

# Brook House

ID Number: RES0008

## 24-Hour Residence – 2018 Inspection Report

Brook House  
Ballygar Road  
Co. Galway

Community Healthcare Organisation:  
CHO 2

Team Responsible:  
Rehabilitation and Recovery

Total Number of Beds: 7

Total Number of Residents: 6

**Inspection Team:**  
Martin McMenamin

**Inspection Date:**  
5 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

Brook House was a two-storey building located on Ballygar Road in Co. Galway. It was owned by the Mountbellew Voluntary Housing Association, and maintained by the HSE. It was originally a domestic bungalow that had been extended on two occasions. The front facade was a bungalow design attached to a two-storey rear house extension.

It had been operating as a 24-hour residence since 1997. It was a community-based residential facility. Brook House provided continuing mental health care and a mental rehabilitation service to long stay individuals experiencing a mental illness or a mental disorder. Residents care and treatment provided was under the clinical direction of a consultant psychiatrist.

The future plans for the residence included additional accommodation of three residences and/or apartments as part of a social housing initiative adjacent to Brook House.

## Residence facilities and maintenance

Brook House was part bungalow to the front and a two-storey residence to the rear, located in Ballygar Road, Co. Galway. The residence could accommodate seven residents.

There were seven single bedrooms, two upstairs and five downstairs. A downstairs bedroom at the front of the residence was used as respite accommodation. There were no shared bedrooms. There was no internal corridor. The bedrooms to the front of the building were accessed through the residents' sitting room, which in turn was accessed through the kitchen/dining room.

The external appearance was well maintained and there was a new driveway. The residence was recently insulated and redecorated. The HSE was responsible for the maintenance of the premises. There was a new kitchen installed and the electrics in the new kitchen required completion. There were tentative plans to install a gazebo and to purchase new garden furniture.

## Resident profile

A total of five male residents and one female resident lived in the residence at the time of the inspection. Residents ranged in age from 53 to 66 years. The duration of stay ranged from twenty-four years to one year.

None of the current residents had a physical disability. There was one Ward of Court. All other residents were voluntary. The residence was designed and built in a wheelchair friendly format.

## Care and treatment

There was a policy on individual care planning. A key worker system was in operation. All residents had an individual care plan (ICP), with multi-disciplinary team (MDT) input on a scheduled rota or as required. Residents were involved in their ICPs and facilitated to attend their ICP review meetings. Nursing staff and the occupational therapist attended the MDT meetings. The rehabilitation and recovery team was accessible to residents if required. In all clinical files inspected, a psychiatric evaluation has been documented at least every six months. Brook House had adopted the comprehensive Rehabilitation and Recovery Plan and was engaged in reviewing current residents and incorporating the care plan into practice. There was evidence of resident involvement in being offered a copy of their care plan.

## Physical care

There was a policy on physical care and general health. All residents had a local GP. All residents received a six-monthly physical examination. Residents received information on, and had access to, appropriate national screening programmes. Residents had access to other health services, and one resident received palliative care. One resident was being cared for in Portiuncula Hospital at the time of the inspection. A checklist for monitoring side effects of depot medication as well as other evidence based assessment tools were used.

## Therapeutic services and programmes

Within Brook House, residents had access to the kitchen under supervision. Arts and crafts programmes and exercise activities were delivered off-site in the Day Centre. In addition, residents attended therapeutic programmes such as lifestyle programmes, Wellness Recovery Action Planning (WRAP) and Weightwatchers (off-site) through Galway-Roscommon Education and Training Board.

## Recreational activities

Recreational activities available in Brook House included music, farming journals/newspapers, social trips, attending concerts, and music/singing sessions. Social events and parties were facilitated.

## Medication

There was a policy on medication management. There was a Medication Prescription and Administration Record (MPAR) for each resident, which contained valid prescription and administration details. Brook House had two pharmacy suppliers for resident medication that was packaged into blister packs for the residents.

Some residents were self-medicating. Medications were stored appropriately and legally in a secure locked wall cupboard in the dining room of Brook House. A local hospital supplied the medication Clozaril to the residence.

## Community engagement

The location of the residence facilitated community engagement. Brook House was situated within walking distance of a town.

There was local transport to access community activities, and Brook House also provided transport for residents. Residents attended mass locally, and they used the local coffee shop. Neighbours of Brook House visited the residence and interacted socially with residents.

There was a community in-reach service in place through the Legion of Mary.

## Autonomy

Residents had free access to the kitchen to prepare meals and snacks. Residents were free to determine their own bedtime, and they had a key to their own bedroom. Residents assisted with domestic activities such as weekly shopping, and maintenance of the residence. They could receive visitors at any time. Not all residents were free to leave the residence as they wished, as most residents required staff supervision to do this.

## Staffing

Staff had received training in Basic Life Support, Fire Safety, Recovery, and the Professional Management of Aggression and Violence (PMAV).

Staff Discipline	Day whole-time equivalent (WTE)	Night WTE
Clinical Nurse Manager	1 (Shared with Day Centre/ Residences)	Visiting CNM 3
Registered Psychiatric Nurse	2	1
Multi Task Attendants	1	0

Team input (Sessional)

Discipline	Number of sessions
Occupational Therapist	By referral
Social Worker	Without a Psychiatric Social Worker.
Psychologist	By referral
Physiotherapist, Dietitian, Speech and Language Therapist, and Dietician	By referral

Medical Staff	Frequency of attendance at residence
Consultant Psychiatrist	As required
Non-Consultant Hospital Doctor	As required

## Complaints

There was a complaints policy. Residents were aware of how to make complaints. There was a designated individual responsible for addressing complaints. The complaints process was to inform the Clinical Nurse Manager 2 (CNM2), or any member of care staff.

There was a complaints log, which did not have any documented complaints. Community meetings were held periodically and minutes were kept. The residence did not have a suggestion box.

## Risk management and incidents

There was a risk management policy in place. The policy was implemented in the residence. Risk assessments were completed for each resident. Incidents were reported to the (CNM2) and were escalated if necessary. The risk register was maintained and reviewed as appropriate.

The residence was physically safe. A fire drill was held in January 2018. The fire extinguishers were in-date, and fire escapes were easily accessible. There was also a first aid kit available for residents and staff.

## Financial arrangements

There was a policy on managing residents' finances. Residents paid a weekly fee of 90 euro that covered food and utilities. Residents had either a post office, bank, or credit union account. Residents managed their own money. Weekly fees were collected from residents by staff. Residents did not contribute to a kitty or social fund.

## Service user experience

Most of the residents were not in Brook House as they were attending events and activities in external locations. Those that spoke with the inspector were satisfied with their care and treatment.

## Areas of good practice

1. Introduction of the MDT Rehabilitation and Recovery Plan.
2. Physical improvements to the kitchen and external grounds and driveway.

## Areas for improvement

1. Stop dates for medication and allergies/sensitivities sections of MPARs should be completed for all residents.
2. Storage of incontinence pads should be appropriately stored away from the sitting room area.
3. The house lacks an internal corridor, as access to the respite bedroom is via the sitting room.