

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, Roscommon University Hospital
https://www.mhcirl.ie/File/2018IRs/DOP_Roscommon_ir2018.pdf
2. O'Casey Rooms, Fairview Community Unit, Dublin
https://www.mhcirl.ie/File/2018IRs/OCasey_Rooms_ir2018.pdf
3. Department of Psychiatry, Letterkenny University Hospital
https://www.mhcirl.ie/File/2018IRs/DOP_Letterkenny_ir2018.pdf
4. Ashlin Centre, Dublin
https://www.mhcirl.ie/File/2018IRs/Ashlin_Centre_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/

Department of Psychiatry, Roscommon University Hospital

ID Number: AC0011

2018 Approved Centre Inspection Report (Mental Health Act 2001)

Department of Psychiatry,
Roscommon University Hospital
Athlone Road
Roscommon
Co Roscommon

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

Most Recent Registration Date:
1 March 2017

Conditions Attached:
Yes

Registered Proprietor:
HSE

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

Inspection Team:
Mary Connellan, Lead Inspector
Siobhán Dinan
Elaine Healy
Karen McCrohan

Inspection Date:
20 – 23 August 2018

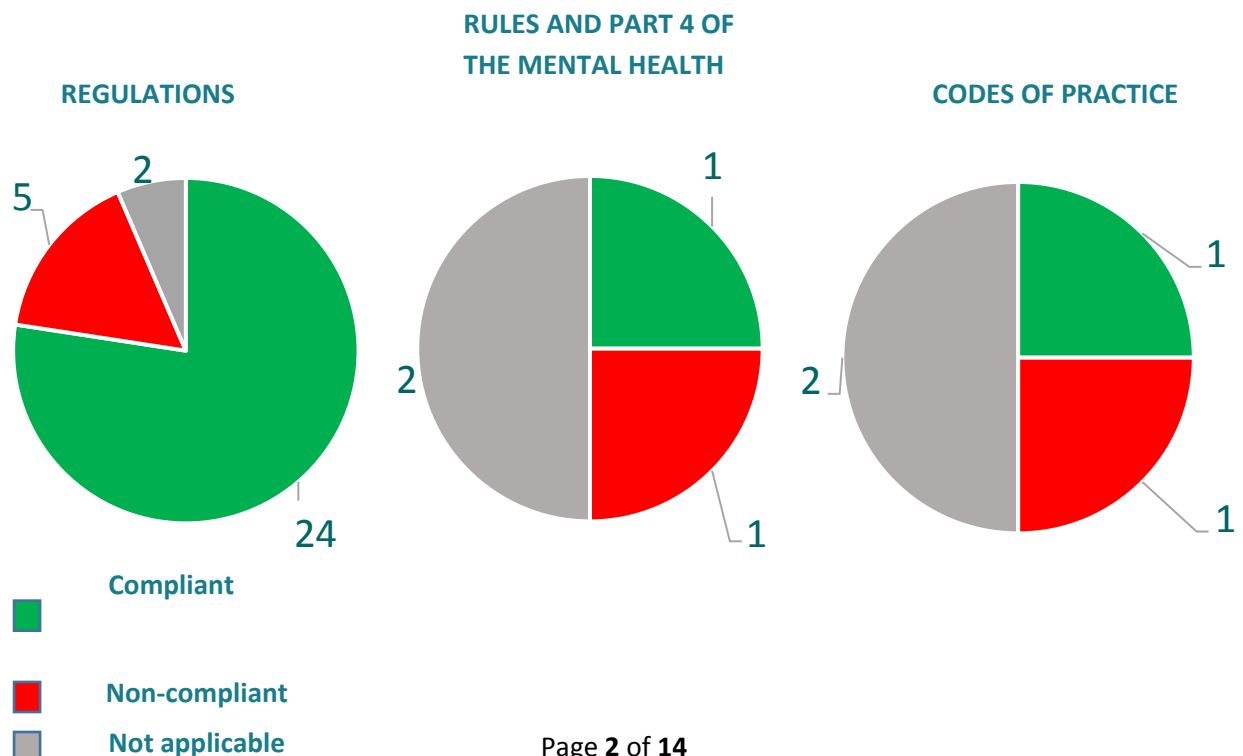
Previous Inspection Date:
5 – 8 September 2017

Inspection Type:
Unannounced Annual Inspection

The Inspector of Mental Health Services:
Dr Susan Finnerty MCRN009711

Date of Publication:
17 January 2019

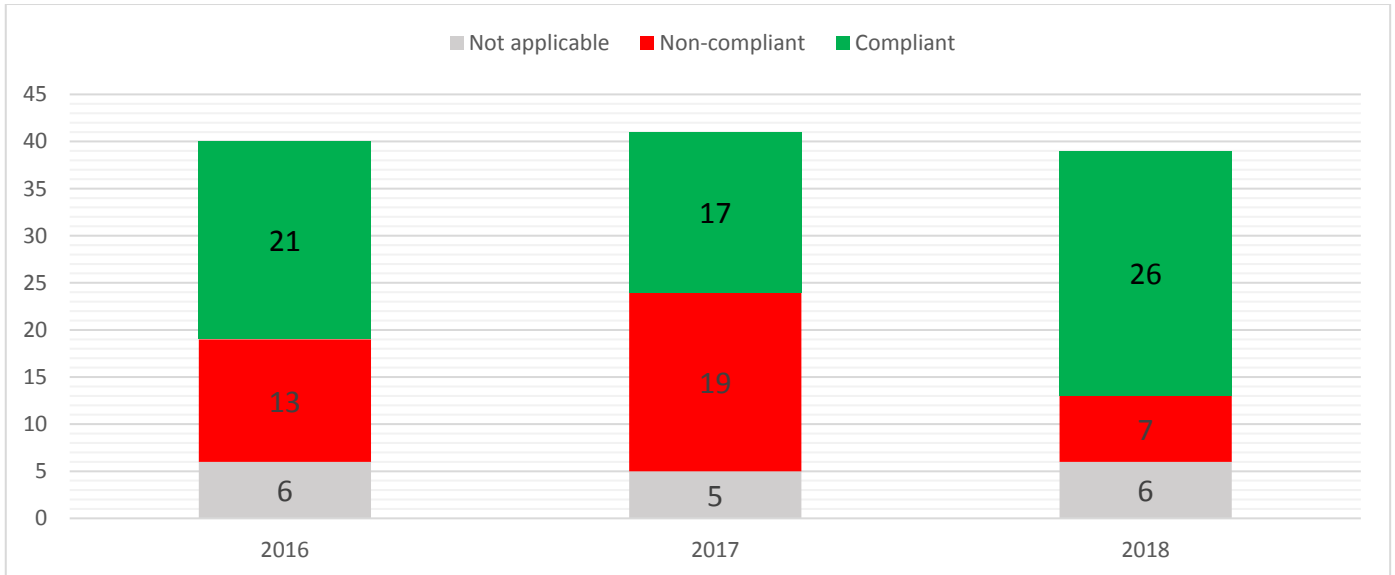
2018 COMPLIANCE RATINGS



RATINGS SUMMARY 2016 – 2018

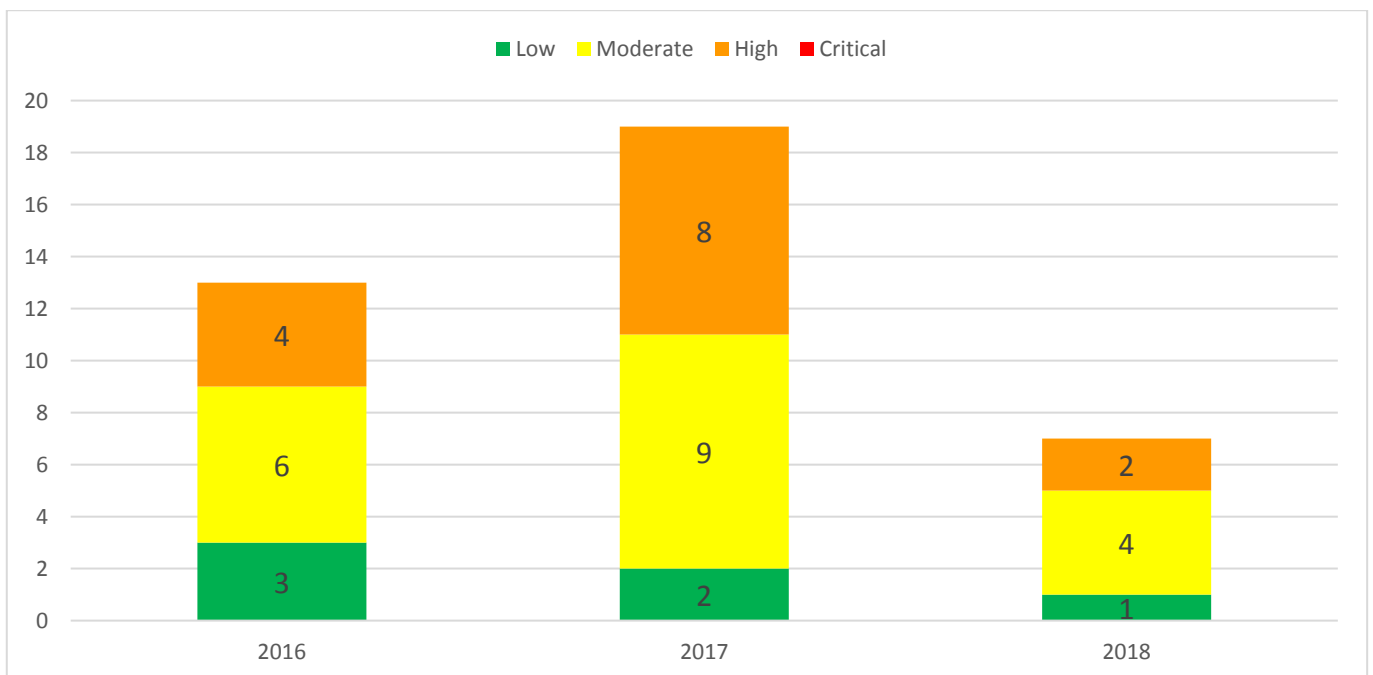
Compliance ratings across all 39 areas of inspection are summarised in the chart below.

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 March 2017.

Condition: 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 to the Mental Health Commission on the programme of maintenance 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 15: Individual Care Plan	✓		X	Moderate	X	Moderate
Regulation 19: General Health	✓		X	High	X	Low
Regulation 21: Privacy	X	High	X	High	X	Moderate
Regulation 22: Premises	X	High	X	High	X	High
Regulation 26: Staffing	X	Moderate	X	Moderate	X	High
Rules Governing the Use of Seclusion	X	Moderate	X	Moderate	X	Moderate
Code of Practice on the Use of Physical Restraint in Approved Centres	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

The following areas were rated excellent on this inspection:

Regulation
Regulation 4: Identification of Residents
Regulation 5: Food and Nutrition
Regulation 7: Clothing
Regulation 9: Recreational Activities
Regulation 10: Religion
Regulation 11: Visits
Regulation 12: Communication
Regulation 16: Therapeutic Services and Programmes
Regulation 18: Transfer of Residents
Regulation 29: Operating Policies and Procedures
Regulation 30: Mental Health Tribunals

O'Casey Rooms, Fairview Community Unit

ID Number: AC0083

2018 Approved Centre Inspection Report (Mental Health Act 2001)

O'Casey Rooms, Fairview Community Unit
Griffith Court
Philipsburgh Avenue
Dublin 3

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

Most Recent Registration Date:
8 March 2017

Conditions Attached:
Yes

Registered Proprietor:
HSE

Registered Proprietor Nominee:
Ms Anne Marie Donohue, General Manager, Mental Health Services, CHO DNCC

Inspection Team:
Martin McMenamin, Lead Inspector
Dr Enda Dooley MCRN004155
Noeleen Byrne

Inspection Date:
12 – 15 June 2018

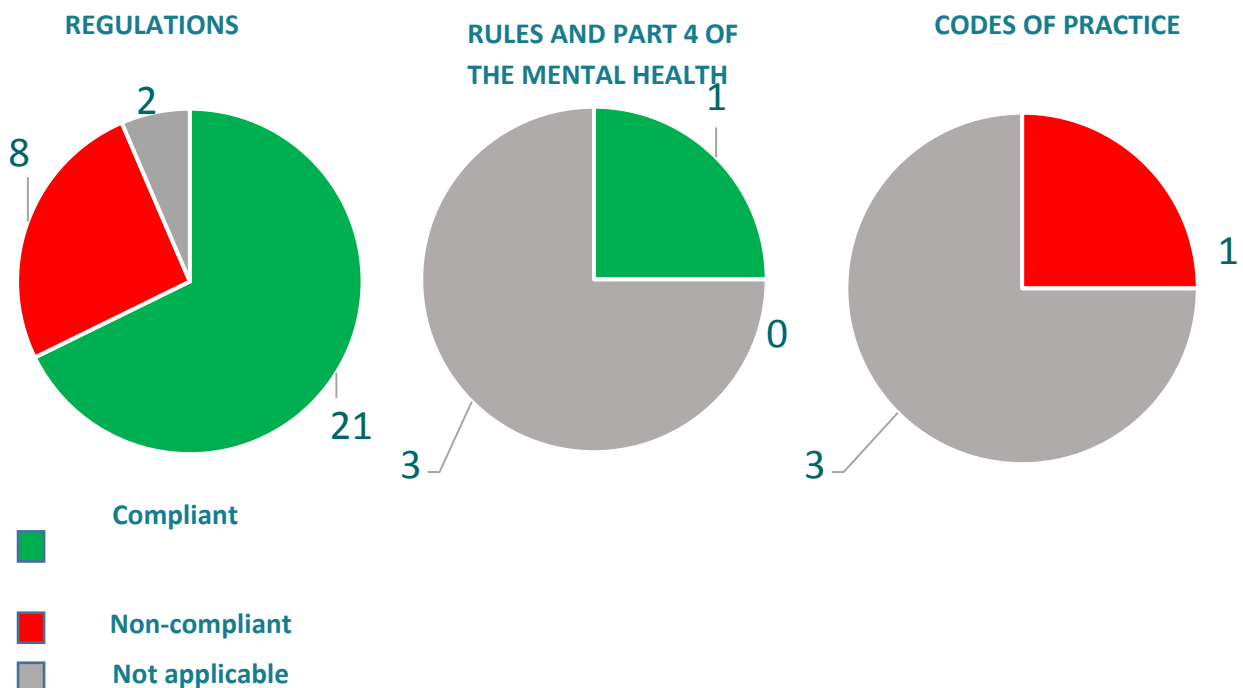
Previous Inspection Date:
11– 13 April 2017

Inspection Type:
Unannounced Annual Inspection

The Inspector of Mental Health Services:
Dr Susan Finnerty MCRN009711

Date of Publication:
17 January 2019

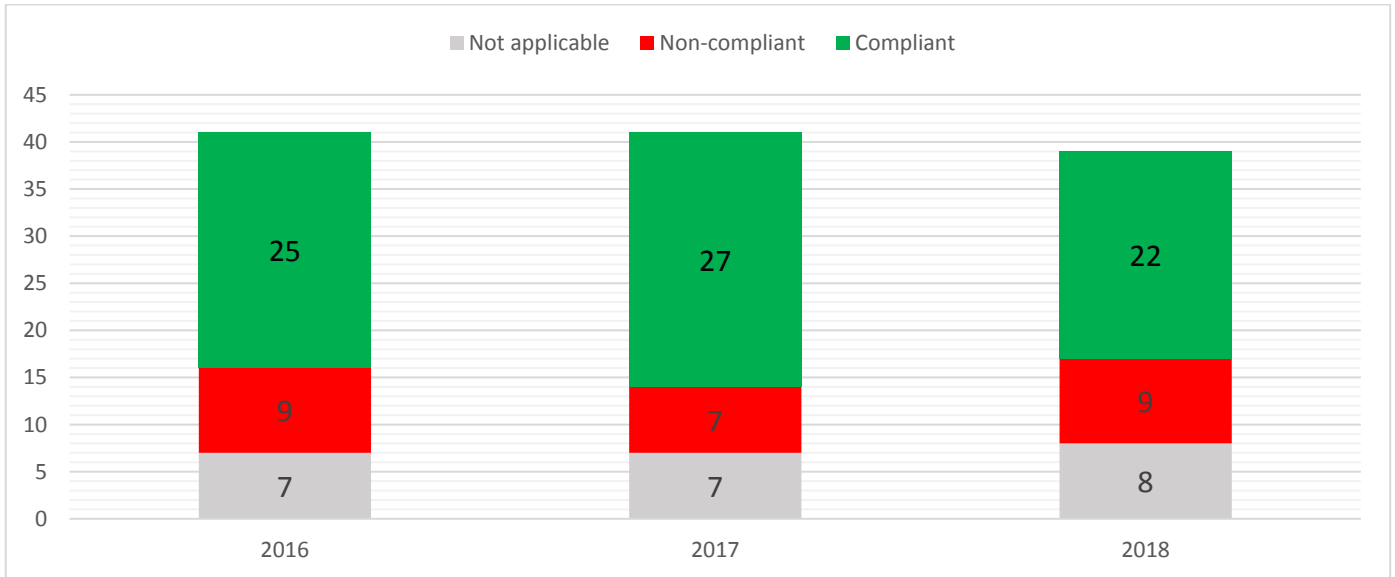
2018 COMPLIANCE RATINGS



RATINGS SUMMARY 2016 – 2018

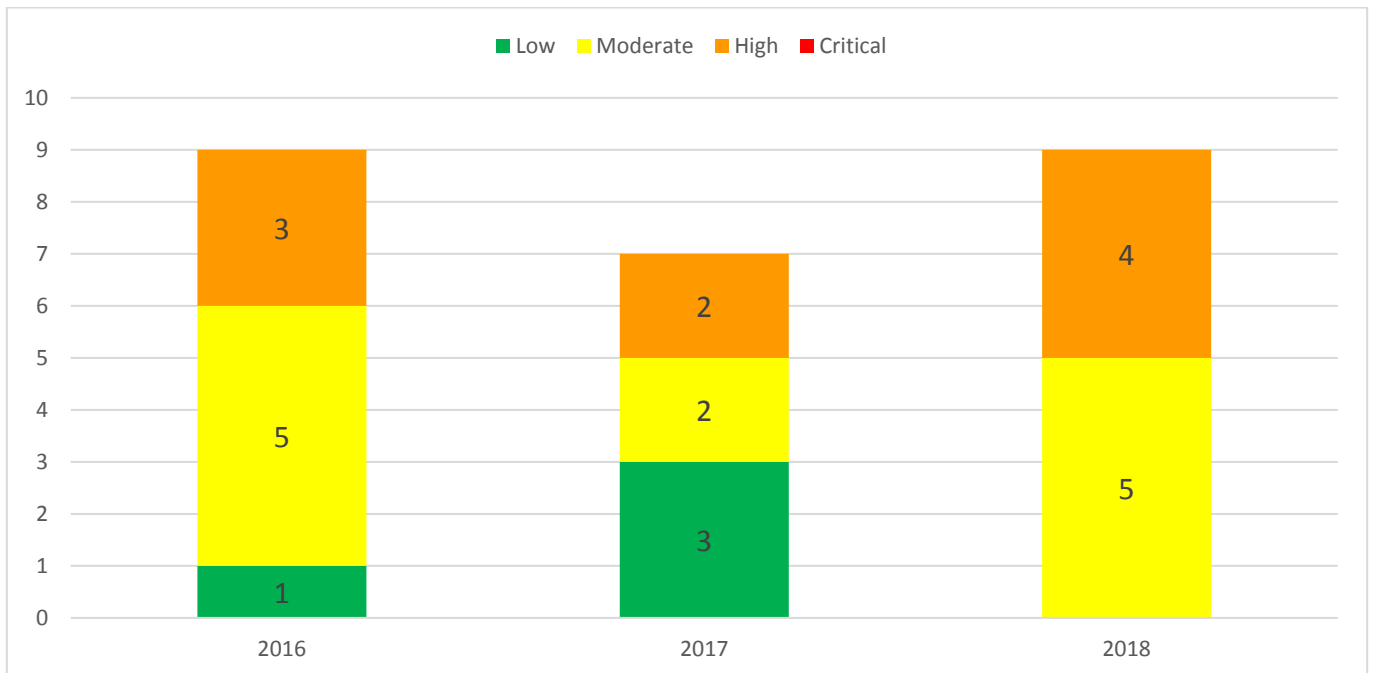
Compliance ratings across all 39 areas of inspection are summarised in the chart below.

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: The approved centre shall implement a plan to close O’Casey Rooms, Fairview Community Unit. The approved centre shall provide a progress update on the closure plan to the Mental Health Commission in a form and frequency prescribed by the Commission.

Condition 2: Effective 1st January 2018, the Mental Health Commission prohibits any direct admission or transfers of residents to the approved centre, with the exception of current residents that are transferred back to the approved centre following the receipt of care and treatment from an approved centre, hospital or other place.

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 15: Individual Care Plan	✓	X Low	X High
Regulation 18: Transfer of Residents	X High	✓	X Moderate
Regulation 20: Provision of Information to Residents	X Moderate	✓	X Moderate
Regulation 22: Premises	X High	X High	X High
Regulation 26: Staffing	X Moderate	X High	X High
Regulation 27: Maintenance of Records	X Moderate	X Moderate	X Moderate
Regulation 28: Register of Residents	X Moderate	✓	X Moderate
Regulation 32: Risk Management Procedures	✓	X Moderate	X High
Code of Practice: Admission Transfer and Discharge to and from an Approved Centre	X High	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 7: Clothing
Regulation 9: Recreational Activities
Regulation 11: Visits
Regulation 14: Care of the Dying

Department of Psychiatry, Letterkenny University Hospital

ID Number: AC0086

2018 Approved Centre Inspection Report (Mental Health Act 2001)

Department of Psychiatry,
Letterkenny University Hospital
Circular Road
Letterkenny
Co Donegal

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

Most Recent Registration Date:
14 September 2017

Conditions Attached:
Yes

Registered Proprietor:
HSE

Registered Proprietor Nominee:
Ms Teresa Dykes, General
Manager, Mental Health, CHO 1

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

Inspection Date:
22 – 25 May 2018

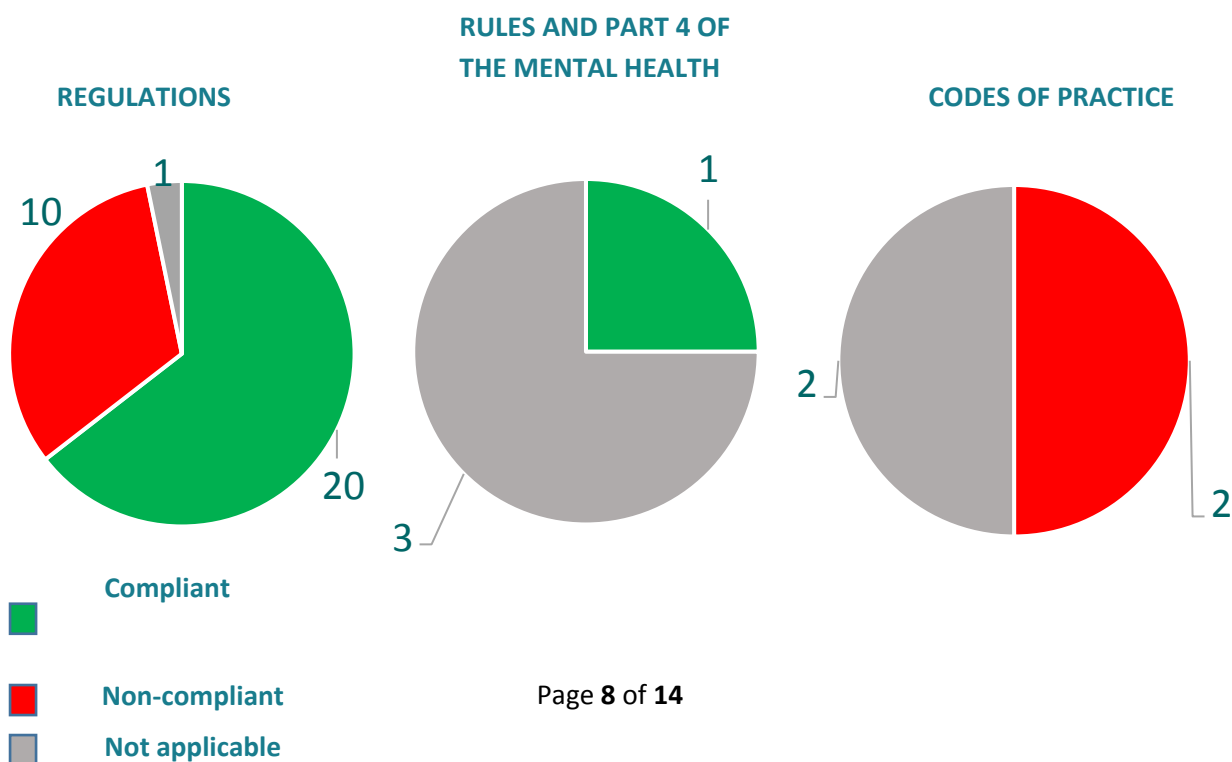
Previous Inspection Date:
27– 30 June 2017

Inspection Type:
Unannounced Annual Inspection

The Inspector of Mental Health Services:
Dr Susan Finnerty MCRN009711

Date of Publication:
17 January 2019

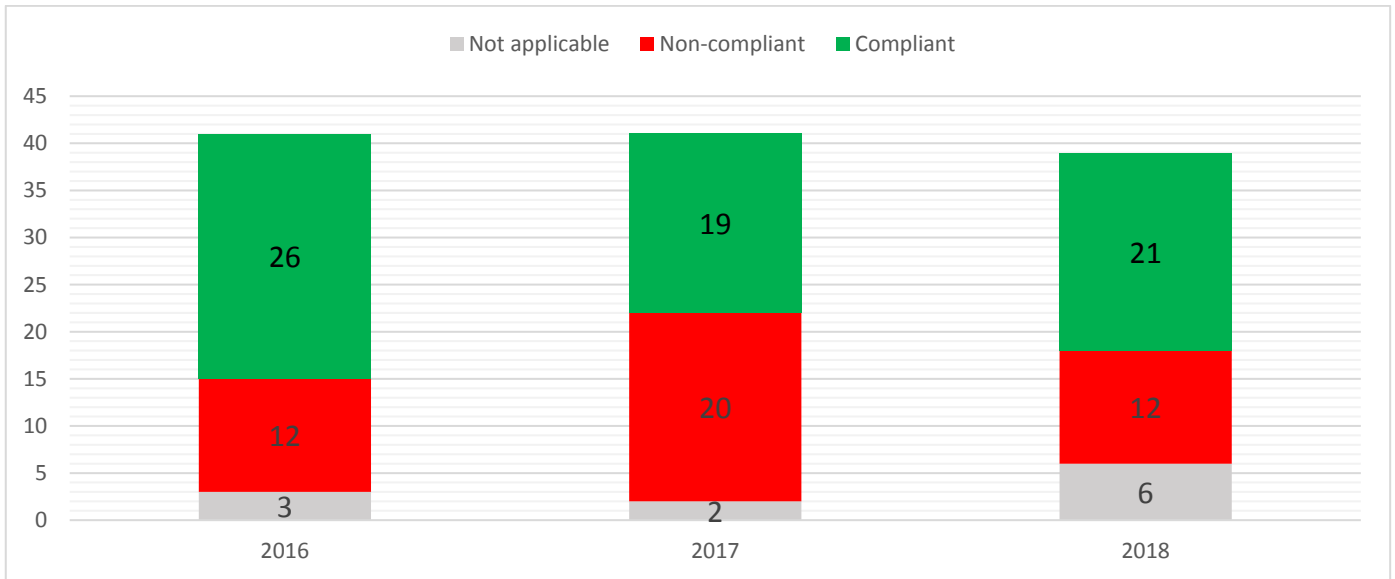
2018 COMPLIANCE RATINGS



RATINGS SUMMARY 2016 – 2018

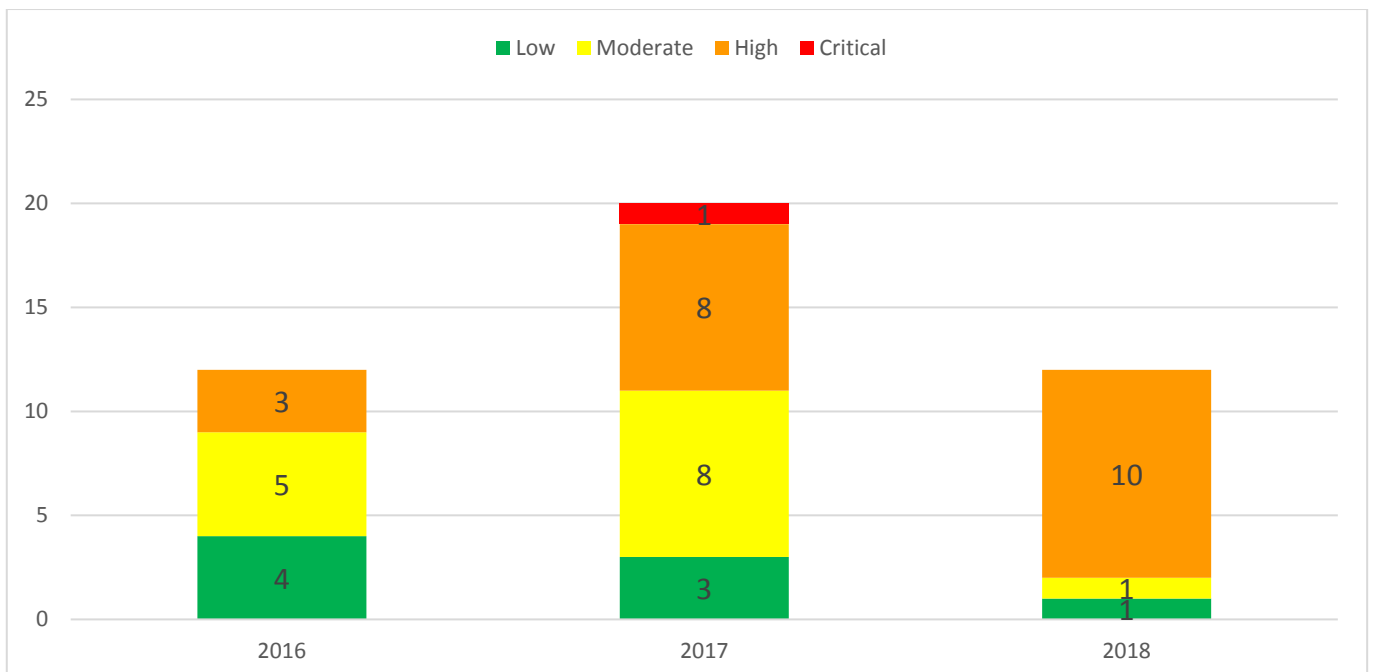
Compliance ratings across all 39 areas of inspection are summarised in the chart below.

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 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.

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 15: Individual Care Plan	X	High	X	Critical	X	High
Regulation 18: Transfer of Residents	✓		X	Moderate	X	High
Regulation 19: General Health	✓		X	High	X	High
Regulation 21: Privacy	✓		X	Moderate	X	Low
Regulation 22: Premises	✓		X	High	X	High
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 28: Register of Residents	✓		X	Low	X	Moderate
Regulation 29: Operating Policies and Procedures	✓		X	Moderate	X	High
Regulation 32: Risk Management Procedures	✓		X	High	X	High
Code of Practice on the use of Physical Restraint in Approved Centres	X	High	X	Moderate	X	High
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

The following areas were rated excellent on this inspection:

Regulation
Regulation 4: Identification of Residents
Regulation 5: Food and Nutrition
Regulation 7: Clothing
Regulation 9: Recreational Activities

Regulation 10: Religion
Regulation 11: Visits
Regulation 25: Use of Closed Circuit Television
Regulation 30: Mental Health Tribunals

Ashlin Centre

ID Number: AC0094

2018 Approved Centre Inspection Report (Mental Health Act 2001)

Ashlin Centre
HSE North Dublin Mental Health Services
Beaumont Road
Dublin 9

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

Most Recent Registration Date:
16 May 2017

Conditions Attached:
Yes

Registered Proprietor:
HSE

Registered Proprietor Nominee:
Ms Anne Marie Donohue, General
Manager, Mental Health Services,
CHO DNCC

Inspection Team:
Dr Enda Dooley, MCRN004155, Lead
Inspector
Leon Donovan
Mary Connellan
Noeleen Byrne

Inspection Date:
19 – 22 June 2018

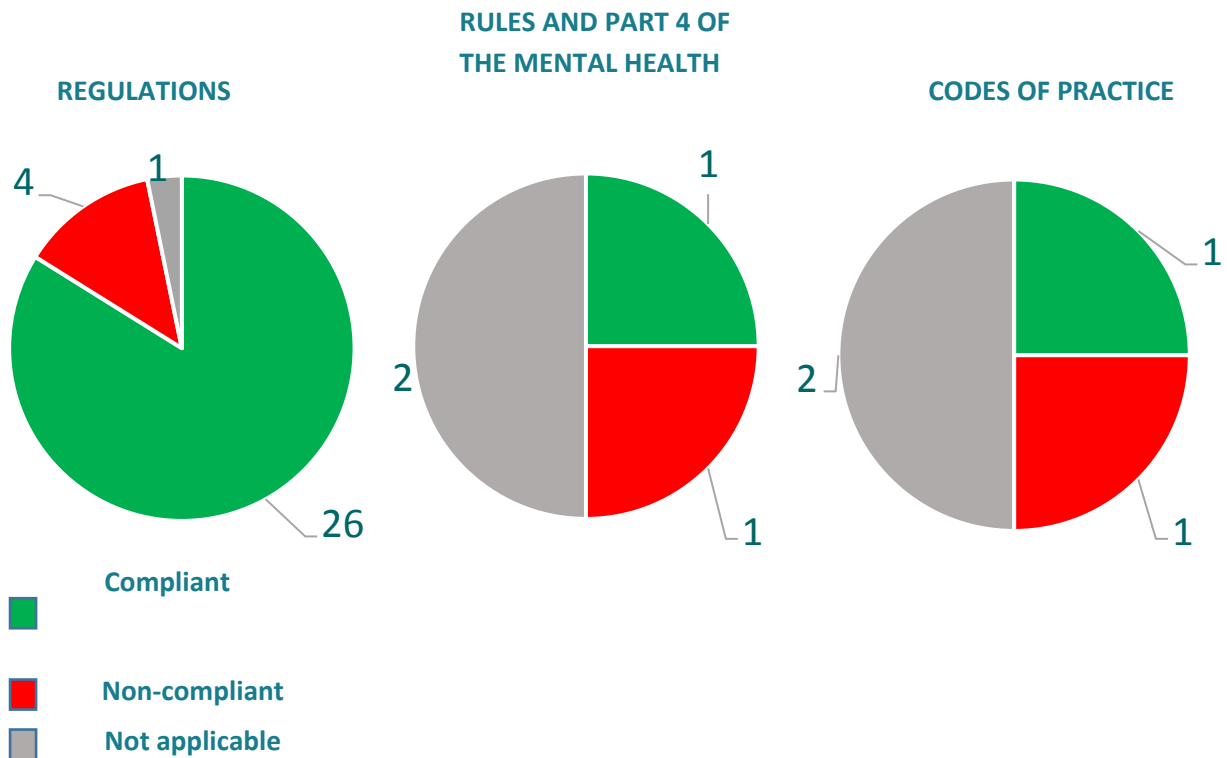
Inspection Type:
Unannounced Annual Inspection

Previous Inspection Date:
10 – 13 October 2017

The Inspector of Mental Health Services:
Dr Susan Finnerty MCRN009711

Date of Publication:
17 January 2019

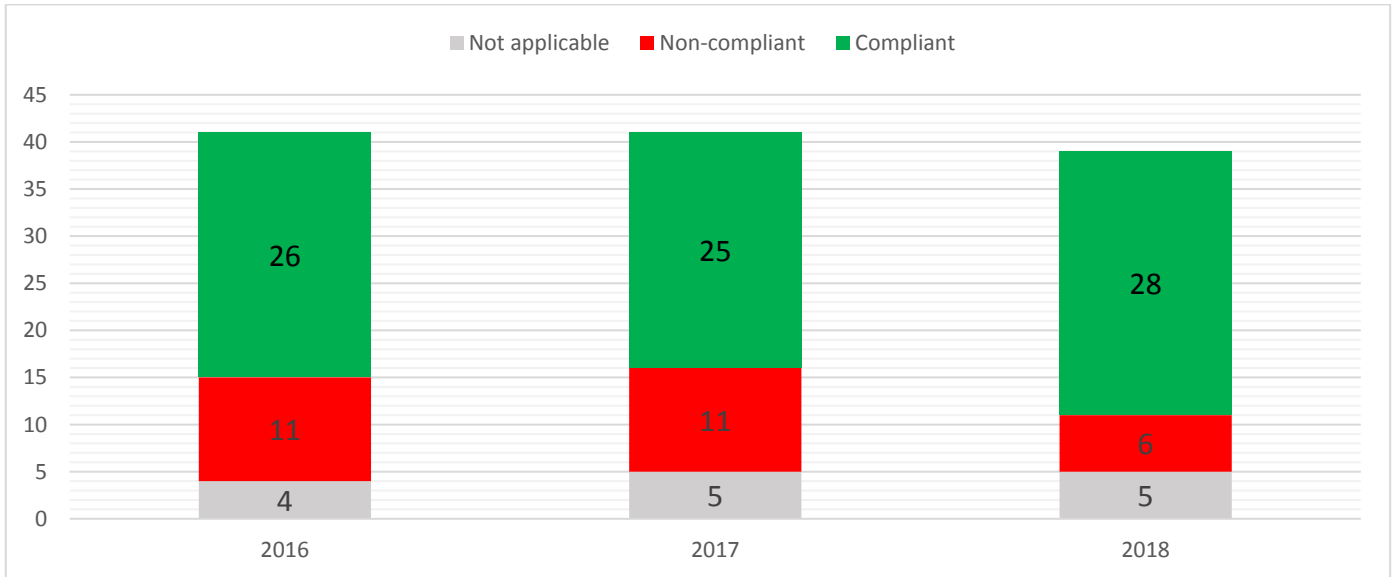
2018 COMPLIANCE RATINGS



RATINGS SUMMARY 2016 – 2018

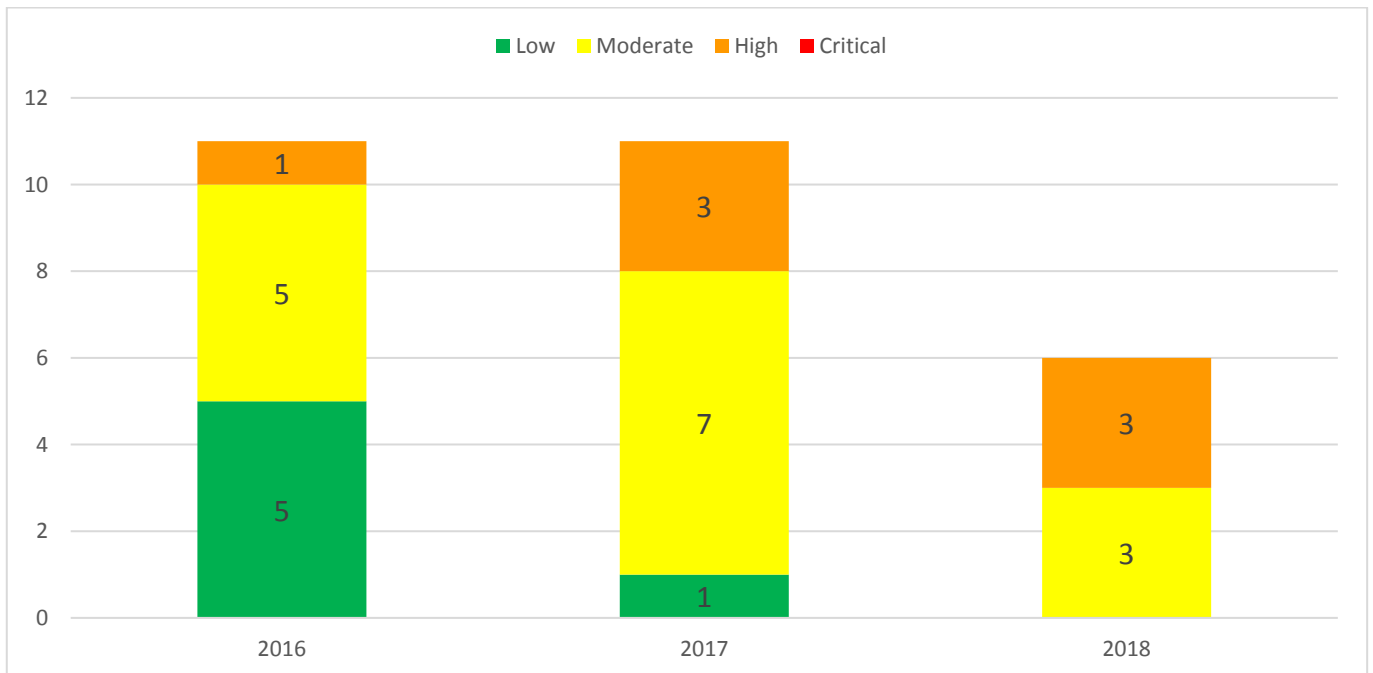
Compliance ratings across all 39 areas of inspection are summarised in the chart below.

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

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

Condition: 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 19: General Health	✓		✓		X	High
Regulation 21: Privacy	X	Moderate	✓		X	Moderate
Regulation 23: Ordering, Prescribing, Storing & Administration of Medicines	✓		✓		X	High
Regulation 26: Staffing	X	Moderate	X	Moderate	X	Moderate
Mental Health Act Part 4 (2001) Consent to Treatment	✓		X	High	X	High
Code of Practice on the Use of Physical Restraint in Approved Centres	X	Low	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 & Possessions
Regulation 11: Visits
Regulation 12: Communication
Regulation 29: Operating Policies & Procedures