Glenavon Lodge

ID Number: RES0014

24-Hour Residence – 2019 Inspection Report

3-4 Glenavon Terrace
Lower Road
Athlone
CO Westmeath

Community Healthcare Organisation:
Midlands Louth Meath Healthcare

Team Responsible:
Rehabilitation and Recovery Team

Total Number of Beds:
9

Total Number of Residents:
7

Inspection Team:
Mary Connellan, Lead Inspector
Raj Ramasawmy, Assistant Inspector

Inspection Date:
24 October 2019

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

Glenavon, a 9-bed, 24-hour, nurse-staffed residence, was located in Athlone, Co. Westmeath. It was in an urban setting close to a bus route and was within walking distance of the town centre. The two-storey residence was owned by the HSE, Midlands Louth Meath Healthcare (formerly CHO 8) and had been operating as a community residence for over twenty years. There were two vacancies at the time of inspection. One of these beds was kept for crisis intervention admission, of which there had been eight admissions, ranging in duration from 3 to 26 days since January 1st 2019. The facility for step down admission had also been provided and at the time of inspection there was one resident for whom this applied. All the residents were under the care of the rehabilitation and recovery team.

Future plans for the residence are that it will be relocated to a purpose built 24-hour, nurse-staffed residence on the grounds of St Vincent's Hospital, Athlone.

Residence facilities and maintenance

The building, which had been renovated in 2016, was well maintained, both internally and externally. Originally it had been two semi-detached houses, now reconfigured as one dwelling. All residents were accommodated in single rooms. There were eight single bedrooms in the upper storey sub divided by the original houses into two landings of four bedrooms and one bathroom in each. Downstairs facilities included two well proportioned sitting rooms, a kitchen, a dining room and activities area, a laundry room and one single bedroom. There were also toilet and shower facilities located downstairs. For staff there was a small office and a clinical/ pharmacy room.

The front and back gardens were well maintained. There was a laneway running alongside the terrace and across the back gardens of the terrace. It was stated by staff from the residence that this laneway was the property of the HSE. On the day of the inspection this laneway was cluttered with a trailer, numerous empty paint tins, branches, an old toilet, a bin, and rusting beams. These items were unsightly and were deemed a health and safety risk by the inspector. Staff reported that this had been an ongoing issue and was being addressed by HSE management and estates.

Resident profile

Five of the residents had lived in the home for a number of years. The residents were of mixed gender and their age ranged from mid to late twenties to mid sixty years.

Care and treatment

Glenavon had a policy in relation to individual care planning that was specific to community residences. The multi-disciplinary team, which included representation from medical, nursing, social work, psychology and occupational therapy staff, met weekly in the residence or in the local primary care centre. Despite regular meetings there was no clear system for ICP review and not all residents had individual care plans (ICPs) that had been reviewed every six months. A primary nurse system was in operation in the residence, with consistent named individuals allocated to residents.

Physical care

The residence did not have a written policy in relation to physical care/general health. All residents had their own local GP. Physical assessment reports were retained in the GP surgery, however, a proforma was retained in each clinical file that detailed a record and date of all GP, medical, surgical, dental or health professional appointments. This included any known investigations and blood analysis. As required each resident had access to physiotherapy, dietetics, chiropody, dental health and hygiene and specialist medical personnel.

It was not known if residents were receiving access to appropriate screening programmes and there was no record available in the residence in this regard. Furthermore it was not known if the residents were registered with the applicable national screening programmes.

Therapeutic services and programmes

In collaboration with the local day centre there was an active and well resourced therapeutic programme. Most of the residents attended. Activities included gardening, pottery and art. Therapeutic activities were facilitated in collaboration with the Longford Westmeath Education Training Board and included regular outings, a video club, and coffee mornings.

Recreational activities

Along with the therapeutic programmes offered, there was a good emphasis on the provision of recreational activities specific to the individual residents. There was TV, books, board games available in the residence. A movie night was arranged one night weekly with a movie shown on a large screen. The sitting room was rearranged to enhance this activity and treats such as popcorn were provided. Other activities provided included attendance at local football matches, tag rugby, a soccer programme, music appreciation, gardening and planned visits to local amenities. Staff also accompanied residents to their own local regions/ area for visits.

Medication

The residence had a policy in relation to medication management. Medication was prescribed by the residents' GP, non consultant hospital doctor or the consultant psychiatrist. A Medication Prescription Administration Record (MPAR) system was in operation, and each resident had an MPAR.

Medication was administered by a registered psychiatric nurse. The principals of good medication management and administration were adhered too. Medication was supplied on a named patient basis by a local pharmacy. There was a small amount of emergency stock and a protocol to receive medication if required out of hours. At the time of inspection no resident was self-medicating.

Community engagement

The location of Glenavon Lodge, which was within walking distance of Athlone town centre, facilitated community engagement. The resident's had access to a range of amenities in the locality, including a library, swimming pool and cinema. There was a local church which residents could frequent.

The residence had access to a shared bus for transporting residents to activities or appointments. Residents could also use public transport.

Autonomy

Residents had access to the kitchen in Glenavon to prepare meals and snacks. They participated in baking sessions led by staff. Residents were free to determine their bedtimes. They did not have keys to their own rooms but could close the door from inside the room.

Residents assisted with light domestic chores, and more recently assisted with food shopping on line.

Residents were free to come and go from Glenavon as they wished, and if required were accompanied by staff. Visitors could be received at any time.

Staffing

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

Team input (Sessional)

Discipline	Number of sessions
Occupational Therapist	As required and at least three weekly in the residence.
Social Worker	As required and at least three weekly in the residence.
Clinical Psychologist	As required and at least three weekly in the residence.
Consultant Psychiatist	At least three weekly in the residence.

Medical Staff	Frequency of attendance at residence
Non-Consultant Hospital Doctor	As required and at least three weekly in the residence.

Complaints

Glenavon used the HSE complaints policy *Your Service Your Say*, and residents were aware of how to make complaints. The name of the complaints officer was displayed.

Minor complaints were addressed in the residence. The community healthcare organisation's complaints officer was responsible for more serious issues or matters that might need escalation, but no complaints were current or under investigation. A complaints log was maintained however there were no complaints recorded.

Monthly community meetings were held in the residence, and minutes of these were maintained. This was a forum where minor issues were raised, recorded and subsequently addressed as applicable. There was also a suggestion box in the residence.

Risk management and incidents

There was a risk management policy, that had not been updated since 2011. There was a defined system for reporting, managing, and investigating incidents. Incidents were recorded and managed in accordance with the National Incident Management System protocol in consultation and communication with the assistant director of nursing. Individual risk assessments had not been completed for all residents and were not evidenced in any of the files reviewed. The residence appeared to be physically safe. All fire extinguishers were in date and had been checked by a qualified external contractor. Fire escapes were easily accessible. A first aid kit was available.

Financial arrangements

There was no policy for managing residents' finances. There was a set weekly charge for residents which included food and utilities. All the residents had their own bank/post office accounts. There was a process and procedures in place for handling resident's money. When a resident chose for their monies to be held in safe keeping, two staff signed accordingly. Residents did have access to their money through staff in the residence. Staff reported that in previous times residents monies held for safe keeping had been audited but that this practice had ceased. Residents did not contribute to a kitty and there was a social fund available for small purchases and resident outings.

Service User Experience

There were two residents in the house during the time of the inspection. They chatted informally with the inspection team. Both were complimentary in particular regarding the staff and the food. All the residents were accommodated in single room accommodation and this was noted to be a comfort and appreciated by the residents.

Areas of good practice

1. Residents were all under the care of the Rehabilitation and Recovery team who attended the residence at least three weekly for their team meeting.

2. A proforma was retained in each resident file detailing dates of GP visits, dentist and any other physical assessment /investigations to include blood analysis etc.

3. The residence had been recently upgraded, was well maintained and offered a warm comfortable environment for the residents.

4. A quality improvement plan had been developed and was being implemented by the service at the time of inspection.

Areas for improvement

1. Audit of resident monies that were held for safe keeping.

2. Development of a process to ensure that all residents are aware of the national health screening programmes and are registered as applicable.

3. Despite regular attendance and discussion at multi-disciplinary team meetings there was no evidence that care plans had been developed and documented for the residents throughout 2019.

4. Updating of risk assessments for each resident.

5. Ongoing storage of old parts, bins, and clutter on the access laneway at the rear of the residence.