Tearmann House (Nua)

ID Number: RES0286

24-Hour Residence – 2020 Inspection Report

Tearmann House
Gormanstown
Co. Meath
K32 X280

Community Healthcare Organisation:
Independent

Team Responsible:
Nua Healthcare

Total Number of Beds:
12

Total Number of Residents:
5

Inspection Team:
Carol Brennan-Forsyth, Lead Inspector
Sarah Jones

Inspection Date:
7 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

Tearmann House began operating as a 24 hour residence in April 2020. Managed by Nua Healthcare Services, it was a 12-bed, community-based mental health residence providing rehabilitation and continuing care services. It was based in a renovated property, in a rural location. The entrance to the residence was secured by large wrought iron gates, which were locked using a key code system. Residents were provided with the codes to the gates, unless otherwise risk assessed.

Residence facilities and maintenance

There were 12 single, en suite bedrooms in the residence. There were three sitting-rooms, one kitchen, a dining room, a sun room, a community room, a therapy room, two communal bathrooms and four communal toilets in the residence, as well as a linen room, laundry room, and utility room. Residents had access to a courtyard and shared garden facilities. At the time of inspection the residents were unable to sit in the garden area as there was no garden furniture. Staff reported that new furniture had been purchased.

Both the dining room and the sitting room could hold 14 persons each. Two of the residence's bedrooms were equipped with disability fittings and fixtures. A dedicated COVID-19 isolation area had been allocated for use should the need arise.

The residence was refurbished prior to its opening. Works included the installation of the fire detection and suppression systems, as well as upgraded water management systems, heating systems, en suite facilities, laundry facilities, kitchen facilities, electrical systems and general décor. Ongoing building and grounds management included general maintenance, repairs, and servicing. At the time of inspection, the residence was bright and clean and the grounds were well maintained.

Resident profile

There were five female residents at the time of the inspection with an age range of 34 to 61 years. The average length of a resident's stay at the residence was based on the resident's needs and rehabilitation

plans. All residents have a primary mental health diagnosis, the residence also catered for persons with intellectual and physical disabilities.

Care and treatment

The residence had a policy on individual care planning and all residents had an individual care plan (ICP). ICPs were completed in consultation with the resident and aimed to capture their goals and aspirations. Residents were supported as appropriate by management, key workers, and their multi-disciplinary team (MDT). Residents had the opportunity to and were encouraged to engage in their care plan review meetings. ICPs are reviewed at least every three months or more frequently, where required. Psychiatric evaluations were carried out by a psychiatrist bi-monthly.

MDT meetings were held on the second week of transition between the Management and Clinical Team, as well as on week 12 of admission (with full MDT, family and resident). An MDT meeting was also held annually thereafter, unless specified, requested or required more regularly. The MDT included a consultant psychiatrist, a psychologist (behavioural specialist), an occupational therapist, and a social worker. At the time of inspection, MDT meetings took place via Microsoft Teams due to the COVID-19 pandemic restrictions.

The residence maintained a resident 'restraint register'. The register included two episodes of physical restraint. There was no evidence to suggest that the resident had been reviewed by a doctor following the restraint rather 'body chart assessments' had been completed by a nurse and incident forms had been completed by staff. Staff reported that these were routine practices used in the intellectual disability services.

Physical care

The residence had a policy on physical care and general health and all residents had a GP. General physical examinations – completed by a GP – were carried out on admission to the residence and, thereafter, every six months. Residents could avail of their GP when and as required. Information was accessible to residents on the various screening programmes available to them and residents received appropriate screening. Residents had access to other health services, including physiotherapist, dentist, dietitian, speech and language therapy, and general hospital services.

Therapeutic services and programmes

The residence had a policy on therapeutic programmes. Due to the COVID-19 pandemic, access to therapeutic programmes and services had been limited to reduce foot fall within the residence. Therapeutic

programmes were delivered in the residence online by the psychologist and by keyworkers and care staff. Usually the residents would have access to programmes in Balbriggan (social groups) and Drogheda (training facility) following risk assessments; however, as a result of COVID-19 and associated restrictions, this was not the case at the time of inspection.

Recreational activities

Recreational activities, including arts and crafts, gardening, cooking, reading, physical exercise, board games and internet access, were available within the residence. Residents are offered activities at a weekly resident forum and when completing their weekly planners.

Medication

The residence had a policy on medication management. The consultant psychiatrist and GP prescribed medication, which was administered by nursing staff, social care workers, and assistant support workers. The residents' medication, prescription and administration record (MPAR) contained prescription and administration details. Medications were stored in a purpose built, resident specific medication storage unit that consisted of a lockable unit, with inner lockable unit within restricted access office. Temperature controlled drugs were stored within a lockable fridge.

Community engagement

Staff supported residents to access and integrate within local communities in line with individualised care plans and documented personal objectives, goals, and aspirations, with a focus on rehabilitation, independence, and community inclusion. Residents attended and partook in community activities, including the local shops, the church, employment and educational programmes, day services, outreach programmes, social and sporting clubs, outreach employment, and walking groups. However, due to COVID-19, most community access was postponed. Residents had access to various transport options, such as taxis, house vehicles (of which the residence had three), buses, and trains. Community in-reach was provided by HSE social workers, disability managers, care managers, and advocates.

Autonomy

Residents did not have free access to the kitchen to prepare meals or snacks; residents were individually risk assessed. Residents were free to determine their own bedtime. Residents were free to determine their own bedtime and had access to keys to lock their bedroom doors. They also had access to their own personal

safe. Residents assisted with domestic activities and could normally receive visitors; however, due to COVID-19 restrictions had been put in place. Residents could leave the residence based on a risk-assessment. Some residents required support staff on a one-to-one or two-to-one basis.

Staffing

Staff Discipline	Day whole-time equivalent (WTE)	Night WTE
Operations Manager or Deputy Operations Manager	1 WTE (9-5pm)	On-call
Registered Psychiatric Nurse	1 WTE (3-11pm)	0
Social Care Workers/Assistant Support Workers	6	2

Team input (Sessional)

Discipline	Number of sessions
Occupational Therapist	In-reach when required
Social Worker	In-reach when required
Clinical Psychologist	Once a week

Medical Staff	Frequency of attendance at residence
Consultant Psychiatrist x 2	Every six weeks
Non-Consultant Hospital Doctor	0

Complaints

The residence had a complaints policy, which was on display in the communal area. Residents were aware of how to make a complaint and could do so at any time by completing a complaints form, which would be forwarded to the management for review and then sent to the complaints department in Nua Healthcare, who reviewed the complaint and reverted back to the operations manager. All residents had access to advocacy services and their families and social workers had access to the policies should they need to support a residents with a complaint. The complaints officer was responsible for addressing complaints and would advise the operations manager of same. A complaints log was maintained in the residence and weekly community meetings were held and minutes kept. There was no suggestion box in the residence, though agenda items were brought to meetings through keyworkers.

Risk management and incidents

There was a risk management policy in the residence. All staff were required to read and sign the risk management policy and a risk management plan was in place. Risk management was discussed at team meetings and at handovers. The main risk identified for the residence was the recruitment and retention of staff.

Risk assessments were carried out for residents. Incidents would be documented within an internal electronic resource (Accident and Incident Reporting System) by the operations manager or their delegate. This would then be discussed and recorded during daily handovers by the team and escalated to the multi-disciplinary team for presentation to the weekly executive and senior management governance forum.

There was coded access to the building through the front and back doors. The residence's furniture was fire retardant and medication, chemicals, and sharps were stored securely in locked cupboards. Weekly car safety checks were conducted, as were weekly health and safety checks and fire audits. There was also a daily safety walk by the management, and staff training included safety and security. All fire extinguishers were in date and fire escapes were easily accessible. The residence had a first aid kit, a burns kit and a biohazard kit.

Financial arrangements

The residence had a policy on managing residents' finances. Charges to the residence were payable by HSE Mental Health Services by Community Health Organisation area via a Service Level Arrangement Processes. Residents were supported to fully manage their finances by keyworkers and care staff in line with Nua Healthcare's policy. Where finances were managed on behalf of a resident, staff involved the resident in decisions about their finances. Staff ensured that all transactions by a resident involving the service user's finances were recorded and periodically independently audited and that robust quality assurance

arrangements were used to demonstrate all reasonable steps are 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. Finances were audited daily by administrator and staff on shift. At the end of the month administrator did an overall finance audit for every month for each resident. Residents did not contribute to a kitty or social fund.

Service user experience

The Mental Health Commission Inspectors were unable to meet with the residents at the time of inspection due to the COVID-19 restrictions.

Areas of good practice

1. The residence was very clean: extra cleaning hours had been allocated due to the COVID-19 pandemic.

2. Staff had established a COVID-19 isolation area for use should the need arise.

3. The residence held a weekly 'Service User's Forum' (community meeting) where residents had input into activities and meals for the coming week.

Areas for improvement

1. The residence was awaiting the arrival of new garden furniture.

2. Physical restraint and restrictive practices must not be carried out in the community residence.