

# Monresa House

ID Number: RES0103

## 24-Hour Residence – 2018 Inspection Report

Monresa House  
Dublin Road  
Portlaoise  
Co. Laois

Community Healthcare Organisation:  
CHO 8

Team Responsible:  
Rehabilitation

Total Number of Beds:  
4 beds

Total Number of Residents:  
3

**Inspection Team:**  
Carol Brennan-Forsyth

**Inspection Date:**  
22 January 2018

**Inspection Type:**  
Unannounced Inspection

**The Inspector of Mental Health Services:**  
Dr Susan Finnerty MCRN009711

**Date of Publication:**  
24 July 2019



## Contents

Introduction to the Inspection Process.....	5
Service description.....	5
Residence facilities and maintenance.....	5
Resident profile.....	6
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

Monresa House was a two-storey, medium-support hostel situated on the Dublin Road close to the centre of Portlaoise town. Staff were unsure of the age of the building but thought it was at least 30 years old. The house was owned and operated by the HSE as a rehabilitation and recovery residence.

Resident communal areas and office facilities were located on the ground floor with bedroom accommodation on the first floor. The house could accommodate eight residents.

## Residence facilities and maintenance

Accommodation was laid out over two floors, with all of the bedrooms on the first floor. Monresa House had four single bedrooms. Three bedrooms were each occupied by one male resident and the fourth was vacant. The bedrooms had been painted recently and the curtains had been replaced. The floor coverings in the bedrooms needed to be replaced because they were very worn and discoloured in places.

The bathroom upstairs had been newly renovated. It was clean and bright. The toilet bowl was new, but an old toilet seat was in place, which was discoloured and chipped.

The ground floor included a newly painted hallway, which led into a spacious kitchen/laundry. The worktops and floor covering in this area were very worn and needed replacing. The oven door had come off the cooker and was observed on the floor on the first day of inspection. The kitchen table and chairs were shabby and needed attention. The kitchen was clean and tidy.

The dining room was bright and pleasant and looked out on to the garden. It had a table and seating for five people. The sitting room was homely, with a TV and seating for eight people. The two couches were in a poor state of repair and needed replacing. They were both covered in throws.

Residents had access to a front garden with a table and chairs and to a large back garden. There was a smoking hut in the yard outside the kitchen. The nurses' office was also situated on the ground floor.

## Resident profile

At the time of the inspection, Monresa House was accommodating three male residents. They were aged between 33 and 54, and the duration of their stay was at least five years.

## Care and treatment

Monresa House had a policy in relation to individual care planning, but it was not specific to community residences. All residents had individual care plans (ICPs), which were reviewed every six months or as required. The ICPs were not multi-disciplinary and had input from medical and nursing staff only. A six-monthly psychiatric evaluation of residents was documented in the three clinical files.

The multi-disciplinary team (MDT) met in the Link Centre in St. Fintan's Hospital in Portlaoise, and residents and nursing staff attended. The meetings were held weekly. A key worker system was in operation in the residence, with consistent named individuals allocated to residents.

## Physical care

Monresa House had a policy in relation to physical care and general health. All residents had a GP. The non-consultant hospital doctor or GP undertook residents' six-monthly physical examinations. Residents had annual dental checks and had access by referral to other general health services, where required.

## Therapeutic services and programmes

No policy in relation to therapeutic programmes was available in Monresa House at the time of inspection. Therapeutic services and programmes were not delivered on-site. Residents attended programmes in the Link Centre in Portlaoise, which were delivered by nursing staff and health care assistants. The Link Centre was a day centre specialising in the provision of therapeutic programmes and recreational activities.

## Recreational activities

Residents had access to a range of recreational activities, some of which took place in the Link Centre. They could also join a walking group. The residence was short-staffed at weekends, which affected the availability of recreational activities. Residents were involved in planning their annual holiday.

## Medication

No policy on medication management was available in Monresa House at the time of inspection. There was a Medication Prescription and Administration Record (MPAR) for each resident. The service used an old style of MPAR; however, plans were in place to introduce a new MPAR within the next three months. The consultant psychiatrist, non-consultant hospital doctor, or GP prescribed medication for the residents.

No resident was self-medicating at the time of inspection. Medication was supplied by local pharmacies, and all medications were stored appropriately and legally. Medication was locked in a trolley or in a cupboard in a locked office. Pharmacy staff from St. Fintan's Hospital completed a stock check of medication on a six-monthly basis.

## Community engagement

The location of the residence, within walking distance of Portlaoise town, which facilitated community engagement. Residents attended community activities, took part in walking groups, and went on bus trips. Residents could access the Town Link bus service from a nearby bus stop.

Monresa House did not have its own vehicle but could access transport from St. Fintan's Hospital when necessary. There was no community in-reach to the residence.

## Autonomy

Residents had full access to their own kitchen to prepare meals or snacks. They were free to determine their own bedtime, but none of the residents had a key to their bedroom; they had house keys. Residents assisted with domestic activities such as the weekly shopping and household chores, including laundry. They could receive visitors at any time, and family members visited regularly. Residents were free to come and go as they wished.

## Staffing

Staff Discipline	Day whole-time equivalent (WTE)	Night WTE
Clinical Nurse Manager (CNM) 2 (community-based)	1	0
Registered Psychiatric Nurse	1 (shared between 8 community houses)	1 (shared between 8 community houses)
Health Care Assistant	1	0
Multi-Task Attendant	1	0

### Team input (Sessional)

Discipline	Number of sessions
Occupational Therapist	0
Social Worker	0
Clinical Psychologist	0

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

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.

## Complaints

Monresa House used the HSE's complaints policy, *Your Service Your Say*. Residents were aware of how to make a complaint. There was a named complaints officer for the community healthcare area. Complaints were addressed locally in the first instance, by the nurse in charge. Where a complaint required escalation, it was referred to the CNM 2, the CNM 3, or the area director of nursing.

A general complaints log was maintained. Community meetings were held approximately every two months and minutes from these were maintained. There was no suggestion box in the residence.

## Risk management and incidents

Monresa House had a risk management policy, which was dated 2016. The policy was implemented throughout the residence. Risk assessments were completed for residents. Incidents were reported and documented using the National Incident Management System. Incidents were discussed at weekly team meetings and addressed. Staff reported that urgent matters were escalated immediately, dealt with and recorded on a risk register, however there was no evidence to support this.

The residence was physically safe. There were three fire extinguishers in the house, two of which were in date. The main staircase was the only escape route from the first floor in the event of a fire. There was no first aid kit, but first aid supplies were available in the nurse's office.

## Financial arrangements

Monresa House had a policy in relation to managing residents' finances. Residents paid a weekly charge of between €35 and €65, which included rent and utilities. They also paid €40 a week for food and other staples. Two of the residents had bank accounts and managed their own finances and the third was supported to manage his money. Appropriate procedures were in place in relation to staff handling residents' money, with residents and staff signing for all transactions.

Residents contributed to a house kitty, which covered food and household supplies. Residents' consent to contribute to the fund was not documented. Residents' finances were audited in 2017.

## Service user experience

The residents were attending the Link Centre in St Fintan's Hospital at the time of inspection.

## Areas of good practice

1. Residents attended the Link Centre in St. Fintan's Hospital in Portlaoise, a day centre specialising in therapeutic programmes and recreational activities.
2. Residents have access to Vocational Education Committee (VEC) training courses in Portlaoise town.
3. Residents had involvement in planning their annual holiday.

## Areas for improvement

1. Policies used by the residence need to include provisions for community residential services.
2. Monresa 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.
3. Risks in relation to Monresa House need to be documented on a risk register and risk rated.

4. The worktops, cooker and floor covering in the kitchen needed replacing. The kitchen table and chairs also needed attention.
5. New floor coverings were required in all of the residence's bedrooms.
6. The complaints process needs to be easily accessible within the house for residents and their families.
7. Informed consent from residents who contribute to a house kitty should be documented.