Swanlea House

ID Number: RES0026

24 Hour Residence – 2017 Inspection Report

Swanlea House
Dublin 6

Community Healthcare Organisation:
CHO 6

Team Responsible:
General Adult

Total Number of Beds:
12

Total Number of Residents:
10

Inspection Team:
Noeleen Byrne, Lead Inspector
David McGuinness

Inspection Date:
12 April 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

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

Swanlea House was a high-support community residence located in Dublin 6. It opened in 1997 following the closure of another residence. Swanlea was a detached, two-storey house with basement. An extension to the rear provided additional bathrooms on each floor.

Swanlea House provided continuing care to adults. At the time of the inspection, residents referred by four general adult clinical teams were living in the residence. The function of the residence was to provide long-term care for people who had transitioned from acute mental health services to community services. Some residents had transferred from another community house.

There were ten residents, whose ages ranged from 45 to 71 years. Their length of stay ranged from 2 to 20 years.

Care and treatment

The residence had no policy in relation to individual care planning; however, each resident had an individual care plan (ICP). This was developed and reviewed by the consultant psychiatrist and the nursing staff. There was no multi-disciplinary input. Residents had access to a social worker or psychologist by referral from the consultant psychiatrist. The ICPs were up to date and detailed residents' needs, goals, and required interventions. They were reviewed at least six monthly. There was limited input from residents into their ICPs. One consultant psychiatrist reviewed all of Swanlea's residents, and three other consultant psychiatrists reviewed residents in the out-patient clinics in the area. Medical and nursing staff held meetings in the residence, and residents were encouraged to attend as appropriate. There was no key worker system in place and the nurse on duty tended to residents' needs.

Physical care

The residence did not have a policy on general health. Each resident had access to a general practitioner if they wished to avail of same. Physical examinations were completed by the registrar on a six-monthly basis. The inspectors observed no information in relation to screening programmes. However, residents were provided with appropriate screening programmes. Residents had access to a physiotherapist and a speech and language therapist if required. They also attended a dentist.

Therapeutic services and programmes

The residence did not have a policy on therapeutic services. Residents had recently been assessed by the occupational therapist, and these functional needs assessments were discussed at the enhancing recovery team meetings. The recovery nurse provided therapeutic input. Residents attended day care centres in the area. Some residents were involved in the Airfield Garden Project. The community nurse and clinical nurse specialist delivered programmes such as the Wellness Recovery Action Plan.

Medication

The residence had a medication policy entitled *Prescribing: Role of the Registered Medical Practitioner*. Medication was prescribed by the attending consultants and non-consultant hospital doctors as well as by general practitioners. Every resident had a medication and administration record and these were maintained to a very high standard. There were two residents on a self-medication administration programme. Medication, which was supplied from a local pharmacy, was stored in a locked cabinet in the office.

Community engagement

The location of Swanlea House facilitated community engagement. Residents attended Gateway, a drop-in centre nearby. Cycling, swimming, attending the cinema, and training for the women's mini-marathon were among the activities residents engaged in. Public transport was available locally, and the residence had access to a people carrier to transport residents to activities and appointments.

Autonomy

Residents had access to the kitchen to make tea or coffee. They did their own laundry and some tended to the garden. Residents were free to determine their own bedtime.

Residence facilities and maintenance

The external appearance of Swanlea House was well maintained and included parking at the front and a rear garden. There was a large sitting room with a television and a quiet room with books and board games. Another large room downstairs was under refurbishment to function as an office. The layout of the dining room was welcoming and facilitated residents to dine together. The residence had a large kitchen with a side room accommodating food storage and a freezer. There were two 3-bed rooms and three 2-bed rooms located on the two floors. Privacy curtains were installed around each bed. None of the bedrooms was en suite and there was a bathroom on each floor.

Staffing

Staff Discipline	Day whole-time equivalent (WTE)	Night WTE
Clinical Nurse Manager	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	By referral
Social Worker	By referral
Clinical Psychologist	By referral

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

The inspectors were informed that three staff were normally on duty: a nurse, a health care assistant (HCA), and a member of the household staff. On the day of the inspection, however, there were only two staff on duty, the nurse and the HCA. Rosters indicated that often there were just two staff on duty during the day. The clinical nurse manager worked 7 days out of 14. A recovery nurse attended the house and accompanied residents to community activities. An occupational therapist completed functional needs assessments in preparation for the establishment of the rehabilitation team.

Complaints

The residence used the HSE complaints policy Y*our Service Your Say.* The complaints process was prominently displayed across all floors of Swanlea House. In the first instance, residents addressed complaints to staff. A complaints log was maintained documenting any complaints made. There was also a suggestion box. Documentation showed that only two community meetings had been held within the last year.

Risk management and incidents

There was no overarching risk management policy, but the residence had policies entitled *Prevention and Management of Falls, Therapeutic Management of Risk,* and *the Management of Unexpected Death Occurrences.* Risk management procedures were implemented and risk assessments were undertaken. Incidents were reported through the National Incident Management System.

Financial arrangements

The residence was owned by the HSE. Each resident made a weekly long-stay contribution, for food accommodation, and utilities, up to a maximum of €153 per week.

The residence did not have a policy on managing residents' finances. Each resident had either a bank or post office account. Residents were supported to handle their own money, and each week they made a payment to the finance office of Vergemount Hospital. The payment varied in accordance with residents' means and needs. Residents were encouraged to use safes that had recently been installed in all bedrooms. Residents did not contribute to a kitty or social fund.

Service user experience

The inspectors met with four residents over the course of the inspection. Two residents had welcomed the inspectors into the house and offered to show them around. All were highly complimentary about the care delivered in Swanlea House and were happy living there. During the inspection, nursing staff and HCAs were observed interacting with residents and supporting them. Residents said the food was good and they had plenty of choice as they could assist with the shopping.

Areas of good practice

1. Locating the office downstairs will enable staff to monitor the hall door and telephones while still engaging with residents.

2. A quality improvement project had commenced to support residents to manage their money. This included installing a safe in each resident's wardrobe.

3. There was input from a recovery nurse and a rehabilitation team was being set up.

4. Each resident had a functional needs assessment to assess suitability for rehabilitation and recovery.

Areas for improvement

1. The inspection team was informed that staffing was 3.5 day whole-time equivalent persons on duty. A clinical nurse manager was on duty seven days per fortnight and one staff nurse was on duty daily. In addition, a HCA and a member of household staff were on duty daily. In practice, the rosters indicated that two people were usually on duty each day. On days when no household staff were on duty, the HCA prepared meals and attended to kitchen duties.

2. Multi-disciplinary team and residents should be involved in the development of individual care plans.