

# Erkina House

ID Number: RES0013

## 24-Hour Residence – 2018 Inspection Report

Erkina House  
Mill Street  
Rathdowney  
Co. Laois

Community Healthcare Organisation:  
CHO 8

Team Responsible:  
Rehabilitation

Total Number of Beds:  
16

Total Number of Residents:  
13

**Inspection Team:**  
Carol Brennan-Forsyth, Lead Inspector

**Inspection Date:**  
15 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

Erkina House was situated in the town of Rathdowney in Co. Laois and was the site of a convent prior to becoming a community residence in 1996. The house was owned and operated by the HSE as a rehabilitation and recovery residence.

The residence was a two-storey building. Resident communal areas and office facilities were located on the ground floor with bedroom accommodation on the first floor. The centre could accommodate 16 residents. One single bedroom had been decommissioned since the last inspection due to damp in an external wall. There were plans to have this repaired. The day facilities on the ground floor were warm, welcoming, and generally well maintained. There are ongoing plans to relocate the Hostel to a new build as funding approval allows.

## Residence facilities and maintenance

Erkina House was a two-storey building, with communal living areas and offices on the ground floor. There were sleeping areas upstairs, which housed two four-bed male dormitories. In addition, there were eight single rooms to accommodate male and female residents. There were privacy curtains in shared rooms.

The external appearance of the residence was well maintained and the building, including windows, was in a good state of repair. The gardens were also well maintained. There was an ongoing maintenance programme in place. There were plans to repaint the door of the nurses' office, the disused smoking room, and the skirting boards in the dining room. In addition, there were plans to get new tables and chairs for the dining area.

## Resident profile

There were 13 residents in Erkina House at the time of the inspection. There were eight women and five men, ranging in age from 55 to 74 years. All residents were voluntary. There were no residents with a physical disability. Residents with physical challenges were generally transferred from the residence to more appropriate accommodation in different health care facilities. Residents' length of stay ranged from 2 to 22 years.

## Care and treatment

There was a policy on individual care planning, which was last reviewed in October 2016. The policy was not specific to community residences.

All residents had an individual care plan (ICP). A key worker was assigned to each resident and the key workers' names were displayed on the noticeboard in the nurses' station.

The ICPs did not have full multi-disciplinary team (MDT) input; only medical and nursing staff were involved. The ICPs were reviewed on a six-monthly basis and more often where required. Review meetings were attended by the consultant psychiatrist, the nurse, and the resident if they so wished. Six-monthly psychiatric evaluations were documented in the four ICPs inspected. Risk assessments were completed on admission and on an ongoing, as-needed basis. The consultant psychiatrist attended the approved centre weekly.

## Physical care

There was a policy on physical care and general health, which was last reviewed in March 2017. All residents had a GP; some residents accessed their GP in Abbeyleix and others in Rathdowney. All residents received a six-monthly physical examination, and the associated results were documented in clinical files in the GPs' surgery. Residents received information and had access to appropriate national screening programmes. They also had access by referral to other health services, where required, such as physiotherapy, dentistry, dietetics, and speech and language therapy.

## Therapeutic services and programmes

There was a policy on therapeutic programmes, which was last reviewed in August 2016. Therapeutic services and programmes were not delivered on-site in Erkina House. Residents attended therapeutic programmes off-site in nearby Moorville House, which is a day hospital for Birr Mental Health Services.

## Recreational activities

There were recreational activities available in Erkina House. There were outings such as shopping, lunch, coffee, dancing, parties, and bingo. Residents could also go on the annual holiday to Ballybunion, Co. Kerry, which took place every June.

## Medication

There was a policy on medication management, which was last reviewed in October 2016. There was a Medication Prescription and Administration Record (MPAR) for each resident, which contained valid

prescription and administration details. The consultant psychiatrist, non-consultant hospital doctor, or GP prescribed medication for the residents. A new MPAR was due to be rolled out in the near future.

No resident was self-medicating at the time of inspection. A local chemist supplied medication to Erkina House in blister packs. Medications were stored appropriately and legally within the residence.

## Community engagement

The location of the residence facilitated community engagement. Erkina House was close to a beautician, shops, coffee shop, and post office. The residents attended community activities such as dances, the cinema, bingo, shopping, lunch/coffee, and fishing trips. Residents could travel to Portlaoise using the public bus service, which was available three times daily, Monday – Friday only. There was no public transport at the weekend. Erkina House had a seven-seater bus, which was owned by the service. There was community in-reach into the residence, including the Mental Health Association, Borris-in-Ossory Social Services, and musicians.

## Autonomy

Residents did not have free access to the kitchen to prepare meals or snacks but were free to make their own tea and coffee. Residents did not have a key to their own bedrooms or bedside lockers; however, secure facilities were provided, if required. Residents assisted with domestic activities such as weekly shopping and household chores. They could receive visitors at any time and regular visiting hours were displayed on the noticeboard. Residents were free to leave the residence as they wished.

## Staffing

Staff Discipline	Day whole-time equivalent (WTE)	Night WTE
Clinical Nurse Manager	1	0
Registered Psychiatric Nurse	1	1
Health Care Assistant	1 (Mon-Fri)	0
Multi-Task Attendant	2	1

Discipline	Number of sessions
Occupational Therapist	0
Social Worker	0
Clinical Psychologist	0
Speech and Language Therapist & Physiotherapist	By referral

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

Staff training records indicated that not all staff had up-to-date training in Basic Life Support, fire safety, or the management of violence and aggression. There are plans for training to take place.

## Complaints

There was a complaints policy, which was the national HSE policy, *Your Service Your Say*. The complaints process was displayed on the noticeboard, which was located in the main hallway of Erkina House.

The clinical nurse manager was responsible for addressing complaints. There was a complaints log for minor complaints, although no complaints were documented. Community meetings were held every two months and minutes were maintained. There was no suggestion box in Erkina House.

## Risk management and incidents

There was a risk management policy in place, which was last reviewed in March 2017. The policy was implemented in the residence. Risk assessments were carried out annually for residents and more often when required. The risk manager reported incidents through the National Incident Management System.

The residence and overall building was safe and secure. The fire extinguishers were in date, and fire escapes were easily accessible. There was no first aid kit but first aid supplies were stored in a cupboard in the nurses' station.

## Financial arrangements

There was a policy on managing residents' finances, personal property, and possessions. It was the HSE policy for CHO 8. Residents paid a weekly fee of between €75 and €125, which included food and utilities. All residents had either a bank or post office account.

Residents who required assistance with their financial arrangements were supported by staff. Appropriate procedures were in place for staff handling resident money, with staff and residents signing for any transactions.

Residents contributed to a social fund and their consent to this was documented. St Fintan's sector administrator carried out financial assessments under Residential Support Services Maintenance and Accommodation Contributions Regulations when clients were admitted to the centre.

## Service user experience

Residents who met informally with the inspector expressed that they felt happy living in Erkina House. Many complimented the staff on their care and treatment and liked the support offered by the local community.

## Areas of good practice

1. Erkina House received funding for a "Grow it yourself" project, which enabled the residents to grow and eat their own produce.
2. The residence has a dedicated pool/games room, which residents use for recreational activities. This was a relatively new initiative that was funded by the local mental health association.
3. The residence was homely and generally well maintained, particularly the ground floor communal areas.
4. There was evidence to suggest that the residents engaged well with the local community. They attended many community events.

## Areas for improvement

1. Policies used by the residence need to include community residential services.
2. All residents should have access to single room accommodation. Repairs are needed to the decommissioned single room to enable a resident in a shared room access to single accommodation.
3. Residents should have access to a full MDT to maximise independence in line with a rehabilitation and recovery model of care. At the time of inspection the MDT were awaiting a replacement Social worker and an Occupational Therapist.
4. Erkina House used an old format of MPAR, which was not consistent with standard best practice to ensure safe administration of medications. The service had already identified this as an area for improvement, and there are plans to roll out a new MPAR.
5. Residents attend the local day hospital for therapeutic/recreational programmes. However, it was difficult to establish from the clinical files and ICPs inspected whether residents' goals were being met.
6. The residents need access to kitchen facilities to work towards independent living.
7. The floor coverings in the dining area needed to be replaced. This had been identified by the service as an area for improvement.