

Glebe House

ID Number: RES0114

24-Hour Residence – 2018 Inspection Report

Glebe House
Malahide
Co. Dublin

Community Healthcare Organisation:
CHO 9

Team Responsible:
Intellectual Disability

Total Number of Beds:
5

Total Number of Residents:
5

Inspection Team:
Siobhán Dinan, Lead Inspector

Inspection Date:
29 January 2018

Inspection Type:
Unannounced Inspection

The Inspector of Mental Health Services:
Dr Susan Finnerty MCRN009711

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Contents

Introduction to the Inspection Process.....	5
Service description.....	5
Residence facilities and maintenance.....	5
Resident profile.....	5
Care and treatment.....	6
Physical care.....	6
Therapeutic services and programmes.....	6
Recreational activities.....	6
Medication.....	7
Community engagement.....	7
Autonomy.....	7
Staffing.....	8
Complaints.....	8
Risk management and incidents.....	8
Financial arrangements.....	9
Service user experience.....	9
Areas of good practice.....	9
Areas for improvement.....	9

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

Glebe House was a five-bed, 24-hour, nurse-staffed community residence on a busy road close to Malahide, Co. Dublin. The bungalow was owned by the HSE and had been operating as a 24-residence since 1998. At the time of the inspection, it was providing continuing care for five residents with a mild-to-moderate intellectual disability. The residents considered the house their permanent home, and there were no immediate plans for the residence to change. The philosophy of care in Glebe House was to deliver care in a client-centred manner to meet the physical, emotional, and spiritual well-being of residents, respecting their dignity, individuality, and uniqueness.

Residence facilities and maintenance

Residents in Glebe House were accommodated in two double bedrooms and one single room. There was no screening between the beds in the shared rooms, which was not conducive to resident privacy. The rest of the accommodation comprised a kitchen-dining room, a sitting room, a shower room, two toilets, a nursing office, and a laundry room. The dining area was very cramped. The exterior of the house, including the spacious garden, was well maintained.

At the time of the inspection, the house had been recently repainted, the floor in the office had been renewed, a new shed had been purchased for the garden, plumbing works had been completed, and a new washing machine had been acquired. Plans for future renovations included the installation of a new shower, which was on order, and the purchase of new chairs for the sitting room. Staff also wanted to purchase new garden furniture.

Resident profile

At the time of the inspection, Glebe House was providing accommodation for five female residents. They were aged between 42 and 72, and the duration of their stay ranged from 7 to 20 years. All of the residents had a primary diagnosis of mild-to-moderate intellectual disability, and some had a secondary diagnosis of mental illness. All of the residents were mobile.

Care and treatment

Glebe House had a policy in relation to individual care planning, which was dated January 2014. All of the residents had an individual care plan (ICP). The ICPs were not drawn up by a full multi-disciplinary team in that they evidenced input from medical and nursing staff only. Residents and family members attended the six-monthly ICP reviews, which were held in the residence. Residents were also given a copy of their ICPs. A key worker system was in operation in the house, and residents were assigned a consistent named individual. The clinical files indicated that residents received a psychiatric evaluation at least six-monthly.

Physical care

Glebe House did not have a policy in relation to physical care and general health. It had a response to medical emergencies policy, which was dated January 2014. All residents had their own GP, who completed their physical examinations every six months.

Information on national screening programmes was not provided routinely. Residents were receiving appropriate screening, and easy-read documents relating to screening were retained in the files. Residents also had access to other health services as required, including dentistry, speech and language therapy, dietetics, physiotherapy, and general hospital services.

Therapeutic services and programmes

Glebe House had a policy in relation to therapeutic programmes, which was dated March 2016. No therapeutic programmes were delivered in the residence. Residents attended day services in the Estuary Centre in Swords, Clonmethan Lodge in Oldtown; and Prosper in Portmarnock. The accessed such programmes as relaxation, art therapy, personal hygiene, living skills, and reminiscence therapy.

Recreational activities

Residents in Glebe House had access to a wide range of recreational activities. These included bingo, arts and crafts, horticulture, computing, cooking and baking, sports, yoga, Karaoke, exercise, bowling, and a movie club. They went on shopping trips, visited cafés, and went on outings to the zoo, beach, and cinema. Residents could also go on holiday to Galway or Carlingford.

Medication

The residence had a policy in relation to medication management, which was dated November 2015. Medication was prescribed by the psychiatrist or GP. A Medication and Prescription Administration Record (MPAR) system was in operation, and residents' MPARs contained valid prescriptions and administration details. At the time of inspection, none of the residents were on self-medication programmes. Medications were supplied by a local pharmacy, and they were stored appropriately and legally in a locked cabinet.

Community engagement

The location of Glebe House, on the outskirts of Malahide, facilitated community engagement. Residents went shopping, to cafés, for meals out, to the church, and to the cinema. There was a bus stop outside the residence and a train station in Malahide, and residents were accompanied on all trips out. The house also had access to its own car, which was used to transport residents to community activities and appointments. There was community in-reach into the residence from the parish priest, neighbours, a retired staff member, and St. Vincent de Paul.

Autonomy

Residents had full, supervised access to the kitchen. They were free to determine their own bedtimes, but none of them had a key to their own bedrooms; staff could lock the doors on request. Residents helped out with household chores, and all had set tasks, including making beds and cleaning up after dinner. Outside mealtimes, residents could receive visitors at any time. They could come and go as they wished but needed assistance and support from staff to do so.

Staffing

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

Team input (Sessional)

Discipline	Number of sessions
Occupational Therapist	On request
Social Worker	On request
Clinical Psychologist	On request

Medical Staff	Frequency of attendance at residence
Consultant Psychiatrist	Six-monthly
Non-Consultant Hospital Doctor	0

Staff had up-to-date training in Basic Life Support, fire safety, recovery, the Therapeutic Management of Violence and Aggression, and manual handling.

Complaints

The residence had a complaints policy, which was dated December 2017. Residents were aware of how to make complaints, and details of the complaints process were displayed publicly in an easy-read format. Complaints were brought to staff on duty and, where possible, were addressed locally. When a complaint needed escalation, it was dealt with by the clinical nurse manager 2, the assistant director of nursing, or the complaints manager. A minor complaints log was maintained in the house.

Monthly resident meetings were held in the residence, and minutes of these were recorded. There was no suggestion box on the premises.

Risk management and incidents

The residence had a risk management policy, which was dated January 2014. It also had a safety statement dated October 2017 and a risk register. Resident risk assessments were completed at admission and updated as necessary.

Incidents were reported and documented using the National Incident Management System. The residence was physically safe. Fire extinguishers were serviced and in date. The three fire exits were clearly marked, and an evacuation plan was displayed. There was a first aid kit in the office.

Financial arrangements

Glebe House had a policy in relation to managing residents' finances, which was dated May 2017. Residents paid the same weekly charge, which included food and utilities. Residents had bank accounts and were supported by staff to manage their money. Appropriate procedures were in place in relation to staff handling residents' money, with all transactions receipted. Secure facilities were available for the safe-keeping of residents' money.

Residents did not contribute to a kitty or social fund. Residents' finances were audited weekly by the clinical nurse manager 2 and, periodically, by the assistant director of nursing.

Service user experience

At the time of inspection, no resident was available to meet with the inspector.

Areas of good practice

1. There was strong emphasis on the provision of social and recreational activities for the residents.
2. The residence had recently been repainted inside resulting in the premises having a bright and fresh feel to it.
3. Family members were invited to attend ICP review meetings with the consent of residents.

Areas for improvement

1. The service should consider the introduction of a suggestion box.
1. Each resident should have their own bedroom. In the meantime, privacy screens should be used where there are shared bedrooms.
2. The service should consider the introduction of a paper or electronic folder of all relevant up-to-date policies.
3. ICP reviews should involve the entire clinical team.