

Weir Home

ID Number: RES0020

2017 24-Hour Residence Inspection Report

Weir Home
Dublin 8

Community Healthcare Organisation:
CHO 9

Team Responsible:
North Dublin Homeless Team

Total Number of Beds:
15

Total Number of Residents:
13

Inspection Team:
Orla O'Neill, Lead Inspector
Donal O'Gorman

Inspection Date:
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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

Weir Home, located in the Liberties, provided 24-hour, nurse-staffed residential care for homeless men under the care of the Dublin North City Homeless Team. The team was based at Usher's Island on the south side of the River Liffey, a 15-minute walk away from Weir Home. The building had opened in 1904 as the James Weir Home for Nurses working in the fever hospital across the road. Weir was a whiskey merchant and benefactor who left monies to fund hospitals. The building became a community residence for St. Brendan's Hospital service in the early 1980s. The attractive, four-storey building was of architectural interest and featured Portland stone, terracotta bricks, and an ornate loggia or wooden balcony overlooking the street. The garden area was a Quaker burial ground and featured grave stones. There was off-street car parking and an entrance way wheelchair ramp; however, the building did not provide universal accessibility and had no lift.

Weir Home provided residential and continuing care, with a rehabilitative ethos, for adult residents who had been service users in St. Brendan's Hospital Mental Health Services. Weir Home received referrals from the Phoenix Care Centre and Dublin North City Mental Health Services, from the Central Mental Hospital and from the programme for the homeless at Usher's Island. All admissions were considered by the homeless team of Weir Home, and an individual plan of action and care pathway were formulated for each resident. Prospective residents were given the opportunity to visit Weir Home and familiarise themselves with its location, staff, and the other residents. Sometimes a brief stay-over for a night or two on a trial basis was provided to assist those prospective residents who were apprehensive about the impending move.

The residents, all male, ranged in age from 30 to 60-plus years and had been living in Weir Home for many years, ranging between 1 and 16 years.

There was a mission statement and booklet on Weir Home, which presented a clear account of a well organised and focused service. At the time of the inspection, not all the planned elements of rehabilitation and promotion of autonomy, as outlined in the booklet, were being realised in practice.

Care and treatment

The consultant psychiatrist and two non-consultant hospital doctors (NCHDs) attended the 24-hour residence weekly, on a Friday. There was a 2011 policy on individual care plans (ICPs). All residents had an ICP. However, there was no consistency in the frequency of ICP reviews by the multi-disciplinary team (MDT). Some ICPs were reviewed six-monthly, some annually, two ICPs had last been reviewed in 2015, and one ICP had last been reviewed in 2010. The residents did not retain a copy of their own ICP and most residents had not signed their ICP. Staff stated that each resident was consulted and had input into the development of their ICP; however, this was not well recorded in the ICP or clinical file. Some residents had signed a contract in relation to a required code of behaviour while a resident in Weir Home that included, for example, not smoking in bedrooms. The clinical files showed evidence of input from medical, nursing, occupational therapy, and social work staff. There was no evidence of input from clinical psychology. The clinical progress notes were well maintained and up to date and provided a clear account of each resident's progress, care, and treatment. The nursing staff on-site functioned as key workers for the residents.

Physical care

There was a 2011 policy on physical health care for residents. A local GP provided the primary care service for all residents. Residents attended the surgery themselves and did not necessarily inform or involve staff in this process. The homeless team's NCHD completed six-monthly physical examinations and review of each resident, and these were recorded in the clinical file. The residents' GP made referrals as appropriate for national screening programmes. Residents received their post unopened and nursing staff would not necessarily be informed if a resident was participating in a screening programme. Each resident had their own dentist and tended to use the one dental practice. The GP made referrals for general health services such as physiotherapy, tests and investigations, and specialist consults. A chiropodist attended Weir Home and residents paid the €10 fee directly themselves.

There was an emergency bag and a first aid box in the nursing office.

Therapeutic services and programmes

There was a 2011 policy on therapeutic services and programmes. An occupational therapist (OT) attended weekly, on a Thursday, and provided individual OT assessments and interventions. Otherwise, there was no therapeutic provision within the residence. A woodwork teacher came to Weir Home once a week. This appeared to be related to picture framing for the Usher's Island service. Access to the woodwork room was hazardous and there was no evidence of residents' own woodwork projects.

Two residents took the bus daily to attend Cherryfield Day Centre in Walkinstown. Residents could access vocational rehabilitation services locally.

Medication

There was a 2011 policy on medication management. Medications were prescribed by the consultant psychiatrist and the GP. Two residents had their medications prescribed on a medical card prescription, and medications were dispensed by a local community pharmacy for which the residents paid a €2.50 dispensing fee. All other resident medications were provided by the HSE's Central Pharmacy in the Phoenix Park. A pharmacist from the Central Pharmacy had reviewed all residents' Medication Prescription and Administration Records (MPARs) in 2016. The MPARs were all inspected and were recorded to a good standard. Medicines were stored in a locked medicine trolley, which was located in a locked room.

No residents were self-medicating, including a resident who was due to move to independent living in the near future. One resident was attending a methadone clinic in the community.

Community engagement

Weir Home was located in the Liberties, and there was a wide range of community facilities within easy reach. There was a not-for-profit café just down the road, which was popular with residents. The local Catholic parish was Donore Avenue, and three residents attended mass there or went to light candles. There was a local weekly market featuring food and bric-a-brac, and one resident enjoyed visiting the book stand there. Residents shopped in local chain supermarkets and some residents placed bets in the local bookies. There was a local gym and barbers also used by residents. Participation in the local community was left up to individual resident's choice and initiation. All residents were fully mobile, and all had public transport passes as part of their disability benefit. At the time of inspection, most of the residents were at home in Weir House relaxing in the large sitting room.

There was a mini-bus located at Phoenix Care Centre, which was available on a booking basis to take residents on outings. Its use was dependent on driver availability. None of the staff in Weir Home at the time of inspection drove this vehicle. The nurse manager stated that residents might be reluctant to spend their own money when out on an organised community trip and hence trips were rarely arranged. The nurse manager stated that there was a petty cash fund of €200 available. The inspection team enquired as to whether some of this money could be used, for example, to buy a cup of coffee out on a trip. The nurse manager confirmed that this could be done but that this was not their practice. The last outing had been in June 2016, a trip along the canal to see the Patrick Kavanagh statue. Several residents told the inspection team how much they had enjoyed this trip. One resident had taken photographs, which were displayed on a noticeboard. Staff reported that petty cash was used to celebrate resident birthdays and to buy small gifts at Christmas and Easter.

The local community used to cook and serve a Christmas dinner every year for residents in Weir Home. Nursing staff reported that this had ceased in 2015 but could not explain why when asked by the inspection team. There was no community in-reach at the time of inspection. Staff told inspectors that one resident used to take an annual holiday but was no longer doing so. Staff did not know the reason for this.

Autonomy

Residents were free to come and go as they wished. Residents were observed going out and about to the local shops and amenities. The gate was open from 08.30 to 20.30 hours and was locked otherwise. Residents did not have a hall door key. Residents who were off-site in the evening could make their own arrangements with staff to come and go via a hall door.

Residents did not have a key to their own bedroom. Residents had no facility to make themselves a drink or snack. Residents did not shop for food or cook meals. On enquiry by the inspection team, the nurse manager said that there were no facilities for residents to make drinks due to health and safety concerns. The inspection team observed kettles on one resident's bedroom floor. Two residents told inspectors that they had kettles in their bedrooms. An incident form had been completed for a resident who had sustained a burn on their foot, which required medical attention. The burn was sustained by tripping over the flex of a kettle on their bedroom floor. Residents had the use of a laundry in the residence. All meals were delivered from Ushers' Island. The residents told the inspection team that the meals were good but that they would have liked more choice.

Residents undertook tasks within the residence such as tidying and cleaning up after meals. The stated ethos of Weir Home was rehabilitation and recovery with an emphasis on independent living. However, there was no opportunity within the residence for residents to engage in basic activities of daily living such as making a hot drink or a snack.

Residence facilities and maintenance

Weir Home was designed over four floors. Several areas were out of use due to the poor state of the building. The ground floor had a nurses' office, a large living room, a large dining room, a large institutional-style kitchen, a medical room, cleaning stores, and a lavatory. The first floor consisted of a large, well-resourced activity-cum-sitting room, three single bedrooms, a shower room and three lavatories, and a nurses' room. The second floor consisted of nine single bedrooms and a laundry room. The third floor had three single bedrooms and a cleaning stores. There was a large fire escape, which had recently been upgraded. All the rooms were homely and residents could personalise their rooms. Residents' artwork and photographs were displayed throughout. The décor needed upgrading and floor coverings, plasterwork, and walls all needed refurbishment. Several areas, such as the downstairs lavatory, were unsightly and dirty in appearance. The heating system was old. There was an ongoing problem with pigeons, both outside and inside the house. The maintenance service with responsibility for Weir Home was located directly across the road in Bru Caoimhin. Staff reported that maintenance responded adequately to any requests. There was a large garden area outside. The Quaker community maintained the upkeep of the burial ground. There was no evidence of gardening activity otherwise.

There were plans to move residents to a ten-bed residence in Stanhope Street, which would provide more modern accommodation.

Staffing

Staff Discipline	Day whole-time equivalent (WTE)	Night WTE
Clinical Nurse Manager	1	0
Registered Psychiatric Nurse	1	1
Health Care Assistant	0	1
Multi-Task Attendant	1 catering 1 housekeeping	1 until 20.00hrs

Team input (Sessional)

Discipline	Number of sessions
Occupational Therapist	1 per week
Social Worker	As required
Clinical Psychologist	None
Woodwork Teacher	1 per week

Medical Staff	Frequency of attendance at residence
Consultant Psychiatrist	1 session weekly
Non-Consultant Hospital Doctor	1 session weekly

Complaints

There was a 2011 complaints policy. The HSE's *Your Service Your Say* complaints procedure was posted up in the residence. Residents interviewed stated that they knew how to make a complaint. The process for making informal complaints within the residence was verbal to any of the staff. The clinical nurse manager was responsible for responding to all complaints made within Weir Home and for escalating complaints up to the assistant director of nursing where indicated. Generally, complaints were satisfactorily resolved within the residence as evidenced by the complaints log. The complaints log was inspected and provided an account of each complaint, actions taken, and the outcome.

Staff reported that there used to be regular community meetings but could not recall when the most recent community meeting was. There were no records available in relation to community meetings in terms of issues raised, response and actions required, and outcomes. There was a suggestion box for residents' use, but it was in the nursing office and had not been wall-mounted in the residents living area.

Risk management and incidents

There was a 2011 risk management policy. The residence operated in accordance with this policy. Each resident had been risk assessed and the ICP pro-forma document made provision for risk assessment reviews. There was no consistency in the frequency of reviews for residents. Five residents had been risk assessed in 2015 and there was no evident update. One resident's risk assessment was dated 2013 with no evident update. The risk assessments for all other residents had been updated regularly.

Weir Home came under the remit of the Dublin North City Quality & Safety Committee North West Dublin Integrated Safety, Quality and Risk Committee. There was a 2017 Dublin North City community health and safety statement and Weir Home was incorporated into this comprehensive statement.

All incidents were recorded on a standardised form. As of 2016, incidents were being recorded and managed in accordance with the National Incident Management System protocol. The incident logs were inspected. One incident recorded involved a resident who had sustained burns to their foot through tripping over the flex of a hot kettle on the floor in their bedroom. There was a bi-monthly meeting held to review all incidents.

Financial arrangements

There was a 2011 policy on managing residents' monies. The majority of residents had their own post office account. Three residents had their monies lodged directly to a HSE-managed account. Residents were encouraged to manage their own monies and to budget and save regularly. Where a resident required nursing staff assistance with personal finances, this was written in the ICP. Residents could keep a small amount of petty cash in safe keeping and nursing staff signed each transaction, but these were not counter signed by the resident. There was no external audit of petty cash transactions.

Residents currently paid €80 weekly for bed and board. This money was paid through their post office or bank account. The HSE's policy on Residents' Support Services Maintenance and Accommodation was due to be rolled out in Weir Home. This policy would increase the bed and board charge to €150 per week, with deductions made for engagement in recovery and rehabilitation activities and associated costs incurred by individual residents.

Service user experience

The inspection team greeted all residents and explained the purpose of the inspection. Three residents spoke individually with the inspectors. Each considered the residence to be warm and comfortable and were satisfied with their care and treatment. The residents said the food was good but they would have liked more choice at meal times.

Areas of good practice

1. Regular attendance by the responsible consultant psychiatrist at the weekly multi-disciplinary team review.
2. The weekly occupational therapy session held within the residence.
3. The active care pathway to step down facilities and partnership approach with the Housing Association for Integrated Living supported housing and the Simon Community.
4. Residents maintained autonomy by attending their own GP and managing their own general health care appointments.

Areas for improvement

1. There was lack of opportunities for residents to practice activities of daily living skills, such as basic meal preparation.
2. There was lack of supported community outings for long-term residents who do not initiate community engagement of their own choice.
3. There was no standard protocol for the review of residents' ICPs.