Linden House

ID Number: RES0033

24-Hour Residence – 2018 Inspection Report

Linden House
Ballymote
Co. Sligo

Community Healthcare Organisation:
CHO 1

Teams Responsible:
General Adult
Rehabilitation and Recovery

Total Number of Beds:
12

Total Number of Residents:
11

Inspection Team:
Mary Connellan, Lead Inspector

Inspection Date:
17 January 2018

Inspection Type:
Unannounced Inspection

The Inspector of Mental Health Services:
Dr Susan Finnerty MCRN009711

Date of Publication:
24 July 2019

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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

Linden House was a 12-bed, 24-hour, nurse-staffed residence on the outskirts of Ballymote, Co. Sligo, in a semi-built up area. The two-storey residence was owned by the HSE. It opened as a 24-hour residence approximately 27 years ago. At the time of inspection, Linden House was providing rehabilitation and continuing care for ten permanent occupants and one resident in respite care, four residents were under the care of the rehabilitation and recovery team and the remainder under adult mental health teams. Additionally, another service user attended the house on weekdays for meals and medication. Plans were in place for the residence to become the sole responsibility of the rehabilitation and recovery team.

Residence facilities and maintenance

Residents in Linden House were accommodated in two single and five double bedrooms, with one of the doubles used for respite care. In shared bedrooms, screens were not in place between the beds, which did not ensure residents' privacy.

The first-floor accommodation included two double bedrooms with en suite bathroom facilities as well as two double rooms and one single, whose occupants shared bathroom facilities. The main bathroom contained a shower, toilet, and wash-hand basin. There was also a pleasant visitors' room on the first floor. The ground floor comprised one double en suite bedroom, with one occupant; a single en suite bedroom; the nurses' office; a sitting room; a kitchen and homely dining room; a laundry room with a washing machine and dryer; and a toilet with wash-hand basin.

The en suite bathroom facilities were cramped for those residents who required assistance with showering. The shower in the en suite in the single room on the ground floor had been out of order for more than a year, and the resident had to use the shower in the en suite of the other ground floor bedroom. The dining room décor was dated, and the flooring was in need of modernisation.

The exterior of the residence was well maintained. There was a low-maintenance garden, which once contained a greenhouse and polytunnel. At the time of inspection, a safety alarm system was being installed. The residence had been painted in summer 2017.

Resident profile

At the time of the inspection, Linden House was providing accommodation for five female and six male residents. They were aged between 52 and 68. Most of the residents had come from other supervised residential units and had been living in the house for three years. One resident was a ward of court, and two residents had a primary diagnosis of an intellectual disability. Some of the residents had physical limitations, but appropriate accommodation on the ground floor was made available to just one of these. The others were accommodated on the first floor, which was not ideal for their needs.

Care and treatment

Linden House had a policy in relation to individual care planning. All of the residents had an individual care plan (ICP), which was developed in conjunction with nursing staff. The ICPs were not drawn up by the multi-disciplinary team, which reviewed them at their three-monthly meetings. Residents were involved in developing their ICPs and attended the review meetings, which were held in the house. Residents were assigned key workers, who were nurses. A review of the clinical files indicated that not all residents received a psychiatric evaluation at least six-monthly.

Physical care

Linden House had a policy in relation to physical care and general health. All residents had access to a local GP, who attended the house if necessary but usually saw residents in the surgery. Residents received regular physical examinations, and documentation relating to physicals was retained by the GP.

Information on national screening programmes was provided to residents on an individual basis, and residents were receiving appropriate screening. Residents also had access to other health services as required, including dentistry, dietetics, and physiotherapy.

Therapeutic services and programmes

Linden House did not have a policy in relation to therapeutic programmes, which were not delivered in the residence. An occupational therapist from the rehabilitation team attended the residence approximately monthly to provide an opportunity for residents on that team to participate in leisure/social pursuits in the local community.

A number of residents accessed therapeutic programmes in various locations in Sligo: the Avalon Centre, RehabCare, and the National Learning Network.

Recreational activities

Residents in Linden House had access to very few recreational activities. There were TVs in most of the bedrooms, and other activities included word wheel, jigsaws, newspapers and magazines, beauty care, and cards. Mass was held in the house regularly, and residents also went on occasional outings, to Knock or to a hotel for a meal.

Medication

The residence had a policy in relation to medication management. Medication was prescribed by the respective health care team and the GP, who wrote up the prescriptions in residents' Medication and Prescription Administration Records (MPARs). Residents' MPARs contained space for 24 weeks of continuous medication administration before they had to be rewritten. A review of these revealed a number of omissions in the administration record.

Medication was supplied by three local pharmacies and was stored legally. However, most of the medication was kept in a cabinet in the dining room, which was not suitable or representative of best practice. Staff reported that they were waiting for maintenance to move the cabinet to the nursing office. There was a medication fridge in the nursing office, but a log of fridge temperatures was not being maintained.

Community engagement

The location of Linden House, not far from the centre of Ballymote, facilitated community engagement. Residents could go to mass, visit the library, and go to the hairdresser or beautician. They also went to local sporting events and visited a coffee shop or nearby hotel where they ate out.

The residence did not have access to its own transport. Residents used a taxi or were transported by staff who had appropriate insurance on their private cars. There was community in-reach into the residence from the Legion of Mary and a voluntary women's group, which visited occasionally.

Autonomy

Residents did not have full and free access to the kitchen because of safety concerns. Residents were free to determine their own bedtimes, but none of them had a key to their own bedrooms. Some of the residents helped with household chores. Residents could come and go as they wished, if they were able, and they could receive visitors at any time.

Staffing

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

Team input (Sessional)

Discipline	Number of sessions
Occupational Therapist	Approximately monthly
Social Worker	When required
Clinical Psychologist	0

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

Not all staff had received up-to-date training in Basic Life Support, fire safety, the management of aggression and violence, and recovery techniques.

Complaints

Linden House used the HSE's *Your Service Your Say* complaints policy, and residents were aware of how to make a complaint. Complaints were discussed at the weekly community meetings and addressed in the first instance by the clinical nurse manager. Where a complaint required escalation, it was dealt with by the complaints officer for the service. A complaints log was maintained. There was no suggestion box in the house.

Risk management and incidents

Linden House had a risk management policy, which was being implemented in the residence. Risk assessments for residents were completed by nursing staff. Incidents were reported and documented using the National Incident Management System. The residence was physically safe and was fitted with fire doors and a fire escape. Fire extinguishers were serviced and in date. There was a first aid kit on the premises.

Financial arrangements

Linden House did not have a policy in relation to the management of residents' finances. Residents paid a weekly charge, depending on their means, and this included food and utilities. Residents had post office or bank accounts. Appropriate procedures were in place in relation to staff handling residents' money. Secure facilities were provided for the safe-keeping of residents' money, and two staff and the resident signed for all transactions.

Residents did not contribute to a kitty or social fund. Residents' finances were audited weekly.

Service user experience

The inspector met with six residents informally in the sitting room. One was actively engaged in a recreational activity while the others were relaxing in the room. Residents appeared happy and content.

The inspector was also present when ten residents were having their main meal. There was a good ambiance and residents were enjoying their food and interactions with each other and the staff.

One resident met with the inspector and was complimentary of the residence, the staff and the food.

Areas of good practice

1. There was a planned menu which included reference to special dietary requirements. Kitchen staff had very good knowledge of the resident's preferences and special diets.

2. The residents were all to be transferred to the care of Rehabilitation and Recovery team. There was planned date of 1 February 2018 for this transition.

3. A new pin point safety alarm system was being installed.

4. The nursing staff; including one member who was not permanent to the residence had excellent knowledge of the residents and were very committed to providing their care needs in a homely manner.

Areas for improvement

1. One resident was being accommodated on the first floor which was not suitable for their assessed needs.

2. Facilities most notably one of the showers in a downstairs en suite required immediate maintenance as the shower had been out of use for over a year at the time of the inspection. The house was awaiting a shower tray replacement. The en suite facilities in other bedrooms were restrictive and not suitable for those residents who required assistance.

3. The dining room required modernisation and updating, in particular the flooring.

4. There had been a number of omissions in the administration records of medication. The medication cabinet was in the dining room. It was in a locked press but not in a locked room. The medication fridge was in the nursing office; however, there was no thermometer for recording the temperature.

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