Mountain View

ID Number: RES0284

24-Hour Residence – 2020 Inspection Report

Coumroe,
Carrigatoher,
Nenagh,
Co. Tipperary
E45 RY61

Community Healthcare Organisation:

Team Responsible:
General Adult

Total Number of Beds:
6

Total Number of Residents:
5

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

Inspection Date:
08 July 2020

Inspection Type:
Announced 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

Mountain View residence opened in 2020. It was a two-storey building located 6km from the town of Nenagh, Co. Tipperary, and was owned by Nua Healthcare. It was a community-based residential facility that provided rehabilitation and continuing care for adult residents with long-term, enduring mental health difficulties. The general adult mental health team was responsible for the care and treatment provided to the residents. There were six en suite bedrooms and included a self-contained apartment. Five beds were occupied. There were no plans to change the use of the residence.

Resident Facilities and Maintenance

Mountain View had six en suite bedrooms; there were no shared bedrooms in the residence. One bedroom was located in the apartment located on the ground floor. The downstairs of the facility included a living room, dining/kitchen/sunroom, and a toilet. The upstairs included a relaxation room, activity room, and staff bathroom. At the time of inspection, a downstairs bedroom had been reassigned as a staff changing room, with the en suite and shower available due to COVID-19.

The maximum capacity of the dining room was nine persons, while it was eight persons for the living room. The house had been refurbished prior to opening and works included the installation of fire detection and suppression systems. Additionally, there was an upgraded heating system, en suite facilities, laundry facilities, kitchen facilities, electrical systems, fixtures and fittings, and general décor throughout.

Resident profile

A total of four male and one female resident were accommodated in the residence at the time of the inspection. Residents ranged in age from 43-59 years. There were residents with intellectual disabilities; however, all residents had a primary mental health diagnosis. The duration of stay was as per the resident's needs and rehabilitation and treatment plans. Two residents were a ward of court.

Accommodations had been made for residents with physical disabilities being admitted to the residence: a ramp at the back fire exit door, and a safety chair in the bathroom, along with safety handrails going in and out of the back doors and shower. All other considerations were made on a case by case basis during initial needs assessment and, presuming a service was offered, additional environmental needs were met prior to placement.

Care and treatment

There was a policy on individual care planning in the residence. All residents had an individual care plan (ICP). ICP's were completed in full consultation with the resident and aimed to capture their future goals and aspirations; these were reviewed every three months or more frequently if required. Residents were supported as appropriate by management, key workers, and their multi-disciplinary team (MDT). Residents also had the opportunity to and were encouraged to engage in their care plan review meeting.

Due to COVID-19 restrictions, MDT care planning and ICP reviews were facilitated via teleconferencing. At the time of inspection, the process had continued, but was more difficult as the treating teams had not been able to attend the residence. The treating psychiatrist had attended the residence twice prior to the restrictions and had attended to the residents over the phone. A key worker system was in place, and the key worker was a consistent, named individual.

Physical care

There was a policy in place on physical care and general health. All residents had a GP and all received a physical examination on admission and six monthly thereafter. Residents received information on and had access to appropriate national screening programmes. They also had access to other health services such as chiropody, physiotherapy, speech and language therapy, and general hospital services on an appointment basis through Nua's MDT team. In addition, all residents could avail of Primary Care Health Services on a needs basis.

Therapeutic services and programmes

There was a policy on therapeutic programmes. The MDT, key workers, and care staff delivered the therapeutic programmes. These were delivered as best as practicable throughout the COVID-19 restriction period. With restrictions easing at the time of inspection, there was increased emphasis on community visits and it was planned that the residents would become involved in some of Nua's day services: these include Mount Rath, Portloaise, Kildare, and Little Island. At the time of inspection these day services were for individuals with an intellectual disability and for people with mental illness on separate days.

Recreational activities

Residents in Mountain View had access to various recreational activities. These included: gardening; arts and crafts; cooking; DIY; physical exercise; board games; movie nights; reading, and; appropriate internet access. Residents were offered activities at the weekly resident forum meeting and again when completing their weekly plan.

There were ample grounds with some gardening activities. It was planned - but not in operation - that a polytunnel would be appropriated. There was also a pool table, TV, and board games in the residence.

Medication

There was a policy on medication management. There was a Medication Prescription and Administration Record (MPAR) for each resident. The MPAR contained valid prescriptions and administration details. The consultant psychiatrist and GP prescribed medication.

Nursing staff, social care workers, and assistant support workers were trained in medication administration. The registered nurse administered depot injections. Social care workers and assistant support workers administered medication when the nurse was off duty. It was noted that this included PRN (as required) medication, which had been prescribed by the consultant psychiatrist.

At the time of inspection, no residents were self-medicating. Medication was stored in a purpose built, resident specific medication storage unit, with an inner lockable unit within a restricted access office.

Community engagement

Staff supported residents to access and integrate within local communities in line with their individualised care plans and documented personal objectives, goals, and aspirations, with a focus on rehabilitation, independence, and community inclusion. As COVID-19 restrictions were enforced very soon after two residents moved in, and at the time of inspection public health guidance was being implemented, there was limited integration within the local communities. Four residents were on day trips on the day of inspection: these were recreational in nature and a great deal of emphasis was put on such trips.

It was noted on inspection that local transport did not pass by the door of the residence and access was via a very small (boreen) road. There were four cars available to take residents on any activity outside the residence.

Autonomy

Residents had free access to the kitchen to prepare meals or snacks and were free to determine their own bedtime. Residents did not have a key to their own bedrooms, but they could lock their doors from the inside and were provided with a personal safe. Residents also assisted with domestic activities, such as the weekly shop and maintenance of the residence. There was a restricted visitation policy at the time of inspection, applied due to COVID-19 restrictions. This was under review in line with national guidelines. Residents could leave the residence if indicated by their individualised risk assessment. Some residents required support from staff at a 1:1 or 2:1 ratio.

Staffing

The service had a dedicated Operations Manager, two Deputy Operations Manager, shift leads when managers are not on-site and access to management support through an established On-Call System on a 24/7 basis. The Person in Charge was located on the premises from 09.00 – 17.00 daily and on-call thereafter.

All staff were trained in Basic Life Support, fire safety, and recovery. At the time of inspection, all staff had experience in the recovery model of care and some training alongside their undergraduate training. However, no staff member had the WRAP facilitation training at the time of inspection. All registered medical practitioners also had training in the management of actual or potential aggression.

Staff Discipline	Day whole-time equivalent (WTE)	Night WTE
Deputy Operations Manager	2	
Manager	1	
Registered Psychiatric Nurse	1	
Social care Workers	5	3

Team input (Sessional)

Discipline	Number of sessions
Occupational Therapist	By request
Social Worker	By request
Clinical Psychologist	By request

Medical Staff	Frequency of attendance at residence
Consultant Psychiatrist	By request
Non-Consultant Hospital Doctor (NCHD)	0

Complaints

Mountain View had a complaints policy and residents were aware of how to make complaints. The complaints process involved the resident completing a complaints form at any time which was then forwarded to management for review. This was then sent back to the Complaints Department in Nua Healthcare, who review it and revert back to the Operations Manager. All residents have access to advocacy services and their families and social workers have access to the policies, should they need to support a resident with a complaint.

There was a complaints log and weekly community meetings. There was no suggestion box; however, agenda items were brought to meetings through keyworkers.

Risk management and incidents

Mountain View had a risk management policy. This was discussed at team meetings and handovers. All staff had read and signed the policy. Risk assessments were carried out for residents. Incidents were documented within an internal IT resource by the operations manager or their delegate. Incidents were discussed and recorded during daily handovers by the team and escalated to the MDT and summarised for presentation to the weekly executive and senior management governance forum.

The residence was kept physically safe through coded access on the front and back doors. Furniture was fire retardant, and medication, chemicals, and sharps were stored securely in locked cupboards. Weekly car safety checks were completed. In addition, weekly health and safety procedures included fire audits. Fire extinguishers were in-date, fire escapes were easily accessible, and the residence was in possession of a first aid kit.

Financial arrangements

There was a policy on managing residents' finances. Residents had access to and managed their own money. Residents also had Credit Union accounts. Staff were trained on service user finances. Staff checked that finances on an Excel spreadsheet were correct before leaving the residence. In addition, staff updated resident's finances within their Finance Logbook. It was noted on inspection that an independent audit schedule was facilitated by the Finance Department or spot checks carried out should any concerns arise.

Residents were supported by keyworkers and care staff to fully manage their finances, in line with Nua's Finance Policy. Resident's property, be it personal possessions or monies, were held in private accounts owned by the resident and no other person or body. Where finances were managed on behalf of a resident, staff involved the resident in decisions about their finances to the greatest extent possible and were

consistent with their safety and wellbeing. Staff ensured that all transactions by a resident involving the service user's finances were recorded and periodically and independently audited, and that robust quality assurance arrangements were implemented to demonstrate all that reasonable steps were taken to prevent financial abuse. Staff assessed the risks of financial abuse in the service and put arrangements in place to ensure that these risks were managed and followed up.

Residents did not contribute towards a kitty or social fund. Finances were audited daily by the administrator and staff on shift. The administrator carried out a monthly financial audit of each resident. In addition to the above steps, finances were recorded and periodically independently audited by NUA's Finance Department to ensure that robust quality assurance arrangements were implemented in order to demonstrate all reasonable steps taken to prevent financial abuse.

Service user experience

Due to COVID-19 restrictions, inspectors did not speak with residents.

Areas of good practice

1. Residents in Mountain View had access to a wide range of recreational activities.
2. Mountain View had six en suite bedrooms; there were no shared bedrooms in the residence. One bedroom was located in the apartment located on the ground floor.

Areas for improvement

- There must be no restriction of exit from the residence.