



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. Grangemore Ward & St. Aidan's Ward, St. Otteran's Hospital, Waterford
https://www.mhcirl.ie/File/2018IRs/St_Otterans_IR2018.pdf
2. Linn Dara Child & Adolescent Mental Health In-patient Unit, Cherry Orchard Ballyfermot, Dublin 10
https://www.mhcirl.ie/File/2018IRs/LinnDara_IR2018.pdf
3. Lois Bridges, Sutton, Dublin 13
https://www.mhcirl.ie/File/2018IRs/LoisBridges_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

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/

Grangemore Ward & St. Aidan's Ward, St. Otteran's Hospital

ID Number: AC0033

2018 Approved Centre Inspection Report (Mental Health Act 2001)

Grangemore Ward & St Aidan's Ward, St
Otteran's Hospital
John's Hill
Waterford

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, CHO5 Mental Health
Services

Inspection Team:
Aisling Nestor, Lead Inspector
Noeleen Byrne
Dr Enda Dooley, MCRN 004155
Susan O'Neill
Carol Brennan-Forsyth

Inspection Date:
20 – 23 August 2018

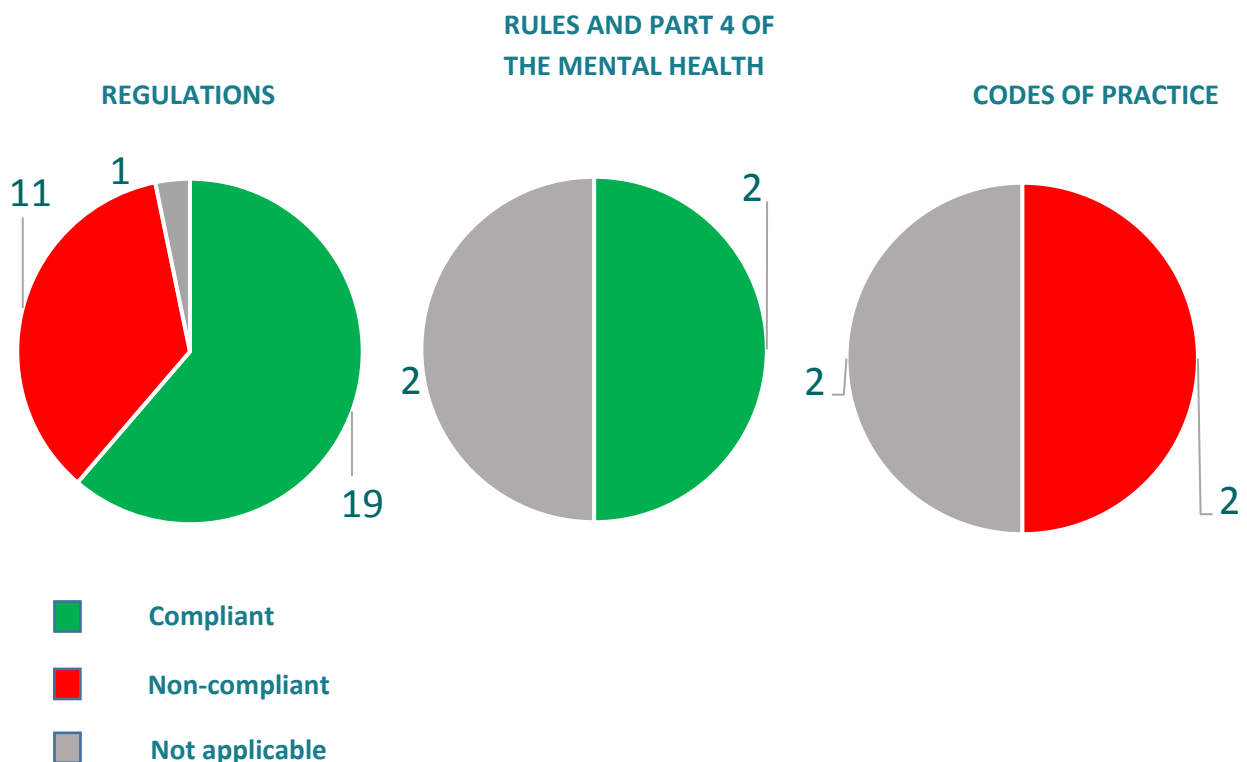
Previous Inspection Date:
17 – 20 October 2017

Inspection Type:
Unannounced Annual
Inspection

The Inspector of Mental Health Services:
Dr Susan Finnerty MCRN009711

Date of Publication:
14 February 2019

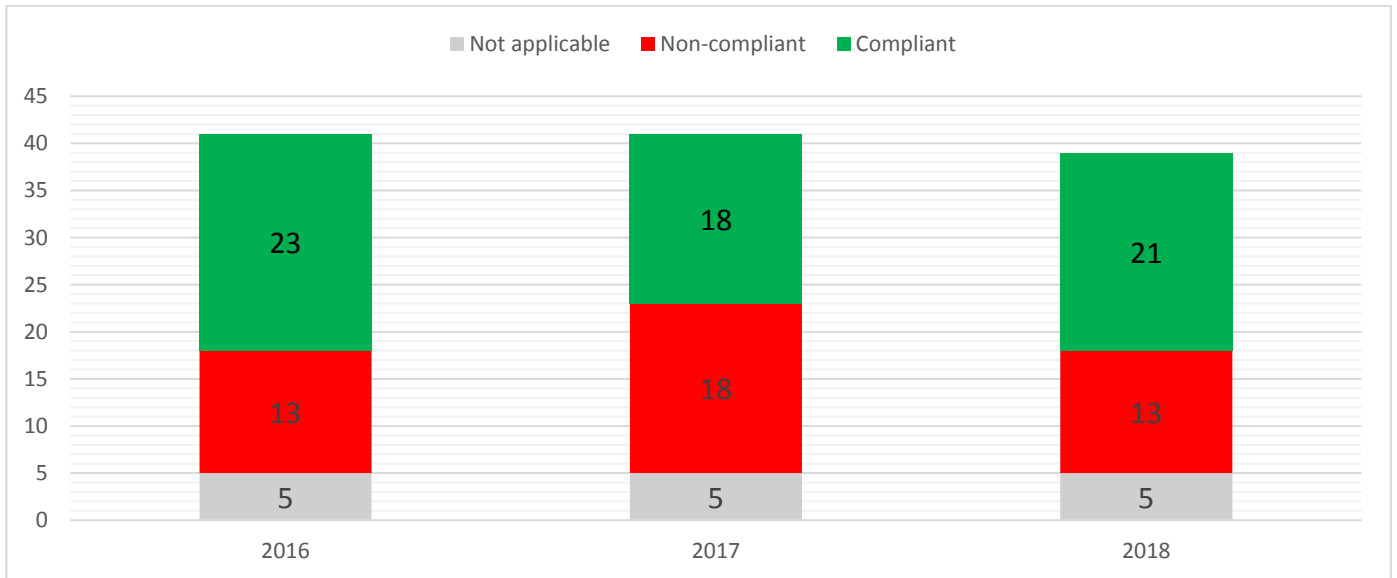
2018 COMPLIANCE RATINGS



RATINGS SUMMARY 2016 – 2018

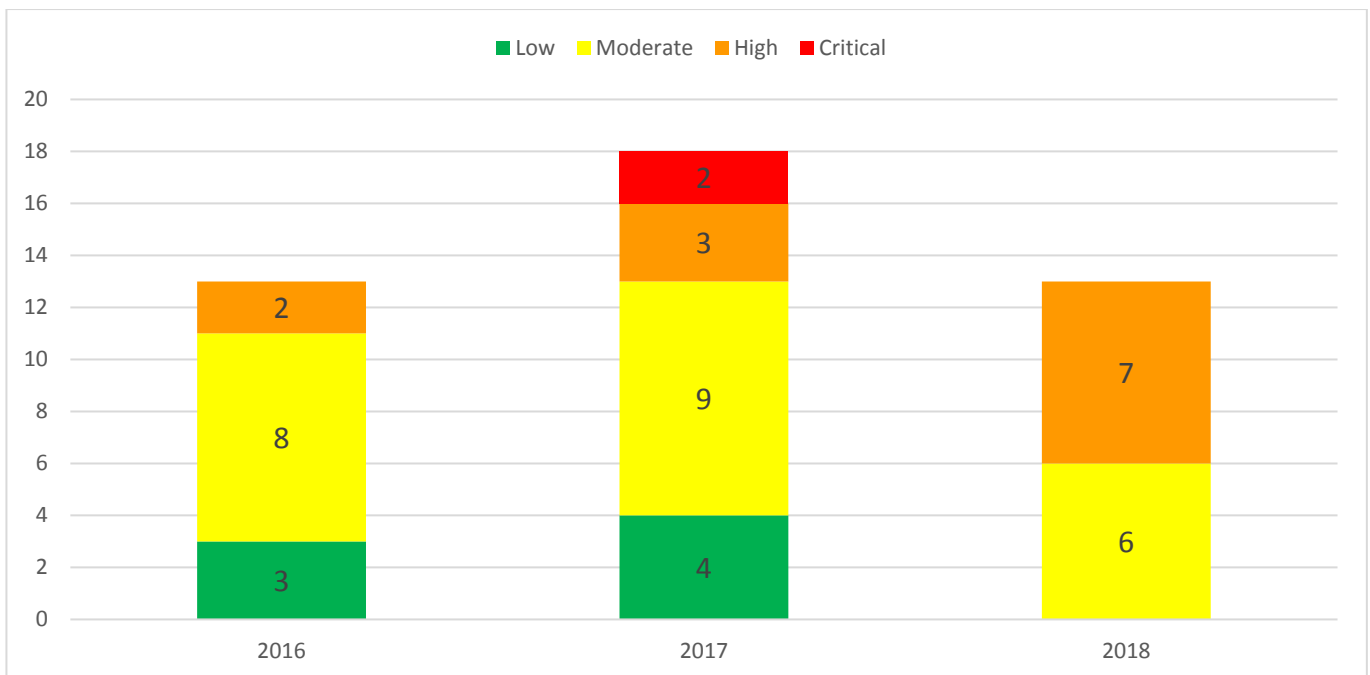
Compliance ratings across all 39 areas of inspection are summarised in the chart below.

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 5: Food and Nutrition	✓	X Moderate	X High
Regulation 7: Clothing	✓	✓	X Moderate
Regulation 16: Therapeutic Services & Programmes	✓	X High	X High
Regulation 18: Transfer of Residents			X Moderate
Regulation 19: General Health	X Moderate	X Critical	X High
Regulation 21: Privacy	✓	X Moderate	X High
Regulation 22: Premises	✓	X Moderate	X High
Regulation 23: Ordering, Prescribing, Storing, and Administration of Medicines	✓	✓	X Moderate
Regulation 26: Staffing	X High	X Critical	X High
Regulation 28: Register of Residents	X High	X Low	X High
Regulation 31: Complaints	✓	✓	X Moderate
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 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 full report [\[Insert link\]](#)

Areas of compliance rated “excellent” on this inspection

No areas of compliance were rated excellent on this inspection.

Linn Dara Child & Adolescent Mental Health In-patient Unit, Cherry Orchard

ID Number: AC0097

2018 Approved Centre Inspection Report (Mental Health Act 2001)

Linn Dara Child & Adolescent Mental Health In-patient Unit, Cherry Orchard
Cherry Orchard Hospital Campus
Ballyfermot Road
Ballyfermot
Dublin 10

Approved Centre Type:
Child & Adolescent Mental Health Care

Most Recent Registration Date:
10 December 2015

Conditions Attached:
None

Registered Proprietor:
HSE

Registered Proprietor Nominee:
Mr Kevin Brady, Head of Service, Mental Health – CHO7

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

Inspection Date:
5 – 7 June 2018

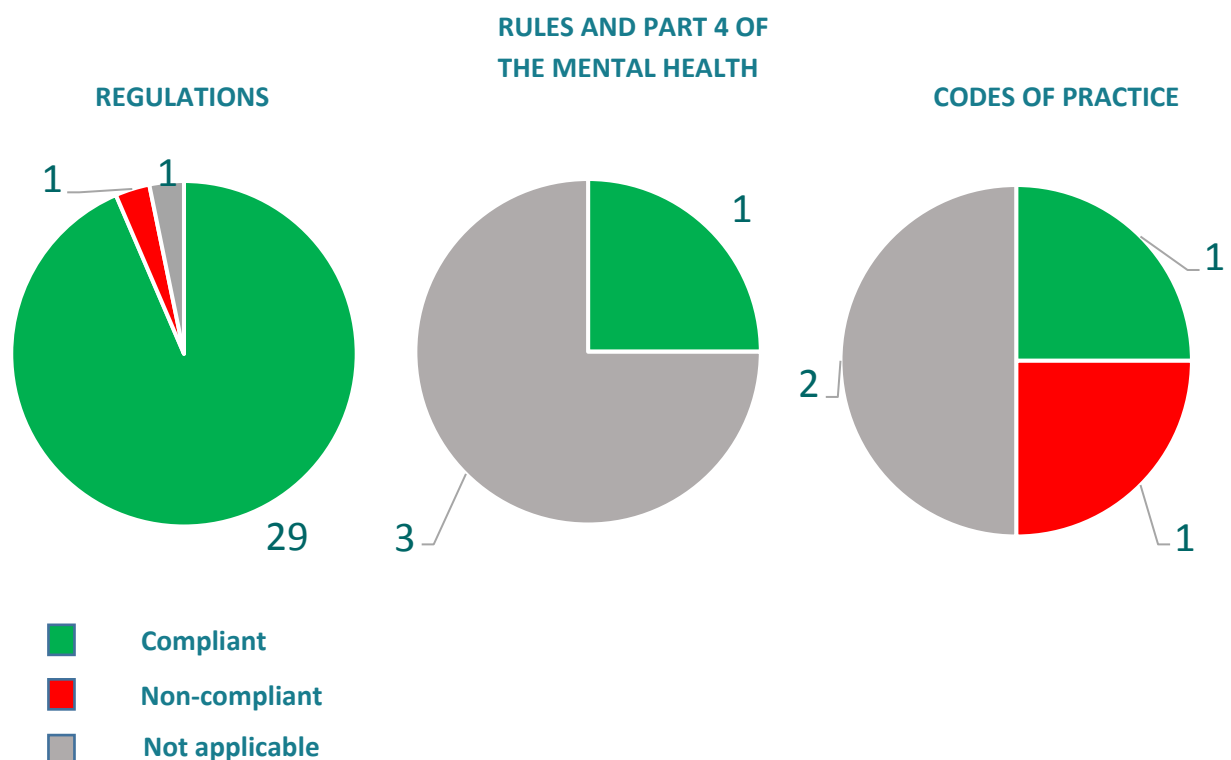
Inspection Type:
Unannounced Annual Inspection

Previous Inspection Date:
7 – 10 March 2017

The Inspector of Mental Health Services:
Dr Susan Finnerty MCRN009711

Date of Publication:
14 February 2019

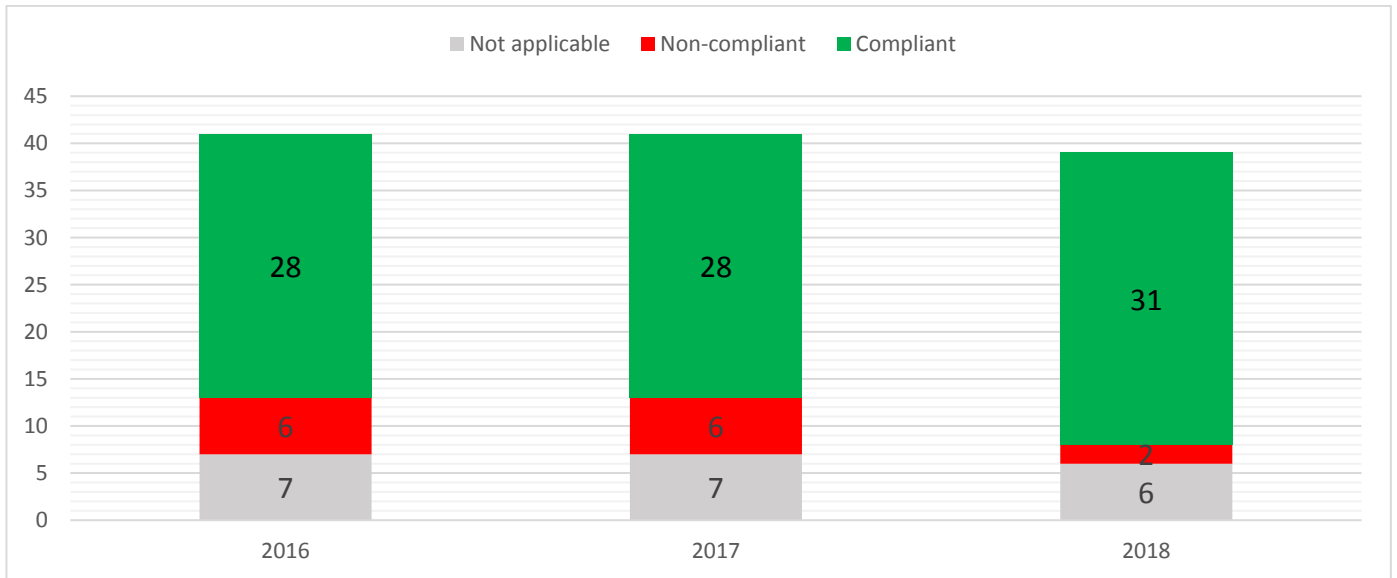
2018 COMPLIANCE RATINGS



RATINGS SUMMARY 2016 – 2018

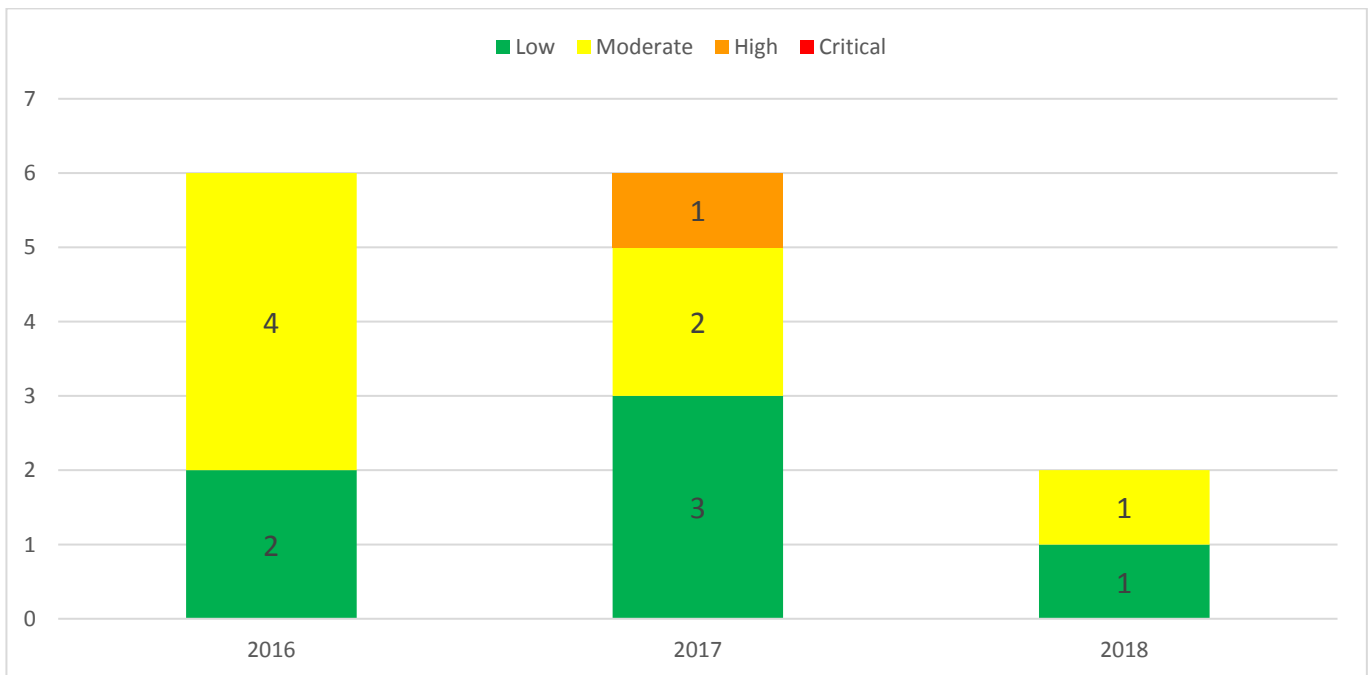
Compliance ratings across all 39 areas of inspection are summarised in the chart below.

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 26	X	Moderate	X	Moderate	X	Low
Code of Practice on Admission, Transfer, and Discharge to and from an Approved Centre	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 full report [\[Insert link\]](#)

Areas of compliance rated “excellent” on this inspection

Regulation
Regulation 8: Residents’ Personal Property and Possessions
Regulation 10: Religion
Regulation 12: Communication
Regulation 13: Searches
Regulation 17: Children’s Education
Regulation 19: General Health
Regulation 22: Premises

Lois Bridges

ID Number: AC0079

2018 Approved Centre Inspection Report (Mental Health Act 2001)

Lois Bridges
3 Greenfield Road
Sutton
Dublin 13

Approved Centre Type:
Acute Adult Mental Health Care

Most Recent Registration Date:
19 January 2016

Conditions Attached:
Yes

Registered Proprietor:
Ms. Melanie Wright

Registered Proprietor Nominee:
N/a

Inspection Team:
Dr Enda Dooley, MCRN 004155, Lead
Inspector
Mary Connellan
Karen McCrohan

Inspection Date:
6 - 9 November 2018

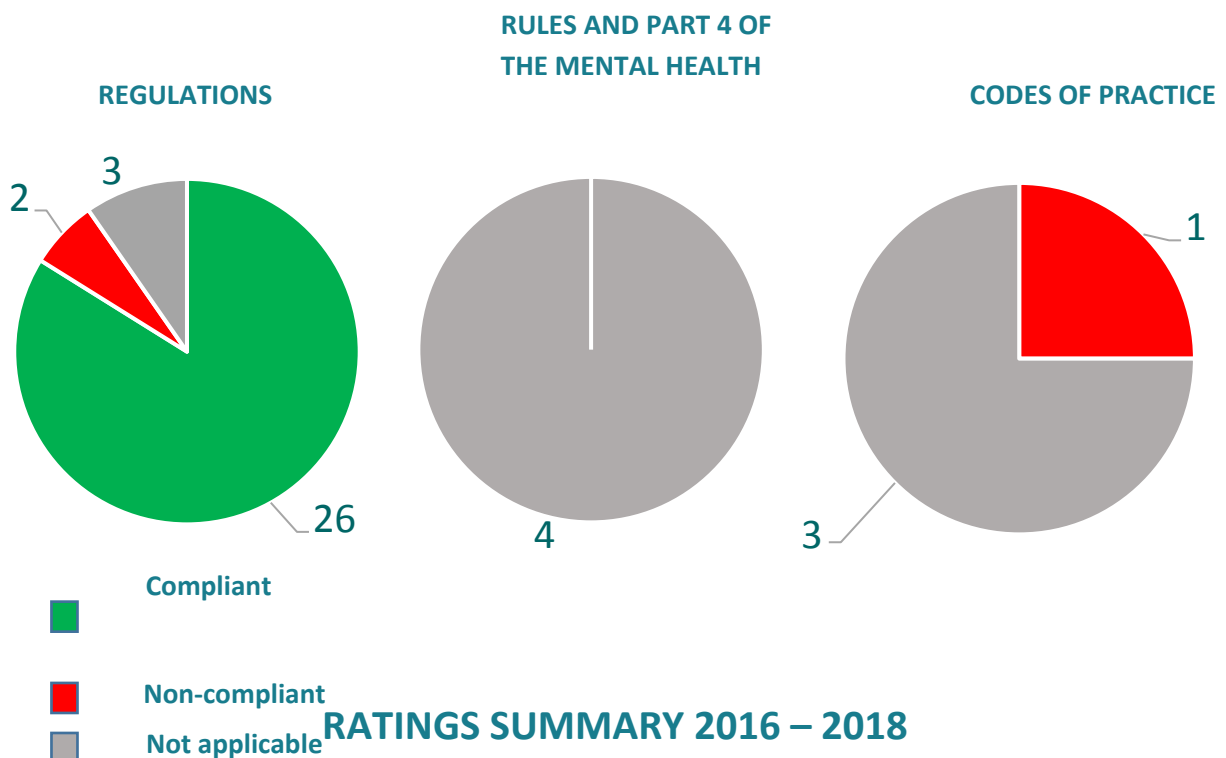
Inspection Type:
Unannounced Annual
Inspection

Previous Inspection Date:
21 - 24 March 2017 – Annual Inspection
17 - 18 August 2017 – Focused Inspection
5 - 6 December 2017 – Focused Inspection

The Inspector of Mental Health Services:
Dr Susan Finnerty MCRN009711

Date of Publication:
14 February 2019

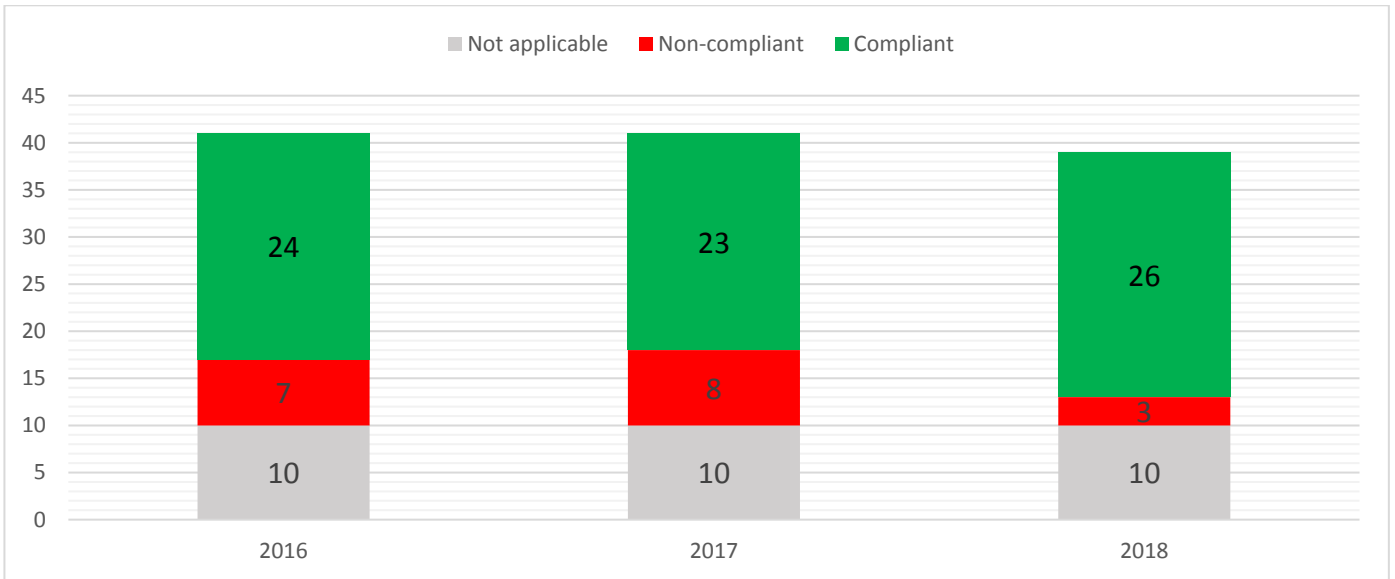
2018 COMPLIANCE RATINGS



RATINGS SUMMARY 2016 – 2018

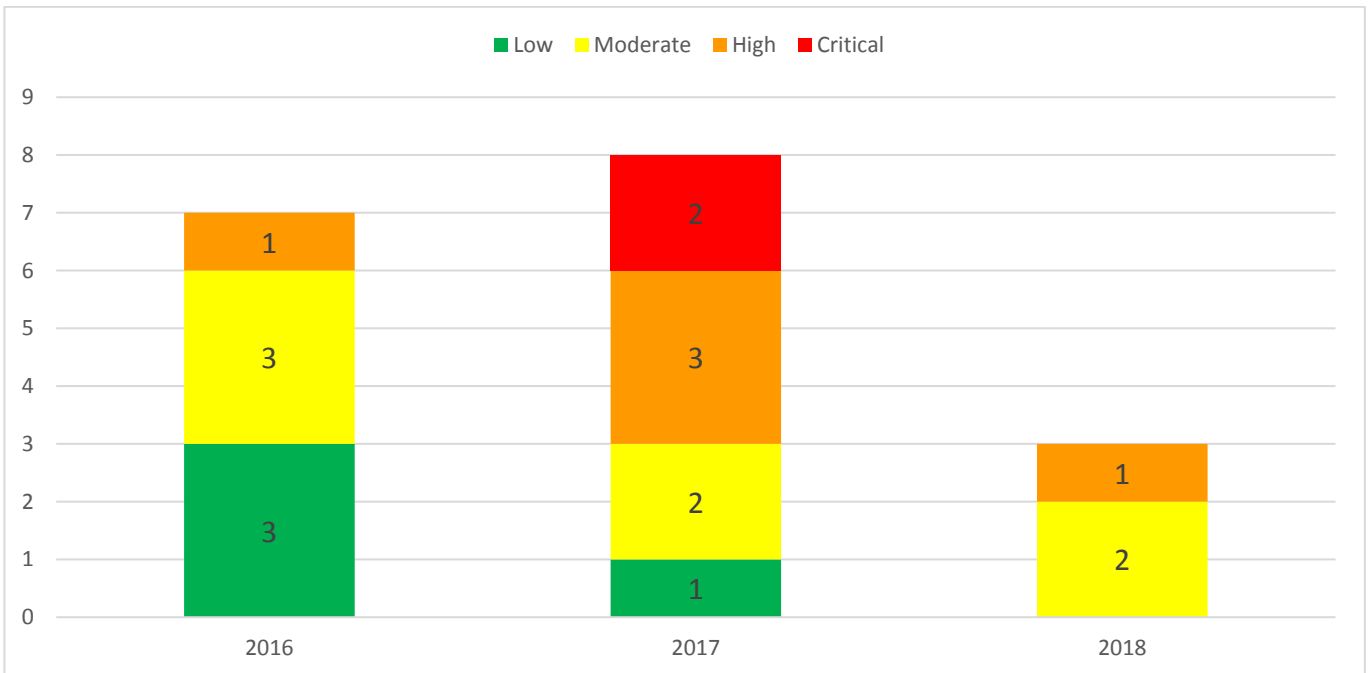
Compliance ratings across all 39 areas of inspection are summarised in the chart below.

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 three conditions attached to the registration of this approved centre at the time of inspection.

Condition 1: Pursuant to Section 64(6)(b)(v) of the Mental Health Act 2001 the approved centre must develop and implement protocols and procedures for the admission of residents, including detailed exclusion criteria reflective of the service provided.

Condition 2: Pursuant to Section 64(6)(b)(v) of the Mental Health Act 2001 the approved centre must develop and implement protocols and procedures to ensure access to necessary services and specialists, including but not limited to a gastroenterologist and daily blood testing.

Condition 3: Pursuant to Section 64(6)(a)(i) of the Mental Health Act 2001 the approved centre is not permitted to admit a high risk resident; with a Body Mass Index (BMI) of less than 13.

These had been attached due to concerns in previous inspections by the Inspector regarding the safety of residents in the approved centre. During the course of this inspections, the inspectors found that these conditions had been met.

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 & Administration of Medicines	✓		X	High	X	High
Regulation 27: Maintenance of Records	X	Low	X	Low	X	Moderate
Code of Practice on Admission, Transfer, and Discharge to and from an Approved Centre	X	High	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 full report [\[Insert link\]](#)

Areas of compliance rated “excellent” on this inspection

The following areas were rated excellent on this inspection:

Regulation
Regulation 5: Food and Nutrition
Regulation 6: Food Safety