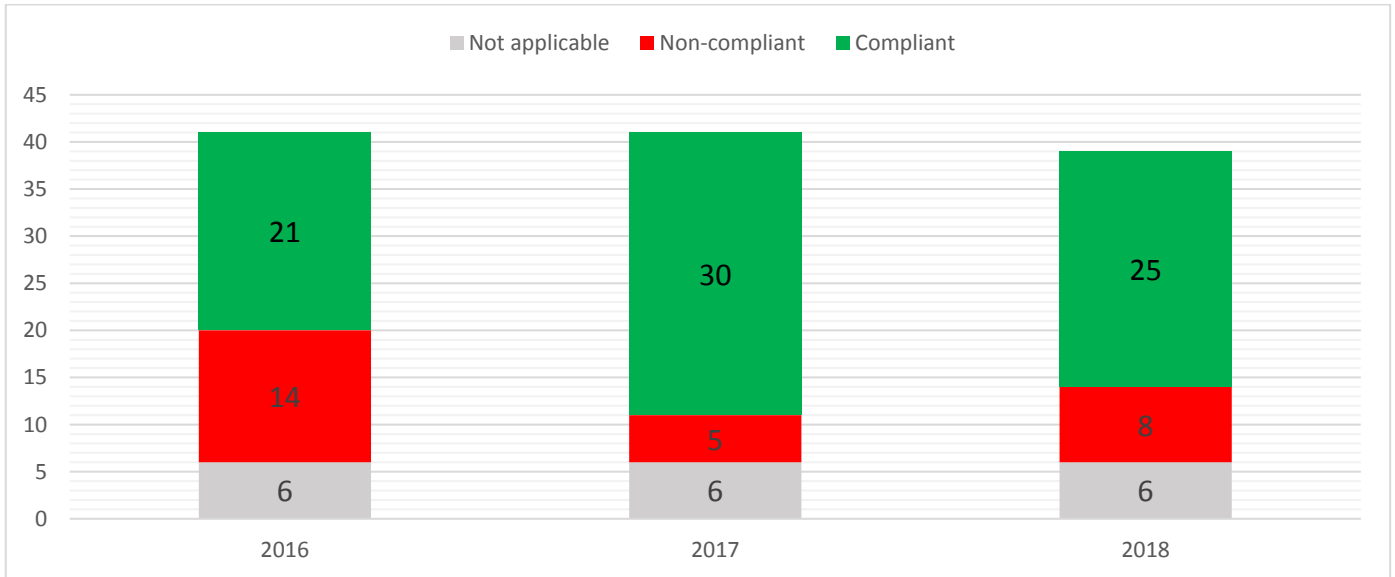
2018 COMPLIANCE RATINGS



RATINGS SUMMARY 2016 – 2018

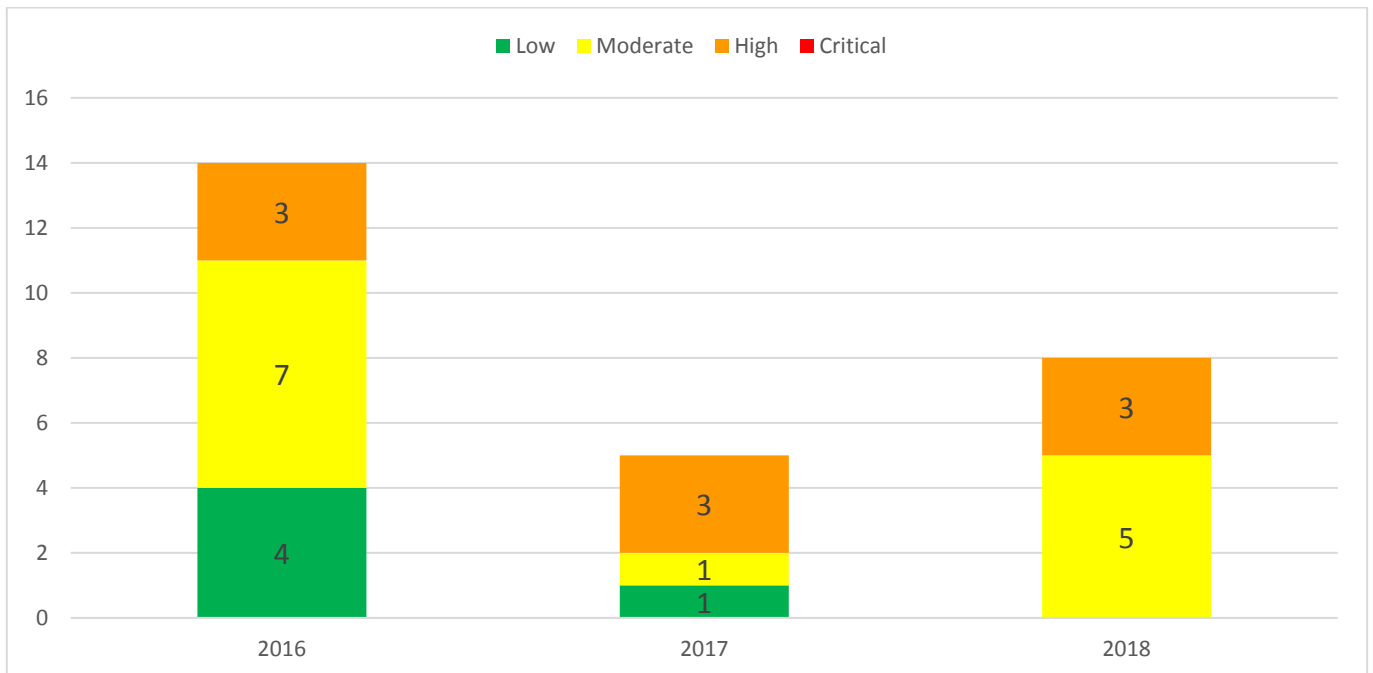
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Non-compliant areas on this inspection

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 Moderate	✓	X Moderate
Regulation 19: General Health	X Moderate	✓	X Moderate
Regulation 23: Ordering, Prescribing, Storing, and Administration of Medicines	X High	X High	X High
Regulation 26: Staffing	X High	X Moderate	X Moderate
Regulation 31: Complaints Procedures	✓	✓	X High
Part 4 of the Mental Health Act 2001 - Consent to Treatment	✓	✓	X High
Code of Practice on the Use of Physical Restraint in Approved Centres	X Low	✓	X Moderate
Code of Practice on Admission, Transfer, and Discharge to and from an Approved Centre	X Moderate	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 5: Food and Nutrition
Regulation 9: Recreational Activities
Regulation 10: Religion
Regulation 14: Care Of The Dying
Regulation 21: Privacy

Selskar House, Farnogue Residential Healthcare Unit

ID Number: AC0092

2018 Approved Centre Inspection Report (Mental Health Act 2001)

Selskar House, Farnogue Residential Healthcare Unit
Old Hospital Road
Wexford

Approved Centre Type:
Psychiatry of Later Life

Most Recent Registration Date:
2 May 2016

Conditions Attached:
None

Registered Proprietor:
HSE

Registered Proprietor Nominee:
Mr David Heffernan, General Manager,
CHO5 Mental Health Services

Inspection Team:
Noeleen Byrne, Lead Inspector
Siobhán Dinan
Karen McCrohan

Inspection Date:
29 May – 1 June 2018

Previous Inspection Date:
8 – 11 August 2017

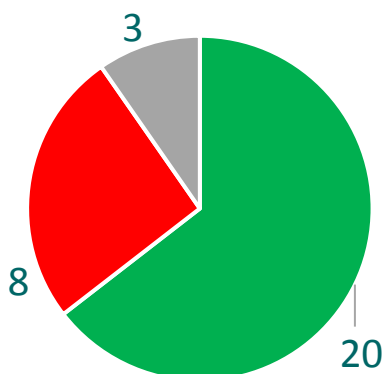
Inspection Type:
Unannounced Annual Inspection

The Inspector of Mental Health Services:
Dr Susan Finnerty MCRN009711

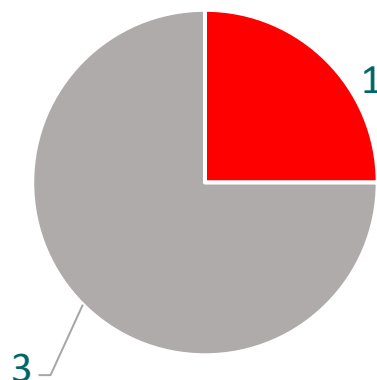
Date of Publication:
15 November 2018

2018 COMPLIANCE RATINGS

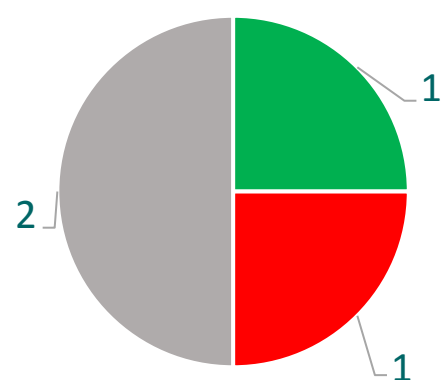
REGULATIONS



RULES AND PART 4 OF THE MENTAL HEALTH



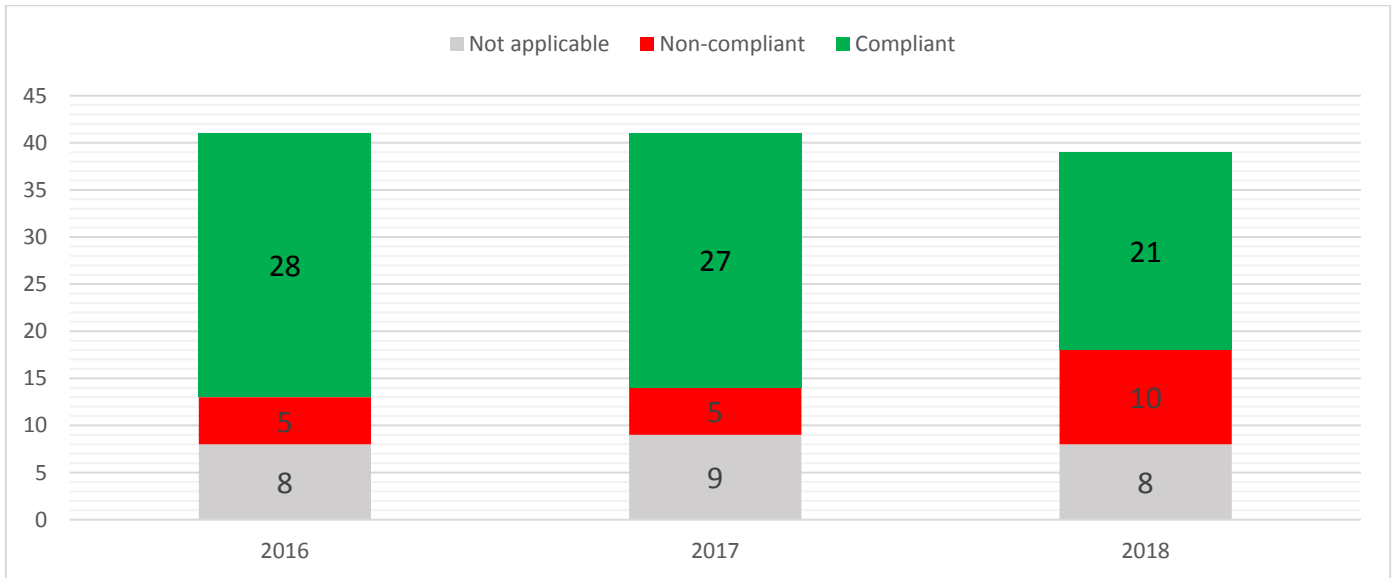
CODES OF PRACTICE



RATINGS SUMMARY 2016 – 2018

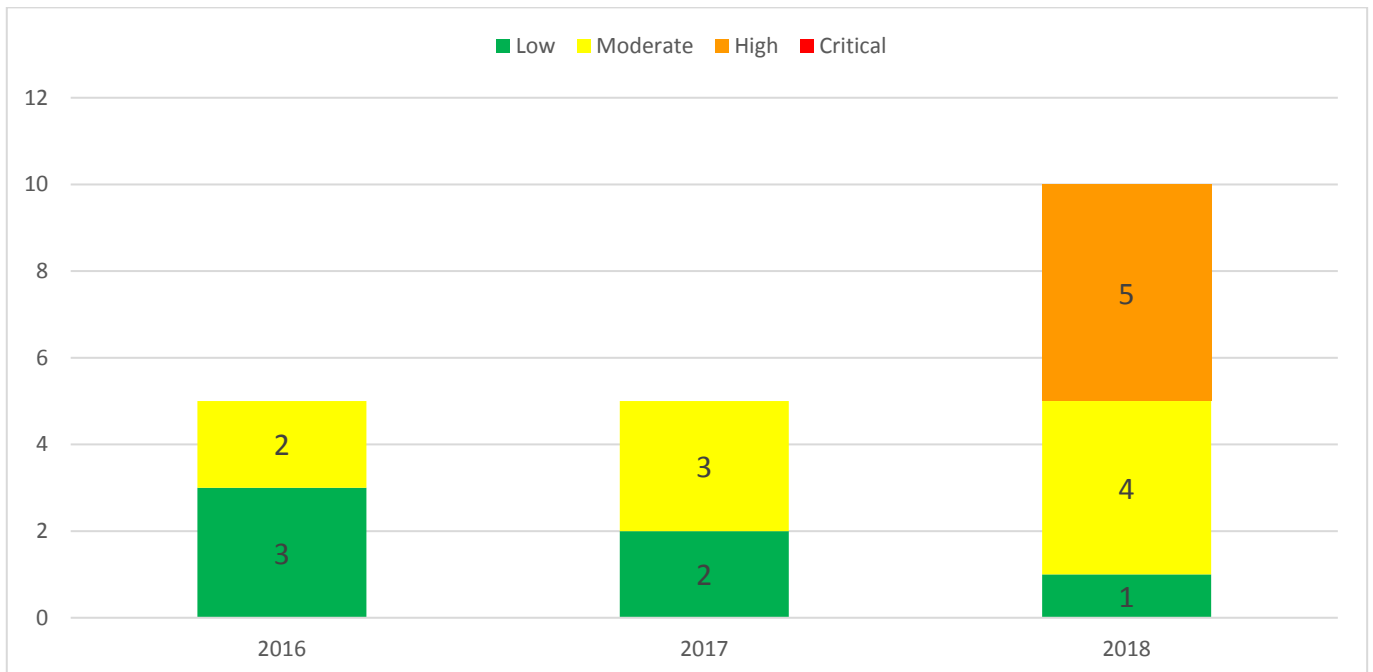
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Conditions to registration

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Non-compliant areas on this inspection

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Regulation/Rule/Act/Code	Compliance/Risk Rating 2016		Compliance/Risk Rating 2017		Compliance/Risk Rating 2018	
Regulation 15: Individual Care Plan	✓		✓		X	High
Regulation 19: General Health	✓		✓		X	High
Regulation 20: Provision of Information to Residents	✓		✓		X	Moderate
Regulation 21: Privacy	✓		✓		X	Low
Regulation 22: Premises	✓		✓		X	Moderate
Regulation 23: Ordering, Prescribing, Storing and Administration of Medicine	✓		✓		X	High
Regulation 26: Staffing	X	Moderate	X	Moderate	X	High
Regulation 27: Maintenance of Records	X	Low	✓		X	Moderate
Rules Governing the Use of Mechanical Means of Bodily Restraint	✓		X	Moderate	X	Moderate
Code of Practice on Admission, Transfer and Discharge to and from an Approved Centre	X	Low	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

The following areas were rated excellent on this inspection:

Regulation
Regulation 4: Identification of Residents
Regulation 12: Communication