

Elmrooske House

ID Number: RES0104

24-Hour Residence – 2018 Inspection Report

Elmrooske House
Ballyfin Road
Portlaoise
Co. Laois

Community Healthcare Organisation:
CHO 8

Team Responsible:
Rehabilitation and Recovery

Total Number of Beds:
8

Total Number of Residents:
4

Inspection Team:
Carol Brennan-Forsyth, Lead Inspector

Inspection Date:
23 January 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

Elmrooske House was an eight-bed, 24-hour, nurse-staffed residence located on the outskirts of Portlaoise. The two-storey house was owned by the HSE and opened as a medium-support hostel in 1987. At the time of inspection, Elmrooske House was providing a rehabilitation and recovery service for four residents.

Residence facilities and maintenance

There were three double and two single bedrooms in the residence, and only one of the double rooms was shared at the time of the inspection. The bedrooms were clean and bright and had been freshly painted. There were no screens between beds in the double rooms, which was not conducive to residents' privacy. The main communal areas and staff facilities were located on the ground floor, along with one single bedroom.

The ground floor comprised a staff office and toilet; a quiet room; a homely living room with comfortable seating for five people; a large kitchen dining area with a table and six chairs, five armchairs, a TV and a fireplace; and a shower room with a toilet. The tiles in the shower room were worn and needed updating. The kitchen overlooked the large back garden, which had well-maintained lawns. The drawers in the kitchen cabinets were in need of maintenance. Upstairs, there were three double rooms and one single, in addition to a bathroom, which was in a good state of repair.

The rooms in the house were clean and bright, and a number of them had been freshly painted.

Resident profile

At the time of the inspection, Elmrooske House was accommodating four female residents. They were aged between 65 and 78, and the duration of their stay ranged from 1 to 31 years. Appropriate accommodation was available for residents with a physical disability.

Care and treatment

Elmrooske House used the Maryborough Centre's policy in relation to individual care planning. The policy, which was dated March 2017, was not community residence-specific. All of the residents had an individual care plan (ICP), which had medical and nursing input only. Residents were encouraged to have input into the care planning process. The ICPs were reviewed on a six-monthly basis by the multi-disciplinary team (MDT), and residents attended. The ICP review meetings were held either in the residence or the Link Centre in St. Fintan's Hospital, Portlaoise. Multi-disciplinary team (MDT) meetings were held weekly, and residents' needs were discussed if necessary. Residents were assigned a key worker, who was a consistent named individual.

The clinical files inspected indicated that a psychiatric evaluation of residents was undertaken at least every six months.

Physical care

Elmrooske House had a policy in relation to general health, which was dated March 2017. All residents had access to a GP. Residents received six-monthly general physical examinations. Information in relation to national screening programmes was provided in the residence, and residents were receiving appropriate screening. Residents were referred by their GP to other health care services, as required, and they had an annual dental check.

Therapeutic services and programmes

No policy in relation to therapeutic services and programmes was available in the residence at the time of inspection. No therapeutic programmes were delivered in the residence. Residents attended programmes and activities in the Link Centre in St. Fintan's Hospital, Portlaoise. This was a day centre specialising in the provision of nurse-led therapeutic programmes and recreational activities.

Recreational activities

Residents of Elmrooske House had access to various recreational activities, some of which took place in the Link Centre. These included TV, reading, outings, senior citizens' parties, and community festivals. In-house recreational activities were provided by staff. Some residents were involved in a community choir.

Medication

Elmrooske House had a policy on medication management, but it was not community residence-specific. Medication was prescribed by the consultant psychiatrist, non-consultant hospital doctor, or GP. There was a Medication Prescription and Administration Record (MPAR) for each resident. The service used an old style

of MPAR, which needed to be updated. There was a plan to introduce a new MPAR within the next three months.

No resident was self-medicating at the time of inspection. Medication was supplied by two local pharmacies, and all medications were stored appropriately and legally in a locked cupboard in the nurses' office.

Community engagement

The location of the residence, on the outskirts of Portlaoise, facilitated community engagement. Residents attended community activities such as senior citizens' parties and a choir. They went shopping, for coffee, on outings, and to mass, and they participated in recreational activities in the Link Centre. The residence had access to a seven-seater vehicle from St. Fintan's Hospital, which was used to transport residents to community activities or appointments. There was no community in-reach into the residence, but friends and family members visited regularly.

Autonomy

Residents had full access to the kitchen. Meals were cooked in the residence, with help from a health care assistant. Residents were free to determine their own bedtimes, but none of them had a key to their own bedrooms or any means of locking their rooms. Residents helped out with household chores such as laundry if they were able. Residents could 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 (community-based) *	1	0
Registered Psychiatric Nurse *	1 (shared between 8 community houses)	1 (shared between 8 community houses)
Health Care Assistant	1	1
Multi-Task Attendant	1	

*A community mental health nurse attended every morning for about 90 minutes and a registered psychiatric nurse attended for 3 hours during the day and for 90 minutes at night.

Team input (Sessional)

Discipline	Number of sessions
Occupational Therapist	0
Social Worker	0
Clinical Psychologist	0

Medical Staff	Frequency of attendance at residence
Consultant Psychiatrist	Weekly
Non-Consultant Hospital Doctor	On call

Not all staff had up-to-date training in Basic Life Support, fire safety, or the management of violence and aggression.

Complaints

Elmrooske House used the HSE's complaints policy, *Your Service Your Say*. Residents were aware of how to make a complaint. The complaints process was advertised in the Link Centre in Portlaoise, where residents spent most of their day. There was a named complaints officer for the community healthcare area. Complaints were addressed locally in the first instance, by the nurse in charge. Where a complaint required escalation, it was referred to the clinical nurse manager or the area director of nursing.

No formal complaints log was maintained. Community meetings were held occasionally, and minutes from these were maintained. There was no suggestion box in the residence.

Risk management and incidents

Elmrooske House used a service-wide risk management policy, which was dated March 2017. The policy was implemented throughout the residence. Risk assessments were completed for residents at admission and on an ongoing basis if necessary. Residents attended the Department of Psychiatry in Portlaoise for assessment when necessary. Incidents were reported and documented using the National Incident Management System. Staff reported that urgent matters were escalated immediately, dealt with and recorded on a risk register, however there was no evidence to support this.

The residence was physically safe. The fire extinguishers were serviced and in date, the fire panel was checked daily, and fire escapes were easily accessible. There was no first aid kit, but first aid supplies were available.

Financial arrangements

Elmrooske House used a service-wide policy in relation to managing residents' finances, which was dated December 2017. Residents paid a weekly charge of between €35 and €65, which included rent and utilities. Residents had bank or post office accounts and managed their own finances. Secure facilities were available in the residence for the safe-keeping of small sums of money. Appropriate procedures were in place in relation to staff handling residents' money, with residents and staff signing for all transactions.

Residents contributed €50 to a house kitty for food and household supplies. Residents' consent to contribute to the kitty was not documented. Residents' finances were audited periodically by the clinical nurse manager 2.

Service user experience

The assistant inspector met informally with three residents who stated that they liked living in the residence.

Areas of good practice

1. The residence was clean, bright and homely.
2. The first floor had an external fire exit to ground level.
3. Residents attended the Link Centre in St. Fintan's Hospital in Portlaoise, a day centre specialising in therapeutic programmes and recreational activities. In-house recreational activities were provided by the staff.

Areas for improvement

1. Elmrooske 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 are plans to roll out a new MPAR within three months.
2. Risks in relation to Elmrooske House need to be documented on a risk register and risk rated.
3. Each resident should have their own bedroom. In the meantime, privacy screens should be used where there are shared bedrooms.
4. More regular community meetings were needed to get resident feedback.
5. Informed consent should be obtained from residents contributing to the house kitty.