

New Strand House

ID Number: RES0050

24 Hour Residence – 2017 Inspection Report

New Strand House
Limerick

Community Healthcare
Organisation:
CHO3

Team Responsible:
Rehabilitation

Total Number of Beds:
12

Total Number of Residents:
11

Inspection Team:
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Inspection Date:
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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.....	6
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.....	10

Introduction to the Inspection Process

This Inspection and Report was 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

New Strand House was located within Limerick city and was convenient to local amenities. It was situated within its own grounds. The residence consisted of an older, single story premises which had been extended many years ago by the addition of a two story extension to the rear. The residence was surrounded by well-maintained gardens. Residents were under the care of the Rehabilitation team. Some residents had previously been patients of St. Joseph's Hospital before it closed or had been admitted from other mental health facilities in the surrounding area. The residence was owned by the HSE and had opened in 1995.

Resident profile

Eight residents were female and three were male. They ranged in age from late 40's to mid 60's. A number of older residents had moved to nursing homes under the Fair Deal scheme during the previous year. The most recent admission had been a week previously, whereas some residents had lived in the house over 15 years. All residents were voluntary and one was a Ward of Court. All current residents were ambulant. Two residents had special needs due to concomitant learning disability.

Care and treatment

The residence did not have a specific policy on individual care planning but utilised the service policy. Care planning was predominantly based on the utilisation by nursing staff of the CASIG (Client Assessment of Strengths, Interests, and Goals) assessment system. A linked individual care plan (ICP) document was maintained in the clinical files of all residents and this was reviewed by the multi-disciplinary team (MDT) every four months. Residents had an allocated keyworker and associate keyworker. Prior to the ICP review the keyworker would discuss the plan with the resident. Residents were encouraged to attend all reviews. Psychiatric reviews were undertaken and documented in the clinical file as required and at least every six months. Multi-disciplinary team meetings were held on a monthly basis in the residence.

Physical care

All residents had a GP in the local community. Residents would generally attend the GP in the community but, if necessary, a home visit could be arranged in the residence. A regular six-monthly physical examination was scheduled for all residents and documented in the clinical file. Residents were informed about relevant national screening programmes and were encouraged and assisted to attend any screening appointments offered. Where necessary residents were referred to secondary medical services in local hospitals. Residents attended a number of community dentists as required. Access to services such as physiotherapy, speech and language therapy, dietician was through community referral mechanisms.

Therapeutic services and programmes

Staff organised and supervised structured exercise sessions for residents which were held in the residence. In addition, a horticulture project was operating in the garden area where an area was devoted to growing vegetables. Residents attended both Belfield and Inis Cara day centres which were located some distance away. A range of therapeutic activities were available to residents in these locations. On occasion Focus Ireland were involved in providing art and cooking activities. MDT involvement in therapeutic programmes was limited to attendance at four-monthly ICP review, with no sessional input scheduled within the house.

Medication

The service policy on medication management was utilised by the residence. Medication was prescribed either by the psychiatrist or by the resident's GP. Prescriptions were forwarded to a local pharmacy who supplied medication in blister pack format on a named patients basis. The residence maintained a Medication Prescription and Administration Record (MPAR) for each resident. These were reviewed and both the prescription authorisation and administration records were in order. There was currently no resident who was on a self-medicating programme. Medications were stored securely in a locked cabinet in the nursing office.

Community engagement

The residence was located in a residential area in the centre of Limerick city and was convenient to community amenities and public transport. A number of residents attended local sporting and social facilities (swimming pool, Men's Shed, religious ceremonies). A Minister of the Eucharist visited regularly and mass was occasionally celebrated in the residence. Apart from this there was little community in-reach to the residence. The residence did not have its own transport and residents either used public transport or, where negotiated in advance, used HSE transport for outing's, etc.

Autonomy

Residents did not have free access to the kitchen and could only use it with staff supervision. Main meals were provided from a separate facility and plated in the residence. Residents had a choice of hot meals every day and a menu was available to residents. Residents were free to come and go from the residence as they wished. Given the location of the residence (in a busy urban area) the front door was managed by a keycode. All residents were aware of the code. The residents did not have a key to their own bedrooms and were required to seek assistance from staff if they wished to secure their personal space. There was no set bedtime and residents were free to get up and go to bed at times of their choosing. Residents did not actively partake in domestic activities such as cleaning or shopping. A new laundry facility was available which residents could use with assistance. Alternatively, residents could use an external commercial laundry. There was no restriction on visitors or visiting times. The residence did not have a dedicated visitor's room.

Residence facilities and maintenance

The residence consisted of an original red brick house located in front of an adjoining two story extension which was over 30 years old. The residence was surrounded by a well-maintained garden area which included a new patio and paved bedding area. There were two separate sitting room areas inside the front door, each with seating accommodation for six to seven residents. An information board in one sitting room provided residents with information on a range of areas pertinent to the operation of the house. Residents had access to TV (Saorview) and radio, together with newspapers. The dining room had seating for all residents but was somewhat institutional and impersonal in presentation. A new laundry room and separate storage area had been developed in an external area adjacent to the dining room. A suggestion box and emergency defibrillator were located in the central hall area.

A number of bedrooms were located on the upper floor. These were now occupied on a single occupancy basis and the rooms provided adequate privacy and space. Two bathrooms serviced this area and both were in need of significant redecoration and refurbishment. A separate internal toilet was located on this floor and, again, this required significant refurbishment. This toilet was malodorous and had no hand-drying facility. There was a dedicated fire-escape stairwell which required refurbishment to minimise health and safety risks should evacuation be necessary in dark conditions. Throughout the residence facilities for storage of cleaning and maintenance equipment was inadequate. An upstairs storeroom had a large area of plasterwork which was crumbling and in a poor state of repair.

The ground floor area contained the staff office and four bedrooms which were now all single occupancy. One of these rooms was not currently in use and was utilised to store cleaning and other equipment. The ground floor was serviced by two resident bathrooms. Both were in need of significant redecoration and refurbishment due to damaged and unclean floors and tiling. Resident dignity was impaired due to the inability to lock the doors of these rooms. Staff indicated that while the residence had been painted, this had not extended to the bathrooms areas as it was intended to undertake required refurbishment. No date for this project was yet specified. Maintenance of the premises was the responsibility of the maintenance department in St. Joseph's Hospital.

Staffing

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

Team input (Sessional)

Discipline	Number of sessions
Occupational Therapist	-
Social Worker	-
Clinical Psychologist	-
Other (specify)	

Medical Staff	Frequency of attendance at residence
Consultant Psychiatrist	Once per month
Non Consultant Hospital Doctor	Once per month

Complaints

The residence used the HSE national policy *Your Service Your Say* to manage complaints. Details of the complaints process, including contact details for the responsible complaints officer, were outlined in the resident information booklet and on the residence notice board. The Clinical Nurse Manager (CNM) 2 indicated that complaints were rarely received and were generally addressed by staff within the residence. There was no complaints log maintained to identify the number and nature of complaints. A monthly community meeting was held and minutes were kept of these meetings. There was a suggestion box located in the residence in a central position.

Risk management and incidents

The service policy on risk management was used by the residence. The policy was implemented by the residence and there was a specific risk register maintained for the residence. The risk register was reviewed by staff and by the service risk advisor. Individual risk assessments were undertaken on residents as part of the CASIG and ICP process. The National Incident Reporting System (NIMS) was utilised to report any incidents occurring. These were forwarded to the Assistant Director Of Nursing (ADON) and risk advisor.

Relevant feedback was received at intervals. When the relatively low risk posed by the residents was taken into account the premises was, notwithstanding the existence of a range of potential ligature and other risks, deemed to be relatively safe. All fire extinguishers were in date and accessible. While fire escapes were easily accessible the upstairs escape stairs, in conditions of low light or poor visibility, could pose a potential health and safety hazard. The residence had an emergency kit.

Financial arrangements

The service policy on the management of resident's finances was applied. Residents paid a weekly core rent of between €30 and €85, depending on means and individual factors. In addition to this core rent, residents paid an additional €16.50 each for food, and €18.50 for personal items, trips out, etc. Although residents had signed an agreement regarding this last amount its precise use was unclear. Some residents had a personal post office account while others had an account maintained by the finance department in St. Joseph's Hospital. The CNM2 had been authorised by a number of residents to access personal funds on their behalf. All residents had a personal wallet, retained in the staff safe, for small cash amounts. All transactions were signed for by a member of staff and the resident, or by two members of staff if the resident had impaired capacity. Resident finances were audited by the CNM2 on a weekly basis and by the responsible ADON monthly. The HSE finance department undertook an audit on approximately an annual basis.

Service user experience

The inspectors met with a number of residents during the course of this inspection. The residents generally expressed satisfaction with the residence and specific complaints were not noted. No resident expressed a wish to meet privately with the inspectors.

Areas of good practice

1. There was good access to therapy, both within the residence and externally.
2. Residents had free access to the house and there was no limitation on visiting times.
3. Facilities within the residence, particularly for processing personal laundry, were improved.
4. It was positive that the number of residents had decreased since the last inspection. This had facilitated single bedroom occupancy with improved personal space and privacy.

Areas for improvement

1. Given the rehabilitative ethos of the residence, input from the multi-disciplinary team was limited. Emphasis on maximising personal autonomy and social capacity was not apparent. Residents did not have independent access to the kitchen to prepare personal snacks or meals. Access to laundry facilities was only with staff supervision. Residents did not have any means of locking their personal room.
2. The status of the toilet and bathrooms facilities within the house was inconsistent with a respect for the resident's privacy and dignity. In particular, residents were unable to lock the toilet doors when using the facility.
3. A complaints log should be maintained so that there is clear documentation of any complaints arising and the response to resolve the matter.
4. Resident funds must be clearly for personal use or benefit. The purpose of funds deducted as part of an overall weekly charge must be clearly documented and for personal use only. Informed consent must be obtained. A common social fund or 'kitty' is not appropriate.