

Inch House

ID Number: RES0108

24-Hour Residence – 2018 Inspection Report

Inch House
Balrothery
Co. Dublin

Community Healthcare Organisation:
CHO 9

Team Responsible:
Rehabilitation

Total Number of Beds:
9

Total Number of Residents:
9

Inspection Team:
Dr Enda Dooley, MCRN004155, Lead Inspector

Inspection Date:
30 January 2018

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

Inch House was a nine-bed, 24-hour, nurse-staffed residence in a rural location on the outskirts of Balrothery village in north County Dublin. The two-storey, detached residence was converted from a domestic house and was owned and operated by the HSE. It opened as a 24-hour residence in 2003. At the time of inspection, Inch House was providing rehabilitation and continuing care for nine residents. There were no immediate plans for the residence to change.

Residence facilities and maintenance

Residents in Inch House were accommodated in four double and one single room. Three of the double rooms had en suite bathrooms. There was no screening between beds in the shared rooms, which was not conducive to resident privacy.

The first floor of the house accommodated three double and one single room and a bathroom. There was also a balcony area, which was kept locked due to safety concerns. The ground floor included one en suite double room, a sitting room with seating for six residents, and two conservatory areas, one with seating for five and the other with seating for four to five people. Both conservatory areas were cold on the day of inspection, despite the heating being on. There was a dining room, which had a table suitable for eight that was accommodating the nine residents. There was a large domestic kitchen and a nursing office. A separate building in the back garden contained a games room with a pool table and exercise bikes and a laundry room with a washer and dryer, the central heating boiler, and storage areas.

The house was in good decorative order, and the patio, garden, and grounds were well maintained.

Resident profile

At the time of the inspection, Inch House was providing accommodation for nine male residents. They were aged between 20 and 50, and the duration of their stay ranged from one to ten years. All of the residents were fully mobile.

Care and treatment

Inch House used the service policy in relation to individual care planning. All of the residents had a multi-disciplinary individual care plan (ICP), which evidenced input from an occupational therapist, a social worker, nursing staff, and the consultant psychiatrist/non-consultant hospital doctor. The ICPs were reviewed every six months, and residents attended review meetings. Family members were not routinely involved in the care planning process. The design of the ICP template was in need of review.

The multi-disciplinary team held weekly meetings in the residence, and residents attended as required. The clinical files inspected indicated that residents received a psychiatric evaluation at least six-monthly. There was a key worker system in operation, and specified nurses were designated to residents. However, the availability of key workers was dependent on rostering arrangements.

Physical care

Inch House used the service policy for community residences in relation to physical care and general health. All residents had access to their own GP, who completed a general physical examination of residents annually. Feedback to the residence following physical examinations was variable, depending on the GP practice in question.

Information in relation to national screening programmes was not routinely provided in the residence. When a resident received notification of a screening appointment, nurses engaged with them on a one-to-one basis and encouraged them to attend. Residents had access to other health care services, including physiotherapy, speech and language therapy, dietetics, and general hospital services in Beaumont Hospital. They attended a dentist in the locality.

Therapeutic services and programmes

Inch House used the service policy for community residences in relation to therapeutic programmes. Apart from occasional cooking classes delivered by a nurse, no therapeutic programmes were provided in the house. All of the residents accessed therapeutic programmes outside of the residence, in National Learning Network centres in Balbriggan and in the Suaimhneas Clubhouse in Coolock.

Recreational activities

Residents in Inch House had access to a variety of recreational activities. These included TV, DVD, radio, music, iPads/laptops (with Internet access), a pool table, exercise equipment, daily newspapers, books, and board games. Residents also went on outings, including trips to Howth and bowling in Drogheda.

Medication

The residence had a policy in relation to medication management. Medication was prescribed by the consultant psychiatrist or GP. A Medication Prescription and Administration Record (MPAR) was used in the residence, and all residents had an MPAR. At the time of the inspection, five residents were self-medicating. The clinical documentation of self-medication processes was in need of review to ensure consistent use of the MPAR.

Medicines were provided by a local pharmacy weekly and by St. Mary's Hospital in the Phoenix Park. All medication was stored legally and securely in a locked cupboard in the nursing office.

Community engagement

The location of Inch House facilitated community engagement. Residents could walk to Balbriggan in 20 minutes or take a bus or train. Most of the residents travelled independently. They went shopping, had meals out, went to the cinema, went bowling, and attended a local sports club for training. The residence was ideally located on a main bus route. It also had its own six-seater people carrier, which was used for outings or to bring residents to hospital appointments.

There was no community in-reach into the residence.

Autonomy

Residents had full and free access the kitchen in the house. Meals were prepared by the care staff or by the residents themselves. Residents were free to determine their bedtimes, but none of them had a key to their own bedrooms.

Residents helped out with household activities. A rota was in place for kitchen chores and laundry, and residents helped with tidying and cleaning. Residents could come and go as they wished and could receive visitors at any time.

Staffing

Staff Discipline	Day whole-time equivalent (WTE)	Night WTE
Clinical Nurse Manager 2	1	
Registered Psychiatric Nurse	1	1
Health Care Assistant		
Multi-Task Attendant/Care Staff	1	1

Team input (Sessional)

Discipline	Number of sessions
Occupational Therapist	By request
Social Worker	Weekly and by request
Clinical Psychologist	-

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

Staff had received training in Basic Life Support, fire safety, recovery techniques, and the management of aggression and violence.

Complaints

Inch House used the HSE's *Your Service, Your Say* complaints procedure. Residents were aware of how to make complaints, and notices explaining the complaints process were publicly displayed. A complaints officer was identified. Complaints were addressed in the first instance by staff in charge, or they were referred to the complaints officer when they required escalation. A complaints log was maintained, but no complaints had been recorded since December 2016.

Community meetings were held monthly in the house, and minutes were maintained. An agenda was posted on the noticeboard in advance of the meetings. There was a suggestion box on the premises.

Risk management and incidents

Inch House used the service policy for community residences in relation to risk management. The policy was being implemented in the residence. There was no site-specific risk register in place. The ICP review had capacity for a resident risk assessment, but risk assessments were not routinely documented. Incidents were reported and documented using the National Incident Management System.

The residence was physically safe. Fire extinguishers were serviced and in date, and fire escapes were easily accessible. There was a first aid kit on the premises.

Financial arrangements

Inch House used the service policy in relation to the management of residents' finances. The charge for residents was €95 per week, which included food and utilities. Residents had bank or post office accounts, and all of them managed their own finances. Where required, residents had access to secure facilities in the residence for the safe-keeping of their money. Appropriate processes were in place in relation to staff handling residents' money, with all transactions signed by a staff member and the resident.

Residents did not contribute to a kitty or social fund. If they wanted, they could contribute to a pharmacy fund to ensure that they had money available to pay monthly pharmacy charges. Residents' finances had not been audited since October 2017.

Service user experience

Residents present in the house during the inspection engaged with the inspector. It was apparent that a good relationship existed between residents and staff. No resident expressed any source of concern and none requested to meet privately with the inspector.

Areas of good practice

1. The structure and organisation of the residence encouraged resident autonomy and independence.
2. Residents were directly involved in the organisation and agenda setting for community meetings.

Areas for improvement

1. Each resident should have their own bedroom. In the meantime, privacy screens should be used where there are shared bedrooms.
2. The service should consider review of the Individual Care Plan (ICP) template used to ensure that it is focussed on core strategic current needs in line with the recommendations of the Quality Framework. Active steps should be taken to encourage and include family involvement in the process.
3. In the interests of safe practice, it is important that self-medication processes documented in the MPAR follow the date structure within the MPAR (where medication is provided weekly this should be documented on the relevant day and date of the particular week following the medication template structure).
4. Dining room provision should be sufficient to facilitate all residents dining communally with adequate seating provision.