

Morehampton Lodge

ID Number: RES0016

24-Hour Residence - 2017 Inspection Report

Morehampton Lodge
Dublin 4

Community Healthcare Organisation:
CHO 6

Team Responsible: General Adult

Total Number of Beds:
14

Total Number of Residents:
14

Inspection Team:
Marianne Griffiths, Lead Inspector
Dr Susan Finnerty

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.....	5
Service description.....	5
Care and treatment.....	5
Physical care.....	6
Therapeutic services and programmes.....	6
Medication.....	6
Community engagement.....	6
Autonomy.....	7
Residence facilities and maintenance.....	7
Staffing.....	7
Complaints.....	8
Risk management and incidents.....	8
Financial arrangement.....	8
Service user experience.....	8
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

Morehampton Lodge was a community residence located near Donnybrook village. The residence opened in 2000 and was originally designed as a bed and breakfast. The residence was a large house containing 12 single rooms and one double bedrooms, located off narrow corridors. All bedrooms were en suite. The residence was three storeys and construction work was under way at the time of the inspection, with two of the bedrooms out of commission. There was a large sitting room and a small visitors' room that also functioned as a sitting room. Some residents chose to sit in the spacious reception area. The residence had a functioning kitchen and a recently refurbished dining room. The layout of the dining room was welcoming and facilitated residents to enjoy their meals together. The residence had a large working kitchen and a spacious pantry area where dry foods were stored.

The residence provided rehabilitation care to adults. Four clinical teams within CHO 6 referred residents to Morehampton Lodge. The function of the residence was to provide long term care as well as care for people in transition from acute mental health services to community and independent living. The residence was an established part of the care pathway for the rehabilitation and recovery team.

There were 14 residents in the residence, whose length of stay ranged from a recent admission to 13 years.

Care and treatment

There was no policy on individual care planning; however, every resident had an integrated care plan, which detailed resident needs, interventions, and goals as well as listing the multi-disciplinary team member responsible for working with the resident to achieve these goals. In most cases, nursing and medical staff were identified as the responsible team members. Resident individual care plans were reviewed on a six-monthly basis at a minimum and more often should the residents' needs change. A psychiatric review was also documented on a six-monthly basis. The enhanced recovery team met in Vergemount (Clonskeagh Hospital) and these team meetings were attended by nursing staff from Morehampton Lodge. There was a key worker system in place. A consultant psychiatrist post for the rehabilitation team had been approved and there were plans in place to further develop a rehabilitation team for the area.

Physical care

The residence did not have a policy on physical care and general health. All residents had access to a GP and general physical examinations were completed on a six-monthly basis. Residents received information about screening programmes and accessed such programme in their local hospital. Residents had access to other health services such as physiotherapy and speech and language therapy.

Therapeutic services and programmes

The residence did not have a policy on therapeutic programmes. The community nurse and clinical nurse specialist delivered programmes such as the Wellness Recovery Action Plan in the community. Residents could attend a day centre in the local services. The residence had close links with the Roslyn Park College and Airfield Gardening project, where some residents of Morehampton Lodge had completed qualifications in gardening and catering. The Eolas project, a mental health information and learning programme for people with severe mental health difficulties, was also open to residents. A “Hearing Voices” group took place on a regular basis.

Medication

The residence had a policy in place on medication management. Medication was prescribed by the GP as part of the General Medical Services system. Every resident had a Medication Prescription and Administration Record containing prescription and administration details. In some cases, the prescriber signatures were illegible and the prescriber had omitted to document their Medical Council Registration Number. Five residents were on a self-medication protocol and there were processes in place to support residents in this practice. Medication was stored appropriately and legally. This medication was supplied by the local pharmacy. All residents apart from one had a medical card.

Community engagement

Morehampton Lodge was well located to facilitate community engagement. The residents attended a multitude of activities, including cinema trips, access to a local park, and coffees and meals out. There was a weekly walking group in place. The area provided ample opportunities for use of public transport, including trains and buses. Residents also had access to a bus driven by staff when required.

Autonomy

Residents had free access to the kitchen to prepare drinks or snacks and were free to determine their own bedtime. Residents had a key to their own bedroom and helped out with domestic activities, including shopping, cleaning, and gardening.

Residence facilities and maintenance

Construction work was ongoing in order to strengthen the ceilings and building infrastructure of Morehampton Lodge. Despite some efforts by the staff and residents, the garden was unkempt and untidy with weeds and gravel, making it an uninviting space. The shed, which contained the washing machine, dryer, and two freezers, was observed to be unclean at the time of inspection. The physical structure of the shed was in a state of disrepair.

One household staff member came to the residence on a part-time basis, but this was not sufficient to ensure that a high standard of cleanliness was maintained throughout the residence due to the large number of bedrooms and sitting areas.

Staffing

Staff Discipline	Day whole-time equivalent (WTE)	Night WTE
Clinical Nurse Manager (CNM) 2	1	0
Registered Psychiatric Nurse	1	1
Health Care Assistant	1	1
Multi Task Attendant	1	0

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	Weekly
Non-Consultant Hospital Doctor	Weekly

Complaints

There was a complaints policy in place and the residents were made aware of this policy. The HSE complaints process, *Your Service, Your Say*, was displayed on the reception wall in a prominent position. The CNM2 in the residence was responsible for addressing complaints and a log was maintained documenting each complaint. Community meetings were held on a weekly basis and minutes of these meetings were documented.

Risk management and incidents

The residence did not have a written risk management policy; however, a health and safety statement outlined the protocols to be followed to minimise risk. Incidents were reported using the National Incident Management System. Risk assessments were carried out for residents, and staff updated the risk register to include identified risks. The residence was physically safe and controls had been put in place to minimise the risks due to ongoing building works.

Financial arrangement

The residence was owned by the HSE. Each resident made a weekly long-stay contribution to the service; this was dependent on the number of nights that they stayed in Morehampton Lodge per week. The residence did not have a policy on managing residents' finances. Each resident had their own bank or post office account. Each week, residents would independently collect their own money from the post office and organise payment directly to the finance office of Vergemount Hospital. Staff members did not have access to residents' finances. This payment varied according to resident means. Residents did not contribute to a kitty or social fund.

Service user experience

The inspectors spoke with two residents over the course of the inspection. Both were highly complementary of the care delivered at Morehampton Lodge and the facilities available. Over the course of the inspection nursing and Health Care Assistant staff were observed interacting with residents and supporting them in various activities. Morehampton Lodge had a calm and respectful atmosphere and each resident appeared supported to facilitate their choices and preferences in their lives insofar as possible.

Areas of good practice

1. The enhanced recovery team was being further developed. Many processes had been put in place by the multi-disciplinary team in anticipation of the new consultant psychiatrist role that was shortly due to commence.
2. A series of quality initiatives had taken place since the 2015 inspection, including increased access to therapeutic activities, ongoing refurbishment of the house, and revised individual care plans.
3. Staff in the residence maintained high standards of record keeping and documentation.

Areas for improvement

1. The three double bedrooms were cramped in appearance and did not afford sufficient privacy and dignity to those who occupied them. Once the building work is completed, it is hoped that there will only be one double room in use by the residence.
2. The garden area and shed were not fit for purpose and required redevelopment in order to improve the standard of access to open space for residents.