Rushbrook House

ID Number: RES0119

Low-Support Residence – 2018 Inspection Report

Rushbrook House
Portrane

Community Healthcare Organisation:
CHO 9

Team Responsible:
Intellectual Disability

Total Number of Beds:
4

Total Number of Residents:
4

Inspection Team:
Siobhán Dinan, Lead Inspector

Inspection Date:
2 February 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

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

Rushbrook House was a four-bed, low-support community residence in the grounds of St. Ita's Hospital in Portrane, in North County Dublin. The residence was an apartment on the ground floor of a two-storey house, the first floor of which was closed off. Rushbrook was owned by the HSE and opened as a community residence in 2011. At the time of inspection, it was providing long-term, continuing care for four residents.

Residence facilities and maintenance

Residents were accommodated in two double bedrooms with shared bathroom facilities. There was no screening between the beds in the double rooms, which was not conducive to resident privacy. The rest of the accommodation comprised one small and one large sitting room, a kitchen/dining room, a beauty room, and a shower room. Internally, the premises were in good decorative order, having recently been repainted. The exterior of the house was well maintained. At the time of inspection, there were plans to purchase new furniture for the residence, including beds and bedding, sitting room chairs, and a new freezer.

Resident profile

At the time of the inspection, Rushbrook House was providing accommodation for four women who were aged between 67 and 75. Their duration of stay ranged from five to seven years. All of the residents had a primary diagnosis of a mild-to-moderate intellectual disability and a secondary diagnosis of mental illness. All of the accommodation was on the ground floor and was suitable for residents with physical disabilities.

Care and treatment

Rushbrook House had a policy in relation to individual care planning, which was dated January 2014. All of the residents had a multi-disciplinary individual care plan (ICP). Residents and their family members attended ICP meetings, which took place every six months in the residence. Residents were assigned a health care assistant, who functioned as the key worker. The clinical files indicated that all residents received a psychiatric evaluation at least six-monthly. The multi-disciplinary team meeting took place weekly in nearby Knockamann Day Service, and was attended by health care assistants. Residents could attend by request.

Physical care

The residence had a policy on physical care and general health, which was dated January 2016. All residents had access to a GP in the locality and were supported by staff to attend appointments. General physical examinations were completed by the GP on a six-monthly basis. Information on national screening programmes was provided to residents, who were receiving appropriate screening. They also had access to other health care services as required, including dentistry, chiropody, dietetics, physiotherapy, and speech and language therapy.

Therapeutic services and programmes

Rushbrook House did not have a policy in relation to therapeutic programmes. No therapeutic programmes were delivered in the residence. All of the residents attended programmes off-site, in Knockamann, including a Lamh sign-language club, beauty therapy, a walking group, pet therapy, art, and mindfulness.

Recreational activities

Residents in Rushbrook House had access to a range of recreational activities. These included bingo, baking, visits home, beauty treatments, walks, knitting, gardening, arts and crafts, puzzles, and baking.

Medication

The residence had a policy in relation to medication management, which was dated November 2015. Medication was prescribed by the psychiatrist, non-consultant hospital doctor, or GP. A Medication and Prescription Administration Records (MPAR) system was in operation, and residents' MPARs contained valid prescriptions and administration details. At the time of inspection, all residents were on self-medication programmes. Medications were supplied by a local pharmacy in blister packs, and residents were supported to take their own medicines. All medication was stored appropriately and legally in a locked cupboard in the office.

Community engagement

The location of Rushbrook House facilitated community engagement. Residents went shopping, to a café, to the church, and to the hairdressers and beautician. Residents had access to a local bus or train in Donabate. In addition, the residence could book transport from St. Ita's in Portrane if residents needed to attend activities or appointments. There was community in-reach into the residence from St. Vincent de Paul, which attended weekly. Choirs and a drama club visited Knockamann periodically.

Autonomy

Residents had full access to the kitchen to prepare meals or snacks. They were free to determine their own bedtimes, but none of them had a key to their bedrooms. Residents helped out with household chores, including laundry, cleaning the bedrooms, clearing up after dinner, and doing the weekly shop. They could come and go as they wished and had their own key to the front door. Residents could receive visitors at any time.

Staffing

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

Team input (Sessional)

Discipline	Number of sessions
Occupational Therapist	As required
Social Worker	As required
Clinical Psychologist	As required
Chiropodist	Bi-monthly

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

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

Complaints

The residence had a complaints policy, and residents were aware of how to make a complaint. Information on the complaints process was displayed in the house. In the first instance, complaints were addressed locally by staff. Where a complaint required escalation, it was progressed by the assistant director of nursing to the complaints manager. A complaints log was not being maintained, and there was no suggestion box in the house. Monthly community meetings were held in Rushbrook, and minutes of these were recorded.

Risk management and incidents

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

Incidents were reported and documented using the National Incident Management System. The residence was physically safe. Fire extinguishers were serviced and in date, and fire exits were easily accessible. There was a first aid kit in the office.

Financial arrangements

Rushbrook House had a policy in relation to the management of residents' finances. Residents paid a weekly charge, which was means tested and included food and utilities. Residents had bank or post office accounts, and all of them managed their own finances. Secure facilities were provided in the house where residents could keep small amounts of money. When staff handled residents' money, appropriate procedures were in place, with two staff signatures recorded for all transactions. Residents did not contribute to a kitty or social fund. Residents' finances were reviewed weekly.

Service user experience

The inspection team greeted residents and explained the purpose of the inspection. One resident spoke individually with the inspector. The resident was satisfied with their care and treatment. The resident told the inspector that the meals were very good and that they had input into the menus.

Areas of good practice

1. Each resident had a communication passport, which described their most effective means of communication and how others can best communicate with and support them.

2. There was strong emphasis on the provision of social and recreational activities for the residents.

3. An “All About My Care Plan” leaflet was available to residents explaining the care planning process.

4. The residence had recently been repainted inside resulting in the premises having a bright and fresh feel to it.

5. 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.

2. Any complaints, comments, or suggestions received by residents should be documented so that there is clear evidence that any issues arising are acted upon.

3. Each resident should have their own bedroom. In the meantime, privacy screens should be used where there are shared bedrooms.

4. Loose progress notes that are ready for archiving should be removed from the clinical files to prevent loss.