

Swinford Treatment Centre

ID Number: RES0048

24-Hour Residence – 2018 Inspection Report

Swinford Treatment Centre
Áras Attracta
Swinford
Co. Mayo

Community Healthcare Organisation:
CHO 2

Team Responsible:
General Adult

Total Number of Beds:
5

Total Number of Residents:
4

Inspection Team:
Martin McMenamin, Lead Inspector

Inspection Date:
26 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

Swinford Treatment Centre was a five-bed, 24-hour, nurse-staffed residence in a rural location, close to Swinford, Co. Mayo. The building was owned by the Health Service Executive. It was one of a number of community residences developed for disability services on the Áras Attracta campus. The house had been operating as a 24-hour residence for approximately 15 years and served as a step-up/step-down residential facility. The house provided an opportunity for early discharge from an acute care setting as well as respite care. It also played a supporting and outreach role to East Mayo Mental Health Services at weekends and to other residences nearby.

Residence facilities and maintenance

Residents in the Swinford Treatment Centre were accommodated in three single and one double bedroom, all of which were fitted with washbasins. There was adequate screening between the beds in the bedroom shared by two males. The other accommodation included a quiet room, a sitting room, a kitchen and dining area, a bathroom with a bath, and an assisted bathroom. Both bathrooms showed evidence of rising damp; one had stained flooring and the other was malodorous. A previous staff toilet and shower had been specifically allocated to meet the needs of a female resident.

The well-maintained garden was looked after by Disability Services and included a smoking area.

There was a proposal to add a new bathroom/wet room to the house.

Resident profile

At the time of the inspection, the residence was providing accommodation for one female and three male residents. They were aged between 52 and 75, and had predominantly physical needs. The duration of their stay ranged from five to thirty-two months. A number of residents had physical challenges, and appropriate accommodation was provided for their needs. The last admission at the time of inspection had been in August 2017 and the last discharge from the residence had been in December 2017.

Care and treatment

Swinford Treatment Centre had a policy in relation to individual care planning. All of the residents had a nursing care plan, with inputs from other disciplines recorded separately. The nursing care plans were not fully multi-disciplinary, although nursing staff said they were informed by input and assessments from the other disciplines. There was evidence of resident involvement in the care planning process, and their care plans were reviewed every three months. Residents attended review meetings.

Multi-disciplinary team (MDT) meetings were not held in the residence, and residents did not attend. They were held weekly in Claremorris, with psychiatric reviews being undertaken on a three monthly basis or more frequently if indicated. The residence had a Record and Planning of Care template for physical reviews/bloods (six monthly), psychiatric reviews (three monthly minimum), multi-disciplinary care plan review (six monthly), nursing care plan assessment and reviews (as required), and vital observation reviews (three monthly minimum).

The clinical files inspected indicated that most of the residents received a monthly psychiatric evaluation. There was a key worker system in operation, and specified nurses were designated to residents.

Physical care

Swinford Treatment Centre had a policy in relation to physical care and general health. All residents had access to a GP, who completed a general physical examination of residents every six to twelve months. Information in relation to national screening programmes was not available in the residence, but residents were accessing appropriate screening programmes. All of the residents could avail of other health care services locally, including chiropody, optical care, and dentistry. They had access to general hospital services in University Hospital Mayo.

Therapeutic services and programmes

Swinford Treatment Centre had a policy in relation to therapeutic programmes. Information on therapeutic programmes was displayed on the noticeboard in the house. Programmes were delivered on-site and in the adjacent day centre. Some residents participated in cooking and baking activities, which included shopping for ingredients.

Recreational activities

Residents in Swinford Treatment Centre had access to a variety of recreational activities. These included bingo, a newspaper discussion group, TV, radio, and walks. Residents also went on outings.

Medication

The residence had a policy in relation to medication management. Medication was prescribed by the consultant psychiatrist or GP. A Medication Prescription and Administration Record (MPAR) was used in the residence, and all residents had an MPAR. These contained valid prescriptions and administration details. At the time of inspection, three residents were self-medicating (Level 2) under nurse supervision.

Medicines were supplied by local pharmacies and stored appropriately and legally within the house. Medication was kept in a locked cabinet with one shelf allocated to each resident.

Community engagement

The residence was located close to Swinford, which facilitated community engagement. Residents went on outings and family visits. The residence could book a bus to facilitate residents' access to community activities. There was no community in-reach into the residence.

Autonomy

Residents had full and free access to the kitchen. They could have their meals in the day centre or in the house, and they had continuous access to drinks and snacks. Residents were free to determine their own bedtimes. Residents did not have a key to their own bedrooms, but they could request a key if required. Where possible, residents helped with household activities, with some support from the occupational therapist. They could come and go as they wished and could receive visitors at any time.

Staffing

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

Team input (Sessional)

Discipline	Number of sessions
Occupational Therapist	As indicated within care plan
Social Worker	As indicated within care plan
Clinical Psychologist	0

Medical Staff	Frequency of attendance at residence
Consultant Psychiatrist	At MDT meeting
Non-Consultant Hospital Doctor	As required

Staff had up-to-date training in Basic Life Support, fire safety, and the Professional Management of Aggression and Violence (PMAV). Mandatory training under the HSE's continuing education programme was ongoing.

Complaints

Swinford Treatment Centre had a complaints policy. Residents were aware of how to make complaints. Complaints were addressed by the Clinical Nurse Manager (CNM), who was the nominated complaints officer. A complaints log was maintained. Regular community meetings were held in the house, and minutes of these were maintained. The Centre had a suggestion box inside the door which was checked regularly.

Risk management and incidents

The residence had a policy in relation to risk management, which was being implemented throughout the house. Risk assessments were completed for residents annually or more frequently if required. Incidents were reported initially to the nurse in charge and documented.

The residence was physically safe. The fire alarm had been checked in December 2017 and a fire drill had been held in January 2018. All fire extinguishers were serviced and in-date. Fire exits were easily accessible.

There was a first aid kit on the premises.

Financial arrangements

Swinford Treatment Centre had a policy in relation to the management of residents' finances. There was no weekly charge for residents. Residents had post office accounts. Appropriate processes were in place in relation to staff handling residents' money, with all transactions signed by staff. Secure facilities were provided for safekeeping residents' money. Residents did not contribute to a kitty or social fund, and their finances were audited periodically by the assistant director of nursing.

Service user experience

Three residents spoke with the inspector and all were happy with their care and treatment.

Areas of good practice

1. It was clear that residents were facilitated to maximise their autonomy.
2. All residents had an individual care plan.
3. There was evidence of the recovery model in practice in terms of supporting residents towards sustaining independent living through managing money, cooking/baking, self-medication, and exercising personal choice.

Areas for improvement

1. Bathrooms and toilets should be upgraded urgently with consideration given to developing single room en suite facilities.
2. Consideration should be given to reducing the number of beds from five to four, and allocating a single room to each resident.
3. A change of name for the bungalow should be considered, as its current name is outdated and not reflective of modern mental health services.
4. Clinical files should be reduced to a more manageable size.