Carriage House

ID Number: RES0010

24-Hour Residence - 2017 Inspection Report

Carriage House
North County Dublin

Community Healthcare Organisation:
CHO 9

Team Responsible:
Rehabilitation

Total Number of Beds:
8

Total Number of Residents:
8

Inspection Team:
Dr Enda Dooley MCN 004155, Lead Inspector
Carol Brennan-Forsyth

Inspection Date:
12 April 2017

Inspection Type:
Unannounced Inspection

The Inspector of Mental Health Services:
Dr Susan Finnerty MCRN009711

Date of Publication:
20 April 2018

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

Carriage House was located in a semi-rural area of north county Dublin. The residence was a single-storey building surrounded by well-maintained gardens. It was located on a bus route. The residence had formerly been a bed and breakfast facility and had been acquired by the HSE before being refurbished and reopened in 2014. In addition to the residence, the site contained a separate unit, which functioned as a therapy house for both the residence and for other similar units located in the north county Dublin area.

Residents were under the care of the rehabilitation team, and the residence functioned on a high support basis. Many of the residents had previously been in-patients in St. Ita's Hospital, Portrane, before it closed. All of the residents were male, and their duration of stay ranged from when the residence opened in 2014 to one month.

Care and treatment

All residents had an individual care plan (ICP), which formed part of the clinical record. The ICPs were multi-disciplinary, although recent turnover of staff in the occupational therapy (OT) and social work fields limited inputs from these disciplines. The residence did not have any current input from a psychologist. Multi-disciplinary team (MDT) meetings were held weekly in the residence and residents attended to participate in a review of their ICPs. The ICPs were reviewed on a three-monthly basis. Residents were provided with a copy of their ICPs. Residents had a nominated key worker, and there was ready access to members of the rehabilitation team.

Physical care

The residence had a policy on the provision of physical health care. All residents had a GP who was based in a local town. Residents were encouraged to attend for routine screening physicals on a six-monthly basis. The inspectors were informed that only one routine examination per year was covered by the resident's GMS card and that any other undertaken would have to be funded directly by the resident. Residents were provided with information about national screening programmes and were encouraged to partake in such screening. Residents had access to dental and optical services in the community. If access to physiotherapy

or speech and language therapy was indicated, residents were referred to Beaumont Hospital by the rehabilitation team or by their GP. A dietician employed by the HSE and based in the community had undertaken assessment of all residents.

Therapeutic services and programmes

Residents attended therapeutic programmes provided in the adjacent therapy house. A variety of sessions, including art, newspaper reading, and cookery, was provided by nursing staff or involved the OT when available, were provided. At the time of inspection, one resident of the house attended literacy and numeracy classes at the National Learning Network in Swords.

Medication

The residence had a policy on medication management, which was the service policy. Medication was prescribed by the team or by the GP. All prescriptions were transmitted to the GP so that a GMS script could be forwarded to the pharmacy. All residents had a Medication Prescription and Administration Record (MPAR) to document the prescription and administration of medication. All mediation was provided on an individual, named-patient basis. No current resident was on a self-medicating procedure. Medications were stored in a locked cupboard within the nurses' office and appropriate storage and administration arrangements were in place for controlled drugs. Medications were supplied by a local pharmacy.

Community engagement

The residence was close to a nearby town and was on a bus route. A number of residents independently used the bus service to access the local community. Residents attended mass in the local community and a number went to the cinema. In addition to the bus service, residents used local taxis. The residence had use of a multi-person vehicle to facilitate community activities and to enable residents to attend their GP or hospital appointments. A direct query to staff indicated that community in-reach by volunteer or community bodies to the residence was rare.

Autonomy

Residents could access the kitchen area only under supervision. They were free to determine their own bedtime. Residents could lock their rooms from the inside but did not have a key to lock externally. They could request staff to lock their room if desired. Residents could assist with regular domestic activities (weekly shopping), but engagement was limited due to impaired resident capacities. The grounds were maintained by external contractors. Some residents would undertake their own personal shopping while others required the assistance of staff to shop for clothes and other personal items.

Residence facilities and maintenance

The residence was identified by name on the gate and was located on a site of approximately one acre. The gardens and external areas were well maintained. The residence was a single-storey building. The entrance was not locked, and residents had free access to the residence. The entrance hallway was well lit and tidy and contained noticeboards outlining issues pertinent to the residents. Staff had an office, which allowed them to observe the gate and front area. There were two sitting rooms off the hall area. The first was a small room with comfortable seating, sufficient for four people watching TV. A larger sitting room was located further down the hallway with seating for up to 11 people and access to the outside. It contained a TV, DVD player, books, and magazines. There was a water dispenser in this room.

All eight resident bedrooms were located off the hall. Bedrooms were of adequate size, with suitable storage facilities. All bedrooms had en suite facilities. A number of residents had personally furnished their rooms. The residence had access to an external smoking area. There was an assisted shower and bathroom for any resident requiring same. Adjacent to the entrance area was a large dining room with seating for eight at two tables. Meals were prepared on-site by a member of staff. There was a laundry area containing a washer and drier off the kitchen area. External to the dining and kitchen area was a patio, which provided adequate seating for all residents when the weather permitted.

Staffing

Staff Discipline	Day whole-time equivalent (WTE)	Night WTE
Clinical Nurse Manager(CNM) 2	1	CNM3 on call from Ashlin Centre
Registered Psychiatric Nurse	3	2
Health Care Assistant	1	-

Team input (Sessional)

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

Medical Staff	Frequency of attendance at residence
Consultant Psychiatrist	Every 1-2 weeks
Non-Consultant Hospital Doctor	Every Monday and as required.

Complaints

The residence had a complaint policy, which was the service policy. There was no guidance on the complaints process posted within the residence; however, *Your Service Your Say* information leaflets were available. Any complaints received would be addressed by the CNM2 in the first instance and escalated if required. There was a complaints log available, but no complaints had been received. Staff informed the inspectors that a community meeting was held every week, on a Sunday. While a minute book was available, minutes had not been documented for a number of months up until to the Sunday prior to this inspection, when minutes were recorded. The residence had a suggestion box, but this had been placed in storage when redecoration was undertaken some months prior to this inspection and had not been replaced in a public area.

Risk Management and Incidents

The residence utilised the service policy on risk management. Risk assessments were undertaken for all residents and updated as required or when a review of the ICP occurred. Any incidents occurring were recorded on the National Incident Management System and returned to the incident manager in St. Ita's Hospital. The residence appeared to be both physically and therapeutically safe.

Financial arrangements

There was no specific policy on the management of residents' finances. Subsequent to this inspection, copies of the HSE policy documentation, which the service used, were provided. Two residents had their own bank or post office accounts. In most cases, resident finances were managed by the finance section in St. Ita's Hospital. Staff in the residence obtained cash on behalf of the residents from the hospital. All transactions involving resident monies were documented and recorded by two staff or by the resident and staff. There was no social fund or kitty. Resident finances were audited on approximately a yearly basis, but there was no record that residents were kept informed of the overall state of their financial affairs.

The residence was owned by the HSE. All residents paid a weekly rent of €98, which covered food, board, and utilities. There was no adjustment in place for absences. Staff indicated that residents had not been individually assessed in relation to their ability to fund the rental charge. The house had a weekly budget of €400 for food.

Service user experience

During the course of the inspection, a number of residents engaged with the inspectors. They spoke positively of their experience within the residence and of their interaction with staff. Residents took pride in their environment and were happy to invite the inspection team to view their rooms, which, in a number of cases, had been personally decorated.

Areas of good practice

Carriage House provided a comfortable home environment for a number of long-term service users. Staff were well engaged with residents and the environment was warm and relaxed. Residents were free to come and go as they wished, and it was apparent that residents utilised a variety of means of public transport to engage with the community.

Areas for improvement

1. Residents continue to be charged a standard weekly rental, regardless of personal means and expenses, and it was not evident that a process of individual assessment had been initiated as required under HSE financial policy.

2. All possible steps should be taken to ensure that the rehabilitation team is fully resourced as residents currently do not have access to the services of a psychologist.

3. All community meetings providing a forum for complaints, comments, or suggestions by residents should be documented so that there is clear evidence that any issues arising are acted upon.