

Gallen House

ID Number: RES0106

24-Hour Residence – 2017 Inspection Report

Gallen House
Dublin 3

Community Healthcare Organisation:
CHO 9

Team Responsible:
Rehabilitation Team

Total Number of Beds:
16

Total Number of Residents:
15

Inspection Team:
David McGuinness, Lead Inspector
Siobhán Dinan

Inspection Date:
07 June 2017

Inspection Type:
Unannounced Inspection

The Inspector of Mental Health Services:
Dr Susan Finnerty MCRN009711

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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

Gallen House was a 15-bed, two-storey residence consisting of two adjacent houses, which had been amalgamated into one residence. The residence opened in 1999 and was owned by the HSE.

Gallen House accommodated long-stay residents with long-term mental health difficulties. Residents were under the care of the HSE Dublin North City Rehabilitation Services, the headquarters was in Connolly Norman House. The Rehabilitation team for Gallen House was based in Clontarf.

The external appearance of the residence was well-maintained overall. There was a large planted garden to the rear, with a patio. However, there were many cigarette ends in this area. Internally, the kitchen was recently renovated. There were a number of pleasant sitting rooms, a large dining room, and a skills kitchen. There was an en suite bedroom on the ground floor. The first floor of the house was divided into male and female sleeping quarters. While the females had single rooms, some of the males were accommodated in double rooms. There was a small bathroom upstairs, which was in need of renovation because it was not user friendly for the residents in its current form.

Resident profile

The residents, seven women and eight men, ranged in age from 35 to 71 years. Residents had been living in Gallen House for many years, ranging between 1 and 18 years. All residents' legal status under the Mental Health Act 2001 was voluntary and no resident was a ward of court. One resident had mobility difficulties and was accommodated in the en suite bedroom on the ground floor.

Care and treatment

All residents had a multi-disciplinary individual care plan (ICP) and a nursing care plan, which formed part of the clinical record. A case conference for each resident was organised and attended by the resident, family and the multi-disciplinary team at least yearly. The nursing care plan was reviewed every month. The residents, their family, and their primary nurse attended this case conference, but some residents and their

families opted not to attend. In bid to promote family involvement, families could complete a feedback form. Residents were provided with a copy of their ICP.

Multi-disciplinary team (MDT) meetings were held weekly at the Rehabilitation base in Clontarf. The residents have a primary nurse and ready access to members of the multidisciplinary team. The residents were reviewed at least three monthly or more if required.

Physical care

The residence had a policy on the provision of physical health care. All residents had a GP who was based in Fairview. The rehabilitation registrar completed six-monthly physical examinations. Residents were provided with information about national screening programmes and were encouraged to partake in such screening. While some opted to avail of the service, others did not. Residents had access to dental and optical services in the community. The rehabilitation team or the GP made referrals for general health services such as physiotherapy, tests and investigations, and specialist consultations.

Therapeutic services and programmes

There was no policy available on therapeutic services and programmes on the day of inspection. Residents attended the Airdnua Clubhouse, Saol Clubhouse, or Goirtín day centre. A psychologist attended weekly to provide intervention, and an occupational therapist (OT) attended every two weeks. Access to the skills kitchen was minimal except to do OT intervention. Resident-based programmes included programmes on personal hygiene, budgeting, daily living skills, cookery, arts and crafts, and gardening.

Medication

There was a policy on medication management. Medication was prescribed by the registrar, consultant psychiatrist, or GP. A Medication Prescription Administration Record (MPAR) system was in operation. Medicines were supplied by a local community pharmacy and were held in a locked clinical room. Four residents were prescribed Depot neuroleptic medication and five were prescribed Clozapine medication.

Community engagement

Gallen House was located in a residential setting on the Howth Road and there was a wide range of community facilities within easy reach. Residents regularly attended the local supermarket and amenities, including parks, bar, cafés, library, and post office. A number of residents independently used the bus and DART service to travel into the city centre and elsewhere. Residents attended mass in the local community.

In addition, there was a minibus in St. Vincent's Hospital in Fairview, which was available on a booking basis to take residents on outings. None of the staff in Gallen House at the time of inspection drove this vehicle. Its use was dependent on driver availability. Participation in the local community was left up to individual resident's own choice and initiation.

Autonomy

All meals were prepared and cooked by household staff and, outside of this, by nursing staff. Residents did not have free access to the kitchen to prepare meals or snacks, as there was a perceived danger of burns and spills. Residents had access to lockers in the sitting room and some residents stored non-perishable snacks there.

Residents were free to come and go as they wished. Residents were observed going out to the local shops and amenities. Residents had the use of a laundry in the residence and could assist with domestic activities, chores, and minor garden maintenance tasks. Some residents would do their own shopping, whereas others required the assistance of staff to shop for clothes and other personal items

Residents were free to determine their own bedtime. They did not have a key to their own room.

Residence facilities and maintenance

The residence was spacious, bright, and well furnished. A stainless-steel kitchen was recently installed. There was a dining room, two sitting rooms, a small skills kitchen, laundry room, clinical room, storeroom, and a wheelchair accessible toilet. There was a large garden at the rear of the residence, which contained a large patio and a smoking gazebo.

The upstairs was divided into male and female sleeping quarters. There were seven single rooms on the female side, with access to one shower and one bath. There was one single and three shared rooms on the male side. There was no screening between the beds in the shared accommodation. There was a small bathroom for male residents, which needed to be renovated to make it more accessible and user friendly. The upstairs had not been painted in five years. The maintenance service with responsibility for Gallen House was HSE Dublin North City Maintenance Department. Staff reported maintenance requests via e-mail.

Staffing

Staff Discipline	Day whole-time equivalent (WTE)	Night WTE
Clinical Nurse Manager	1	
Registered Psychiatric Nurse	1	1
Health Care Assistant	1	1
Multi-Task Attendant	1	

Team input (Sessional)

Discipline	Number of sessions
Occupational Therapist	1 every two week
Social Worker	On needs basis
Clinical Psychologist	1 per week

Medical Staff	Frequency of attendance at residence
Consultant Psychiatrist	Every three months and as required.
Non-Consultant Hospital Doctor	Every week

Complaints

The residence had a complaints policy, which was the service policy. *Your Service Your Say* information leaflets were on display. Residents were aware of how to make a complaint. Any complaints received would be addressed by the clinical nurse manager 1 in the first instance and escalated if required to the complaints officer. There was no complaints log available but no complaints had been received. The residence did not have a suggestion box. Staff informed the inspectors that a community meeting was held every three months.

Risk management and incidents

The residence used the service policy on risk management. There was a defined system for reporting, managing, and investigating incidents. Individual risk assessments had been completed for all residents. There was a need to update some risk assessments in response to the changing needs of residents. There had been no notable incidents in the residence. Risk assessments were undertaken for all residents and updated as required, or when a review of the ICP occurred.

All fire extinguishers were in date and were regularly checked by a qualified external contractor.

Financial arrangements

The residence did not have a specific policy on managing residents' finances. Residents' held their own monies either in the post office or in personal bank accounts. Some residents accessed their monies via the post office and some had their own ATM cards. Other residents kept small amounts of money in a safe in the residence, which was overseen by two staff. The weekly charge for residents was between €90 and €135. The residence did not have a communal social fund.

Service user experience

No service user expressed a desire to meet with the inspection team on an individual basis. A number of residents, who were greeted during the course of the inspection by the inspection team, expressed their satisfaction with staff and the routine within the residence.

Areas of good practice

1. Gallen 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 used various means of public transport to engage with the community.
2. Residents maintained autonomy in attending their own GP and managing their own general health care appointments.

Areas for improvement

1. Bathrooms were of poor standard. Therefore, refurbishment of the bathroom facilities is required.
2. A log of all complaints, including actions arising, should be maintained within the residence and there should be a suggestion box.
3. Privacy screens should be installed between beds in the male sleeping quarters.