

Glandore

ID Number: RES0100

24-Hour Residence – 2018 Inspection Report

Glandore
Old Longford Road
Mullingar
Co. Westmeath

Community Healthcare Organisation:
CHO 8

Team Responsible:
Rehabilitation/Continuing Care

Total Number of Beds:
8

Total Number of Residents:
7

Inspection Team:
Noeleen Byrne, Lead Inspector

Inspection Date:
10 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

Glandore, an 8-bed, 24-hour nurse-staffed residence, was located in Mullingar, Co. Westmeath. It was in an urban setting, close to the main road and a bus route and within walking distance of the town centre. The two-storey building was leased by the HSE and had been operating as a community residence for approximately ten years. The building was well maintained, internally and externally. At the time of inspection, Glandore provided rehabilitation and continuing care for seven residents. The future plan for the residence was unknown because it is a leased building.

Residence facilities and maintenance

Glandore, which was originally built as offices and converted for use as a 24-hour residence, provided resident accommodation in two single and three double rooms. The shared bedrooms did not have privacy screens or partitions between the beds.

The ground floor design comprised one bedroom, two sitting rooms, a large kitchen/dining room, a toilet, and a utility room. The office, four bedrooms, and a bathroom were located on the first floor. The toilet seat in the downstairs toilet needed to be replaced.

The exterior of the building was well maintained and included a patio area with a table and chairs.

Resident profile

At the time of the inspection, Glandore was occupied by five men and two women, who were aged between their early 40s and late 70s. The duration of stay ranged from two to ten years.

Care and treatment

Glandore had a policy in relation to individual care planning, and all of the residents had an individual care plan (ICP). Multi-disciplinary ICPs were completed in 2016 but had not been updated regularly. More up-to-date nursing care plans were in place. Residents had full input into their ICPs and attended the multi-disciplinary care planning meetings, which were held in the residence approximately every six months. It was reported that residents' ICPs were reviewed by the consultant psychiatrist every six months and by the non-consultant hospital doctor every three months. However, these reviews were not documented.

A psychiatric evaluation was documented at least six-monthly for each resident and recorded in their clinical files. A key worker system was in operation.

Physical care

Glandore had a policy in relation to physical care/general health. All residents had access to local GPs. Routine physical examinations were completed on a six-monthly basis, and residents had annual blood tests. Physical examinations were completed in line with best-practice guidelines. Residents had access to health screening programmes and to relevant information on screening. They also had access to other health services, including physiotherapy, dental care, dietetics, speech and language, and general hospital services.

Therapeutic services and programmes

The residence had a policy in relation to the provision of therapeutic programmes. No therapeutic services or programmes were delivered in Glandore. Instead, residents attended the nearby Ashbrook Day Centre. They also attended Ashling, another 24-hour residence in Mullingar, for aromatherapy and gardening delivered on-site by the Ashbrook centre. Therapeutic services were provided in line with residents' assessed needs. Some residents also participated in a pre-employment programme run by Turas Nua.

Each resident had an in-house programme day every week, when they were helped with tasks such as doing laundry, making beds, and tidying their rooms. Residents who needed support to collect medication or go to the barber or hairdresser were facilitated at this time.

Recreational activities

Residents in Glandore had access to a range of recreational activities, including board games, DVDs, and books. Residents attended mass, went on day trips, went to local coffee shops and restaurants for lunch and sometimes attended sporting events.

Medication

The residence had a policy in relation to medication management. Medication was prescribed by the residents' GP or the consultant psychiatrist. A Medication Prescription Administration Record (MPAR) system was in operation, and each resident had an MPAR. These contained accurate and up-to-date prescription and medication administration details.

Medicines were supplied by local pharmacies and stored appropriately and legally in the residence. At the time of the inspection, no resident was self-medicating.

Community engagement

Glandore's central location, within walking distance of local shops and Mullingar's town centre, facilitated community engagement. Residents visited the library and went on regular outings. They attended the 1428 Active Retirement Club, which promoted health and well-being as well as education in the areas of leisure, sport, health, social issues, and personal and social development. The club also arranged outings. Residents went out for coffee and lunch and attended country music evenings in a local hotel.

Glandore was situated close to a bus route, and a taxi service was available. It also had access to an eight-seater minibus, which was used to facilitate residents' involvement in community activities. There was no in-reach into the residence from the community.

Autonomy

Residents had free access to the kitchen in Glandore to prepare meals and snacks. They were also free to determine their own bedtimes but did not have keys to their rooms.

Residents assisted with domestic chores, including making beds, sweeping floors, shopping, and preparing light meals. A weekly rota was posted up on the wall, and all residents were involved in household tasks. Residents were free to come and go from Glandore as they wished and they were free to receive visitors at any time.

Staffing

Staff Discipline	Day whole-time equivalent (WTE)	Night WTE
Clinical Nurse Manager	1	0
Nursing Staff	1	1
Multi-Task Attendant	1	1

Team input (Sessional)

Discipline	Number of sessions
Occupational Therapist	As required, based on assessed need
Social Worker	As required, based on assessed need
Clinical Psychologist	By referral
Dietitian	Regularly reviews residents and oversees menus

Medical Staff	Frequency of attendance at residence
Consultant Psychiatrist	Weekly and as required
Non-Consultant Hospital Doctor	Several times a week and as required

Staff had received training in manual handling, fire safety, Basic Life Support, and breakaway/talk-down techniques.

Complaints

Glandore used the HSE complaints policy *Your Service, Your Say*, and residents were aware of how to make complaints. The name of the complaints officer was not included in the information provided to residents.

Minor complaints were addressed in the house. The community healthcare organisation's complaints officer was responsible for more serious issues or matters that might need escalation, but no such complaints had been made. A complaints log was not maintained.

Monthly community meetings were held in the residence, and minutes of these were maintained. There was a suggestion box in the house for comments, complaints and compliments.

Glandore had a risk management policy, which was implemented throughout the residence. Risk assessments were completed for residents. Incidents were documented and reported using the National Incident Management System. The residence was physically safe. The fire extinguishers were regularly serviced and in date. A first aid kit was available in the residence.

Financial arrangements

Glandore had a policy in relation to managing residents' finances. The average weekly charge was €60, which included utilities and food. Residents had bank or post office accounts. They collected their money at the post office and could take responsibility for it themselves or ask for it to be safeguarded in the residence. Appropriate procedures were in place for staff who handled residents' money.

Residents did not contribute to a kitty or social fund. Residents' finances were audited on a regular basis.

Service user experience

The assistant inspector met with six residents who described the activities they were engaged with that day. These activities included attending the day service, shopping in town and doing chores around the house including laundry. All residents were happy with the food and liked living in Glandore. Residents were very complimentary of the staff.

Areas of good practice

1. Each resident has an in-house programme day when they were supported with activities of daily living and learning new skills.

Areas for improvement

1. The multi-disciplinary team did not update residents' individual care plans regularly.
2. There was no log for recording minor complaints.
3. Each resident should have their own bedroom. In the meantime, privacy screens should be used where there are shared bedrooms.
4. The toilet seat in the downstairs toilet was in poor condition.