

Toghermore House

ID Number: RES0018

24-Hour Residence – 2018 Inspection Report

Toghermore House
Dublin Road
Tuam
Co. Galway

Community Healthcare Organisation:
CHO 2

Team Responsible:
Rehabilitation

Total Number of Beds:
12

Total Number of Residents:
8

Inspection Team:
Martin McMenamin, Lead Inspector

Inspection Date:
25 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

Toghermore House was a 24-hour, nurse-staffed residence in a rural location, approximately 5 km from Tuam, Co. Galway. The two-and-a-half-storey, detached residence was converted from a large period house and was set in extensive grounds. It was owned and operated by the HSE and opened as a 24-hour residence in the late 1980s. A training centre and day centre were co-located on the same site. The house had previously accommodated up to 18 residents; however, at the time of inspection, Toghermore House was providing a rehabilitation service for 8 residents under the auspices of the Rehabilitation and Recovery Team. The short-term plan for the residence was to relocate the current residents in a staged approach to more appropriate, medium- and high-support accommodation in the environs of Tuam following assessment and resident/family engagement.

Residence facilities and maintenance

Residents in Toghermore House were accommodated in large single bedrooms, some of which had previously been multi-occupancy rooms. The house was laid out over two-and-a-half floors, with bedrooms and a night nursing office located upstairs. Three of the bedrooms were occupied by female residents, who had easy access to shared toilet facilities but had to use showers near or beside the male accommodation. Most of the bedrooms reflected some degree of personalisation. The ground-floor accommodation included two nicely appointed sitting/visiting rooms. A games room with a pool table, air hockey table and TV, was also available to residents. Residents also had access to TVs within their bedrooms. The residents did not have access to internet via Wi-fi.

The commercial-type kitchen and large self-service dining room was shared with people attending the day centre and training centre within scheduled time slots. There was a choice of nutritious meals supplemented with ready availability of fresh fruit. Residents were facilitated to access tea and coffee through the provision of flasks at intervals during the day. The flooring in the dining room was very worn and in need of replacement.

One of the male toilets upstairs was malodorous, and there was some evidence of cigarette burns on the floor of the urinal area, and a male shower/toilet was out of use awaiting repair. Records of cleaning schedules for the toilets were either absent or not recorded on the day of inspection.

The grounds and gardens around Toghermore House were well maintained. Staff had access to transport for the use of residents in attending external therapeutic programmes and for social events activities.

Resident profile

At the time of the inspection, Toghermore House was providing accommodation for five male and three female residents. They were aged between 35 and 63. Several of the residents had been in the house for many years, and the most recent admission was in September 2015. Two residents had a diagnosis of intellectual disability as well as having a mental illness, and all residents were fully mobile.

Preparation was also being made for the temporary relocation of four residents from Aisling House whilst refurbishment work is undertaken there.

Care and treatment

Toghermore House had a policy in relation to individual care planning. All of the residents had a multi-disciplinary individual care plan (ICP), which evidenced input from a social worker, nursing staff, and the consultant psychiatrist. The ICPs contained evidence of resident involvement in the care planning process in terms of the identification of appropriate goals, reviews, and the implementation of behavioural support plans. The ICPs were reviewed every three to six months, and residents attended review meetings, which were held on-site. Residents were also offered a copy of their individual care plan.

The multi-disciplinary team held meetings every two to three weeks in the residence, and residents attended as required. The clinical files inspected indicated that residents received a psychiatric evaluation at least six-monthly. There was a key worker system in operation, and specified individuals were designated to residents.

Referrals had been made to intellectual disability services for two residents with a diagnosis of intellectual disability.

There were sensitive and supportive relationships between staff and residents evidenced by the care and support following a recent bereavement of a resident in Toghermore.

Physical care

Toghermore House 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. All of the residents had completed physical examinations within the past year, and follow-up investigations were undertaken, where appropriate.

Information in relation to national screening programmes was available to residents, and residents were accessing appropriate screening programmes. All of the residents could avail of other health care services including dental, ophthalmic, speech and language, and dietician in the community, as required.

Therapeutic services and programmes

Toghermore House had a policy in relation to therapeutic programmes; however, staff on duty at the time of the inspection did not have online access to this document. Most of the residents accessed a variety of therapeutic programmes in the training and day centre associated with Toghermore on an individual sessional basis within a Monday to Friday timeframe. This centre provided activities including horticulture programmes, relaxation and computer training, some of which were provided in conjunction with the local education and training board.

Recreational activities

Residents in Toghermore House had access to a variety of recreational activities. There was a games room with a pool table and selection of board games. Residents also had a TV in their rooms. Quiet areas were available for relaxation, visits, or listening to the radio. The house had a long driveway and extensive grounds where residents could walk.

Medication

The residence had a policy in relation to medication management. Medication was prescribed by the consultant psychiatrist, non-consultant hospital doctor, or GP. A Medication Prescription and Administration Record (MPAR) was used in the residence, and all residents had an MPAR. At the time of the inspection, all of the charts had been rewritten within the previous six months and prescriptions and administration details followed best practice guidelines. No residents were self-medicating, but a phased self-medication programme was in place where required.

Medicines were provided by two local pharmacies in blister packs and individually, as required. All medication was stored appropriately and legally within the house, in locked cabinets within a locked clinical room.

Community engagement

The location of Toghermore House did not facilitate community engagement. The house was removed from the local community, but it had its own bus, which was used to transport residents to activities or appointments. Residents went shopping, for coffee, to the cinema or the library, and to the hairdresser, and they attended mass and went on home visits. There was community in-reach into the residence from the local branch of the Mental Health Association, most recently at Christmas.

Autonomy

Residents did not have full and free access to the kitchen in the house. Flasks of tea were made available for residents between allocated mealtimes. Residents were free to determine their own bedtimes. Residents did not have a key to their own bedrooms, but rooms could be locked on request.

Residents helped with household activities. 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 2	9am – 5pm Monday to Friday	
Registered Psychiatric Nurse	2	2
Health Care Assistant		
Multi-Task Attendant	1	

Team input (Sessional)

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

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

Staff had up-to-date training in Basic Life Support, fire safety, and the professional management of aggression and violence.

Complaints

Toghermore House had a complaints policy. Residents were aware of how to make complaints. A residence meeting was held every three months at which issues could be raised. Residents could leave complaints in the suggestion box, which was checked in advance of the community meeting. Alternatively, they could approach individual staff members directly. Complaints were addressed in the first instance by the clinical nurse manager 2. A complaints log was maintained and details of outcomes were documented. No complaints had been recorded since June 2016.

Risk management and incidents

Toghermore House had a policy in relation to risk management, which was being implemented in the residence. Annual risk assessments for residents were routinely documented. Incidents were reported and documented using a duplicate book. The residence was physically safe. Fire extinguishers were serviced and in date, and fire escapes were easily accessible. There was a first aid kit on the premises.

Financial arrangements

Toghermore House had a policy in relation to the management of residents' finances. All residents had signed consent for HSE staff to manage their accounts. Each resident had a cash sheet and access to secure facilities for the safe-keeping of their money. Residents were means tested in relation to their weekly charge, which covered food and utilities. Residents had bank, post office, or credit union accounts. Appropriate processes were in place in relation to staff handling residents' money, with all transactions signed by two staff members and recorded in conjunction with residents.

Residents did not contribute to a kitty or social fund. Residents' finances were audited periodically.

Service user experience

Residents who engaged with the inspector described the environment as safe and supportive. Those who spoke expressed themselves happy with the accommodation and staff.

Areas of good practice

1. All residents had their own large bedroom.
2. Toghermore had an up to date risk register, fire safety certificate and fire evacuation procedures.
3. The continued planning and preparation for progression of current residents to more appropriate care settings within the environs of Tuam.
4. Each resident has an individual care plan that was reflective of resident involvement and identification of resident goals.

Areas for improvement

1. The residence did not reflect the accommodation, location and facilities standards of a modern mental health facility offering rehabilitation and recovery.
2. All stakeholders would benefit from a detailed timetable on the winding down of the residence to enable best processes and preparation for residents relocating to their new accommodation.
3. Toilets and shower/washing facilities need refurbishment to ensure maximum privacy and the highest standards of cleanliness, which should also be supported by evidence of cleaning schedules.

4. Both staff and residents should have improved access to information and communication technology.
5. The dining room would benefit from a less austere industrial looking area and improvements to the flooring.