

Greenbanks House

ID Number: RES0088

24-Hour Residence – 2018 Inspection Report

Greenbanks House
Old Dublin Road
Carlow

Community Healthcare Organisation:
CHO 5

Teams Responsible:
Rehabilitation and Psychiatry of Later Life

Total Number of Beds:
12

Total Number of Residents:
10

Inspection Team:
Dr Ann Marie Murray, Lead Inspector

Inspection Date:
07 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

Greenbanks House was a 12-bed, 24-hour, nurse-staffed residence on the outskirts of Carlow town. The two-storey house was owned by the HSE and had served as a crisis-intervention house since 2003-2004. At the time of inspection, the residence was accommodating ten residents, who were under the care of seven multi-disciplinary teams. These included three community mental health teams from Kilkenny, two community mental health teams from Carlow, a rehabilitation team, and a psychiatry of later life team. There were no immediate plans for the residence to change.

Staff in Greenbanks House reported that they were a crisis house who admitted residents who were over the acute part of their illness but required ongoing support. They stated they also provided step down care from the Department of Psychiatry, St Luke's Hospital, in Kilkenny. The staff in the residence had identified that residents had arrived for admission in the past with inadequate assessments and documentation completed prior to admission. Nursing staff in the residence documented eight incidents of this occurring. There was documentation that a resident was transferred to Greenbanks House for the purpose of creating bed space in the Department of Psychiatry, St Luke's Hospital. A clinical nurse manager 3 (CNM3) had been recruited, but had not yet commenced employment, with a view to assessing residents' suitability for admission to Greenbanks House.

There was an operational policy for Greenbanks House, which outlined that the residence was a crisis house for which admissions would be of a short duration from 24-72 hours. The current residents' duration of admission was reviewed with just one of the current resident's duration of admission being shorter than 72 hours. The service reported a new policy had been developed for Greenbanks House and this was currently being reviewed by the policy committee.

Residence facilities and maintenance

Residents in Greenbanks House were accommodated in single bedrooms with shared bathroom facilities. There were nine bedrooms on the ground floor and three bedrooms on the first floor. The ground-floor accommodation included a kitchen and dining room, a clinical room, offices, a relaxation room, a sitting room, a staff room, a store, a laundry, and bathroom and toilet facilities. There were attractive paintings in the corridors. There was a small attractive internal courtyard.

The floors in some of the bedrooms were stained; this had been identified by staff and had been notified to management. One of the bathrooms was out-dated. There was mould in a shower area of a male bathroom and the vent appeared blocked. The walls had paint chipped in places throughout the residence. The residence was due for painting in 2018. There was no sluice room, and no mechanical bedpan washer. This presented an infection control risk. A yellow healthcare hazard bin was stored in the resident bathroom, which was not in line with infection control guidelines. At the time of inspection, none of the residents required this but it had been required in the past. There was no screening on two observational panels of residents' bedrooms. A previous resident's items were stored openly under the stairs. A number of potential ligature points were identified during the inspection.

The outside of the house was well maintained, with well-kept lawns and shrubs.

At the time of the inspection, the residence had recently undergone some renovations. New information leaflet stands had been purchased, the driveway had been tarred, and a storeroom and clinical room were added. New blinds had been fitted on the ground floor, a new cooker had been purchased, and a smoking shelter had been opened to move smoking outdoors. There were plans to redecorate the interior of the residence, to deep clean floors, to block off the staffing area, and to fit an external door to the nursing office.

Resident profile

At the time of the inspection, Greenbanks House was providing accommodation for five male and five female residents. They were aged between their 20s and their 70s, and the duration of their stay ranged from two days to seven months. All of the residents were mobile, but suitable accommodation was available for residents with physical disabilities if it was needed. Some residents had co-morbid physical illnesses and intellectual disability.

Care and treatment

The residence used the Community Healthcare Organisation (CHO) 5 policy in relation to individual care planning. Staff said that all of the residents had an individual care plan (ICP), two of which were reviewed. One of the ICPs examined evidenced no occupational therapy or psychology input. Residents were involved in the care planning process and were consulted in advance of the ICP review, which took place weekly, or fortnightly for residents under the care of the rehabilitation team. The psychiatry of later life multi-disciplinary team (MDT) was the only team to hold meetings in the house. Residents did not attend ICP meetings; no rationale for this was provided by staff. Other MDT meetings took place by teleconference or in the nearby St. Dymphna's Hospital. Nursing staff from Greenbanks House attended the MDT meetings. The residence operated a key worker system, but the key worker was not a consistent named individual.

Physical care

Greenbanks House used the CHO 5 policy in relation to physical care and general health. All residents had access to their own GPs and to CareDoc out of hours. Two clinical files reviewed contained no evidence that

the residents had received a full physical examination. Information was available in the nursing office in relation to national screening programmes, and residents were facilitated to attend screening appointments. The process was not actively monitored, however. When residents attended, the GP there was no system for communication between the GP and staff of the centre. Nursing staff reported they could call the GP if they needed to. The Care Doc wrote in the residents clinical files.

Residents had access to other health services as required, including dentistry in emergency circumstances, speech and language therapy, dietetics, and general hospital services in Kilkenny.

Therapeutic services and programmes

Greenbanks House used the CHO 5 policy in relation to therapeutic programmes. No therapeutic programmes were delivered in the residence. A business case had been submitted to develop a programme of activities. At the time of the inspection, residents were receiving one-to-one assessments from a social worker and occupational therapist.

Residents attended therapeutic programmes off-site, in the “Involvement Centre,” Dolmen Centre, and other day services in the area. The “Involvement Centre” was a client led centre overseen by an Advancing Recovery Ireland nurse. The Dolmen service was run a registered psychiatric nurse. Residents who came from Kilkenny could not always attend their usual day services due to the travel distance involved. The activities engaged in by residents included art therapy and skills-based programmes.

Recreational activities

Residents had access to a range of recreational activities in the house, including TV, DVDs, games, mindfulness colouring, and gardening.

Medication

Greenbanks House had a site-specific policy in relation to medication management. Nursing staff dispensed medication that residents brought in. Nursing staff reported that they checked the medication against the supplied prescription; however, it was not clear how staff could verify the integrity of the medication. Medication was prescribed by CareDoc, the consultant psychiatrist, or the non-consultant hospital doctor. A Medication Prescription and Administration Record (MPAR) system was in operation in the residence, but not all of the residents’ MPARs contained valid prescriptions and administration details. Blanks in the administration record were identified in three MPARs, the Medical Council Registration Number of the prescribing doctor was not recorded in three MPARs, and two prescriptions in one MPAR were not accompanied by a signature. When an MPAR needed to be rewritten, the registered medical practitioner started a second MPAR. This was not in line with best practice to have one MPARs where possible.

At the time of inspection, none of the residents were self-medicating. Residents supplied their own medication, which was stored legally in the residence. The pharmacy in St. Luke’s Hospital provided a generic

supply of as required medication. Medication for outpatients was being stored alongside residents' medication. Expired medication was identified in the medication fridge.

Community engagement

The location of the residence, within walking distance of Carlow town, facilitated community engagement. Residents went into town, went to the hairdresser, visited coffee shops and local hotels, and went to church. The residence was close to the local train and bus stations, and it had its own people carrier, which was used to facilitate residents to access community activities. There was no in-reach into the residence from the community.

Autonomy

Residents had access to the kitchen to prepare meals or snacks, except when it was closed for cleaning and at night. Residents helped themselves to breakfast, and dinner was delivered by a catering company, and supper was made on the premises. Staff were unsure if residents were free to determine their own bedtime.

Residents did not have a key to their own bedrooms. Residents helped out with domestic chores such as cleaning and shopping. Visiting times were flexible, but the gates closed at 20.30 for security reasons. The residence had an open door policy, and residents were free to come and go as they wished.

Staffing

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

Team input (Sessional)

Discipline	Number of sessions
Occupational Therapist	As required
Social Worker	As required
Clinical Psychologist	As required
Family Therapist	As required

Medical Staff	Frequency of attendance at residence
Consultant Psychiatrist x 6	Weekly and as required
Rehabilitation Consultant Psychiatrist x 1	Fortnightly and as required
Non-Consultant Hospital Doctor	Weekly and as required

During the inspection, staff were observed to be very busy. An extra staff member was brought in to help facilitate the inspection. Nursing staff attended MDTs offsite, and it was difficult to ascertain how staff could attend MDTs and meet residents' needs on the unit. Staff reported they had up-to-date training in Basic Life Support and recovery. Training in fire safety and the Professional Management of Aggression and Violence was not up to date.

Complaints

Greenbanks House used the CHO 5 policy in relation to complaints. Staff explained to residents verbally how to make a complaint, and details of the complaints process were published in the information booklet. The service used the *Your Service Your Say* complaints process. Any complaints were addressed locally where possible. If a complaint required escalation, it was progressed to the complaints officer. A complaints log was maintained in the house, but no details were recorded in relation to the investigation of the complaints, the outcome, or resident satisfaction with the process. Community meetings took place in the residence from time to time, but minutes of these were not recorded. There was no suggestion box on the premises.

Risk management and incidents

Greenbanks House used the CHO 5 policy in relation to risk management. Staff reported all residents were risk-assessed prior to admission using the Sainsbury risk assessment tool. Two risk assessments were reviewed. In both of these assessments, identified risks known to staff and documented elsewhere in the file, were not included. Neither of the risk assessments included a risk management plan. Incidents were reported and documented using the National Incident Management System, but there was no system in place for reviewing trends. Incident forms were reviewed. There had been documented episodes of self-harm and suicide attempts in the past year.

Numerous ligatures were identified in the residence. A ligature audit had not been completed. The clinical profile of the residents was reviewed during the inspection and many of the residents presented with acute episodes of major mental illness.

The alarm system was checked weekly. Fire extinguishers were serviced and in date and fire escapes were easily accessible, but no fire drills took place. There was no evacuation plan. There was a first aid kit on the premises. The service had self-requested an inspection from the Health and Safety Function of the HSE around security arrangements.

Financial arrangements

Greenbanks House did not have a policy in relation to residents' finances, and residents did not pay charges. The HSE paid for food and utilities as well as for garden maintenance. Occasionally, residents availed of secure facilities for the safe-keeping of small sums of money. Not all transactions involving residents' money were signed by two staff members.

Service user experience

The inspector informally approached residents and sought their views on the residence. Four residents spoke positively about the residence and reported that they enjoyed their time there.

Areas of good practice

1. The external area of the premises was well maintained.
2. The residence had recently undergone some renovations.
3. Residents were given a feedback questionnaire when leaving the residence.
4. A CNM3 had been recruited, but had not yet commenced employment, with a view to assessing residents' suitability for admission to Greenbanks House.

Areas for improvement

1. The service should develop clear eligibility criteria for admission.
2. As the service admits residents with acute mental illness, they should consider a ligature audit to systematically identify, assess, monitor and address these risks.
3. The service should consider inviting residents to ICP meeting where appropriate.
4. There were a number of issues identified with medication management. The service may consider training or audit in this area.
5. Improvements could be made in relation to risk management:
 - (a) The service should have an agreed observation frequency for how often they observe residents.
 - (b) The service should include a risk management plan with clinical risk assessment.
 - (c) The service should consider developing an evacuation plan and conducting fire drills.
 - (d) The service may consider conducting a trend analysis of incidents to identify patterns and encourage learning from incidents.
6. Areas of the residence were identified to be in need of refurbishment, a plan for these works should be developed.
7. If the resident plans to admit residents who require the use of a bedpan or commode, they should have a mechanical bedpan washer.
8. Residents should be facilitated to have privacy in their bedrooms, while allowing for observation by staff when necessary. Observation panels without opaque glass or blinds should be reviewed.
9. Staff should sign for when they access residents' money on their behalf.