

# National Forensic Services

ID Number: RES0029

## 24-Hour Residence – 2017 Inspection Report

Community Healthcare Organisation:  
CHO 7

Team Responsible:  
Forensic Recovery and Rehabilitation

Total Number of Beds:  
7

Total Number of Residents:  
6

**Inspection Team:**  
Dr Enda Dooley, Lead Inspector  
Mary Connellan

**Inspection Date:**  
27 September 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
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.....	9
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 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

This was a high-support community residence operated by the National Forensic Mental Health Service. The residence was located in a suburban area in County Kildare near Dublin and was close to amenities. It was owned by the HSE and had functioned in other roles prior to commencing its present function in 2007. The residence was a two-storey house with seven beds (although only six were in use). At the time of this inspection, there were six residents. Four of the bedrooms were en suite rooms, and the two other bedrooms shared an adjacent bathroom. All bedrooms were single rooms. The residence came under the clinical management of the Forensic Recovery and Rehabilitation Team. It had a comprehensive written operational policy, which outlined processes in a variety of relevant areas. A copy of this policy was provided to the inspectors.

## Resident profile

The residence was designated for males only. The age of the residents ranged from 49 to 73 years. The most recent resident had been in the house for approximately 15 months and the longest had been approximately five years in residence. All residents were fully mobile.

## Care and treatment

All residents had an individual care plan (ICP), which was reviewed on a six-monthly basis. Reviews were undertaken in the Day Centre by the multi-disciplinary team (MDT). All residents had a designated key worker who was not one of the house staff but was an external member of the MDT. Prior to review, residents had the opportunity to discuss their care plan with their key worker. Residents attended MDT reviews on a fortnightly basis and also attended six-monthly ICP reviews.

## Physical care

All residents had a medical card and all had a GP in the local community. They had an annual physical assessment, including associated blood tests, organised through the forensic primary care team in the Day Centre. Information on relevant national screening programmes was not readily available within the residence and it was unclear whether the residents were actually linked to these programmes. Residents accessed other services as required through the primary care system. Where appropriate, residents accessed secondary care services through referral to one of the Dublin general hospitals.

## Therapeutic services and programmes

The residence was designated as the residents' home and it was policy not to provide therapeutic services within the residence. Residents were encouraged to attend external therapeutic services as part of their rehabilitation programme. They attended the therapeutic programme in the Day Centre or the EVE recovery service in Kildare. A number of residents attended further individual programmes based in the Dublin area.

## Medication

The operation policy for the residence outlined the procedure for medication management within the residence. It was policy that all residents were self-medicating within the house. Medications were prescribed by the psychiatric team or by the resident's GP, as appropriate. All medications prescribed were documented within a Medication Prescription and Administration Record (MPAR), which was held in each resident's clinical file. Medications were supplied on a monthly basis by Abbey Healthcare and residents were provided with a weekly supply for self-administration. All residents had a locked cabinet within their bedroom for the storage of medication. The provision and administration of medication was documented within the MPAR.

## Community engagement

The residence was located adjacent to a bus route, which facilitated independent travel. Residents were encouraged to use public transport, and it was apparent that they did so to attend therapeutic services and a variety of recreational outlets in the surrounding community. The inspectors were informed that residents independently attended a variety of sporting and cultural events and opportunities depending on personal preference. While the residence had access to its own transport, it was policy to encourage residents to be independent rather than relying on managed institutional outings. Apart from flexible personal visits by family or others, there was no regular community in-reach to the residence.

## Autonomy

Within the house, residents had unlimited access to the kitchen and other facilities. They were expected to cater for their own needs, and it was apparent that all residents had personal food stocks stored appropriately in the kitchen. Residents had access to laundry facilities within the house. All residents were free to determine their own bedtime and all had a key to their own room (which could be overridden by staff if necessary). During the course of this inspection, it was apparent that a number of residents had locked their bedrooms to safeguard their privacy while absent from the residence. Residents assisted with routine maintenance of the house, and this was evidenced by daily and weekly cleaning schedules posted in the kitchen. Residents were free to receive visitors at any time. All residents had a key to the front door and could come and go as they pleased.

## Residence facilities and maintenance

The residence was a centrally located, detached building, which was well maintained. It had a garden area, which included a smoking gazebo. There were two separate sitting and recreation rooms, which contained a TV, radio, and a comprehensive stock of current books. Residents had access to satellite TV and WiFi within the residence. A number of residents had their own computers and TVs. All bedrooms had adequate storage space for personal clothes and effects. Four of the bedrooms were en suite. Two bedrooms shared an adjacent bathroom.

## Staffing

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

The total nursing staff complement was seven (CNM2 x 1, CNM1 x 2, and RPN x 4). Daytime staffing was 1-2 staff, depending on shift patterns.

### Team input (Sessional)

Discipline	Number of sessions
Occupational Therapist	-
Social Worker	-
Clinical Psychologist	-

Medical Staff	Frequency of attendance at residence
Consultant Psychiatrist	Every 3/12
Non-Consultant Hospital Doctor	Every 3/12

Staff had received training in Basic Life Support, fire safety, and recovery principals.

## Complaints

The operational policy outlined the procedure for making complaints, which was in line with the HSE policy *Your Service Your Say*. Residents received an induction pack on arrival in the house and this included details on the complaints process. Minor complaints were addressed by staff in the house. Any formal or written complaints would be referred to the hospital manager who was the complaints officer for the residence. A complaints log was not maintained in the residence and the staff member interviewed could not recall a formal complaint being received. Community meetings were held at approximately six-weekly intervals and minutes were kept of these meetings. The residence did not have a suggestion box.

## Risk management and incidents

Appropriate risk management was a priority and policy in this regard was outlined in the residence's operational policy. Clinical risk assessment was an integral part of both the MDT and ICP review processes. Any incidents occurring in the residence were reported using the National Incident Reporting System. The residence was physically safe and all fire extinguishers were in date. Both staff and residents participated in regular fire safety training. The residence had a first aid kit and an Automated External Defibrillator, which were readily accessible to both staff and residents.

## Financial arrangements

It was policy that residents were encouraged to take control of their personal finances and have their own bank or post office accounts. Residents maintained access to their personal funds, and staff of the residence had no part in the control or oversight over resident monies. There was no common social fund or kitty maintained within the house.

## Service user experience

During the course of this inspection, five of the six residents were absent from the house. One elderly resident who was in the process of leaving to attend the day centre met briefly with the inspectors. He expressed no concern or dissatisfaction and was happy with his living conditions in the residence.

## Areas of good practice

1. The residence operated an ethos of high support rather than high dependency and residents were encouraged to be responsible for themselves in terms of both therapeutic and social engagement.
2. The residence was located in an area with convenient access to public transport, which promotes independent functioning within the community.
3. The residence was clearly a comfortable home environment and intentionally designed so as to provide therapeutic facilities elsewhere, away from this domestic situation.
4. The service was on the point of introducing a protocol to promote resident autonomy and engagement in physical health monitoring – My PAL (Physical Achievement List). This was aimed at addressing the risk of poor physical status associated with long-term mental illness.

## Areas for improvement

1. Steps should be taken to ensure that all residents who come within the remit of relevant national screening programmes are appropriately registered for such schemes and are provided with ready access to information on these schemes.
2. While it was indicated that complaints of any nature are a rarity, it would be beneficial to maintain a log of all complaints so as to monitor the notification of any complaints, document responses and improve services.