

An Solasan

ID Number: RES0094

24-Hour Residence – 2018 Inspection Report

An Solasan
Priorland Road
Dundalk
Co. Louth

Community Healthcare Organisation:
CHO 8

Team Responsible:
Rehabilitation

Total Number of Beds:
16

Total Number of Residents:
11

Inspection Team:
Dr Enda Dooley, Lead Inspector

Inspection Date:
23 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

An Solasan was a 16-bed, 24-hour, nurse-staffed residence on the campus of Louth County Hospital in Dundalk. The single-storey, purpose-built residence was owned by the HSE and had been operating as a 24-hour residence since 2002. It had 14 long-stay and 2 respite beds. At the time of inspection, An Solasan was providing a rehabilitation service for 11 residents, all of whom were accommodated in single rooms. The future plan for the residence was for it to remain unchanged.

Residence facilities and maintenance

The accommodation in An Solasan included a sitting room, with a TV, fireplace, soft furnishings, and seating for seven people, and a second sitting room with a TV and radio and seating for eight residents. There was also a visitors' room, beauty room, clinical room, and activities room, as well as a dining room with three tables and seating for 12 residents. The domestic-style kitchen was large and open plan. Residents shared bathroom and shower facilities, and one bedroom had an en suite toilet. The exterior of the residence was well maintained.

Resident profile

At the time of the inspection, An Solasan was providing accommodation for five female and six male residents. Residents were aged between 60 and 86, and the duration of stay ranged from 5 months to 16 years. There were four wards of court among the resident population.

Care and treatment

An Solasan had been using the Louth/Meath Mental Health Services policy in relation to individual care planning, and the rehabilitation team was in the process of developing a residence-specific policy. All of the residents had a multi-disciplinary individual care plan (ICP) and had access to a key worker. Residents had input into their ICPs. They engaged in pre-ICP review assessments and attended review meetings. Families were invited to become involved in the care planning process, but there was relatively poor uptake.

Residents' ICPs were reviewed every six months. Psychiatric evaluations of residents were completed on a six-monthly basis or more frequently if required, and this was documented. The rehabilitation team had taken over responsibility for An Solasan in December 2017 and had commenced holding monthly multi-disciplinary team meetings in the residence. It was envisaged that residents would attend these meetings.

Physical care

An Solasan had been using the Louth/Meath Mental Health Services policy in relation to physical care/general health, and the rehabilitation team was in the process of developing a residence-specific policy. All residents had access to GP practices in the community. Routine physical examinations of residents were completed every six months by the GP.

Residents had access to appropriate national screening programmes, and this was documented in their clinical files. Nursing staff provided verbal information on screening programmes, but no information leaflets were routinely available.

Residents could be referred via primary care to other health care services in Louth County Hospital in Dundalk or Our Lady of Lourdes Hospital in Drogheda. They had access to dental, physiotherapy, and speech and language therapy locally, by referral. Residents could see the hairdresser and chiropodist within the residence, by appointment. A privately contracted mental health dietitian was in place and, at the time of the inspection, was due to assess residents in An Solasan.

Therapeutic services and programmes

An Solasan had been using the Louth/Meath Mental Health Services policy in relation to therapeutic programmes. A residence-specific policy was in development at the time of inspection. Residents had access to a range of activation programmes within the residence. The programmes, which were delivered by nursing staff, were in line with the needs and interests of the resident group. They included current affairs, crosswords, movies, social integration, baking, and social outings.

Some residents attended the Ladywell Daycare Centre next door, where they had access to group work, art, bingo, and word wheel activities.

Recreational activities

Residents in An Solasan had access to a variety of recreational activities, including TV, radio, newspapers, books, and bingo. They also went on outings and day trips, including cinema and shopping trips. Some residents went to a local pub.

Medication

An Solasan used the Louth/Meath Mental Health Services policy in relation to medication. Medication was prescribed by the residents' GPs or the consultant psychiatrist. A Medication Prescription Administration Record (MPAR) system was in operation, and each resident had an MPAR. These contained comprehensive prescription and medication administration details, which were legally documented.

At the time of inspection, one resident was self-medicating under direct supervision. Medicines were supplied by a local community pharmacy, which delivered weekly. Medication was stored in the clinical room, and each resident's medication was stored in an individual box. All medication was prescribed on a named-patient basis. The pharmacist attended the residence every three months to review medication.

A temperature log sheet was not being maintained for the medication fridge.

Community engagement

An Solasan's urban location, close to the centre of Dundalk and to public transport links, facilitated community engagement. Residents went to mass, local shops, and the cinema. They also had access to a bus service. The residence had a seven-seater vehicle to facilitate outings and hospital appointments.

There was in-reach into the residence from the local community, including weekly visits by the Legion of Mary and carol singers at Christmas.

Autonomy

Residents did not have full access to the kitchen. The environmental health officer had advised against allowing residents to use the kitchen facilities, which was not consistent with a rehabilitation ethos. Hot food was delivered daily from the nearby Louth County Hospital.

Residents were free to determine their bedtimes, but they did not have a key to their own bedrooms. Residents were encouraged to keep their bedroom tidy. They did not participate in a weekly shopping procedure, but some did their own shopping. They could not bring food into the house. Residents could come and go as they wished, and they were free to receive visitors at any time.

Staffing

Staff Discipline	Day whole-time equivalent (WTE)	Night WTE
Clinical Nurse Manager 2	1 (4/7 per week)	0
Registered Psychiatric Nurse	3	2
Health Care Assistant	0	0
Multi-Task Attendant	2	0
Fourth-Year Nursing Student (supernumerary)	Variable	

Team input (Sessional)

Discipline	Number of sessions
Occupational Therapist	As required
Social Worker	As required
Clinical Psychologist	0

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

Staff had received training in Basic Life Support, the professional management of aggression and violence, and recovery techniques. Some had been trained in the Wellness Recovery Action Plan.

Not all staff had up-to-date fire safety training, but training had been scheduled for the end of January. Not all housekeeping staff had up-to-date training in the application of Hazard Analysis and Critical Control Point (HACCP).

Complaints

An Solasan used the Louth/Meath Mental Health Services policy in relation to complaints and the HSE complaints policy, *Your Service, Your Say*. Residents were informed of how to make a complaint. A notice outlining the complaints procedure and identifying the complaints officer was displayed on the noticeboard in the residence foyer. Complaints were addressed in the first instance by the clinical nurse manager 2. Complaints were also dealt with by the complaints officer based in St. Brigid's Hospital, Ardee.

A complaints log was not maintained. There was a suggestion/complaints box in the residence, which was managed by administrative staff based in the Ladywell Daycare Centre next door. Community meetings were held in the residence on a monthly basis, and a record of these were maintained.

Risk management and incidents

An Solasan used the Louth/Meath Mental Health Services policy in relation to risk management, which was being implemented throughout the residence. No site-specific risk register was being maintained. Major risk issues were addressed by the Health and Safety Committee in St. Brigid's Hospital, Ardee, which met every two months. Risk assessments were completed by nursing staff annually for residents, and the assessment procedure was under review at the time of the inspection.

Incidents were documented and reported using the National Incident Management System. The residence appeared to be physically safe, and there was an adequate number of easily accessible fire exits. The fire extinguishers were serviced regularly and in date. There was an emergency bag in the clinical room.

Financial arrangements

An Solasan used the Louth/Meath Mental Health Services policy in relation to residents' finances, and there was a local protocol in place. The weekly, per-person charge was €110, which included rent and board. Residents had not, to date, had individual means testing undertaken regarding weekly rental payments.

Some residents had bank or post office accounts, but most residents' personal finances were being managed by the HSE. The HSE's property management process was used in relation to staff handling residents' money. All transactions were documented and signed for by the resident and a staff member or by two staff. Ten of the residents required assistance to manage their finances and were supported to do so.

Residents did not contribute to a kitty or social fund. Residents' finances were not formally audited, but balances were reviewed on a weekly basis.

Service user experience

A number of residents engaged informally with the inspector during the course of this inspection. No specific complaints were raised and no resident requested to meet privately with the inspector. Staff and residents interacted in a relaxed and warm manner and staff were focussed and supportive of resident needs.

Areas of good practice

1. Staff were supportive of the continuing care needs of many of the residents and therapeutic activities were orientated to the capacity and needs of the residents.
2. The Rehabilitation team are in the process of reviewing and revising policies applying to the residence to seek to ensure that they are suitable for the needs of the specific population.

Areas for improvement

1. All possible steps should be supported to maximise the autonomy and independence of resident consistent with their personal capacities.
2. A complaints log should be maintained to document any complaints arising and the service response.
3. The service should consider the development of a site specific risk register to monitor risk management issues specific to the residence.
4. The service should ensure that all staff have up to date training in the areas relevant to their particular practice.