

Altamount House

ID Number: RES0001

24-Hour Residence – 2018 Inspection Report

Altamount House
Dublin Road
Kilkenny

Community Healthcare Organisation:
CHO 5

Team Responsible:
Rehabilitation and General Adult

Total Number of Beds:
14

Total Number of Residents:
13

Inspection Team:
Dr Ann Marie Murray, MCRN 363031, Lead Inspector

Inspection Date:
24 January 2018

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

Altamount House was a 14-bed, 24-hour, nurse-staffed residence in an urban setting, on the outskirts of Kilkenny city. The single-storey residence was owned by Kilkenny Mental Health Association and operated by the HSE. It was built in 1993 and originally accommodated long-stay residents from St. Canice's Hospital. It had been operating as a 24-hour residence since the early 2000s. At the time of inspection, Altamount House was providing rehabilitation and continuing care for 13 residents. Residents care was primarily coordinated by the rehabilitation team; however, a number of residents were under the care of two general adult psychiatry teams.

There were no immediate plans for the residence to change. Altamount House was part of Community Healthcare Organisation (CHO) 5.

Residence facilities and maintenance

Residents in Altamount House were accommodated in single bedrooms and they shared bathroom facilities. The house contained a central area, with three corridors branching off it: one for male residents; one for female residents, which also contained a homely sitting room; and one for communal areas, including the kitchen and dining room, stores, laundry, and sluice room. Bedrooms were personalised. Residents could use a computer with Internet access.

The premises were generally clean; however, the sofa in the sitting room was stained and had cigarette burns, a bin in one of the bathrooms was dirty, and a number of beds were dusty. Broken wheelchairs and a stroller were stored in the sluice room, which was not in line with infection control standards. These items were removed during the day of inspection. Staff had to wash commodes manually; they did not have access to a washer/disinfector.

The exterior of the residence was well maintained. There were shrubs and well-kept lawns at the front and a well-maintained back garden. There were two hens in the backyard, and they were cared for by residents. Some renovations had been undertaken in the house, including the refitting of bathrooms and toilets and the painting of the corridors. Repairs to the roof were ongoing at the time of inspection.

Private confidential information about residents care was stored in areas accessible by residents and visitors. Staff were advised to secure confidential records from inappropriate access.

Resident profile

At the time of the inspection, Altamount House was accommodating eight female and five male residents. They were aged between their 40s and their 70s. The duration of their stay ranged from less than one to seven years. All rooms were on the ground floor, grab rails had been installed, and shower chairs were available which supported residents with mobility and physical difficulties.

Care and treatment

Altamount House used the CHO 5 policy in relation to individual care planning, but staff were unable to locate the policy at the time of the inspection. Staff from the service confirmed after the inspection that the policy was located on the unit. All residents had individual care plans (ICPs), which were reviewed every three months by the rehabilitation team and every six months by the general adult team. The ICPs were not always multi-disciplinary, with no evidence of psychology or social work input in the clinical files of the rehabilitation team reviewed. The goals identified in the care plans were broad and were often the same as the identified needs. It was not clear if goals and needs were regularly reviewed at the ICP meeting, as the review sheets did not reference or address goals or needs.

The rehabilitation multi-disciplinary team (MDT) met in the residence every three months to review ICPs, and residents were in attendance. They met in advance with their key worker, who was a nurse. Key workers' consistency was dependent on roster and leave factors. Monthly MDT meetings were held in the day hospital.

The general adult MDT met weekly in the Department of Psychiatry in St. Luke's Hospital. The general adult MDT met to review ICPs every six months in the local day hospital.

A six-monthly psychiatric evaluation of residents was documented in the three clinical files reviewed.

Physical care

Altamount House used the CHO 5 policy in relation to physical care and general health, but staff were unable to locate the policy at the time of the inspection. Staff from the service confirmed after the inspection that the policy was located on the unit. All residents had their own GPs, who undertook routine physical examinations of residents on a six-monthly basis. There was no written or documented verbal communication evident between the GP and the responsible team. Nursing staff reported that they attended the reviews with the resident and that they recorded details of the physicals in residents' clinical files, but in three files inspected there was no record of the residents' physical examination. It was not possible to verify on inspection which residents had received physical examinations and what was the outcome.

No information in relation to national screening programmes was evident in the residence but this could be accessed online by staff if required. There was evidence of national screening programmes in residents' files.

Residents had access to other health care services, including physiotherapy, occupational therapy, dietetics, and speech and language therapy. They attended the dentist locally. Residents could access smoking cessation services through the Health Promotion Department.

Therapeutic services and programmes

Altamount House used the CHO 5 policy in relation to therapeutic services and programmes but staff were unable to locate the policy at the time of the inspection. Staff from the service confirmed after the inspection that the policy was located on the unit. The occupational therapist provided chair-based exercise for residents weekly and facilitated a walking group. Other residents helped in the laundry room, and another baked.

Residents engaged in therapeutic programmes outside of the residence. They attended the Task Training Centre, which ran courses such as computing, art, and upcycling. They participated in mental health care recovery programmes at the Brook Centre in St. Canice's Hospital, and they accessed life skills programmes in the Fr. McGrath Community Centre. Residents could also attend the South East Recovery College, run by Advancing Recovery in Ireland, which facilitated recreational activities, self-care groups for men, and wellness and self-care groups for women. There was no psychologist on the rehabilitation team; there was an identified documented unmet need for a psychologist in a resident's file.

Recreational activities

Residents in Altamount House had access to a variety of recreational activities, including TVs, books, newspapers, DVDs, and computers. Chickens had been brought into the residence as residents had expressed an interest in caring for them. The eggs were used in preparing meals in the residence.

Medication

Altamount House used the CHO 5 policy in relation to medication management but staff were unable to locate the policy at the time of the inspection. Staff from the service confirmed after the inspection that the policy was located on the unit. Medication was prescribed by the residents' GP, the consultant psychiatrist, or the non-consultant hospital doctor. All residents had a Medication Prescription and Administration Record (MPAR).

Four of these were inspected, and two of these contained blanks in the administration record. An error in prescribing was also noted with a medication being prescribed over the maximum dose. A phone order had been administered but this was not subsequently signed by the prescribing registered medical practitioner. These errors were brought to the attention of the nursing staff.

At the time of inspection, no residents were self-medicating. Medicines were provided by a local pharmacy, which delivered once a month. Medication was stored legally within the house, but the medication fridge

contained soft drinks and bottled water. Out-of-date medication was observed by the inspector, who advised staff to remove it and return it to the pharmacy for disposal.

There was a separate cupboard within the medication press for storing controlled drugs. However, it was also used to store residents' property and sets of spare keys. Staff were advised to review this practice.

Community engagement

The location of Altamount House, within easy reach of Kilkenny city, facilitated community engagement. Residents attended mass in a local church, took part in parish social events, went out to lunch with family members, went to concerts, had outings during the summer, and went for Christmas dinner. A number of residents went on a trip to Lourdes in 2017.

The residence had a people carrier, which was used to transport residents to community activities or hospital appointments. It also had access to the hospital minibus. There was no local public transport, but residents could walk into town.

A musician visited Altamount House weekly to entertain residents.

Autonomy

Residents did not have full and free access to the kitchen because of a risk of burns or scalds. They could use the kitchen under supervision. Residents were free to determine their bedtimes. They could have a key to their bedrooms if they wanted, but nobody had requested one. The bedroom doors were fitted with internal thumb locks, allowing residents to lock their rooms from the inside. Residents helped with domestic chores such as setting the table and cleaning up. They could come and go as they wished and were free to receive visitors at any time.

Staffing

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

Team input (Sessional)

Rehabilitation Team Discipline	Number of sessions
Occupational Therapist	Weekly
Social Worker	As required
Clinical Psychologist	0
Cognitive Behavioural Therapist	As required
General Adult Team Discipline	Number of sessions
Occupational Therapist	As required
Social Worker	As required
Clinical Psychologist	As required

Rehabilitation Team – Medical Staff	Frequency of attendance
Consultant Psychiatrist	Three-monthly and as required
Non-Consultant Hospital Doctor	Three-monthly and as required
General Adult Team – Medical Staff	Frequency of attendance
Consultant Psychiatrist	As required
Non-Consultant Hospital Doctor	As required

Staff reported that they had received training in Basic Life Support, fire safety, and the prevention of violence and aggression. Not all staff had received training in recovery principles. A number of new nursing staff had begun working in Altamount house recently due to retirements and redeployment of staff.

Complaints

Altamount House used the CHO 5 complaints policy but staff were unable to locate the policy at the time of the inspection. Staff from the service confirmed after the inspection that the policy was located on the unit. Details of the complaints procedure were displayed prominently in the reception area. Residents brought minor complaints to staff, who addressed them on the spot where possible. Staff reported that if a complaint required escalation, it was addressed by the nominated complaints officer, who was based in the Department of Psychiatry in St. Luke's Hospital.

A complaints log had not been maintained in the residence since 2016. Complaints were raised at community meetings, which were held infrequently. There was no documentation in relation to the investigation and outcome of complaints. There was a suggestion box in the reception area.

Risk management and incidents

Altamount House used the CHO 5 risk management policy, but staff were unable to locate the policy at the time of the inspection. Staff from the service confirmed after the inspection that the policy was located on the unit. Altamount House also had a safety statement, which was not up to date. A number of older more dated safety statements and policies were also stored with the current safety statement which was confusing.

Health and Safety risk assessment forms were evident but they were not always completed in full or updated on a regular basis. Clinical risk assessments did not always incorporate a risk management plan in response to identified risks. Incidents were documented using the National Incident Management System and reported to the general manager.

The residence appeared to be physically safe. Fire extinguishers were serviced and in date, and fire escapes were easily accessible. There was a first aid kit in the nurses' office.

Financial arrangements

Altamount House had an operational procedure for managing residents' money. After the inspection, the service provided a policy in relation to managing residents' finances, which predated the establishment of the HSE and did not represent current practice in Altamount house. After the inspection, staff confirmed that they did have the current national HSE policy for managing residents' money, "National Financial Regulations 14" on the unit. It was subsequently clarified that the national policy governed financial arrangements.

Staff reported that residents were means assessed in relation to payment of rent to the HSE. Rent included rent, food, and utilities. Many residents received "Incentive" money for completing household chores in the house.

Appropriate procedures were in place in relation to staff handling residents' money, with staff signing for all transactions.

Service user experience

The inspector spoke to residents informally on the day of inspection. No concerns were raised by residents in relation to their care and treatment.

Areas of good practice

1. New floors, wall coverings, and fixtures had been fitted in the bathrooms.
2. The residence had been painted internally.
3. New hobs had been purchased for the kitchen.
4. The residence had purchased chickens as residents had expressed an interest in caring for them. The eggs were also used in preparing food in the residence.
5. There had been an improvement since the last inspection in 2015, in relation to therapeutic services available for residents who declined attending external services or were unable to attend.

Areas for improvement

A previous inspection had taken place on 2015 where many of the areas identified for improvement had not been completed by the time of this inspection.

1. A complaints log had not been maintained in the residence since 2016. Community meetings were held infrequently.
2. A number of issues were identified in relation to the maintenance of premises and infection control standard precautions.
3. The ICPs were not always multi-disciplinary, with no evidence of psychology or social work input in the clinical files of the rehabilitation team reviewed. The rehabilitation team did not have access to a clinical psychologist.
4. There was no written or documented verbal communication evident between the GP and the responsible team in three files inspected in relation to residents' physical examinations.
5. There was no information in relation to national screening programmes evident in the residence.
6. A number of issues were identified in relation to medication practices; the service should consider auditing and training in this area.
7. Not all staff had received training in recovery principles.
8. The safety statement was not up to date. Health and Safety risk assessments were not always completed in full or updated on a regular basis. Clinical risk assessments did not always have a risk management plan.

9. Staff did not know how to access policies on the day of inspection. The service should consider reviewing how policies are communicated to staff and how they are stored in the residence.
10. Confidential resident records should be secured from inappropriate access.
11. A consistent cohort of nursing staff working in the residence should be encouraged where possible.