

Birchwood House

ID Number: RES0006

24-Hour Residence – 2018 Inspection Report

Birchwood House
Arden Road
Tullamore
Co. Offaly

Total Number of Beds:
14

Total Number of Residents:
13

Inspection Team:
Carol Brennan-Forsyth

Inspection Date:
05 February 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

Birchwood House was a single-storey residence located in a HSE complex close to the centre of Tullamore, Co. Offaly. The 14-bed, purpose-built residence opened in 1991 and functioned under the care of the rehabilitation and recovery team. At the time of the inspection, the residence was accommodating 13 residents.

Residence facilities and maintenance

The house comprised seven twin bedrooms with separate toilet and bathroom facilities. The bedrooms were homely and clean, and they contained wardrobes and bedside lockers. There were no curtains between the beds in the shared rooms, although portable screens were available. Resident communal areas and the nurses' office were located in the centre of the house with separate male and female bedrooms at either end of the residence.

The communal areas included an activities room, a dining room with four tables and 16 chairs, a kitchen, a homely sitting room with ten armchairs, and a laundry with an industrial washing machine and dryer. There was also a seating area in the hallway overlooking a deck at the front of the building. The house was clean and tidy and parts of it had been freshly painted. The floor covering in the female toilet was worn, the floor in one of the bathrooms was very stained, and cigarette burns were observed on the windowsill in one bathroom.

The exterior of the house was well maintained. The garden had well-tended beds, a patio, a brightly painted fence, and a shed. It also included a smoking area, which was littered with cigarette ends and was in need of a deep clean. There were plans to replace the flooring in the bathrooms and to fit locks to bedside tables.

Resident profile

At the time of the inspection, Birchwood House was providing accommodation for seven female and six male residents. They were aged between 54 and 77, and the duration of their stay ranged from 1 to 27 years. Some of the residents were partially sighted, and appropriate accommodation was provided in line with their needs.

Care and treatment

Birchwood House had a policy in relation to individual care planning, which was dated October 2016. It was not a site-specific policy but came from the Department of Psychiatry in Portlaoise. All of the residents had an Individual Care Plan (ICP), which evidenced input from medical and nursing staff only. Residents were involved in developing their ICPs and they attended the review meetings, which were held in the house. The ICPs were reviewed formally every six months or as required. Residents were assigned key workers, who were consistent named individuals. A review of the clinical files indicated that residents received a psychiatric evaluation at least six-monthly.

Physical care

Birchwood House had a policy in relation to general health, which was dated March 2017. All residents had regular access to a local GP. Residents' six-monthly physicals were completed by the non-consultant hospital doctor.

Information on national screening programmes was provided to residents and documented, and residents were receiving appropriate screening. Residents also had access to other health services by referral, including dentistry, physiotherapy, and general hospital services. A chiropodist visited the house monthly.

Therapeutic services and programmes

Birchwood House had a policy in relation to therapeutic programmes, which was dated August 2016. Programmes were delivered in the residence, including art therapy and nurse-led one to one activities, relaxation, reminiscence therapy, cookery, and exercise. Each resident had an individual activity sheet, which listed both recreational and therapeutic programmes. Some residents also attended activities off-site in Phoenix Centre, including mindfulness and crafts.

Recreational activities

Residents in Birchwood House had access to a wide range of recreational activities. These included TV, DVDs, arts and crafts, walking, bingo, visits to the beautician and hairdresser, and outings to coffee shops, the cinema, the pub, or mass. Residents also went on regular outings and day trips, including an annual holiday to Ballybunion.

Medication

The residence had a policy in relation to medication management, which was dated October 2016. It was not a site-specific policy but came from the Department of Psychiatry in Portlaoise. Medication was prescribed by the consultant psychiatrist, the GP, and the non-consultant hospital doctor. The residence was using an old-style Medication and Prescription Administration Record (MPAR) format, but, at the time of inspection, plans were in place across the entire health care area to introduce a new MPAR within three months. Valid prescriptions and administration details were recorded.

Medication was supplied by a local pharmacy and was stored legally, in a locked trolley within a locked clinical room.

Community engagement

The location of Birchwood House facilitated community engagement. Residents could go to the local pub or to the hairdresser and beautician, and some went out unaccompanied. Residents also visited families, attended dances and musical events, and were involved with senior citizens' groups. Residents could take the Town Link bus to Mountmellick or Portlaoise, and the residence had its own four-seater people carrier, which could be used to facilitate residents' access to community activities.

There was community in-reach into the residence from the local branch of the Mental Health Association.

Autonomy

Residents had free access to the kitchen to prepare drinks and snacks. Meals were prepared in a nearby nursing home and delivered to the house. Residents were encouraged to snack on fruit and yogurts. Residents were free to determine their own bedtimes, but none of them had a key to their bedroom. Some of the residents helped out with household chores, including laundry and kitchen duties. Residents could come and go as they wished, and they could receive visitors at any time.

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	1

Team input (Sessional)

Discipline	Number of sessions
Occupational Therapist	By referral
Social Worker	By referral
Clinical Psychologist	By referral
Physiotherapists and Speech and Language Therapists	By referral

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

Staff had received training in fire safety and Basic Life Support, but not all staff had up-to-date training in the Management of Actual and Potential Aggression.

Complaints

Birchwood House had a policy in relation to complaints, which was dated March 2017, and it used the HSE's *Your Service, Your Say* complaints procedure. Residents were aware of how to make a complaint, and details of the complaints procedure were displayed on the noticeboard. In the first instance, complaints were addressed by the Clinical Nurse Manager 2 (CNM2). Where a complaint required escalation, it was dealt with by the complaints officer based in Portlaoise. A complaints log was maintained, and there was a suggestion box in the hallway. Monthly community meetings were held in the residence, during which complaints or concerns were raised and documented.

Risk management and incidents

Birchwood House used the service policy in relation to risk management, which was dated March 2017 and was being implemented in the residence. Resident risk assessments were completed and updated as necessary. Incidents were reported and documented using the National Incident Management System. The residence was physically safe, and each resident had a personal emergency evacuation plan in their clinical file. Fire extinguishers were serviced and in date. There was a first aid kit and Automated External Defibrillator on the premises.

Financial arrangements

Birchwood House had a policy in relation to the management of residents' finances, which was dated December 2014. Residents paid a weekly charge, depending on their means, and this included food and utilities. Some residents had post office, bank, and/or credit union accounts. Appropriate procedures were in place in relation to staff handling residents' money, and secure facilities were provided for the safe-keeping of residents' money.

Residents contributed to a social fund, which was used to pay for social outings. Their consent to contribute to the fund was recorded. Residents' finances were not audited.

Service user experience

The assistant inspector met informally with a number of residents. Residents stated that they were happy living in Birchwood House. All residents spoke very positively regarding the staff and their care and treatment.

Areas of good practice

1. Each resident had their own personal emergency evacuation plan in their clinical file, which assisted in identifying those most at risk.
2. Staff working in the residence were observed to be very caring and courteous to the residents.
3. Birchwood House had an activities programme coordinated by a dedicated Multi-Task Attendant (MTA) and each resident had a personalised weekly activity sheet.
4. Weekly cookery classes had been introduced for residents who wished to participate.
5. At the time of inspection, the residence was observed to be very clean and tidy.

Areas for improvement

1. Residents should have access to a full multi-disciplinary team to maximise their independence in line with a rehabilitation and recovery model of care.
2. Residents should have access to single accommodation consistent with the recommendations of “A Vision for Change”.
3. Policies used by the residence need to include provisions for community residential services.
4. Birchwood House used an old format of MPAR, which was not consistent with standard best practice to ensure safe administration of medications. This had been identified by the service as an area for improvement and there were plans to roll out a new MPAR.
5. The residence used mobile privacy screens between beds. These screens could be a trip hazard for those residents with poor vision. This hazard has been identified by staff in Birchwood House.
6. The smoking hut needs regular deep cleaning and ashtrays need to be emptied more frequently.
7. The flooring in both male and female bathrooms was stained and worn and needs to be replaced.