Bredagh House

ID Number: RES0007

24-Hour Residence – 2018 Inspection Report

Bredagh House
Ballybane
Galway

Community Healthcare Organisation:
CHO 2

Team Responsible:
Rehabilitation and Recovery

Total Number of Beds:
6

Total Number of Residents:
6

Inspection Team:
Martin McMenamin, Lead Inspector

Inspection Date:
06 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

Bredagh House was a six-bed, 24-hour, nurse-staffed residence on the outskirts of Galway city. The three-storey residence was originally a bed and breakfast establishment, which had been converted for use as a 24-hour community residence. It opened in 2001 and was owned and operated by the HSE. At the time of inspection, the house was providing nursing support with a focus on rehabilitation leading to personal recovery for six residents. The residence fulfils the criteria for a Specialised Community Residential Unit (SCRU) as outlined in the Model of Care for People with Severe and Enduring Mental Illness and complex needs (HSE). It was not intended that it would provide long-term accommodation for residents. The future plan for the house was to increase the number of residents moving to other supported and low-support residences and then to independent living. The programme in Bredagh House was developed and supported by the Rehabilitation and Recovery Service multi-disciplinary clinical team. The residence also provided outreach and crisis support.

Residence facilities and maintenance

Residents in Bredagh House were accommodated in six single bedrooms with en suite bathroom facilities. The well-appointed, detached house had a welcoming and warm atmosphere. It had originally been a two-storey residence but the attic had been converted to accommodate staff offices, a clinical room, and a relaxation room. The first floor contained five bedrooms, and the sixth was situated on the ground floor. The remaining ground-floor accommodation comprised a kitchen, dining room, utility room, conservatory, and sitting room. The kitchen and adjoining dining area were cramped and quickly became congested when residents and staff congregated there.

The building had been repainted since the last inspection, and the house was maintained to a high standard in terms of cleanliness. The grounds were well maintained.

Resident profile

At the time of the inspection, the residence was providing accommodation for two female and four male residents. They were aged between 22 and 54, and the duration of their stay ranged from three months to just over five years. Wheelchair accessible accommodation was available should it be required.

Care and treatment

The residence had a policy in relation to individual care planning. All of the residents had a multi-disciplinary individual care plan (ICP) detailing strengths, achievements and goals and residents were involved in the care planning process. New residents engaged in a six-week intensive assessment programme which informed their care plan for the rehabilitative and personal recovery phase, usually a period of six to nine-months. The ICPs were generally reviewed on a six weekly to three-monthly basis or more often if necessary. The clinical files indicated that residents received a six-monthly psychiatric evaluation. There was a key worker system involving nursing staff in operation, and specified nurses were assigned to residents.

Multi-disciplinary team meetings were held weekly in Woodview, and were attended by professionals only. However, residents and their nominated family member or support person attend all recovery care plan meetings which take place in Bredagh House.

Physical care

Bredagh House had a policy in relation to physical care and general health. All residents had access to a GP, who completed a general physical examination of residents as required. Information in relation to national screening programmes was available in the residence, and residents had access to age-appropriate screening programmes. All of the residents could avail of other health care services locally, including chiropody, dentistry, physiotherapy, and general hospital services.

Therapeutic services and programmes

Bredagh House had a policy in relation to therapeutic programmes. Residents had access to therapeutic programmes both in the residence and in various locations off-site. They could attend relaxation classes, Wellness Recovery Action Plan sessions, and domestic skills training in the house. They were also engaged in EOLAS information and learning programmes, National Learning Network Programmes, and night classes in the nearby Galway Mayo Institute of Technology. The service had a strong recovery ethos and family involvement in treatment was very much encouraged.

Recreational activities

Residents in Bredagh House had access to a variety of recreational activities. These included TV, games consoles, and trips to the gym or swimming pool, to an occupational therapy-led Out and About Club, or for coffee. The house also had a dog, 'Lucky', who lived in the residence and was cared for by the residents.

Medication

The residence had a policy in relation to medication management. Medication was prescribed by the consultant psychiatrist or GP. A Medication Prescription and Administration Record (MPAR) was used in the residence, and all residents had an MPAR containing valid prescriptions and administration details. At the time of inspection, all residents were self-medicating.

Medicines were supplied by local pharmacies, and they were stored appropriately and legally within the house. Each resident had an individual locked medication box, which they kept in their own bedroom.

Community engagement

The location of the residence facilitated community engagement. Residents went on outings to the cinema, the gym, for coffee, and to a cognitive remediation programme in University College Galway. The residence had convenient access to city bus links. There was community in-reach into the residence from family and friends. Residents were encouraged to access services and activities outside of the house.

Autonomy

Residents had full access to the kitchen to prepare meals or snacks. Residents were free to determine their bedtimes, but they did not have a key to their own bedrooms. Residents participated in all domestic activities in the house, and they managed the allocation of chores themselves. Whilst there were house rules on returning to the house at night, residents could otherwise come and go as they wished and could receive visitors at any time.

Staffing

Staff Discipline	Day whole-time equivalent (WTE)	Night WTE
Clinical Nurse Manager 2	8am – 4.30pm Monday to Friday	
Registered Psychiatric Nurse	1 RPN	1 RPN
Health Care Assistant	0	
Multi-Task Attendant	1	

Team input (Sessional)

Discipline	Number of sessions
Occupational Therapist – Senior Grade	Sessional
Social Worker – Basic Grade	Sessional
Clinical Psychologist	No input
Other – Peer Support Worker	Sessional

Medical Staff	Frequency of attendance at residence
Consultant Psychiatrist	Dedicated session X 3 Hour and is available for emergency reviews.
Non-Consultant Hospital Doctor	NCHD is available for urgent reviews and visits the residence as required

Staff had up-to-date training in Basic Life Support, fire safety, recovery, the management of aggression and violence, and the Management of Actual or Potential Aggression.

Complaints

Bredagh House had a complaints policy. Residents were aware of how to make complaints. Complaints were addressed locally where possible and could be escalated to the complaints officer if necessary. A complaints log was maintained. Monthly community meetings were held in the house, and minutes of these were maintained. There was no suggestion box available to residents on the premises.

Risk management and incidents

The residence had a policy in relation to risk management, which was being implemented throughout the house. The FACE mental health assessment tool was used to risk-assess residents. Incidents were reported initially to the clinical nurse manager 2 and then to the assistant director of nursing.

The residence was physically safe. Fire drills were held on a monthly basis, and fire extinguishers were serviced and in date. Fire exits were accessible. There was a first aid kit in the kitchen.

Financial arrangements

Bredagh House had a policy in relation to the management of residents' finances. Residents paid the same weekly charge, which covered rent, utility bills and food. Residents had bank accounts and managed their own money. Residents did not contribute to a kitty or social fund.

Service user experience

Most residents were not in the residence during the inspection, as they were engaged in community activities. Those that were in the house were engaged in assessment of their activities of daily living. Both expressed satisfaction with the accommodation and the engagement of staff. They also valued the focus of care on their rehabilitation and recovery. A resident who had temporary mobility challenges spoke of their appreciation to be accommodated in the downstairs bedroom.

Areas of good practice

1. The welcoming and engaging ethos of the residence, which supported the philosophy of recovery and the implementation of the Wellness Recovery Action Plan.

2. The comprehensiveness of the individual care plans and processes.

3. The self-medication management programme.

4. The level of community and family engagement.

Areas for improvement

1. The residence could better structure the schedule for physical and general healthcare reviews.

2. There was a possible contradiction between the view of some residents and their family that Bredagh House was their home, and the services' view, that the residence was not intended for primary housing and does not provide long term accommodation. This possible contradiction may need to be explored and clarified further with all stakeholders in allaying any family/resident anxieties.