Ashling

ID Number: RES0098

24-Hour Residence – 2018 Inspection Report

Ashling
Pettiswood
Mullingar
Co. Westmeath

Community Healthcare Organisation:
CHO 8

Team Responsible:
Rehabilitation/Continuing Care

Total Number of Beds:
12

Total Number of Residents:
10

Inspection Team:
Noeleen Byrne, Lead Inspector

Inspection Date:
9 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

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

Ashling, a 12-bed, 24-hour, nurse-staffed residence, was located in Mullingar, Co. Westmeath. It was in an urban setting close to the main road and a bus route and was within walking distance of the town centre. The single-storey, purpose-built residence was owned by the HSE, Community Healthcare Organisation (CHO) 8. It opened as a community residence in 2014. The building was very well maintained, both internally and externally. At the time of inspection, Ashling was providing high-support, 24-hour continuing care for ten residents, all of whom were accommodated in single rooms with en suite bathroom facilities. The future plan for the residence was for it to remain unchanged.

Residence facilities and maintenance

Ashling was a 12-bed residence, and there were two vacancies at the time of inspection. There were two sitting rooms, furnished with armchairs and televisions, and a room where residents could meet visitors in private. There were also several seating areas around the house, with pairs of armchairs arranged around a coffee table. The kitchen-dining area had two tables, with six seats each.

Ashling has an assisted bathroom with a bath as well as toilet facilities that could be used during the day and by visitors. There was also a laundry room with two washing machines and two dryers. Residents had access to a large, well maintained garden, which included an area with a clothes line and garden shed, a greenhouse, three patio areas with outdoor furniture, and a smoking gazebo.

Resident profile

At the time of the inspection, Ashling was providing accommodation for six male and four female residents, who were aged between their mid-30s and mid-70s. The duration of stay ranged from seven months to three years. One resident was a ward of court. Two residents had mobility issues, and appropriate accommodation was made available for them.

Care and treatment

Ashling had a policy in relation to individual care planning, and all of the residents had an individual care plan (ICP). Multi-disciplinary ICPs were completed in 2016 but had not been updated regularly. More up-to-date nursing care plans were in place. Residents had full input into their ICPs and attended the multi-disciplinary care planning meetings, which were held in the residence approximately every six months. It was reported that residents' ICPs were reviewed by the consultant psychiatrist every six months and by the non-consultant hospital doctor every three months. However, these reviews were not documented.

A psychiatric evaluation was recorded at least six-monthly for each resident and documented in their clinical files. A key worker system was in operation, and a list of relevant key workers was posted up on the wall in the residence.

Physical care

The residence had a policy in relation to physical care/general health. All residents had access to local GPs. Routine physical examinations were usually completed on a six-monthly basis, and residents had annual blood tests. Physical examinations were completed in line with best-practice guidelines. Residents had access to health screening programmes and to relevant information on screening. This was documented in their clinical files.

Other health care services were available, as required, including speech and language therapy by referral.

Therapeutic services and programmes

Ashling had a policy in relation to the provision of therapeutic programmes. Aromatherapy and gardening were facilitated in the residence by staff from the Ashbrook Day Centre, and cooking and art therapy were provided by the occupational therapist. Services were delivered in line with residents' assessed needs. Residents attended the Ashbrook Day Centre, and some participated in a pre-employment programme run by Turas Nua.

Each resident had an in-house programme day every week, when they were helped with tasks such as doing laundry, making beds, and tidying their rooms. Residents who needed support to collect medication or go to the barber or hairdresser were facilitated at this time.

Recreational activities

Residents in Ashling had access to a range of recreational activities, including chess, ring boards, knitting, DVDs, and books. In addition, the sitting rooms and visitors' room had televisions. Residents attended mass, went on day trips, went to local coffee shops and restaurants for lunch and sometimes attended sporting events.

Medication

The residence had a policy in relation to medication management. 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 prescription and medication administration details, but some gaps in the records were identified during the inspection. Specifically, codes were not included if a resident was absent or if a resident had refused medication.

Medicines were supplied by local pharmacies and stored appropriately and legally in the residence. At the time of the inspection, no resident was self-medicating.

Community engagement

Ashling's location, within walking distance of local shops and Mullingar's town centre, facilitated community engagement. Residents visited the library and went on regular outings. They attended the 1428 Active Retirement Club, which promoted health and well-being as well as education in the areas of leisure, sport, health, social issues, and personal and social development. The club also arranged outings.

The residence was situated close to a bus route, and a taxi service was available. It also had access to an eight-seater minibus, which was used to facilitate residents' involvement in the community.

There was in-reach into the residence from the Ashbrook Day Centre, which ran gardening groups in the greenhouse on-site and provided aromatherapy.

Autonomy

Residents had full access to the kitchen in Ashling to prepare meals and snacks. They could also participate in cooking and baking sessions led by the occupational therapist. Residents were free to determine their bedtimes. They did not have keys to their own rooms but could ask staff to lock the bedrooms at any time.

Residents assisted with domestic chores, including making beds, sweeping floors, shopping, and preparing light meals. A weekly rota was posted up on the wall, and all residents participated in household tasks.

Residents were free to come and go from Ashling as they wished unless they were assessed as being at risk, in which case they could go out accompanied by staff. They were free to receive visitors at any time.

Staffing

Staff Discipline	Day whole-time equivalent (WTE)	Night WTE
Clinical Nurse Manager 2 (acting)	1	0
Nursing Staff	1	1
Multi-Task Attendant	1	1

Team input (Sessional)

Discipline	Number of sessions
Occupational Therapist	As required, based on assessed need
Social Worker	As required, based on assessed need
Clinical Psychologist	By referral
Dietitian	Regularly reviews residents and oversees menus

Medical Staff	Frequency of attendance at residence
Consultant Psychiatrist	Weekly and as required
Non-Consultant Hospital Doctor	Several times a week and as required

Staff had received training in manual handling, fire safety, Basic Life Support, and breakaway techniques.

Complaints

Ashling used the HSE complaints policy *Your Service Your Say*, and residents were aware of how to make complaints. The name of the complaints officer was not included in the information provided to residents.

Minor complaints were addressed in the house. The community healthcare organisation's complaints officer was responsible for more serious issues or matters that might need escalation, but no such complaints had been made since the residence opened. A complaints log was not maintained.

Monthly community meetings were held in the residence, and minutes of these were maintained. There was a suggestion box in the house.

Risk management and incidents

The residence had a risk management policy, which was implemented throughout the unit. Risk assessments were completed for residents. Incidents were documented and reported using the National Incident Management System. The residence was physically safe. The fire extinguishers were regularly serviced and in date. A first aid kit and Automated External Defibrillator were available in the residence.

Financial arrangements

Ashling had a policy in relation to managing residents' finances. The average weekly charge was €60, which included utilities and food. Residents had bank or post office accounts. They collected their money at the post office and paid their rent and other bills. Most of the residents were responsible for their own money, and secure facilities were available for storing money and valuables. Appropriate procedures were in place for staff handling resident money.

Residents did not contribute to a kitty or social fund. Residents' finances were audited on a regular basis.

Service user experience

The assistant inspector met with five residents who stated that they were very happy in the house and that they had plenty to do. Each had their own room with en suite bathroom. They said the food was good and that they were involved in choosing menus. All said that the staff were very nice and easy to talk to. Three residents were at day service.

Areas of good practice

1. Each resident had an in-house programme day when they were supported with activities of daily living and learning new skills.

Areas for improvement

1. The multi-disciplinary team did not update the individual care plans regularly.

2. Residents' MPARs did not always record when a resident was out or had refused medication.

3. There was no log for recording minor complaints.