Benbulben Lodge

ID Number: RES0005

24-Hour Residence – 2018 Inspection Report

Benbulben Lodge
Cooladrummon Upper
Cashelgarren
Co. Sligo

Community Healthcare Organisation:
CHO 1

Team Responsible:
General Adult

Total Number of Beds:
8

Total Number of Residents:
6

Inspection Team:
Mary Connellan, Lead Inspector

Inspection Date:
16 January 2018

Inspection Type:
Unannounced Inspection

The Inspector of Mental Health Services:
Dr Susan Finnerty MCRN009711

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Contents

Introduction to the Inspection Process

This inspection and report were guided by the themes contained in the Mental Health Commission Quality Framework.

Services will be aware of the Audit Toolkit deriving from the Quality Framework and may wish to consider using this Toolkit in pursuing service improvement within the residence involved.

Service description

Benbulben Lodge residence opened in 2013. It was a two-storey building located near the village of Grange, Co. Sligo, and was owned by the HSE. It was a community-based residential facility, which provided a continuing mental health care service for adult residents with long-term, enduring mental health difficulties. The general adult mental health team was responsible for the care and treatment provided to the residents. There were eight beds in total and at the time of the inspection, six beds were occupied. There were no plans to change the use of the residence.

Resident Facilities and Maintenance

Benbulben Lodge was a two-storey residence located in Grange Co. Sligo. While it was an older building that had not been modernized, it was well maintained overall. There was an entrance hall, with a sitting room to the right containing a television and five armchairs. A sixth sitting-room chair was in one of the bedrooms. These chairs needed recovering or replacement as they were appeared worn.

Benbulben Lodge could accommodate up to eight residents. There were three double rooms, each with two single beds, and there were two single bedrooms. One single room had a double bed. There were no privacy screens in the shared bedrooms. A shower screen and towel rail in one bathroom were broken and were awaiting replacement.

Benbulben Lodge had been painted in the last two years; however, the stairwell and ceiling in the dining room were in need of maintenance work and redecoration, as paint was chipping. There was a kitchen close to the dining room with access to the back corridor. There was a nursing office and bathroom next to the sitting room. There was a large garden with a polytunnel and a chicken coop.

There was an outbuilding in the garden that was a proposed workshop. This building was not maintained and was in a poor state of repair. It was generally used when residents were changing into wellingtons and gardening clothes. Adjacent to this building was a clinical room where the medication was securely stored.

Resident profile

A total of six male residents were accommodated in the residence at the time of the inspection. Residents ranged in age from 53 to 69 years. None of the residents had special needs, and all residents were physically mobile. The duration of stay ranged from one to five years. There were no wards of court.

Care and treatment

There was a policy on individual care planning, which was last reviewed in February 2017. All residents had an individual care plan (ICP), with mainly nursing and medical staff input rather than input from the entire multi-disciplinary team (MDT). If it was considered relevant, other disciplines from the MDT were involved in residents' ICPs.

A key worker system was not in operation. Residents were involved in their ICPs and were invited to attend ICP meetings every week. There was a weekly team meeting attended by the non-consultant hospital doctor and nursing staff from the MDT and the resident. The consultant psychiatrist attended the MDT meetings in the residence on a monthly basis.

The ICPs were formally reviewed every three months and more often if required. The rehabilitation and recovery team was accessible to residents if required. A psychiatric evaluation has been documented in the clinical files at least six-monthly.

Physical care

There was a policy in place on physical care and general health. All residents had a GP, and all residents received a physical examination annually, and more often when required. Residents received information on and had access to appropriate national screening programmes. They also had access to other health services such as chiropody, physiotherapy, speech and language therapy, and general hospital services on an appointment basis.

Therapeutic services and programmes

There was a policy on therapeutic programmes. Nurse-led therapeutic services were delivered on-site in Benbulben Lodge. The therapeutic services were recreational in nature. No residents attended therapeutic programmes off-site.

Recreational activities

Residents in Benbulben Lodge had access to various recreational activities. These included TV, newspapers word wheel, and playing cards. The residence had its own seven-seater car, and residents were accompanied to the shops, mass, and local amenities on a daily basis when there was a full complement of staff on duty. It was the practice that residents were always accompanied by two members of staff on any outing. On the day of inspection, a staff member had been redeployed to the wider service, which resulted in no resident being able to go out.

Medication

There was a policy on medication management. There was a Medication Prescription and Administration Record (MPAR) for each resident. The MPAR contained valid prescriptions and administration details. The GP, consultant psychiatrist, and non-consultant hospital doctor prescribed medication.

No residents were self-medicating. Medication was stored appropriately and legally in the clinical room. The temperature of the medication fridge was not being monitored, and the fridge did not have a temperature gauge. Medication was supplied by a local pharmacy.

Community engagement

To access community activities, residents required transport. All residents had enduring mental health difficulties and needed to be accompanied by staff when engaging in community activities, including going to mass, shopping, and visiting a local coffee shop. Residents also attended local football matches, were accompanied to their home places where possible, and went on regular planned outings with staff.

Autonomy

Residents did not have free access to the kitchen to prepare meals and snacks at any time of day. Instead, they had supervised access for safety reasons. Residents were free to determine their own bedtimes. They did not have a key to their own bedroom. Residents assisted with domestic activities such as shopping and maintenance of the garden. There were no laundry facilities in the residence. Laundry was done in the facility attached to the acute services unit and was collected and returned twice a week. Residents could receive visitors at any time.

Staffing

There was no clinical nurse manager or acting clinical nurse manager employed in Benbulben Lodge at the time of inspection. The most senior nurse on duty each day was in charge. It was noted that over half of the nursing complement were not permanently attached to this house but were rotated throughout the service. In general, there were four nursing staff on duty during the day. One nurse had been redeployed at various times, including on the day of inspection. This impacted on resident outings, which required two staff to accompany the residents while two staff remained in the residence.

Previously, an occupational therapist had attended the residence once weekly. This service had not been facilitated since 2015. Social workers visited and liaised with residents, when necessary. It was understood that the social workers were not attached to the general adult mental health team and attend when requested by the team.

Staff had received training in management of aggression and violence, Basic Life Support, and fire safety, although not all staff were up to date with training.

Staff Discipline	Day whole-time equivalent (WTE)	Night WTE
Clinical Nurse Manager	0	0
Registered Psychiatric Nurse	4	3
Health Care Assistant	0	0
Multi-Task Attendant	2	0

Team input (Sessional)

Discipline	Number of sessions
Occupational Therapist	0
Social Worker	As required
Clinical Psychologist	0

Medical Staff	Frequency of attendance at residence
Consultant Psychiatrist	Monthly
Non-Consultant Hospital Doctor (NCHD)	Weekly

Complaints

There was a complaints policy, which was last reviewed in October 2015. The clinical nurse manager 3 who visited the house in a management capacity was responsible for addressing complaints locally, along with a named individual within the wider service. A complaints log had not been maintained. Community meetings were held once a week, and minutes of the meetings were maintained.

Risk management and incidents

Benbulben Lodge had a risk management policy, dated May 2016, which was implemented in the residence. Risk assessments were completed for residents and updated as necessary. Incidents were reported using the National Incident Management System. Fire extinguishers were in date, and they were checked each Sunday. Fire escapes were accessible. There was a first aid kit in place.

Financial arrangements

There was a policy on managing residents' finances. Residents paid a set weekly amount, according to their individual means, which included food and rent. All residents had a bank or a post office account.

There was a robust system in place in relation to staff handling residents' money. Two residents' financial affairs were managed by their families. Signed records were kept of residents' accessing their money, which involved one staff signature and the residents' signature. If a resident was unable to sign, two staff signed. Residents did not contribute to a kitty or a social fund. Residents' finances were audited weekly.

Service user experience

The assistant inspector met with two residents accompanied by a staff member to discuss their experience. The assistant inspector also spoke informally with the residents throughout the course of the inspection. Residents appeared content and settled in their home. Residents had different individual routines that were supported by staff.

Areas of good practice

1. With adequate staffing, residents regularly attend amenities in the local community.

2. Individual resident routines were supported and facilitated. An example of this was the chicken coop or the tending to vegetables in the polytunnel.

3. Weekly/monthly team meetings with the resident, the NCHD/consultant psychiatrist, and nursing staff.

Areas for improvement

1. A thermometer/gauge is required for the medication fridge.

2. Further involvement of the wider MDT team in the residence is required, particularly occupational therapy.

3. Consistent nursing staffing is needed for the residence as currently more than half of the staff are rotating throughout the services.

4. Each resident should have their own bedroom. In the meantime, privacy screens should be used where there are shared bedrooms.