National Eating Disorders Recovery Centre

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mental health commission

Annual Inspection Report 2021

Promoting Quality, Safety and Human Rights in Mental Health

National Eating Disorders Recovery Centre

62 Merrion Road, Ballsbridge, Dublin 4.

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2021 Approved Centre Inspection Report (Mental Health Act 2001)

Approved Centre Type:
Other

Conditions Attached:
None

Most Recent Registration Date:
18 June 2021

Registered Proprietor:
Linmore Health Limited

Registered Proprietor Nominee:
Ms Carla Johnson, Director of Services

Inspection Team:
Mary Connellan, Lead Inspector
Marianne Griffiths

The Inspector of Mental Health Services:
Dr Susan Finnerty MCRN009711

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09 – 11 November 2021

Previous Inspection date:
N/A

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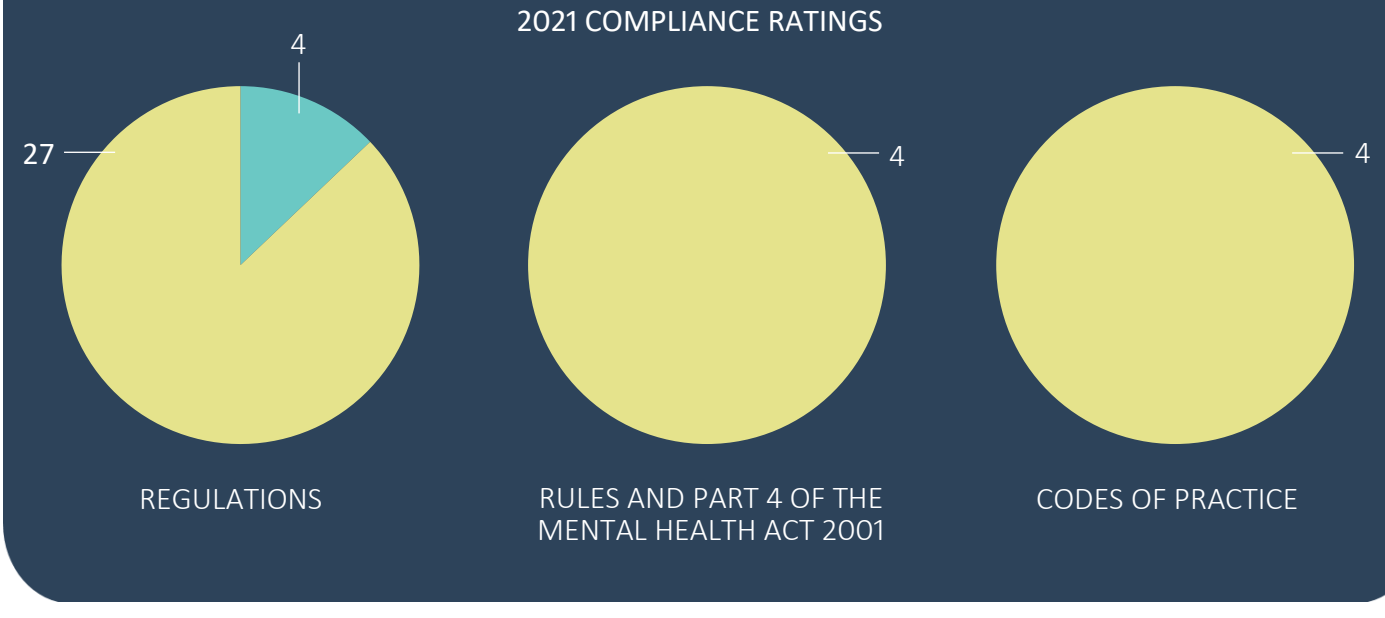
Announced Annual Inspection



RATINGS SUMMARY 2017 – 2021

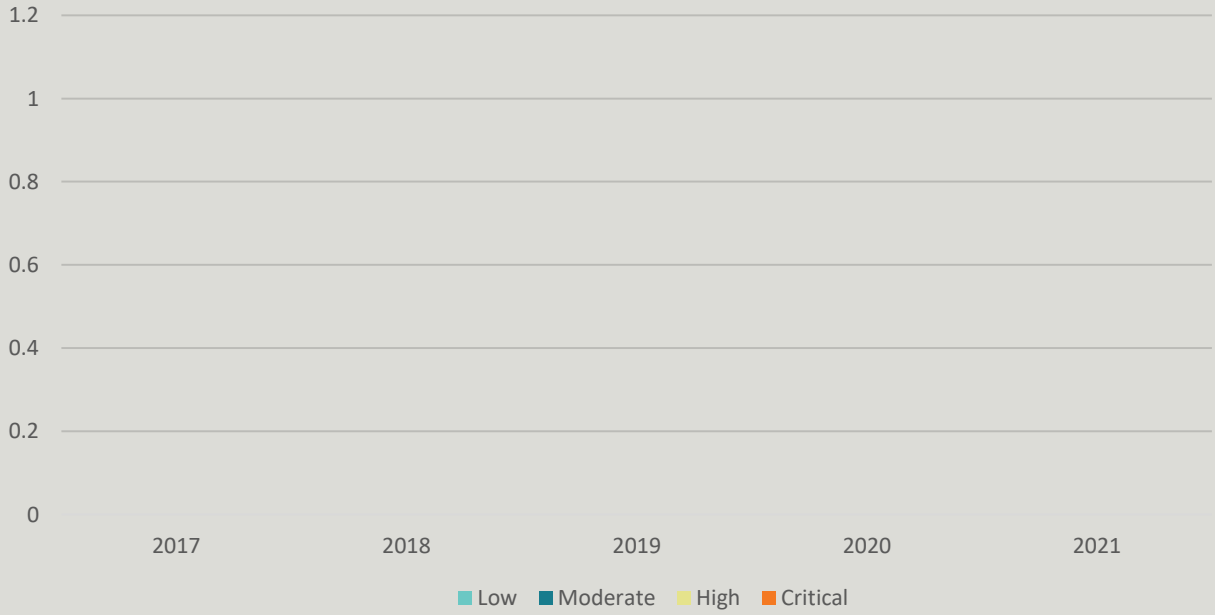
Compliance ratings across all 39 areas of inspection are summarised in the chart below.
Please note: the approved centre opened for the first time in 2021.

CHART 1 – COMPARISON OF OVERALL COMPLIANCE RATINGS 2017 – 2021

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 2017 – 2021

Please note: the approved centre opened for the first time in 2021.



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1.0 Inspector of Mental Health Services – Review of Findings

Inspector of Mental Health Services — Dr Susan Finnerty

This inspection was carried out during the COVID-19 pandemic. Due to public health restrictions, certain activities within approved centres were not able to take place. The inspectors have taken these restrictions into account when assessing compliance with Regulations, Rules and Codes of Practice.

In line with Public Health Guidance, the inspectors restricted the amount of time spent in resident areas of the approved centre. Because of this, only compliance with Regulations, Rules and Codes of Practice was assessed, as required by the Mental Health Act 2001, and quality ratings have not been included.

In brief

The National Eating Disorder Recovery Centre was an inpatient treatment facility registered for the care and treatment of adults with an eating disorder but was not open at the time of inspection. The approved centre was owned by a private company. There was a Board of Directors for which membership comprised of senior staff working in the approved centre and directors of the company. It was envisaged by the service that the approved centre would open to in-patient residents early in 2022.

As the approved centre had no residents at the time of inspection, the approved centre was inspected for compliance against Regulation 24: Health and Safety; Regulation 29: Operating Policies and Procedures; Regulation 33: Insurance; and Regulation 34: Certificate of Registration only. These four regulations were compliant at the time of the inspection.

2.0 Quality Initiatives

No quality initiatives were identified on inspection as the approved centre was not opened to admissions up to the time of inspection.

3.0 Overview of the Approved Centre

3.1 Description of approved centre

The National Eating Disorder Recovery Centre was located on Merrion Road, Ballsbridge, Dublin. It was a large semi-detached house that had been renovated and refurbished for the purpose of providing both an inpatient and outpatient facility for the treatment of eating disorders. The inpatient treatment facility was not open at the time of inspection but was registered for the care and treatment of adults with an eating disorder. The outpatient facility was providing assessment and treatment for both adolescents and adults at the time of inspection.

The approved centre was subdivided into two distinct areas. One had group rooms, consulting rooms, and facilities mainly for an outpatient service. The kitchen and dining facilities for the residential service were also located in this area. There was a nursing office centrally located that was for both the outpatient and inpatient service. The residential area was well proportioned, with two large sitting rooms that had been tastefully decorated. There was a quiet room that was also designated as a family visiting room.

Sleeping accommodation comprised of single bedrooms with rooms numbered two to eight located on the first floor return landing. Room eight which was larger in size was identified as the isolation/infection control room if required. A further two rooms were located on the second floor but were not commissioned for use at the time of the inspection. There were two separate shower and toilet facilities located on the first floor landing.

The resident profile on the first day of inspection was as follows:

Resident Profile	
Number of registered beds	***6***
Total number of residents	**0**
Number of detained patients	N/A
Number of wards of court	N/A
Number of children	N/A
Number of residents in the approved centre for more than 6 months	N/A
Number of patients on Section 26 leave for more than 2 weeks	N/A

3.2 Governance

The approved centre was owned by a private company. There was a Board of Directors for which membership comprised of senior staff working in the approved centre and directors of the company.

An outpatient service had been provided for the preceding three month period to the inspection date. It was envisaged by the service that the approved centre would open to (in-patient) residents early in 2022.

The Safety Statement identified a number of key committees. These included the executive management committee and the risk management committee. At the time of the inspection, there were no formal minutes from either of these committees. The director of services was identified as the person with overall responsibility for risk management.

Staff who worked in the approved centre included a risk advisor/safety representative, the director of services, an assistant director of nursing and a peer support worker. Other staff who had been recruited but had not commenced direct employment included consultant psychiatrists, psychotherapists, counselling psychologists, dietitians, an occupational therapist, and a social worker.

There was a contingency plan for the management of COVID-19 with infection prevention control policies and procedures. One bedroom had been categorized for a resident who was suspected or confirmed for COVID-19. This identified room was to remain vacant unless in use for specific infection prevention and control purposes.

At the time of inspection, the required fire inspection and fire inspection certificate were outstanding. A company had been engaged to provide this service and a proposed date was imminent. Documents relating to insurance were provided, however clinical indemnity insurance had not commenced as clinical care was not being provided in the approved centre.

3.3 Reporting on the National Clinical Guidelines

The service reported that it was cognisant of and implemented, where indicated, the National Clinical Guidelines as published by the Department of Health.

4.0 Compliance

4.1 Non-compliant areas on this inspection

As there were no residents admitted into the recently opened approved centre at the time of this inspection, the approved centre was inspected for compliance against Regulation 24: Health and Safety, Regulation 29: Operating Policies and Procedures, Regulation 33: Insurance, and Regulation 34: Certificate of Registration only, and these four regulations were compliant at the time of the inspection.

4.2 Areas that were not applicable on this inspection

There were no residents admitted into the recently opened approved centre at the time of this inspection. For this reason, 26 regulations, all of the Rules and Part 4 of the Mental Health Act 2001, and all Codes of Practice were not applicable and not inspected for compliance. These are included in Appendix 2 of the report.

6.0 Feedback Meeting

A feedback meeting was facilitated prior to the conclusion of the inspection. This was attended by the inspection team and the following representatives of the service:

- Registered Proprietor
- Director of Services
- Assistant Director of Nursing
- Therapy Manager

Apologies were received on behalf of the governance manager.

The inspection team outlined the initial findings of the inspection process and provided the opportunity for the service to offer any corrections or clarifications deemed appropriate.

7.0 Inspection Findings – Regulations

EVIDENCE OF COMPLIANCE WITH REGULATIONS UNDER MENTAL HEALTH ACT 2001 SECTION 52 (d)

The following regulations are not applicable

Regulation 1: Citation
Regulation 2: Commencement and Regulation
Regulation 3: Definitions

Regulation 4: Identification of Residents

NOT APPLICABLE

The registered proprietor shall make arrangements to ensure that each resident is readily identifiable by staff when receiving medication, health care or other services.

INSPECTION FINDINGS

As no residents had been admitted to the approved centre up to the date of inspection, this regulation was not applicable.

As no residents had been admitted to the approved centre up to the date of inspection, this regulation was deemed not applicable.

Regulation 5: Food and Nutrition

NOT APPLICABLE

(1) The registered proprietor shall ensure that residents have access to a safe supply of fresh drinking water.

(2) The registered proprietor shall ensure that residents are provided with food and drink in quantities adequate for their needs, which is properly prepared, wholesome and nutritious, involves an element of choice and takes account of any special dietary requirements and is consistent with each resident's individual care plan.

INSPECTION FINDINGS

As no residents had been admitted to the approved centre up to the date of inspection, this regulation was not applicable.

As no residents had been admitted to the approved centre up to the date of inspection, this regulation was deemed not applicable.

Regulation 6: Food Safety

NOT APPLICABLE

(1) The registered proprietor shall ensure:

(a) the provision of suitable and sufficient catering equipment, crockery and cutlery

(b) the provision of proper facilities for the refrigeration, storage, preparation, cooking and serving of food, and

(c) that a high standard of hygiene is maintained in relation to the storage, preparation and disposal of food and related refuse.

(2) This regulation is without prejudice to:

(a) the provisions of the Health Act 1947 and any regulations made thereunder in respect of food standards (including labelling) and safety;

(b) any regulations made pursuant to the European Communities Act 1972 in respect of food standards (including labelling) and safety; and

(c) the Food Safety Authority of Ireland Act 1998.

INSPECTION FINDINGS

There were proper facilities for the refrigeration, storage, preparation, cooking and serving of food in the approved centre. There was also provision of suitable and sufficient catering equipment, crockery, and cutlery.

As no residents had been admitted to the approved centre up to the date of inspection, and food had not been stored, prepared, or cooked this regulation was not applicable.

As no residents had been admitted to the approved centre up to the date of inspection, this regulation was deemed not applicable.

Regulation 7: Clothing

NOT APPLICABLE

The registered proprietor shall ensure that:

(1) when a resident does not have an adequate supply of their own clothing the resident is provided with an adequate supply of appropriate individualised clothing with due regard to his or her dignity and bodily integrity at all times;

(2) night clothes are not worn by residents during the day, unless specified in a resident's individual care plan.

INSPECTION FINDINGS

As no residents had been admitted to the approved centre up to the date of inspection, this regulation was not applicable.

As no residents had been admitted to the approved centre up to the date of inspection, this regulation was deemed not applicable.

Regulation 8: Residents' Personal Property and Possessions

NOT APPLICABLE

(1) For the purpose of this regulation "personal property and possessions" means the belongings and personal effects that a resident brings into an approved centre; items purchased by or on behalf of a resident during his or her stay in an approved centre; and items and monies received by the resident during his or her stay in an approved centre.

(2) The registered proprietor shall ensure that the approved centre has written operational policies and procedures relating to residents' personal property and possessions.

(3) The registered proprietor shall ensure that a record is maintained of each resident's personal property and possessions and is available to the resident in accordance with the approved centre's written policy.

(4) The registered proprietor shall ensure that records relating to a resident's personal property and possessions are kept separately from the resident's individual care plan.

(5) The registered proprietor shall ensure that each resident retains control of his or her personal property and possessions except under circumstances where this poses a danger to the resident or others as indicated by the resident's individual care plan.

(6) The registered proprietor shall ensure that provision is made for the safe-keeping of all personal property and possessions.

INSPECTION FINDINGS

The approved centre had a written policy relating to the residents' personal property and possessions. This policy had been approved and dated October 2020. As no residents had been admitted to the approved centre up to the time of inspection, this policy was not operational.

As no residents had been admitted to the approved centre up to the date of inspection, this regulation was deemed not applicable.

Regulation 9: Recreational Activities

NOT APPLICABLE

The registered proprietor shall ensure that an approved centre, insofar as is practicable, provides access for residents to appropriate recreational activities.

INSPECTION FINDINGS

As no residents had been admitted to the approved centre up to the date of inspection, this regulation was not applicable.

As no residents had been admitted to the approved centre up to the date of inspection, this regulation was deemed not applicable.

Regulation 10: Religion

NOT APPLICABLE

The registered proprietor shall ensure that residents are facilitated, insofar as is reasonably practicable, in the practice of their religion.

INSPECTION FINDINGS

As no residents had been admitted to the approved centre up to the date of inspection, this regulation was not applicable.

As no residents had been admitted to the approved centre up to the date of inspection, this regulation was deemed not applicable.

Regulation 11: Visits

NOT APPLICABLE

(1) The registered proprietor shall ensure that appropriate arrangements are made for residents to receive visitors having regard to the nature and purpose of the visit and the needs of the resident.

(2) The registered proprietor shall ensure that reasonable times are identified during which a resident may receive visits.

(3) The registered proprietor shall take all reasonable steps to ensure the safety of residents and visitors.

(4) The registered proprietor shall ensure that the freedom of a resident to receive visits and the privacy of a resident during visits are respected, in so far as is practicable, unless indicated otherwise in the resident's individual care plan.

(5) The registered proprietor shall ensure that appropriate arrangements and facilities are in place for children visiting a resident.

(6) The registered proprietor shall ensure that an approved centre has written operational policies and procedures for visits.

INSPECTION FINDINGS

The approved centre had a written policy for visits. This policy had been approved and dated October 2020. As no residents had been admitted to the approved centre up to the time of inspection, this policy was not operational.

The approved centre had facilities in place for children visiting a resident.

As no residents had been admitted to the approved centre up to the date of inspection, this regulation was deemed not applicable.

Regulation 12: Communication

NOT APPLICABLE

(1) Subject to subsections (2) and (3), the registered proprietor and the clinical director shall ensure that the resident is free to communicate at all times, having due regard to his or her wellbeing, safety and health.

(2) The clinical director, or a senior member of staff designated by the clinical director, may only examine incoming and outgoing communication if there is reasonable cause to believe that the communication may result in harm to the resident or to others.

(3) The registered proprietor shall ensure that the approved centre has written operational policies and procedures on communication.

(4) For the purposes of this regulation "communication" means the use of mail, fax, email, internet, telephone or any device for the purposes of sending or receiving messages or goods.

INSPECTION FINDINGS

The approved centre had a written policy on communication. This policy had been approved and dated October 2020. As no residents had been admitted to the approved centre up to the time of inspection, the policy was not operational, and this regulation was not applicable.

As no residents had been admitted to the approved centre up to the date of inspection, this regulation was deemed not applicable.

Regulation 13: Searches

NOT APPLICABLE

(1) The registered proprietor shall ensure that the approved centre has written operational policies and procedures on the searching of a resident, his or her belongings and the environment in which he or she is accommodated.

(2) The registered proprietor shall ensure that searches are only carried out for the purpose of creating and maintaining a safe and therapeutic environment for the residents and staff of the approved centre.

(3) The registered proprietor shall ensure that the approved centre has written operational policies and procedures for carrying out searches with the consent of a resident and carrying out searches in the absence of consent.

(4) Without prejudice to subsection (3) the registered proprietor shall ensure that the consent of the resident is always sought.

(5) The registered proprietor shall ensure that residents and staff are aware of the policy and procedures on searching.

(6) The registered proprietor shall ensure that there is be a minimum of two appropriately qualified staff in attendance at all times when searches are being conducted.

(7) The registered proprietor shall ensure that all searches are undertaken with due regard to the resident's dignity, privacy and gender.

(8) The registered proprietor shall ensure that the resident being searched is informed of what is happening and why.

(9) The registered proprietor shall ensure that a written record of every search is made, which includes the reason for the search.

(10) The registered proprietor shall ensure that the approved centre has written operational policies and procedures in relation to the finding of illicit substances.

INSPECTION FINDINGS

The approved centre had a written policy on the searching of a resident, his or her belongings and the environment in which he or she is accommodated. This policy had been approved and dated October 2020. As no residents had been admitted to the approved centre up to the time of inspection, this policy was not operational.

The approved centre did not have a policy in relation to the finding of illicit substances 13(10).

As no residents had been admitted to the approved centre up to the date of inspection, this regulation was deemed not applicable.

Regulation 14: Care of the Dying

NOT APPLICABLE

(1) The registered proprietor shall ensure that the approved centre has written operational policies and protocols for care of residents who are dying.

(2) The registered proprietor shall ensure that when a resident is dying:

(a) appropriate care and comfort are given to a resident to address his or her physical, emotional, psychological and spiritual needs;

(b) in so far as practicable, his or her religious and cultural practices are respected;

(c) the resident's death is handled with dignity and propriety, and;

(d) in so far as is practicable, the needs of the resident's family, next-of-kin and friends are accommodated.

(3) The registered proprietor shall ensure that when the sudden death of a resident occurs:

(a) in so far as practicable, his or her religious and cultural practices are respected;

(b) the resident's death is handled with dignity and propriety, and;

(c) in so far as is practicable, the needs of the resident's family, next-of-kin and friends are accommodated.

(4) The registered proprietor shall ensure that the Mental Health Commission is notified in writing of the death of any resident of the approved centre, as soon as is practicable and in any event, no later than within 48 hours of the death occurring.

(5) This Regulation is without prejudice to the provisions of the Coroners Act 1962 and the Coroners (Amendment) Act 2005.

INSPECTION FINDINGS

The approved centre had a written policy for care of residents who were dying. This policy had been approved and dated October 2020. As no residents had been admitted to the approved centre up to the time of inspection, this policy was not operational.

As no residents had been admitted to the approved centre up to the date of inspection, this regulation was deemed not applicable.

Regulation 15: Individual Care Plan

NOT APPLICABLE

The registered proprietor shall ensure that each resident has an individual care plan.

[Definition of an individual care plan:"... a documented set of goals developed, regularly reviewed and updated by the resident's multi-disciplinary team, so far as practicable in consultation with each resident. The individual care plan shall specify the treatment and care required which shall be in accordance with best practice, shall identify necessary resources and shall specify appropriate goals for the resident. For a resident who is a child, his or her individual care plan shall include education requirements. The individual care plan shall be recorded in the one composite set of documentation".]

INSPECTION FINDINGS

As no residents had been admitted to the approved centre up to the date of inspection, this regulation was not applicable.

As no residents had been admitted to the approved centre up to the date of inspection, this regulation was deemed not applicable.

Regulation 16: Therapeutic Services and Programmes

NOT APPLICABLE

(1) The registered proprietor shall ensure that each resident has access to an appropriate range of therapeutic services and programmes in accordance with his or her individual care plan.

(2) The registered proprietor shall ensure that programmes and services provided shall be directed towards restoring and maintaining optimal levels of physical and psychosocial functioning of a resident.

INSPECTION FINDINGS

As no residents had been admitted to the approved centre up to the date of inspection, this regulation was not applicable.

As no residents had been admitted to the approved centre up to the date of inspection, this regulation was deemed not applicable.

Regulation 18: Transfer of Residents

NOT APPLICABLE

(1) When a resident is transferred from an approved centre for treatment to another approved centre, hospital or other place, the registered proprietor of the approved centre from which the resident is being transferred shall ensure that all relevant information about the resident is provided to the receiving approved centre, hospital or other place.

(2) The registered proprietor shall ensure that the approved centre has a written policy and procedures on the transfer of residents.

INSPECTION FINDINGS

The approved centre had a written policy on the transfer of residents. This policy had been approved and dated October 2020. As no residents had been admitted to the approved centre up to the date of inspection, this regulation was not applicable.

As no residents had been admitted to the approved centre up to the date of inspection, this regulation was deemed not applicable.

Regulation 19: General Health

NOT APPLICABLE

(1) The registered proprietor shall ensure that:

(a) adequate arrangements are in place for access by residents to general health services and for their referral to other health services as required;

(b) each resident's general health needs are assessed regularly as indicated by his or her individual care plan and in any event not less than every six months, and;

(c) each resident has access to national screening programmes where available and applicable to the resident.

(2) The registered proprietor shall ensure that the approved centre has written operational policies and procedures for responding to medical emergencies.

INSPECTION FINDINGS

The approved centre had a written policy for responding to medical emergencies. This policy had been approved and dated December 2020. As no residents had been admitted to the approved centre up to the date of inspection, this policy was not operational. Furthermore, the general health arrangements and access to national screening programmes were not applicable.

As no residents had been admitted to the approved centre up to the date of inspection, this regulation was deemed not applicable.

Regulation 20: Provision of Information to Residents

NOT APPLICABLE

(1) Without prejudice to any provisions in the Act the registered proprietor shall ensure that the following information is provided to each resident in an understandable form and language:

(a) details of the resident's multi-disciplinary team;

(b) housekeeping practices, including arrangements for personal property, mealtimes, visiting times and visiting arrangements;

(c) verbal and written information on the resident's diagnosis and suitable written information relevant to the resident's diagnosis unless in the resident's psychiatrist's view the provision of such information might be prejudicial to the resident's physical or mental health, well-being or emotional condition;

(d) details of relevant advocacy and voluntary agencies;

(e) information on indications for use of all medications to be administered to the resident, including any possible side-effects.

(2) The registered proprietor shall ensure that an approved centre has written operational policies and procedures for the provision of information to residents.

INSPECTION FINDINGS

The approved centre had a written policy for the provision of information to residents. This policy had been approved and dated December 2020. As no residents had been admitted to the approved centre up to the date of inspection, this policy was not operational.

As no residents had been admitted to the approved centre up to the date of inspection, this regulation was deemed not applicable.

Regulation 21: Privacy

NOT APPLICABLE

The registered proprietor shall ensure that the resident's privacy and dignity is appropriately respected at all times.

INSPECTION FINDINGS

As no residents had been admitted to the approved centre up to the date of inspection, this regulation was not applicable.

As no residents had been admitted to the approved centre up to the date of inspection, this regulation was deemed not applicable.

Regulation 22: Premises

NOT APPLICABLE

(1) The registered proprietor shall ensure that:

(a) premises are clean and maintained in good structural and decorative condition;

(b) premises are adequately lit, heated and ventilated;

(c) a programme of routine maintenance and renewal of the fabric and decoration of the premises is developed and implemented and records of such programme are maintained.

(2) The registered proprietor shall ensure that an approved centre has adequate and suitable furnishings having regard to the number and mix of residents in the approved centre.

(3) The registered proprietor shall ensure that the condition of the physical structure and the overall approved centre environment is developed and maintained with due regard to the specific needs of residents and patients and the safety and well-being of residents, staff and visitors.

(4) Any premises in which the care and treatment of persons with a mental disorder or mental illness is begun after the commencement of these regulations shall be designed and developed or redeveloped specifically and solely for this purpose in so far as it practicable and in accordance with best contemporary practice.

(5) Any approved centre in which the care and treatment of persons with a mental disorder or mental illness is begun after the commencement of these regulations shall ensure that the buildings are, as far as practicable, accessible to persons with disabilities.

(6) This regulation is without prejudice to the provisions of the Building Control Act 1990, the Building Regulations 1997 and 2001, Part M of the Building Regulations 1997, the Disability Act 2005 and the Planning and Development Act 2000.

INSPECTION FINDINGS

The premises had been refurbished. The inspectors found the premises to be clean and maintained in good structural and decorative condition. They were adequately lit, heated, and ventilated. The entire premises had been decorated in the months preceding the inspection.

There were no residents in the approved centre. Furnishings were noted to be comfortable and developed with due regard to the specific needs of residents and patients and the safety and well-being of residents, staff, and visitors. Maintenance snags that were identified on the walkabout included the door closure mechanism on bedroom doors.

As no residents had been admitted to the approved centre up to the date of inspection, this regulation was deemed not applicable.

Regulation 23: Ordering, Prescribing, Storing and Administration of Medicines

NOT APPLICABLE

(1) The registered proprietor shall ensure that an approved centre has appropriate and suitable practices and written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents.

(2) This Regulation is without prejudice to the Irish Medicines Board Act 1995 (as amended), the Misuse of Drugs Acts 1977, 1984 and 1993, the Misuse of Drugs Regulations 1998 (S.I. No. 338 of 1998) and 1993 (S.I. No. 338 of 1993 and S.I. No. 342 of 1993) and S.I. No. 540 of 2003, Medicinal Products (Prescription and control of Supply) Regulations 2003 (as amended).

INSPECTION FINDINGS

The approved centre had a written policy relating to the ordering, prescribing, storing and administration of medicines to residents. This policy had been approved and dated December 2020. As no residents had been admitted to the approved centre up to the time of the inspection, this policy was not operational.

As no residents had been admitted to the approved centre up to the date of inspection, this regulation was deemed not applicable.

Regulation 24: Health and Safety

COMPLIANT

(1) The registered proprietor shall ensure that an approved centre has written operational policies and procedures relating to the health and safety of residents, staff and visitors.

(2) This regulation is without prejudice to the provisions of Health and Safety Act 1989, the Health and Safety at Work Act 2005 and any regulations made thereunder.

INSPECTION FINDINGS

The approved centre had a written policy relating to the health and safety of residents, staff, and visitors. This policy had been approved and dated December 2020.

The approved centre had a written safety statement dated October 2021.

The approved centre was compliant with this regulation.

Regulation 26: Staffing

NOT APPLICABLE

(1) The registered proprietor shall ensure that the approved centre has written policies and procedures relating to the recruitment, selection and vetting of staff.

(2) The registered proprietor shall ensure that the numbers of staff and skill mix of staff are appropriate to the assessed needs of residents, the size and layout of the approved centre.

(3) The registered proprietor shall ensure that there is an appropriately qualified staff member on duty and in charge of the approved centre at all times and a record thereof maintained in the approved centre.

(4) The registered proprietor shall ensure that staff have access to education and training to enable them to provide care and treatment in accordance with best contemporary practice.

(5) The registered proprietor shall ensure that all staff members are made aware of the provisions of the Act and all regulations and rules made thereunder, commensurate with their role.

(6) The registered proprietor shall ensure that a copy of the Act and any regulations and rules made thereunder are to be made available to all staff in the approved centre.

INSPECTION FINDINGS

There was a written policy relating to the recruitment, selection and vetting of staff. This policy had been approved and dated December 2020.

As no residents had been admitted to the approved centre up to the date of inspection, the staffing numbers and skill mix of staff was not applicable. Furthermore, an appropriately qualified staff member on duty and in charge at all times was not applicable at the time of inspection.

As no residents had been admitted to the approved centre up to the date of inspection, this regulation was deemed not applicable.

Regulation 27: Maintenance of Records

NOT APPLICABLE

(1) The registered proprietor shall ensure that records and reports shall be maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. All records shall be kept up-to-date and in good order in a safe and secure place.

(2) The registered proprietor shall ensure that the approved centre has written policies and procedures relating to the creation of, access to, retention of and destruction of records.

(3) The registered proprietor shall ensure that all documentation of inspections relating to food safety, health and safety and fire inspections is maintained in the approved centre.

(4) This Regulation is without prejudice to the provisions of the Data Protection Acts 1988 and 2003 and the Freedom of Information Acts 1997 and 2003.

Note: Actual assessment of food safety, health and safety and fire risk records is outside the scope of this Regulation, which refers only to maintenance of records pertaining to these areas.

INSPECTION FINDINGS

The approved centre had a written policy relating to the creation of, access to, retention of and destruction of records. This policy had been approved and dated December 2020.

Documentation relating to food safety and health and safety was maintained in the approved centre. There had been no fire inspection up to the time of inspection.

As no residents had been admitted to the approved centre up to the date of inspection, this regulation was deemed not applicable.

Regulation 28: Register of Residents

NOT APPLICABLE

(1) The registered proprietor shall ensure that an up-to-date register shall be established and maintained in relation to every resident in an approved centre in a format determined by the Commission and shall make available such information to the Commission as and when requested by the Commission.

(2) The registered proprietor shall ensure that the register includes the information specified in Schedule 1 to these Regulations.

INSPECTION FINDINGS

The approved centre had prepared an electronic document for the Register of Residents. As the approved centre had not admitted any residents this regulation was not applicable at the time of inspection.

As no residents had been admitted to the approved centre up to the date of inspection, this regulation was deemed not applicable.

Regulation 29: Operating Policies and Procedures

COMPLIANT

The registered proprietor shall ensure that all written operational policies and procedures of an approved centre are reviewed on the recommendation of the Inspector or the Commission and at least every 3 years having due regard to any recommendations made by the Inspector or the Commission.

INSPECTION FINDINGS

All operating policies and procedures required for this regulation had been approved. As this was a newly registered approved centre review of the policies was not applicable at the time of inspection.

The approved centre was compliant with this regulation.

Regulation 31: Complaints Procedures

NOT APPLICABLE

(1) The registered proprietor shall ensure that an approved centre has written operational policies and procedures relating to the making, handling and investigating complaints from any person about any aspects of service, care and treatment provided in, or on behalf of an approved centre.

(2) The registered proprietor shall ensure that each resident is made aware of the complaints procedure as soon as is practicable after admission.

(3) The registered proprietor shall ensure that the complaints procedure is displayed in a prominent position in the approved centre.

(4) The registered proprietor shall ensure that a nominated person is available in an approved centre to deal with all complaints.

(5) The registered proprietor shall ensure that all complaints are investigated promptly.

(6) The registered proprietor shall ensure that the nominated person maintains a record of all complaints relating to the approved centre.

(7) The registered proprietor shall ensure that all complaints and the results of any investigations into the matters complained and any actions taken on foot of a complaint are fully and properly recorded and that such records shall be in addition to and distinct from a resident's individual care plan.

(8) The registered proprietor shall ensure that any resident who has made a complaint is not adversely affected by reason of the complaint having been made.

(9) This Regulation is without prejudice to Part 9 of the Health Act 2004 and any regulations made thereunder.

INSPECTION FINDINGS

There was a written policy relating to the making, handling, and investigating complaints from any person about any aspects of service, care and treatment provided in, or on behalf of the approved centre. This policy had been approved and dated October 2020. This policy was not operational as no residents had been admitted to the approved centre up to the date of inspection.

Information regarding the compliant procedure was displayed in a prominent position in the approved centre.

There was a nominated person available in the approved centre to deal with all complaints.

As no residents had been admitted to the approved centre up to the date of inspection, this regulation was deemed not applicable.

Regulation 32: Risk Management Procedures

NOT APPLICABLE

(1) The registered proprietor shall ensure that an approved centre has a comprehensive written risk management policy in place and that it is implemented throughout the approved centre.

(2) The registered proprietor shall ensure that risk management policy covers, but is not limited to, the following:

(a) The identification and assessment of risks throughout the approved centre;

(b) The precautions in place to control the risks identified;

(c) The precautions in place to control the following specified risks:

(i) resident absent without leave,

(ii) suicide and self harm,

(iii) assault,

(iv) accidental injury to residents or staff;

(d) Arrangements for the identification, recording, investigation and learning from serious or untoward incidents or adverse events involving residents;

(e) Arrangements for responding to emergencies;

(f) Arrangements for the protection of children and vulnerable adults from abuse.

(3) The registered proprietor shall ensure that an approved centre shall maintain a record of all incidents and notify the Mental Health Commission of incidents occurring in the approved centre with due regard to any relevant codes of practice issued by the Mental Health Commission from time to time which have been notified to the approved centre.

INSPECTION FINDINGS

There was a comprehensive written risk management policy in place. This policy had been approved and dated December 2020. As no residents had been admitted to the approved centre up to the date of inspection, this policy had not been implemented. The risk management policy and associated safety statement addressed all policy requirements, including:

- The process for identification, assessment, treatment, reporting, and monitoring of risks throughout the approved centre.
- The process for rating identified risks.
- The methods for controlling risks associated with resident absence without leave, suicide and self-harm, assault, and accidental injury to residents or staff.
- The process for managing incidents involving residents of the approved centre.
- The process for protecting children and vulnerable adults in the care of the approved centre.

As no residents had been admitted to the approved centre up to the date of inspection, this regulation was deemed not applicable.

Regulation 33: Insurance

COMPLIANT

The registered proprietor of an approved centre shall ensure that the unit is adequately insured against accidents or injury to residents.

INSPECTION FINDINGS

The approved centre's insurance certificate was provided to the inspection team. It confirmed that the approved centre was covered for public liability, employer's liability, and property.

As no residents had been admitted to the approved centre, clinical indemnity insurance had not been drawn down. Therefore, this regulation was inspected against the relevant insurance requirements at the time of inspection.

The approved centre was compliant with this regulation.

Regulation 34: Certificate of Registration

COMPLIANT

The registered proprietor shall ensure that the approved centre's current certificate of registration issued pursuant to Section 64(3)(c) of the Act is displayed in a prominent position in the approved centre.

INSPECTION FINDINGS

The approved centre had an up-to-date certificate of registration. The certificate was displayed prominently in the entrance foyer.

The approved centre was compliant with this regulation.

8.0 Inspection Findings – Rules

EVIDENCE OF COMPLIANCE WITH RULES UNDER MENTAL HEALTH ACT 2001 SECTION 52 (d)

None of the rules under Mental Health Act 2001 Section 52(d) were applicable to this approved centre. Please see *Section 4.2 Areas of compliance that were not applicable on this inspection* for details.

9.0 Inspection Findings – Mental Health Act 2001

EVIDENCE OF COMPLIANCE WITH PART 4 OF THE MENTAL HEALTH ACT 2001

Part 4 of the Mental Health Act 2001 was not applicable to this approved centre. Please see *Section 4.2 Areas of compliance that were not applicable on this inspection* for details.

10.0 Inspection Findings – Codes of Practice

EVIDENCE OF COMPLIANCE WITH CODES OF PRACTICE – MENTAL HEALTH ACT 2001 SECTION 51 (iii)

Section 33(3)(e) of the Mental Health Act 2001 requires the Commission to: "prepare and review periodically, after consultation with such bodies as it considers appropriate, a code or codes of practice for the guidance of persons working in the mental health services".

The Mental Health Act, 2001 ("the Act") does not impose a legal duty on persons working in the mental health services to comply with codes of practice, except where a legal provision from primary legislation, regulations or rules is directly referred to in the code. Best practice however requires that codes of practice be followed to ensure that the Act is implemented consistently by persons working in the mental health services. A failure to implement or follow this Code could be referred to during the course of legal proceedings.

Admission, Transfer and Discharge

NOT APPLICABLE

Please refer to the Mental Health Commission Code of Practice on Admission, Transfer and Discharge to and from an Approved Centre, for further guidance for compliance in relation to this practice.

INSPECTION FINDINGS

The approved centre had separate written policies in relation to admission, transfer, and discharge.

As no residents had been admitted to the approved centre up to the date of inspection, this regulation was deemed not applicable.

Appendix 1: Background to the inspection process

The principal functions of the Mental Health Commission are to promote, encourage and foster the establishment and maintenance of high standards and good practices in the delivery of mental health services and to take all reasonable steps to protect the interests of persons detained in approved centres.

The Commission strives to ensure its principal legislative functions are achieved through the registration and inspection of approved centres. The process for determination of the compliance level of approved centres against the statutory regulations, rules, Mental Health Act 2001, and codes of practice shall be transparent and standardised.

Section 51(1)(a) of the Mental Health Act 2001 (the 2001 Act) states that the principal function of the Inspector shall be to "visit and inspect every approved centre at least once a year in which the commencement of this section falls and to visit and inspect any other premises where mental health services are being provided as he or she thinks appropriate".

Section 52 of the 2001 Act states that, when making an inspection under section 51, the Inspector shall

a) See every resident (within the meaning of Part 5) whom he or she has been requested to examine by the resident himself or herself or by any other person.
b) See every patient the propriety of whose detention he or she has reason to doubt.
c) Ascertain whether or not due regard is being had, in the carrying on of an approved centre or other premises where mental health services are being provided, to this Act and the provisions made thereunder.
d) Ascertain whether any regulations made under section 66, any rules made under section 59 and 60 and the provision of Part 4 are being complied with.

Each approved centre will be assessed against all regulations, rules, codes of practice, and Part 4 of the 2001 Act as applicable, at least once on an annual basis. Inspectors will use the triangulation process of documentation review, observation, and interview to assess compliance with the requirements. Where non-compliance is determined, the risk level of the non-compliance will be assessed.

Following the inspection of an approved centre, the Inspector prepares a report on the findings of the inspection. A draft of the inspection report, including provisional compliance ratings and risk ratings, is provided to the registered proprietor of the approved centre. Areas of inspection are deemed to be either compliant or non-compliant and where non-compliant, risk is rated as low, moderate, high, or critical.

Appendix 2: Areas that were not applicable on inspection

Regulation/Rule/Code of Practice	Details
Regulation 4: Identification of Residents	As no residents had been admitted to the approved centre up to the date of inspection, this regulation was deemed not applicable.
Regulation 5: Food and Nutrition	As no residents had been admitted to the approved centre up to the date of inspection, this regulation was deemed not applicable.
Regulation 6: Food Safety	As no residents had been admitted to the approved centre up to the date of inspection, this regulation was deemed not applicable.
Regulation 7: Clothing	As no residents had been admitted to the approved centre up to the date of inspection, this regulation was deemed not applicable.
Regulation 8: Residents' Personal Property and Possessions	As no residents had been admitted to the approved centre up to the date of inspection, this regulation was deemed not applicable.
Regulation 9: Recreational Activities	As no residents had been admitted to the approved centre up to the date of inspection, this regulation was deemed not applicable.
Regulation 10: Religion	As no residents had been admitted to the approved centre up to the date of inspection, this regulation was deemed not applicable.
Regulation 11: Visits	As no residents had been admitted to the approved centre up to the date of inspection, this regulation was deemed not applicable.
Regulation 12: Communication	As no residents had been admitted to the approved centre up to the date of inspection, this regulation was deemed not applicable.
Regulation 13: Searches	As no residents had been admitted to the approved centre up to the date of inspection, this regulation was deemed not applicable.
Regulation 14: Care of the Dying	As no residents had been admitted to the approved centre up to the date of inspection, this regulation was deemed not applicable.
Regulation 15: Individual Care Plan	As no residents had been admitted to the approved centre up to the date of inspection, this regulation was deemed not applicable.
Regulation 16: Therapeutic Services and Programmes	As no residents had been admitted to the approved centre up to the date of inspection, this regulation was deemed not applicable.

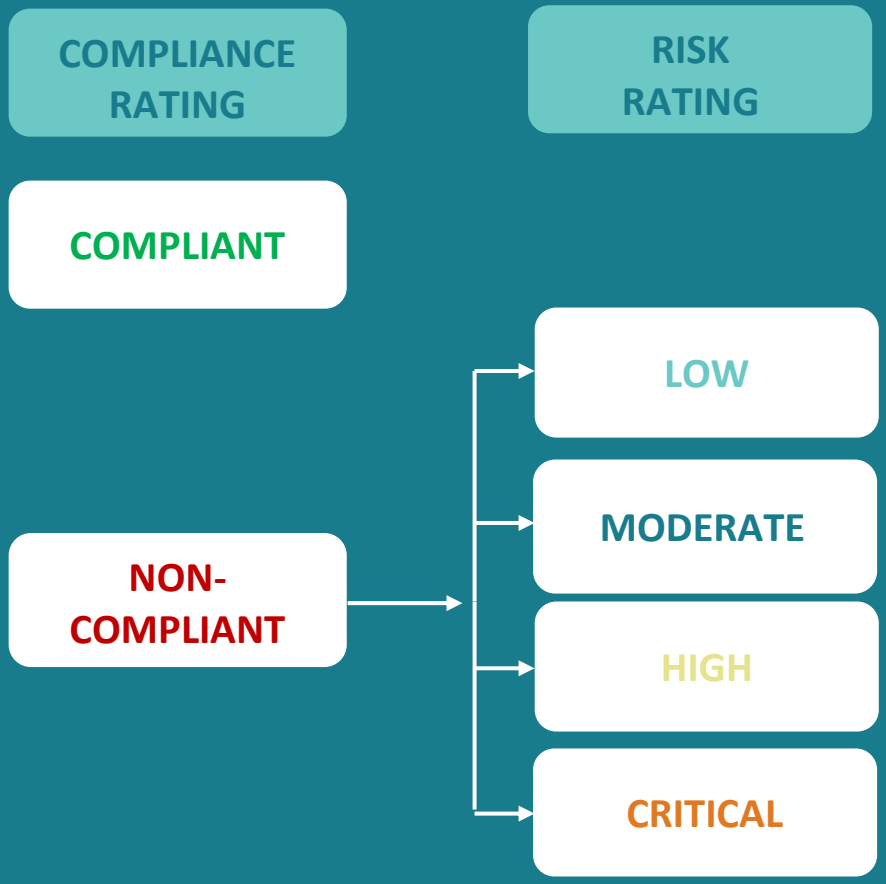
Regulation 17: Children's Education	As the approved centre did not admit children, this regulation was not applicable.
Regulation 18: Transfer of Residents	As no residents had been admitted to the approved centre up to the date of inspection, this regulation was deemed not applicable.
Regulation 19: General Health	As no residents had been admitted to the approved centre up to the date of inspection, this regulation was deemed not applicable.
Regulation 20: Provision of Information to Residents	As no residents had been admitted to the approved centre up to the date of inspection, this regulation was deemed not applicable.
Regulation 21: Privacy	As no residents had been admitted to the approved centre up to the date of inspection, this regulation was deemed not applicable.
Regulation 22: Premises	As no residents had been admitted to the approved centre up to the date of inspection, this regulation was deemed not applicable.
Regulation 23: Ordering, Prescribing, Storing and Administration of Medicines	As no residents had been admitted to the approved centre up to the date of inspection, this regulation was deemed not applicable.
Regulation 25: Use of Closed Circuit Television	As CCTV was not in use in the approved centre, this regulation was not applicable.
Regulation 26: Staffing	As no residents had been admitted to the approved centre up to the date of inspection, this regulation was deemed not applicable.
Regulation 28: Register of Residents	As no residents had been admitted to the approved centre up to the date of inspection, this regulation was deemed not applicable.
Regulation 30: Mental Health Tribunals	As no residents had been admitted to the approved centre up to the date of inspection, this regulation was deemed not applicable.
Regulation 31: Complaints Procedures	As no residents had been admitted to the approved centre up to the date of inspection, this regulation was deemed not applicable.
Regulation 32: Risk Management Procedures	As no residents had been admitted to the approved centre up to the date of inspection, this regulation was deemed not applicable.
Rules Governing the Use of Electro-Convulsive Therapy	As the approved centre did not provide an ECT service, this rule was not applicable.
Rules Governing the Use of Seclusion	As the approved centre did not use seclusion, this rule was not applicable.
Rules Governing the Use of Mechanical Means of Bodily Restraint	As the approved centre did not use mechanical means of bodily restraint, this rule was not applicable.
Part 4 of the Mental Health Act 2001: Consent to Treatment	As no patients had been admitted to the approved centre up to the date of inspection, Part 4 of the Mental Health Act 2001: Consent to Treatment was not applicable.

Code of Practice on the Use of Physical Restraint in Approved Centres	As no residents had been admitted to the approved centre up to the date of inspection, this code of practice was not applicable.
Code of Practice Relating to Admission of Children Under the Mental Health Act 2001	As the approved centre did not admit children, this code of practice was not applicable.
Code of Practice on the Use of Electro-Convulsive Therapy for Voluntary Patients	As the approved centre did not provide an ECT service, this code of practice was not applicable.
Code of Practice Relating to Admission, Transfer and Discharge	As no residents had been admitted to the approved centre up to the date of inspection, this code of practice was not applicable.

COMPLIANCE AND RISK RATINGS

The following ratings are assigned to areas inspected:

COMPLIANCE RATINGS are given for all areas inspected.
RISK RATINGS are given for any area that is deemed non-compliant.



The registered proprietor is given an opportunity to review the draft report and comment on any of the content or findings. The Inspector will take into account the comments by the registered proprietor and amend the report as appropriate.

The registered proprietor is requested to provide a Corrective and Preventative Action (CAPA) plan for each finding of non-compliance in the draft report. Corrective actions address the specific non-compliance(s). Preventative actions mitigate the risk of the non-compliance reoccurring. CAPAs must be specific, measurable, achievable, realistic, and time-bound (SMART). The approved centre's CAPAs are included in the published inspection report, as submitted. The Commission monitors the implementation of the CAPAs on an ongoing basis and requests further information and action as necessary.

If at any point the Commission determines that the approved centre's plan to address an area of non-compliance is unacceptable, enforcement action may be taken.

In circumstances where the registered proprietor fails to comply with the requirements of the 2001 Act, Mental Health Act 2001 (Approved Centres) Regulations 2006 and Rules made under the 2001 Act, the Commission has the authority to initiate escalating enforcement actions up to, and including, removal of an approved centre from the register and the prosecution of the registered proprietor.