

Grove House

ID Number: RES0102

24-Hour Residence – 2018 Inspection Report

Grove House
Gort Na Noir
Abbeyleix
Co. Laois

Community Healthcare Organisation:
CHO 8

Team Responsible:
Rehabilitation and Recovery

Total Number of Beds:
8

Total Number of Residents:
8

Inspection Team:
Carol Brennan-Forsyth

Inspection Date:
16 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

Grove House was a single story, T-shaped building located in Abbeyleix, Co. Laois. The building was owned by Respond Housing, which is a voluntary housing association. Grove House was, however, operated by the HSE, Community Healthcare Organisation (CHO) 8. The building was 15-20 years old and had been vacant before opening as a community residence in 2013. Staff indicated that the ethos and philosophy of Grove House was mental health rehabilitation and recovery. The future plan for the residence was for it to remain unchanged.

Residence facilities and maintenance

Grove House had eight single bedrooms for male and female residents. Bedroom accommodation was located at one end of the T-shaped residence, and day communal areas and office space were located at the other end of the residence.

The building was well maintained, and the gardens were neat and tidy. In 2017, the walls and the roof were insulated and issues with the sewage system had been addressed. At the time of the inspection, there were plans to repaint three of the bedrooms. Couches in the communal areas needed replacing as they were in a poor state of repair. This had been identified by the residence as an area for improvement and a request for replacements had been submitted.

Resident profile

At the time of inspection, there were two males and six females in the residence, including one resident who was receiving respite care. Residents ranged in age from 23 to 49 years. Their length of stay ranged from three to three-and-a-half years. There were no wards of court. There were no residents with physical disabilities.

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), but these did not have full multi-disciplinary team (MDT) input. Medical and nursing staff and residents were involved in the ICPs mainly. There was no access to a social worker. Residents had limited access to an occupational therapist, as there was a waiting list for this service. The residents had access to a local physiotherapist, following referral. There was a key-worker system in place and the names of key workers were displayed on the noticeboard. The ICPs were reviewed every six months or sooner if required. A resident psychiatric evaluation was documented in each of the clinical files inspected. Some MDT care planning meetings took place in the residence, but most were held in the Link Centre, a day centre in St. Fintan's Hospital, Portlaoise. Residents were invited to attend these meetings, which took place at least monthly or as needed.

Physical care

There was a policy in place on physical care and general health, which was last reviewed in 2017. All residents had a GP. All residents received a six-monthly physical examination by the non-consultant hospital doctor. Blood tests were completed by the nursing staff. Electrocardiograms were completed in the Maryborough Centre in St. Fintan's Hospital, Portlaoise.

Due to the age of residents (23-49 years), national screening programmes were not appropriate to their demographic. Residents had access to other health services such as physiotherapy, dentistry, dietetics, speech and language therapy, and general hospital services in the Midlands Regional Hospital in Portlaoise.

Therapeutic services and programmes

There was a policy on therapeutic services and programmes. There were no group therapeutic programmes delivered on-site, however individual therapeutic programmes were in place with regard to medication management, self-medicating programmes, laundry management, self-care, recovery and goal setting.

Residents attended therapeutic programmes in the Link Centre in St. Fintan's Hospital. The programmes, which were nurse-led, included recovery, relaxation, anxiety management, goal setting, and psychoeducation. Residents had access to training programmes through the Laois/Offaly Education Training Centre and the National Learning Network. Residents could also access courses through the local library in Abbeyleix.

Recreational activities

Residents in Grove House had access to a range of recreational activities, including TV, music, walking groups and relaxation days. Residents also attended activities in the community such as the cinema, samba dancing, kick boxing, outings, sight-seeing, walking groups, and festivals. They also visited coffee shops and local pubs.

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 MPAR format could benefit from being updated and there were plans for the drugs and therapeutic committee to roll out a new MPAR within the next three months.

Medication was prescribed by the residents' GPs or the consultant psychiatrist. At the time of inspection, one resident was self-medicating. Medication was stored appropriately and legally in the clinical room.

Community engagement

The location of the residence facilitated community engagement. To access community activities, residents used local transport. There was a regular Townlink bus to Portlaoise and surrounding towns. Residents attended dances and festivals, went to coffee shops and pubs, and went on walks, a yearly holiday, and historical outings. A seven-seater people carrier was available to the residence, and residents had access to a minibus for long journeys.

Autonomy

Residents had free access to the kitchen to prepare meals and snacks at any time of the day. They were free to determine their own bedtime. Residents did not have a key to their own bedrooms; however, there were plans to install thumb locks on each bedroom door, allowing residents to lock their doors while in their bedrooms. Residents assisted with domestic activities; they set the tables for dinner, cleaned, and tidied up. Residents could receive visitors at any time and they were free to leave the residence as they wished.

Staffing

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

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

Medical Staff	Frequency of attendance at residence
Consultant Psychiatrist	At least once a week
Non-Consultant Hospital Doctor	On request

At the time of the inspection, not all staff had up-to-date training in Basic Life Support, the professional management of aggression and violence, and recovery techniques. There are plans for this training to take place. All staff had up-to-date fire safety training.

Complaints

There was a complaints policy in place, which was last reviewed in March 2017. Residents were aware of how to make a complaint through the HSE's *Your Service, Your Say* document. The clinical nurse manager 2 or registered psychiatric nurse on duty was responsible for addressing complaints. There was a complaints box, which was emptied regularly. Complaints were addressed and documented in a complaints log. In-house meetings were held and minutes of these were maintained.

Risk management and incidents

Grove House used the CHO 8 risk management policy, which was last reviewed in March 2017. The policy was implemented in the residence. Risk assessments were completed for residents on admission and where necessary. Incidents were reported using the National Incident Management System. Fire extinguishers were in date and were checked regularly. The residence was physically safe. While there was no first aid kit in place, there was access to first aid supplies in the nurses' office.

Financial arrangements

There was a policy in place on managing residents' finances, which was last reviewed in March 2013. Residents paid a weekly charge of €100, which included food and utilities. 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 €5 a week to a social fund and had signed consent forms to contribute to this fund. Residents' finances were audited regularly.

Service user experience

Residents were not interviewed by the inspector as they were attending the Link Centre in Portlaoise at the time of inspection.

Areas of good practice

1. Residents in Grove House had access to national training programmes through the Laois/Offaly Education and Training Centre and the National Learning Network. The residents also had access to courses through the local library in Abbeyleix.
2. Residents attended the Link Centre in St. Fintan's Hospital, Portlaoise, which had an emphasis on recovery models of care.
3. Residents were engaged with the local community. They were within walking distance of the town centre and regularly attended community events.
4. The residence promoted health and well-being, as evidenced by its Operation Transformation Programme, Healthy Heart Programme, walking and relaxation programmes.
5. Grove House hosted a "Summer Open Day", when families were invited to the residence for a barbeque and get-together.

Areas for improvement

1. 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.
2. Policies used by the residence need to include provisions for community residential services. This work had commenced at the time of inspection.

3. Grove 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.
4. Couches in the communal areas needed replacing as they were in a poor state of repair. This had been identified by the residence as an area for improvement and a request for replacements had been submitted.