

Garryshane House

ID Number: RES0092

24-Hour Residence – 2017 Inspection Report

Garryshane House

Co. Tipperary

Community Healthcare Organisation:
CHO 5

Team Responsible:
Rehabilitation and Recovery

Total Number of Beds:
12

Total Number of Residents:
12

Inspection Team:
Noeleen Byrne, Lead Inspector

Inspection Date:
16 August 2017

Inspection Type:
Unannounced Inspection

The Inspector of Mental Health Services:
Dr Susan Finnerty MCRN009711

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Contents

Introduction to the Inspection Process.....	5
Service description.....	5
Resident profile.....	5
Care and treatment.....	5
Physical care.....	6
Therapeutic services and programmes.....	6
Medication.....	6
Community engagement.....	7
Autonomy.....	7
Residence facilities and maintenance.....	7
Staffing.....	8
Complaints.....	8
Risk management and incidents.....	8
Financial arrangements.....	9
Service user experience.....	9
Areas of good practice.....	9
Areas for improvement.....	9

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

Garryshane House residence originally opened in 2012. It was owned by the HSE and located in Clonmel. It was part of Community Healthcare Organisation 5. Garryshane House was originally a two storey three bedroom house which was extensively remodelled and expanded. The house functioned as a high-support rehabilitation and recovery facility. The rehabilitation and recovery team was led by the consultant psychiatrist.

The residence was well maintained. Refuse areas at the back of the residence were clean and tidy. Garryshane House was a two-storey building, and the top floor was for the use of staff only. Garryshane House had 12 single en suite bedrooms. At the time of the inspection, all of the rooms were occupied. There were no plans to change the use of the residence.

Resident profile

There were a total of 12 residents in Garryshane at the time of the inspection. There were eight men and four women, ranging in age from 39 to 70 years. Two residents used assisted mobility devices in the form of walking frames and wheelchairs. There were no wards of court. The duration of stay ranged from 2012 to June 2017.

Care and treatment

There was an out-of-date policy on individual care planning, which was last reviewed in January 2013. All residents had an individual care plan (ICP) with multi-disciplinary team (MDT) input. There was a key-worker system in place. Residents were involved in their ICPs and were given a form to complete in relation to their care plans. They were encouraged to attend ICP meetings.

There is a weekly team meeting with monthly care planning meetings in Garryshane. The ICPs were reviewed every three months and were rewritten annually. A resident psychiatric evaluation was documented in each clinical file at least every six months. The MDT care planning meetings took place every three months, and residents were invited to attend. The MDTs also had a monthly team meeting. The rehabilitation and recovery team was accessible to residents.

Physical care

There was a policy in place on physical care and general health, which was last reviewed in 2014. All residents had a GP, and all residents received an annual physical examination. Residents received information on and had access to appropriate screening programmes. They also had access to other health services such as physiotherapy, speech and language therapy, and general hospital services in Cork, Waterford, and Clonmel.

Garryshane House was a mental health rehabilitation unit. Its purpose was to provide care and treatment to individuals experiencing a mental illness or a mental disorder. It was defined as a continuing mental health care/long stay unit, which provided mental health rehabilitation. No other health care services were provided at the facility. Care and treatment was provided under the clinical direction of a consultant psychiatrist.

Therapeutic services and programmes

There was no policy on therapeutic programmes. No therapeutic services were delivered on-site in Garryshane House. Residents attended therapeutic programmes off-site, in a nearby hospital. Residents attend structured programmes in other areas depending on their needs and care plan. These can be provided by HSE or external agencies e.g. Cluain Training Centre, National Learning Network, Studio, Bridgewater House, Educational Training Board. Therapeutic activities included carpentry, horticulture, and fitness.

Medication

There was a policy on medication management. There was a Medication Prescription and Administration Record for each resident, which contained valid prescription and administration details. The GP and consultant psychiatrist prescribed medication. All residents were self-medicating, and each resident had a blister pack for this purpose. Residents collected their blister packs weekly from a pharmacy of their choice. Medication was stored appropriately and legally in the clinical room. The temperature of the medication fridge was not being monitored, however.

Garryshane House had an Automated External Defibrillator, which was checked daily. It was also checked monthly for maintenance purposes.

Community engagement

The location of the residence facilitated community engagement. To access community activities some residents used local transport. There was a seven seater people carrier that was not designed for residents who had mobility issues and was not, therefore, suitable for transporting some individuals to appointments off-site. Some residents travelled by foot to the nearby Studio or to the hospital. The studio had a minibus that was borrowed when necessary. The Outreach nursing team work with residents in Garryshane who are approaching transfer to community accommodation, either to family home or rented accommodation. The Peer Support Worker is actively engaged with a number of the residents.

Autonomy

Residents had free access to the kitchen to prepare meals and snacks at any time of day. They were free to determine their own bedtime. Residents did not have a key to their own bedrooms, but they could turn the lock of the door from the inside. Locks could be overridden by staff. Residents assisted with domestic activities, and there was a rota for cooking and keeping the kitchen clean. They shopped for the meals they prepared and helped with weekly shopping. One resident swept the outside of the residence. Residents could receive visitors at any time, and they were free to leave the residence as they wished.

Residence facilities and maintenance

Garryshane House was a two-storey residence on the outskirts of Clonmel. The residence was very well maintained and accommodated 12 residents in single, en suite rooms. Six of the rooms had direct access to a courtyard, which was used by smokers. Rooms were personalised with photographs and artwork.

There was a large sun room/communal room, which was also a visitors' room. It was furnished with seven seats and a television. There was a large TV lounge and a resource room with TV, computer with Wi-Fi access for residents. Other rooms in Garryshane House included a wheelchair-accessible bathroom, a laundry room, and a medication room with a medication fridge.

Staffing

Staff Discipline	Day whole-time equivalent (WTE)	Night WTE
Clinical Nurse Manager	0	1 night supervisor for the area is based at Garryshane.0
Registered Psychiatric Nurse	2	1
Health Care Assistant	0	0
Household	2	0

Team input (Sessional)

Discipline	Number of sessions
Occupational Therapist	On an appointment basis
Social Worker	One per week
Clinical Psychologist	One per week

Medical Staff	Frequency of attendance at residence
Consultant Psychiatrist	Weekly
Non-Consultant Hospital Doctor	Weekly

Staff had received training in cardiopulmonary resuscitation, fire drills, and recovery/breakaway principles and practice.

Complaints

There was an out-of-date complaints policy, dated April 2014. The complaints officer was responsible for complaints, and residents were aware of how to make complaints. There was a documented complaints log. Community meetings were held twice a week, and minutes of meetings were maintained. The South Tipperary Rehabilitation and Recovery Team held a meeting every Tuesday. There was a suggestion box in Garryshane House.

Risk management and incidents

Garryshane House had a risk management policy, dated July 2015, which was implemented in the residence. Risk assessments were completed for residents. Incidents were reported using the National Incident Management System. Incident forms had been filled out in relation to an issue with residents who were smoking indoors. Fire extinguishers were in date, and there was a first aid kit in place.

Financial arrangements

There was a policy on managing residents' finances. Residents paid a weekly fee of €75, which was inclusive of food and utilities. Alternative payments were arranged for residents who had other financial commitments. All residents had a bank or a post office account. Residents were responsible for their own money and had use of a safe operated by staff. Records were kept and deposits and withdrawals were documented and countersigned by staff and residents. Residents did not contribute to a kitty or a social fund. Residents' finances were not audited.

Service user experience

Three residents met with the lead inspector and all were very complimentary of the staff and the care and treatment they provided. Residents were very pleased to have a kitchen where they could cook a meal if they wished.

Areas of good practice

Staff attended a national programme on team building and two initiatives were in development at the time of the inspection:

1. A family day was planned.
2. Residents had access to the Studio, run by South Tipperary Rehabilitation and Recovery Team.

Areas for improvement

1. The people carrier was not suitable for transporting residents with mobility issues to appointments.
2. Some residents were smoking indoors.