

## 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. Elm Mount Unit, St. Vincent's University Hospital, Dublin  
[https://www.mhcirl.ie/File/2018IRs/Elm\\_Mount\\_StVinUniHospital\\_ir2018.pdf](https://www.mhcirl.ie/File/2018IRs/Elm_Mount_StVinUniHospital_ir2018.pdf)
2. St Ita's Ward, St. Brigid's Hospital, Louth  
[https://www.mhcirl.ie/File/2018IRs/StBrigidArdee\\_ir2018.pdf](https://www.mhcirl.ie/File/2018IRs/StBrigidArdee_ir2018.pdf)
3. Department of Psychiatry, Connolly Hospital, Dublin  
[https://www.mhcirl.ie/File/2018IRs/DOP\\_Connolly\\_IR2018.pdf](https://www.mhcirl.ie/File/2018IRs/DOP_Connolly_IR2018.pdf)
4. Central Mental Hospital, Dublin  
[https://www.mhcirl.ie/File/2018IRs/CMH\\_IR2018.pdf](https://www.mhcirl.ie/File/2018IRs/CMH_IR2018.pdf)
5. Sycamore Unit, Connolly Hospital, Dublin  
[https://www.mhcirl.ie/File/2018IRs/sycamoreUnit\\_Connolly\\_IR2018.pdf](https://www.mhcirl.ie/File/2018IRs/sycamoreUnit_Connolly_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/](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/](http://www.mhcirl.ie/Inspectorate_of_Mental_Health_Services/Other_MHS_Inspection_Reports/)

# Elm Mount Unit, St Vincent's University Hospital

ID Number: AC0004

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

Elm Mount Unit, St Vincent's University  
Hospital  
Elm Park  
Dublin 4

**Approved Centre Type:**  
Acute Adult Mental Health Care  
Psychiatry of Later Life  
Other: Eating Disorder Unit

**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:**  
Noeleen Byrne, Lead Inspector  
Leon Donovan  
Martin McMenamin  
Aisling Nestor  
Elaine Healy

**Inspection Date:**  
10 - 13 July 2018

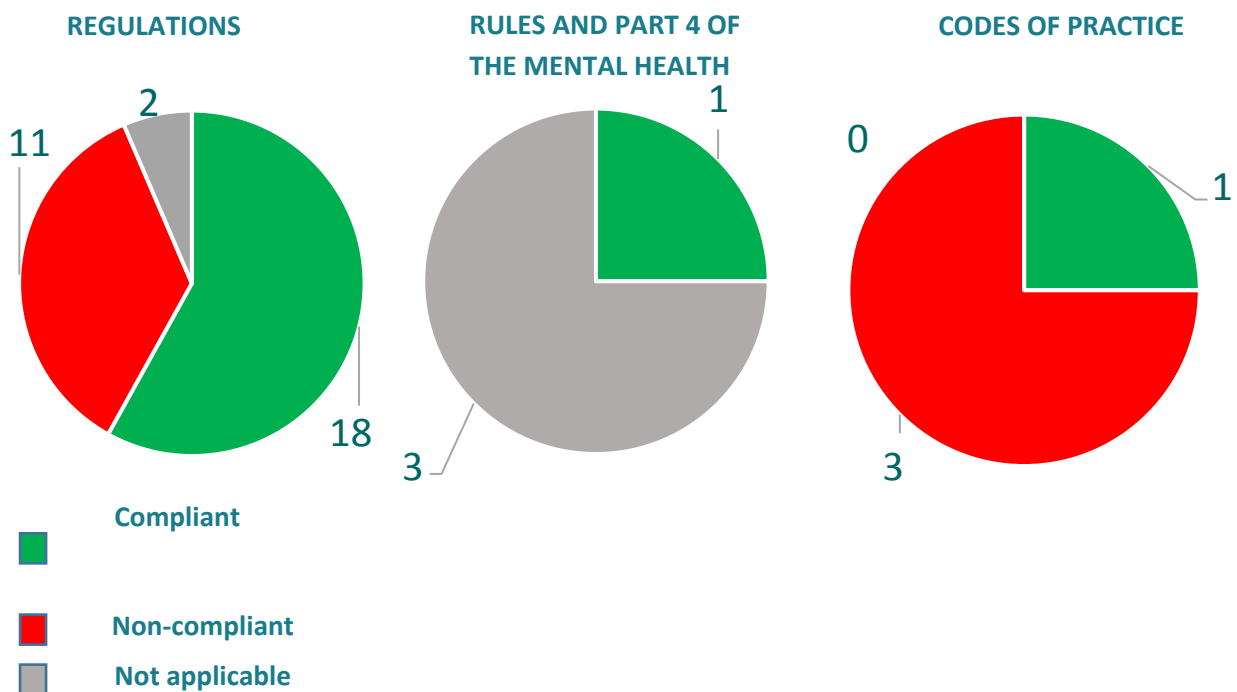
**Previous Inspection Date:**  
25 – 28 April 2017

**Inspection Type:**  
Unannounced Annual Inspection

**The Inspector of Mental Health Services:**  
Dr Susan Finnerty MCRN009711

**Date of Publication:**  
7 February 2019

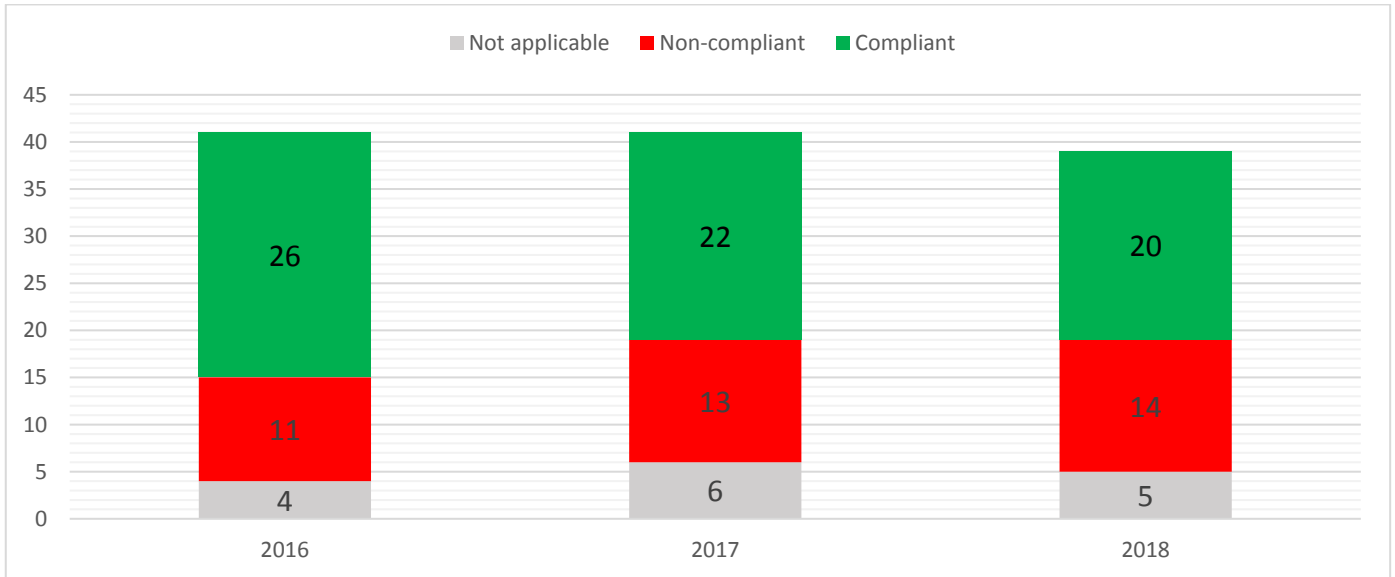
## 2018 COMPLIANCE RATINGS



## RATINGS SUMMARY 2016 – 2018

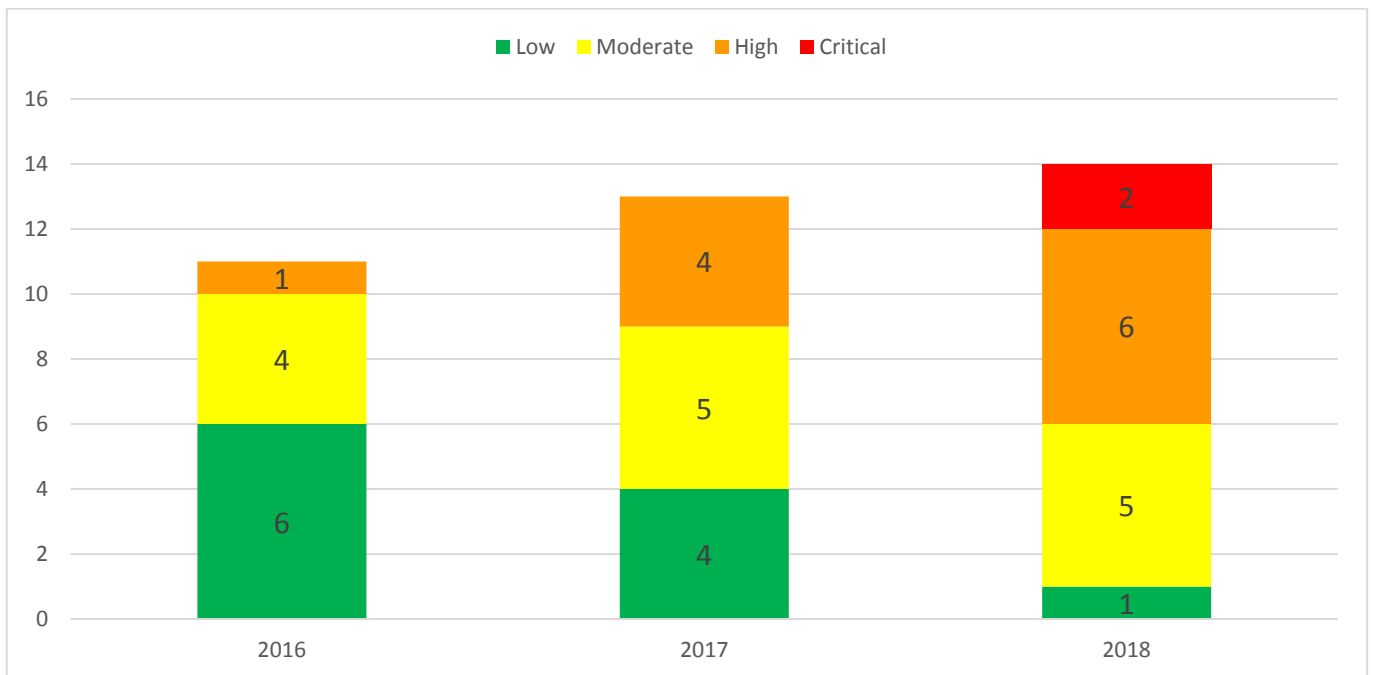
Compliance ratings across all 39 areas of inspection are summarised in the chart below.

**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 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 7: Clothing	X Low	✓	X Moderate
Regulation 12: Communication	✓	✓	X Moderate
Regulation 13: Searches	X Low	X Low	X High
Regulation 15: Individual Care Plan	X Low	X High	X Critical
Regulation 16: Therapeutic Services and Programmes	✓	✓	X High
Regulation 20: Provision of Information to Residents	✓	✓	X Low
Regulation 22: Premises	✓	X High	X Moderate
Regulation 23: Ordering, Prescribing, Storing and Administration of Medicines	✓	X Moderate	X High
Regulation 26: Staffing	X Moderate	X Moderate	X High
Regulation 27: Maintenance of Records	✓	X Moderate	X Moderate
Regulation 32: Risk Management Procedures	X Moderate	X High	X High
Code of Practice on the Use of Physical Restraint in Approved Centres	X Moderate	X High	X Critical
Code of Practice relating to the Admission of Children under the Mental Health Act 2001	X High	Not applicable	X Moderate
Code of Practice: Admission, Transfer and Discharge	X Low	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

One regulation was excellent on this inspection:

Regulation
Regulation 10: Religion

# St. Ita's Ward, St. Brigid's Hospital

ID Number: AC0016

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

St. Ita's Ward,  
St. Brigid's Hospital  
Kells Road,  
Ardee  
Co. Louth

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

**Most Recent Registration Date:**  
01 March 2017

**Conditions Attached:**  
Yes

**Registered Proprietor:**  
HSE

**Registered Proprietor Nominee:**  
Ms Ger. McCormack, General  
Manager, Mental Health Services,  
MLM CHO

**Inspection Team:**  
Dr. Enda Dooley MCRN 004155, Lead  
Inspector  
Susan O'Neill  
Carol Brennan-Forsyth

**Inspection Date:**  
28 - 31 August 2018

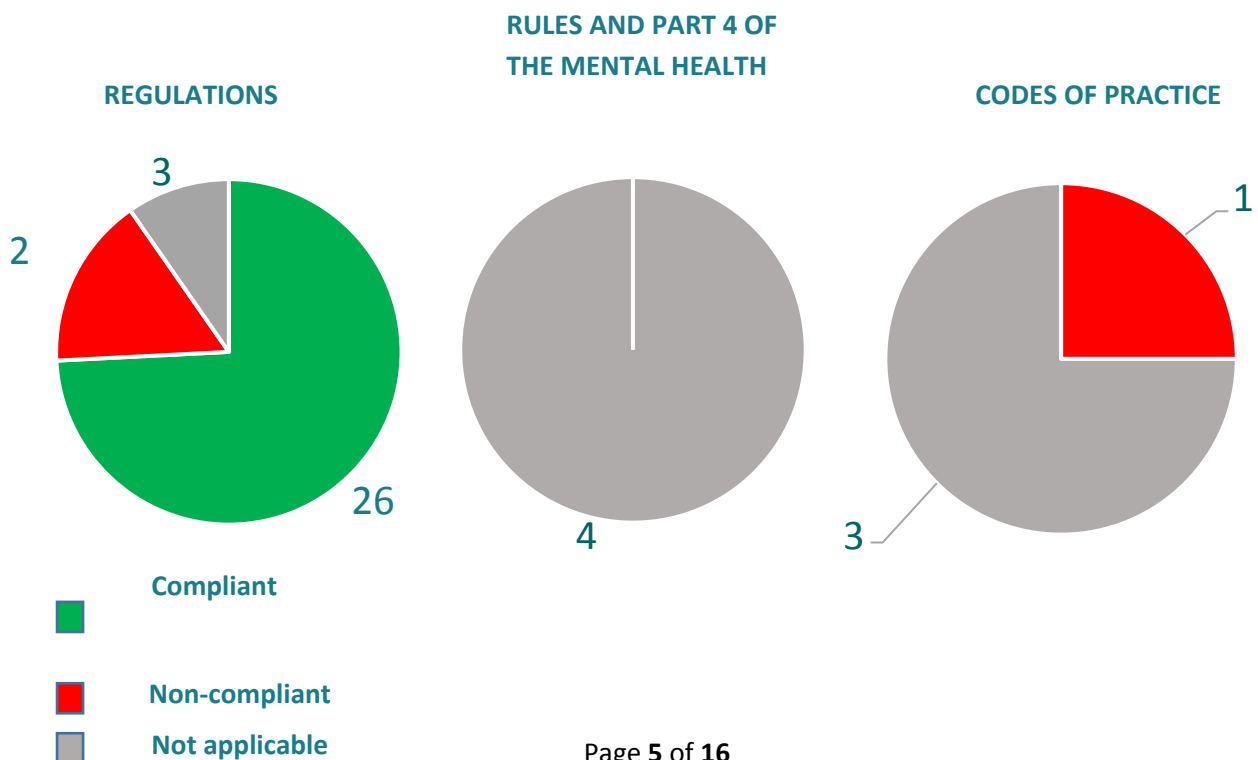
**Previous Inspection Date:**  
28 - 31 March 2017

**Inspection Type:**  
Unannounced Annual Inspection

**The Inspector of Mental Health Services:**  
Dr Susan Finnerty MCRN009711

**Date of Publication:**  
7 February 2019

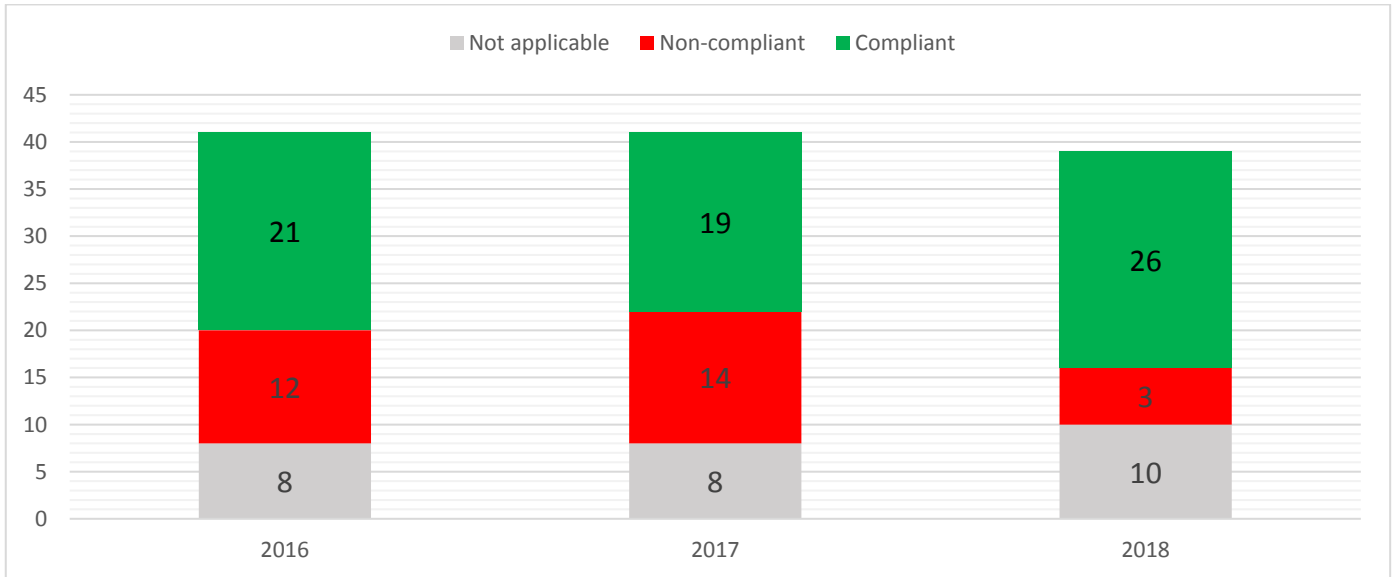
## 2018 COMPLIANCE RATINGS



## RATINGS SUMMARY 2016 – 2018

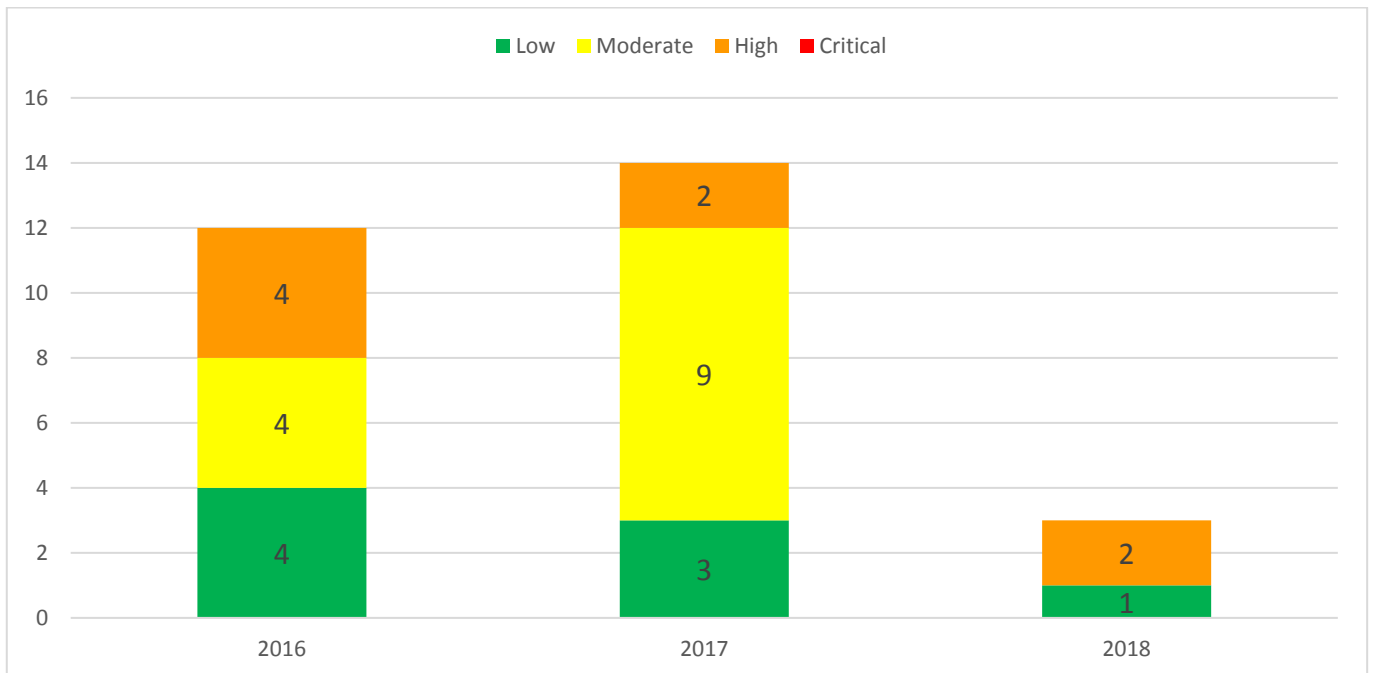
Compliance ratings across all 39 areas of inspection are summarised in the chart below.

**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 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.

## 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	X	High
Regulation 26: Staffing	X	High	X	Moderate	X	High
Code of Practice on Admission, Transfer and Discharge to and from an 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 4: Identification of Residents
Regulation 5: Food and Nutrition
Regulation 7: Clothing
Regulation 9: Recreational Activities
Regulation 10: Religion
Regulation 18: Transfer of Residents

# Department of Psychiatry, Connolly Hospital

ID Number: AC0020

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

Department of Psychiatry, Connolly  
Hospital  
Blanchardstown  
Dublin 15

**Approved Centre Type:**  
Acute Adult Mental Health Care

**Most Recent Registration Date:**  
7 December 2015

**Conditions Attached:**  
None

**Registered Proprietor:**  
HSE

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

**Inspection Team:**  
Carol Brennan-Forsyth, Lead Inspector  
Martin McMenamain  
Elaine Healy  
Susan O'Neill

**Inspection Date:**  
7 – 10 August 2018

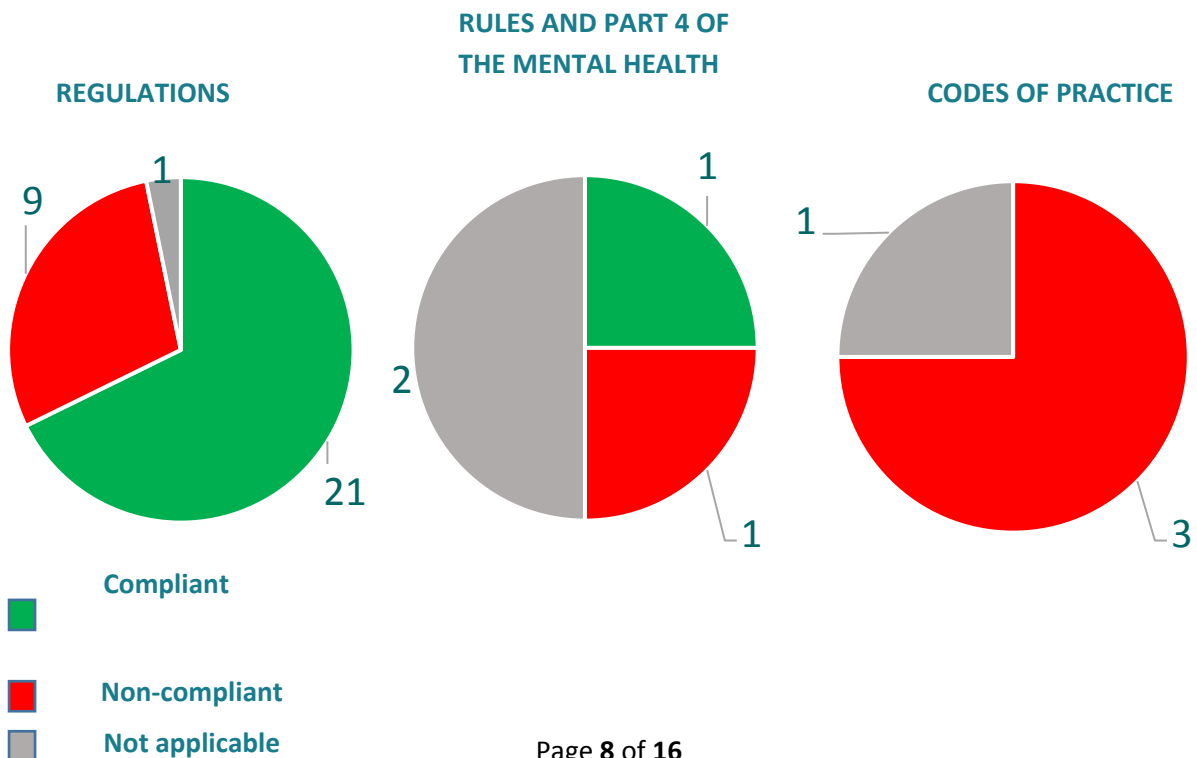
**Previous Inspection Date:**  
26 – 29 September 2017

**Inspection Type:**  
Unannounced Annual Inspection

**The Inspector of Mental Health Services:**  
Dr Susan Finnerty MCRN009711

**Date of Publication:**  
7 February 2019

## 2018 COMPLIANCE RATINGS

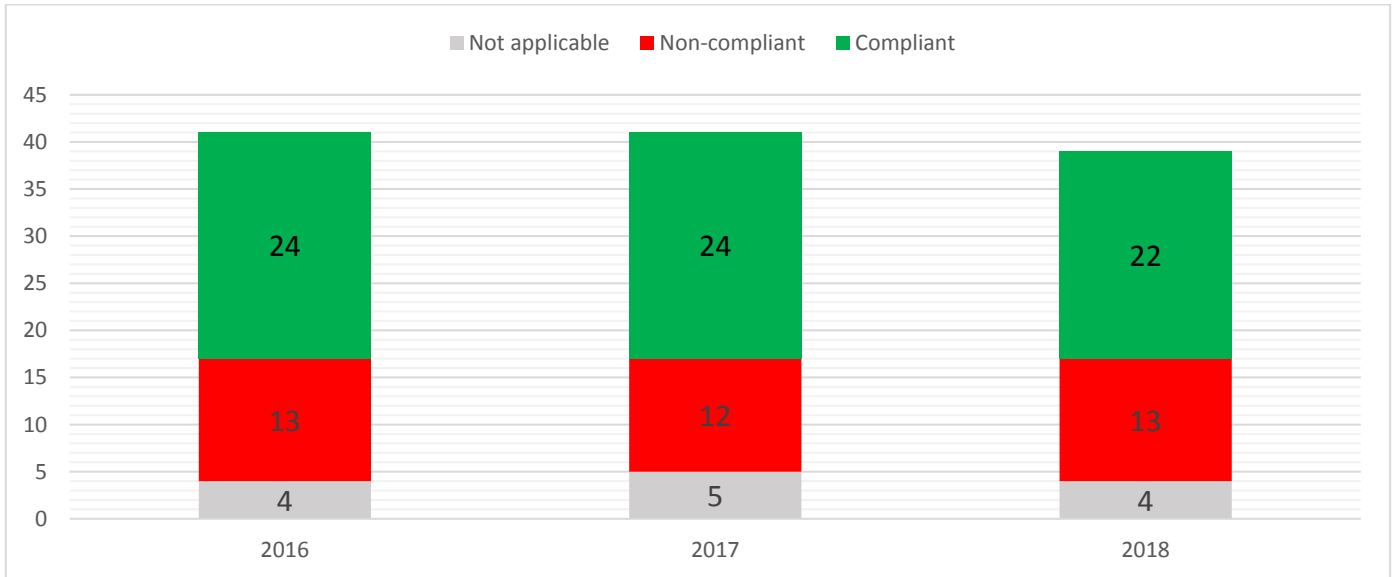




## RATINGS SUMMARY 2016 – 2018

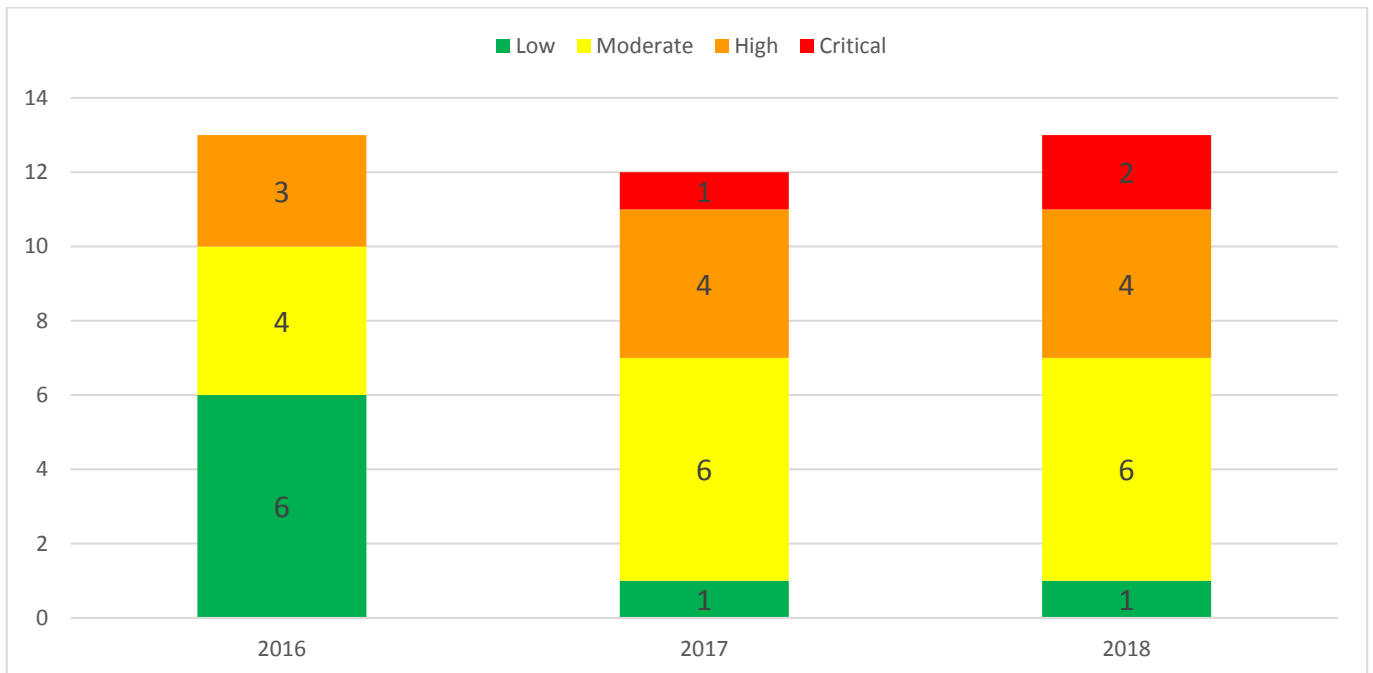
Compliance ratings across all 39 areas of inspection are summarised in the chart below.

**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 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 13: Searches	✓		✓		X	Moderate
Regulation 15: Individual Care Plan	X	High	X	High	X	High
Regulation 19: General Health	✓		✓		X	High
Regulation 21: Privacy	✓		✓		X	Moderate
Regulation 22: Premises	X	Moderate	X	Moderate	X	High
Regulation 23: Ordering, Prescribing, Storing & Administration of Medicines	X	High	X	High	X	Moderate
Regulation 26: Staffing	X	Moderate	X	Moderate	X	Moderate
Regulation 27: Maintenance of Records	X	Low	X	High	X	High
Regulation 28: Register of Residents	✓		✓		X	Low
Rules Governing the Use of Seclusion	X	Low	X	Moderate	X	Critical
Code of Practice on the use of Physical Restraint in Approved Centres	X	Moderate	✓		X	Critical
Code of Practice Relating to the Admission of Children	X	Moderate	X	Moderate	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 11: Visits

# Central Mental Hospital

ID Number: AC0048

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

Central Mental Hospital  
Dundrum  
Dublin 14

Approved Centre Type:  
Forensic Mental Health Care

Most Recent Registration Date:  
1 March 2017

Conditions Attached:  
Yes

Registered Proprietor:  
HSE

Registered Proprietor Nominee:  
Ms Pauline Gill, General Manager,  
National Forensic Mental Health  
Services

Inspection Team:  
Mary Connellan, Lead Inspector  
Carol Brennan-Forsyth  
Leon Donovan  
Martin McMenamin  
Siobhán Dinan  
Karen McCrohan

Inspection Date:  
26 – 29 June 2018

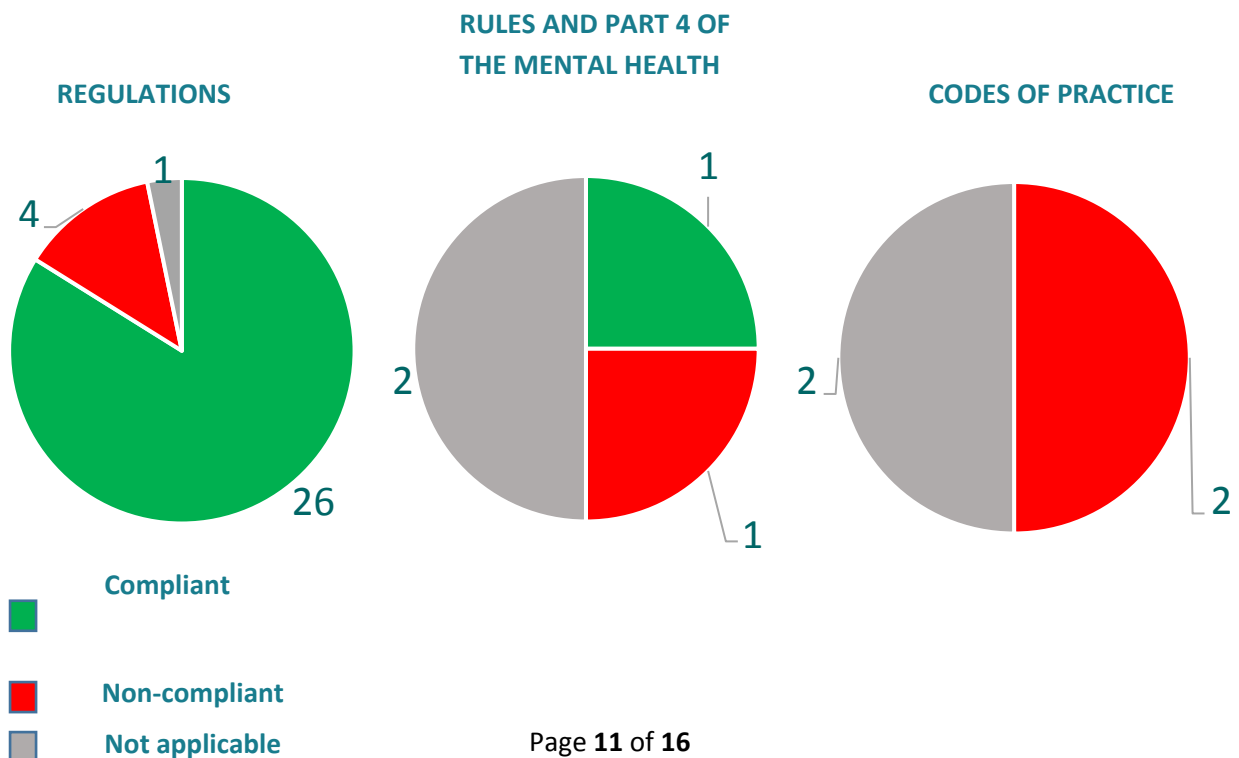
Previous Inspection Date:  
11 – 14 July 2017

Inspection Type:  
Unannounced Annual Inspection

The Inspector of Mental Health Services:  
Dr Susan Finnerty MCRN009711

Date of Publication:  
7 February 2019

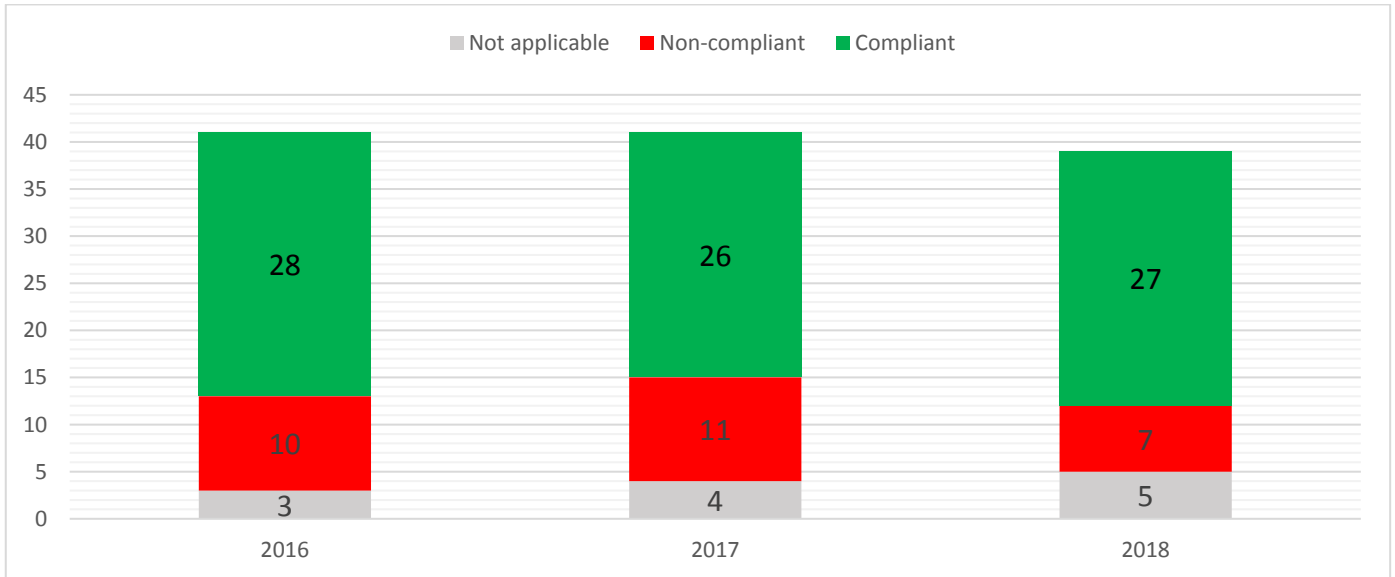
## 2018 COMPLIANCE RATINGS



## RATINGS SUMMARY 2016 – 2018

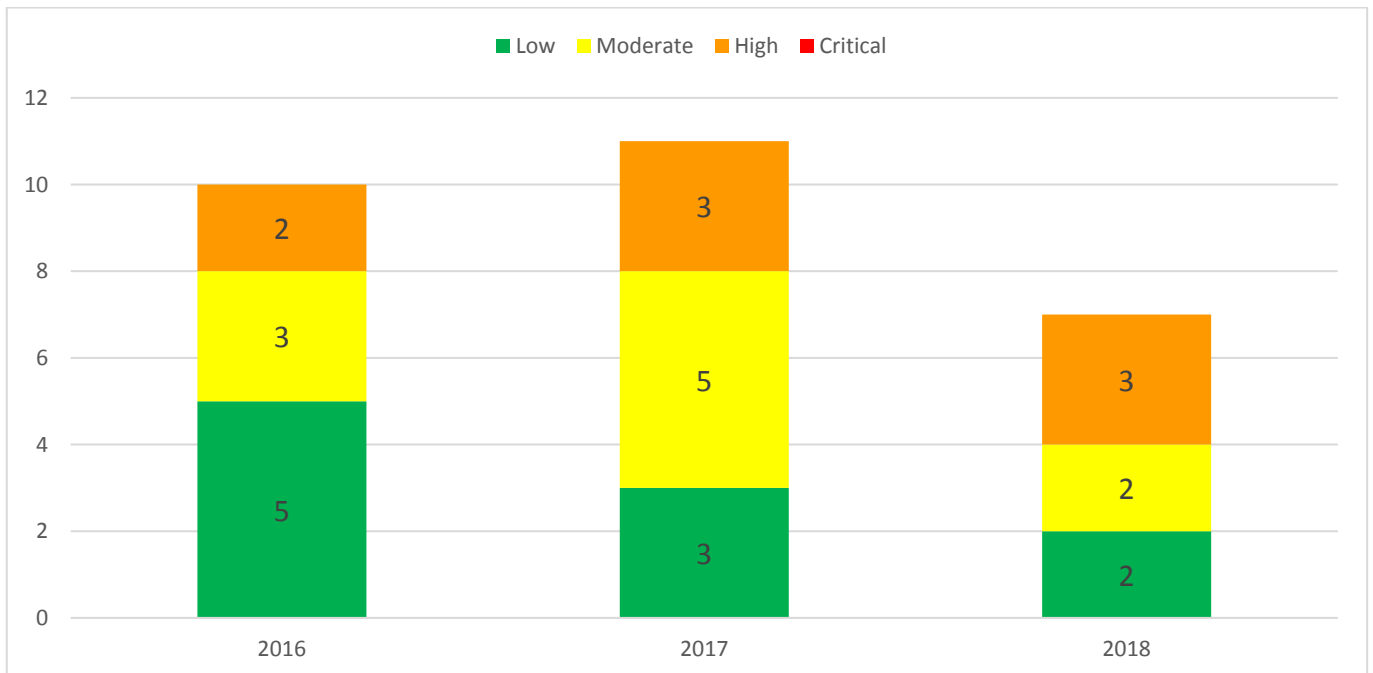
Compliance ratings across all 39 areas of inspection are summarised in the chart below.

**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:** The approved centre shall submit a plan to the Mental Health Commission for the closure of the approved centre, including the transfer or discharge of all current residents. The approved centre shall provide updates on the closure plan in a form and frequency prescribed by the Commission. The updates shall include the ongoing programme of maintenance for the approved centre, up until all residents have been transferred or discharged.

## 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:

<i>Regulation/Rule/Act/Code</i>	Compliance/Risk Rating 2016		Compliance/Risk Rating 2017		Compliance/Risk Rating 2018	
Regulation 6: Food Safety	X	High	X	High	X	High
Regulation 21: Privacy	X	Moderate	✓		X	High
Regulation 22: Premises	X	High	X	High	X	High
Regulation 26: Staffing	X	Moderate	X	Moderate	X	Moderate
Rules Governing the Use Of Seclusion	✓		X	Low	X	Moderate
Code of Practice on the Use of Physical Restraint in Approved Centres	X	Low	X	Moderate	X	Low
Code of Practice on Admission, Transfer, and Discharge to and from an 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

No areas of compliance were rated excellent on this inspection.

# Sycamore Unit, Connolly Hospital

ID Number: AC0032

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

Sycamore Unit,  
Connolly Hospital  
Blanchardstown  
Dublin 15

**Approved Centre Type:**  
Psychiatry of Later Life

**Most Recent Registration Date:**  
6 June 2016

**Conditions Attached:**  
None

**Registered Proprietor:**  
HSE

**Registered Proprietor Nominee:**  
Ms Angela Walsh, Head of Mental  
Health Services, CHO9

**Inspection Team:**  
Karen McCrohan, Lead Inspector  
Mary Connellan

**Inspection Date:**  
11 – 15 June 2018

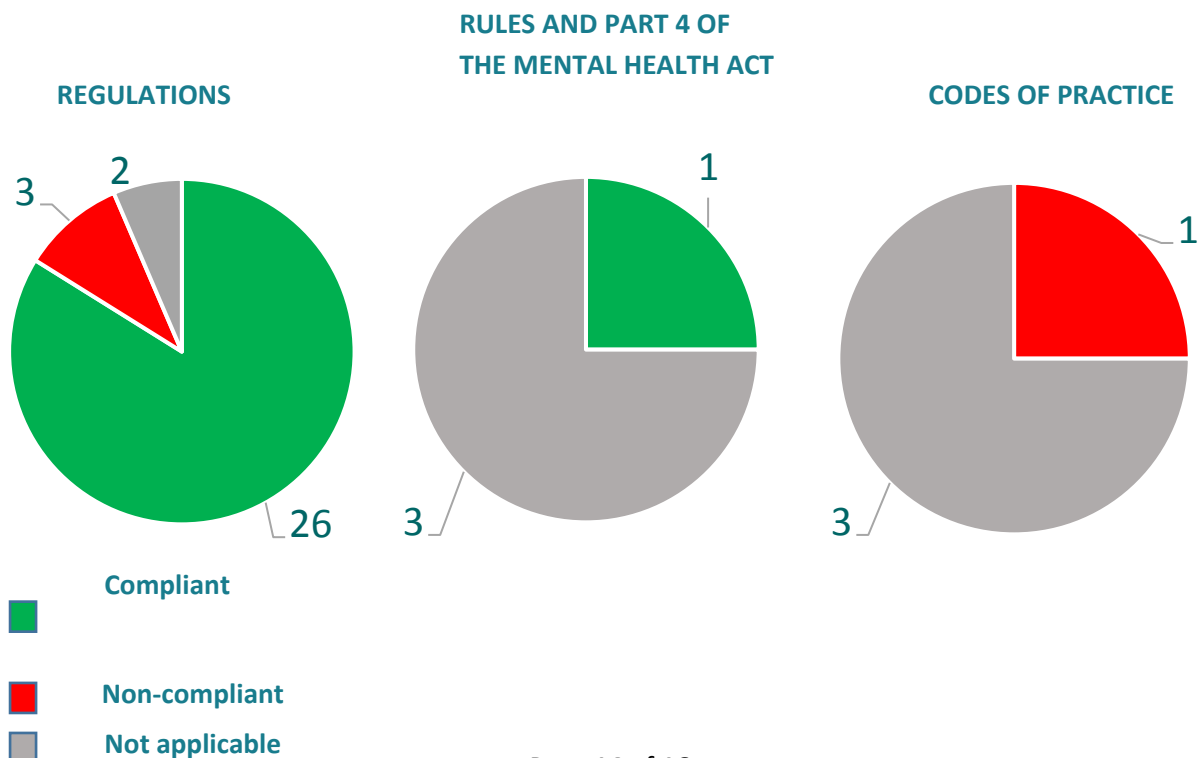
**Previous Inspection Date:**  
7 – 10 March 2017

**Inspection Type:**  
Unannounced Annual Inspection

**The Inspector of Mental Health Services:**  
Dr Susan Finnerty MCRN009711

**Date of Publication:**  
7 February 2018

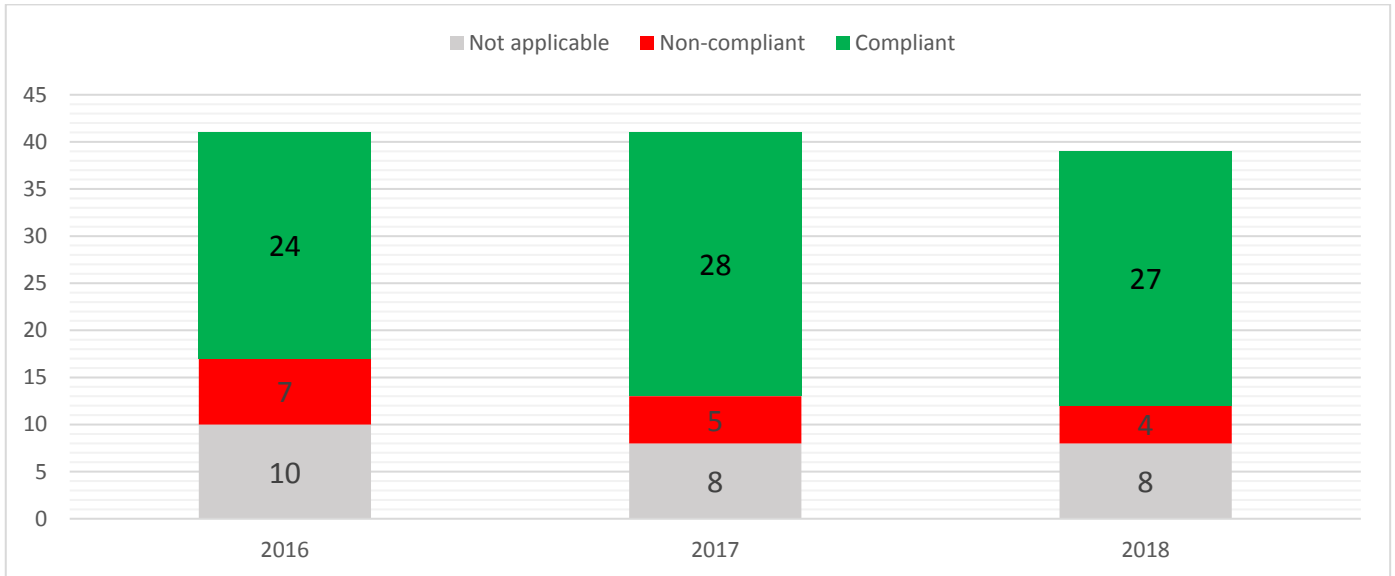
## 2018 COMPLIANCE RATINGS



## RATINGS SUMMARY 2016 – 2018

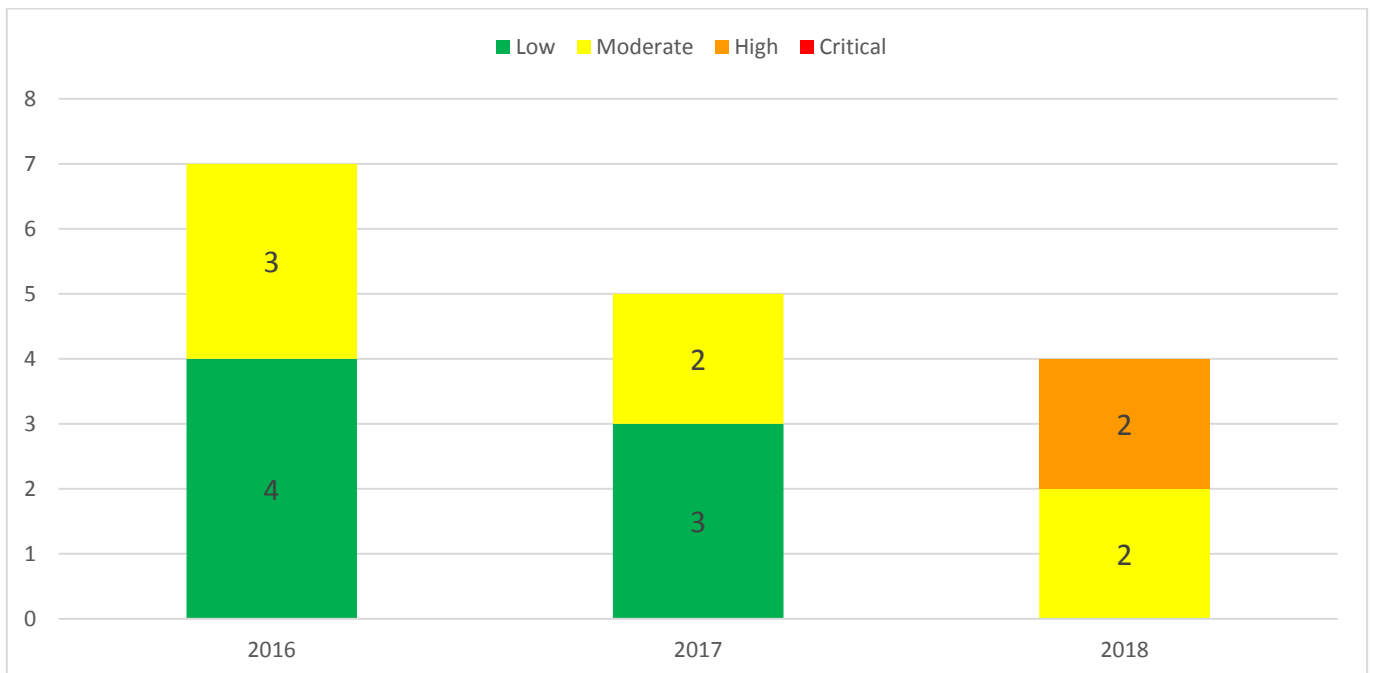
Compliance ratings across all 39 areas of inspection are summarised in the chart below.

**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 16: Therapeutic Services and Programmes	✓		✓		X	High
Regulation 19: General Health	✓		✓		X	High
Regulation 26: Staffing	✓		✓		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 6: Food Safety
Regulation 7: Clothing
Regulation 8: Residents’ Personal Property and Possessions
Regulation 10: Religion
Regulation 11: Visits
Regulation 14: Care of the Dying
Regulation 21: Privacy
Regulation 30: Mental Health Tribunals