

An Tearmann

ID Number: RES0077

24-Hour Residence – 2018 Inspection Report

An Tearmann
Enniscorthy
Co. Wexford

Community Healthcare Organisation:
CHO 5

Team Responsible:
All Wexford/Waterford Community Mental Health Care
Teams

Total Number of Beds:
10

Total Number of Residents:
3

Inspection Team:
Noeleen Byrne, Lead Inspector

Inspection Date:
24 January 2018

Inspection Type:
Unannounced Inspection

The Inspector of Mental Health Services:
Dr Susan Finnerty MCRN009711

Date of Publication:
24 July 2019

Contents

Introduction to the Inspection Process.....	5
Service description	5
Residence facilities and maintenance.....	5
Resident profile.....	6
Care and treatment.....	6
Physical care.....	6
Therapeutic services and programmes.....	7
Recreational activities.....	7
Medication	7
Community engagement	7
Autonomy	7
Staffing	8
Complaints	8
Risk management and incidents	8
Financial arrangements.....	9
Service user experience	9
Areas of good practice	9
Areas for improvement.....	9

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 Tearmann was a ten-bed, 24-hour, nurse-staffed crisis care/respice residence on the campus of St. John's Hospital in Enniscorthy, Co. Wexford. The purpose-built, single-storey residence was owned by the HSE and opened in 2013. The role of the unit was to provide a place of refuge, support, and understanding for individuals experiencing acute mental health difficulties who, without a community alternative, may need in-patient care. An Tearmann offered an alternative to hospitalisation, providing service users with respice and a chance to develop the skills and confidence to sustain community living, reduce episodes of relapse, and support the role of carers.

The facility offered each service user an opportunity to address issues in their lives by maintaining their independence and by assessing the services required. Following resolution, clients were linked back to their supports, with follow-up contact from the sector mental health team. The nine sector mental health teams in the Wexford/Waterford area admitted clients to the residence.

Clients admitted to a respice or crisis bed had specific needs and/or goals relating to one or more of the following: personal activities of daily living, domestic activities of daily living, community living skills, and social functioning skills. Planned or booked respice was also provided by the residence as a support to carers in the community. At the time of inspection, An Tearmann was providing care for three residents.

Residence facilities and maintenance

Residents in An Tearmann were accommodated in single rooms with en suite bathroom facilities. The building was "D" shaped, with the bedrooms arranged on the curved side and services and communal areas along the vertical. Bedrooms were overlooked by the garden, but the windows had been fitted with opaque glass to ensure residents' privacy.

There was a clinical room, a main kitchen, and a coffee dock for use by residents. There was an activities room and a laundry room, where residents washed their clothes with help from a health care assistant, if necessary. There was a quiet room, leading to the garden, which was well maintained, with a patio, attractive shrubs, a designated smoking area, a polytunnel for growing vegetables, and a raised bed for growing potatoes. The garden walls were decorated with mosaics, which had been funded by the Per Cent for Art public art scheme. A new rockery and stone seating area had been built in the garden.

Resident profile

At the time of the inspection, An Tearmann was providing accommodation for two females and one male. They were aged between 25 and 67. Residents stayed in the house for an average of between 24 and 72 hours. Occasionally, they stayed for one or two weeks. Appropriate accommodation was available should a resident with a physical disability be admitted. One of the bedrooms was wheelchair accessible.

Care and treatment

An Tearmann had a policy in relation to individual care planning. Residents requiring a crisis bed were formally assessed prior to referral by a member of the multi-disciplinary team in the relevant community mental health centre. They were admitted to the house with an individual referral care plan, which could be filled in by the referring team member.

The referral care plan included a risk assessment. Residents who were assessed as not requiring enhanced levels of nursing observation or as being of low-to-no risk of causing harm to self, others, or property were admitted. The referral care plans also had sections for recording assessed needs and an initial action plan. Clients' views were recorded, and they signed the plan.

Residents signed a care and treatment agreement, which was co-signed by a member of the sector team. The agreement addressed the rules of the centre, including engaging in recovery action plans, health promotion, and occupational therapy.

At the time of inspection, all of the residents had individual referral care plans. Only one resident had a client review care plan, which addressed needs, goals, and actions and included a review date. It also referred to the individual with responsibility for the resident and outlined whether goals had been closed out.

None of the care plans were multi-disciplinary in nature as the residence was staffed solely by nurses. Residents were encouraged to have full input into their care plans, which were reviewed every three days. Due to the short duration of the admissions, six-monthly psychiatric evaluations were not completed in An Tearmann and a key worker system was not in operation.

Physical care

An Tearmann had a policy in relation to physical care and general health. All residents had access to a GP. Information was available in relation to national health screening programmes, if relevant. Residents had access to a range of health care services through the community mental health team and their primary care service.

Therapeutic services and programmes

An Tearmann used the Waterford/Wexford Mental Health Service policy in relation to therapeutic programmes. No therapeutic programmes were delivered in the house. Some residents attended Link training, a day service involving education and other activities.

Recreational activities

Residents had access to a variety of recreational activities in An Tearmann. These included board games, DVDs and CDs, and walks. They also went into town for shopping or coffee, went swimming, and generally engaged in their usual social interactions.

Medication

An Tearmann used the Waterford/Wexford Mental Health Service policy in relation to medication management. Medication was prescribed by the consultant psychiatrist or GP. A Medication Prescription and Administration Record was in place for each resident, and these contained valid prescriptions and administration details.

At the time of the inspection, one resident was self-medicating with the support of nursing staff. Medicines were provided by a local pharmacy and were stored legally and securely in a clinical room.

Community engagement

The location of An Tearmann facilitated community engagement. Residents generally stayed in the house for a very short period, during which time they could go into Enniscorthy for coffee, lunch, and shopping or to visit the post office or bank. Residents had access to buses and taxis, and family members often brought them out. The residence did not have its own transport.

Autonomy

Residents did not have free access to the kitchen to prepare meals, which were delivered from St. John's Hospital. They could use a coffee dock. Residents were free to determine their own bedtimes. Although none of the residents had a key to their own bedrooms, they could lock their doors from the inside with a thumb lock. Residents could receive visitors at any time, and they were free to come and go as they wished.

Staffing

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

Team input (Sessional)

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

Medical Staff	Frequency of attendance at residence
Consultant Psychiatrist	N/A
Non-Consultant Hospital Doctor	N/A

Staff had received training in Basic Life Support and fire safety. They did not have up-to-date training in the management of violence and aggression.

Complaints

An Tearmann used the HSE's *Your Service Your Say* complaints procedure. Residents were aware of how to make complaints. Complaints were addressed in the first instance by the nurse on duty or escalated to the assistant director of nursing if necessary. A complaints log was not maintained in the house, and there was no suggestion box on the premises.

Risk management and incidents

An Tearmann used the Waterford/Wexford Mental Health Service policy in relation to risk management, which was being implemented in the residence. Resident risk assessments were included in their individual referral care plan. Separate falls risk assessments were completed if required. The residence was physically safe. Fire extinguishers were serviced and in date. There was a first aid kit and an Automated External Defibrillator on the premises.

Financial arrangements

An Tearmann used a service policy in relation to the management of residents' finances in community residences. There was no weekly charge for residents. All residents had bank or post office accounts and managed their own finances. They were advised not to bring much money into the house. Where necessary, residents had access to secure facilities in the residence for the safe-keeping of their money. Residents did not contribute to a kitty or social fund and their finances were not audited.

Service user experience

Two residents met informally with the inspector and described that their stay was good. They were in the sitting room which was comfortable and provided a television, CDs, DVDs, books and board games for relaxation. Residents stated the food was very good and they could make a cup of tea whenever they wanted to. One resident was very complimentary of the staff and described them as being very kind.

Areas of good practice

1. The enhancement of parts of the garden, including the introduction of a new seating area.

Areas for improvement

1. There was a comprehensive review care plan in place, but it had only been completed for one client.
2. There was no suggestion box in the house.
3. A complaints log was not being maintained.
4. An Tearmann does not have policies specific to respite/crisis care.