



**REVIEW OF WELFARE HOMES**

**IN THE**

**EASTERN HEALTH BOARD AREA**

**REGIONAL LIBRARY AND  
INFORMATION SERVICE**

August 1998

## Terms of Reference

1. To assess the current role of the Welfare Home in the Eastern Health Board region.
  
2. To define how the Homes can best be utilised to respond to the needs of the community in the late 1990's particularly in the light of:-
  - (i) The developments in services for the elderly which have followed the recommendations of the Working Party Report "The Years Ahead".
  
  - (ii) Our Board's policy to develop a number of community units for older persons.
  
  - (iii) The review of the implementation of the recommendations of "The Years Ahead" which was launched in September 1997.
  
3. To develop an implementation plan for any recommended changes.
  
4. To establish what resources are required to implement this plan.

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INFORMATION SERVICE**

## **Membership of the Working Party**

Mr. John Bruton, Area Administrator, Community Care Area 6

Dr. Morgan Crowe, Consultant Physician in Medicine for the Elderly, St. Columcilles Hospital

Dr. Anne Keane, Director of Community Care Area 2

Mr. Eddie Matthews, Director of Services for Older Persons (Chairperson)

Ms. Mary Moran, Asst. Administrator, Community Care Area 10,

who acted as secretary to the Group

Dr. Helena Murray, Co-ordinator of Services for the Elderly, Community Care Area 8

Mr. Pat Smyth, Chief Executive, Leopardstown Park Hospital

Ms. Eileen Weir, Superintendent Public Health Nurse, Community Care Area 6

Dr. Margo Wrigley, Consultant Psychiatrist in the Psychiatry of Old Age

The Working Group met on seven occasions and met with the Supervisors from the various welfare homes and representatives of hospital based social workers. The Working Group also wish to extend their thanks to Ms. Mary Moran who acted as secretary to the Group and Ms. Diane Harmon who typed and collated this report.

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## **1. Review of Welfare Homes**

# 1. Review of Welfare Homes

## 1.1. Background Information

There are six Welfare Homes located in the Board's area as follows:-

Clarehaven Welfare Home, Ballygall

Ashgrove Welfare Home, Navan Road

St. Broc's Welfare Home, Clonskeagh

The Orchard Welfare Home, Bray

The Drogheda Memorial Hospital, The Curragh, Co. Kildare

The Clevis Welfare Home, Leopardstown, Co. Dublin

For the purpose of this report the Working Group decided to exclude the Drogheda Memorial Nursing Home - which includes a palliative care facility - from its final deliberations and recommendations as the staffing levels (Appendix D) are significantly higher and not in keeping with what one would consider for a typical welfare home.

## 1.2. History

The Welfare Homes in our Board's area date back to the early 1970's when in keeping with the country at large the concept of developing a large number of welfare homes was considered at that time to be a key element in the provision of inpatient services for older persons in our Board's area.

Indeed, "The Years Ahead" dealt at length with the topic of Welfare Homes and recommended that a ratio of 25 beds per 1,000 older people be considered to meet the demand for welfare type places.

## **2. Description of Each Welfare Home**

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### **2.1. Ashgrove (Navan Road) and Clarehaven (Ballygall) Welfare Homes**

#### **2.1.1. Layout**

These homes which are both managed by Community Care Services in Area 6 are of traditional brick construction with apex roof. The homes consist of an entrance block containing day sitting/dining and some bedrooms with 3 wings containing the main bed areas.

The accommodation is composed of 21 single rooms each 8.63sqm (none ensuite) and 6 x 3 bedrooms each 27.68sqm i.e. a total of 39 beds in each home.

#### **2.1.2. Admission Procedures/Policies**

The admission policy is to provide residential care for frail elderly ambulant persons not requiring nursing care for Community Care Areas 6, 7 & 8.

A standard application form is used, background information is provided by an appropriate health professional and a medical assessment provided by the appropriate Consultant Physician in Medicine for the Elderly or Consultant Psychiatrist in Psychiatry of Old Age. Applications are then considered by the Admissions Committee which meets regularly. The Committee consists of:-

The Director of Community Care Area 6

The Co-ordinator of Services for the Elderly, Area 6

The Superintendent Public Health Nurse, Area 6

The Administrator, Area 6

Consultant Physician in Medicine for the Elderly

Consultant Psychiatrist in the Psychiatry of Old Age

Senior Social Worker, Services for the Elderly, St. Mary's Hospital

Assistant Chief Nursing Officer, Psychiatry of Old Age, Area 6

Supervisors of both Welfare Homes.

## **2.2. St. Broc's (Clonskeagh) and Clevis (Leopardstown Park Hospital) Welfare Homes**

### **2.2.1. Layout**

St. Broc's Home which is located in Community Care Area 2 is of a traditional brick construction with apex roof. The home consists of a central entrance block containing the day sitting/dining and some bedrooms with the main bedroom areas in two wings off the main block. The accommodation is composed of 21 single bedrooms each 8.63sqm (none ensuite) and 6 x 3 bedrooms each 23.89 sqm.

The Clevis is located in the grounds of Leopardstown Park Hospital and is directly managed by the Hospital as part of its range of services for older persons.

The building is of a traditional construction and is two story. The unit is designed in a T shape with beds on two floors i.e. 21 single rooms each 9.29 sqm (none ensuite).

There is no lift in the building.

### **2.2.2. Admission Procedure/Policy**

The admission criteria to both St. Broc's and Clevis Welfare Home is that residents should be aged over 65, be mentally clear, mobile, usually continent and do not have significant behavioural problems. The same Admission Committee review admissions to both units.

Application for admission are submitted on a standard form and a medical assessment is carried out by the Consultant Physician in Medicine for the Elderly before admissions are prioritised.

## **2.3. The Orchard Welfare Home, Bray**

### **2.3.1. Layout**

This home which is located in Community Care Area 10 is of pre-cast construction and is designed in a rectangular fashion with an internal corridor running around the building.

The accommodation is composed of 21 x single rooms each 6.68sqm (none ensuite) and 6 x 3 bedrooms each 20sqm

### **2.3.2. Admission Procedure/Policy**

The admission policy is to offer care for older people aged 65 and over who require welfare type accommodation, residents must be ambulant and have full cognitive function.

A standard application form is used and a pre assessment is normally carried out by the Consultant Physician in Medicine for the Elderly.

Applications for admission are examined and discussed by a mutli-disciplinary committee comprising of:-

The Director of Community Care (Area 10)  
Community Care Administrator (Area 10)  
Superintendent Public Health Nurse (Area 10)  
Co-ordinator of Services for the Elderly (Area 10)  
Consultant Physician in Medicine for the Elderly  
Hospital based Social Worker  
Supervisor from Welfare Home.

While the admission criteria as set out above is generally adhered to it is noticeable that unlike the Clevis and St. Broc's residents in The Orchard Welfare Home do not transfer to other long stay units as readily.

### **3. Dependency Levels/Assessments**

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#### **3.1. Methodology**

The Working Group was of the opinion that a key element of this review was to attempt to ascertain the dependency level of the residents in each welfare home.

The Working Group examined various assessment models and decided that it would be appropriate to utilise a combination of the Barthel Activities of Daily Living Index (physical dependency) and the 30 point Mini-Mental State Examination (cognitive impairment). (See Appendix VII and VIII respectively).

In analysing the resultant dependency surveys which were carried out by Public Health Nurse staff and Community Care Medical staff in each home it was decided that a score on the Barthel test of below 12 from a maximum score of 20 indicated a resident was categorised as physically dependent while a score of below 23 from a maximum score of 30 in the Mini-Mental State Examination indicated a significant cognitive problem.

The completed physical and mental tests are enclosed to the rear of the report in Appendixes II to VI.

In brief, the following is a summary of the dependency surveys carried out in each home:-

#### **3.2. Ashgrove Welfare Home**

- 8 of the 35 residents assessed classified as physically dependent (while 4 more residents were close to the cut off mark)
- 18 of the 35 residents were classified as cognitively impaired.

## **4. Options Appraisal**

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### 4.1. Options

The Working Group considered all the information and considered various options open to them. It was recognised that the Welfare Homes provide a most valued and important service in the overall continuum of care for older persons in the Board's area. However, the service in certain homes developed outside the framework of the original admission criteria and has resulted in undue pressure on staff, while some homes who have adhered to the original admission criteria continue to have vacant beds.

The Working Group considered the following options:-

**Option 1** Original admission/discharge policy i.e. that only independent welfare persons be admitted, to be adhered to.

**Option 2** Admission/discharge policy as practised by Clarehaven/Ashgrove be adopted i.e. admission of independent residents or those with a low level of medical dependency. These residents should be allowed remain in the respective welfare homes for as long as possible.

**Option 3** Units are adapted (without extension) as multipurpose units with resultant loss of beds and major in-house reconstruction. Dependant on the mix of beds this will have a significant staff cost and capital cost.

**Option 4** Adapt the units as multipurpose community units by redesigning and extending the units and retaining the bed numbers. This will have a major capital cost implication and revenue/staff cost.

**Option 5** Adapt the units similar to the scenario outlined at 3 and 4 above as an Elderly Mentally Infirm Unit.

If Leopardstown Park Hospital decided in consultation with our Board to pursue Option 2 or part of Option 2 (i.e. admit more dependent residents to the ground floor) Leopardstown Park Hospital would have to seek funding for whatever option they wish to pursue through the normal channels.

## **5. Executive Summary of Recommendations/Conclusions**

## 5. Executive Summary of Recommendations/Conclusions

The Working Group recommends the following:-

- The Working Group are conscious that the dependency levels of residents in certain homes are such as to raise serious questions regarding the staffing levels in these homes.
- It was particularly noted that residents were in many instances on multiple medicines/drug regimes and the procedures for the administration of these drugs were not acceptable. It is recommended that a qualified registered general nurse be on duty at all times to ensure the safe administration of medications and care of residents.
- Admission to the four welfare homes should be broadened to effectively cater for welfare type residents and those with a low level of medical dependency.
- Admission Committees should standardise their membership as far as possible.
- The appropriate Consultant Psychiatrist in the Psychiatry of Old Age should be represented on the Admission Committees.
- Residents should remain in the welfare homes until they can no longer be managed there, i.e. when they have moved beyond a level of medium medical dependency. This is the situation which as developed in Clarehaven, Ashgrove and the Orchard Welfare homes. This decision should be reached by the Home Manager in association with the appropriate Consultant Physician in Medicine for the Elderly/Consultant Psychiatrist in the Psychiatry of Old Age.
- Residents who transfer to an Acute Hospital setting for a medical/surgical examination or procedure should return to the appropriate welfare home wherever possible. This decision should be reached by the Home Manager in association with the appropriate Consultant Physician in Medicine for the Elderly/Consultant Psychiatrist in the Psychiatry of Old Age.

- The Working Group also recommend that the question of the security and safety of older persons in Sheltered Housing Complexes be considered in any discussions between our Board and the appropriate local authorities. The Working Group are of the opinion that the reduction/withdrawal of on site wardens and the new concept of wardens covering a number of complexes on a day cover basis has reduced the feeling of security/safety among older persons and may be a contributory factor in older persons seeking earlier admission to welfare care accommodation than is warranted by their level of dependency.
  
- The Working Group would urge that the need for revenue and equipping monies identified in this chapter be treated as extremely urgent.
  
- The Working Group are also conscious that the recommendations in this chapter which redefine the role and status of the current Supervisors and Assistant Supervisors are significant and should be dealt with sensitively.

**APPENDIX II**

**ASHGROVE HOUSE WELFARE HOME**

**RESULTS OF ASSESSMENT**

**Number of Residents Assessed      35**

**Barthel Score**

Maximum Score = 20  
Below 12/20 dependent

**8 below 12/20**

**Mini Mental Test Score**

Maximum Score = 30  
Below 23/30 subnormal

**18 below 23/30**

**1 client refused**

# *APPENDIX III*

## CLAREHAVEN WELFARE HOME

### RESULTS OF ASSESSMENT

**Number of Residents Assessed      34**

#### **Barthel Score**

Maximum Score = 20  
Below 12/20 dependent

**12 below 12/20**

#### **Mini Mental Test Score**

Maximum Score = 30  
Below 23/30 subnormal

**26 below 23/30**

# *APPENDIX IV*

## **ST. BROCS WELFARE HOME**

### **RESULTS OF ASSESSMENT**

**Number of Residents Assessed     29**

#### **Barthel Score**

Maximum Score = 20  
Below 12/20 dependent

**All Residents Independent**

#### **Mini Mental Test Score**

Maximum Score = 30  
Below 23/30 subnormal

**5 below 23/30**

(Excluding 2 in hospital and 2 refusals)

# *APPENDIX V*

## CLEVIS WELFARE HOME

### RESULTS OF ASSESSMENT

**Number of Residents Assessed      16**

#### **Barthel Score**

Maximum Score = 20  
Below 12/20 dependent

**All Residents Independent**

#### **Mini Mental Test Score**

Maximum Score = 30  
Below 23/30 subnormal

**5 below 23/30**

# ***APPENDIX VI***

## **ORCHARD WELFARE HOME**

### **RESULTS OF ASSESSMENT**

**Number of Residents Assessed      38**

#### **Barthel Score**

Maximum Score = 20  
Below 12/20 dependent

**6 below 12/20**

#### **Mini Mental Test Score**

Maximum Score = 30  
Below 23/30 subnormal

**19 below 23/30**

## APPENDIX VII

### BARTHEL ACTIVITIES OF DAILY LIVING INDEX

PLEASE CIRCLE APPROPRIATE SCORE AND TOTAL AT END.

FUNCTION	DESCRIPTION	1st VISIT	DIS-CHARGE	FOLLOW UP
<b>BOWELS</b>	Incontinent(or needs to be given enema).	0	0	0
	Occasional accident(once a week).	1	1	1
	Continent	2	2	2
<b>BLADDER</b>	Incontinent, or catheterised and unable to manage.	0	0	0
	Occasional accident(max. once per 24 hrs)	1	1	1
	Continent(for more than seven days)	2	2	2
<b>GROOMING</b>	Needs help with personal care: face, hair, teeth, shaving.	0	0	0
	Independent(on and off, wiping, dressing)	1	1	1
<b>TOILET USE</b>	Dependent	0	0	0
	Needs some help but can do something alone	1	1	1
	Independent(on and off, wiping, dressing)	2	2	2
<b>FEEDING</b>	Unable	0	0	0
	Needs help in cutting, spreading butter etc	1	1	1
	Independent(food provided within reach)	2	2	2
<b>TRANSFERS</b>	Unable - no sitting balance	0	0	0
	Major help(physical, one or two people), can sit	1	1	1
	Minor help(verbal or physical)	2	2	2
	Independent	3	3	3
<b>MOBILITY</b>	Immobile	0	0	0
	Wheelchair independent, inc corners etc	1	1	1
	Walks with help of one person(verbal or physical)	2	2	2
	Independent	3	3	3
<b>DRESSING</b>	Dependent	0	0	0
	Needs help but can do about half unaided	1	1	1
	Independent(inc buttons, zips, laces etc)	2	2	2
<b>STAIRS</b>	Unable	0	0	0
	Needs help(verbal, physical, carrying aid)	1	1	1
	Independent up and down	2	2	2
<b>BATHING</b>	Dependent	0	0	0
	Independent(bath: must get in and out unsupervised and wash self. Shower unsupervised unaided)	1	1	1
<b>TOTAL SCORE</b>				

MAXIMUM SCORE = 20

BELOW 12/20 - dependent

### Lambeth Disability Screening Questionnaire

Do you have difficulty.....

- seeing newsprint even with glasses?
- recognising people across the road even with glasses
- hearing a conversation even with a hearing aid?
- in speaking.

## APPENDIX VIII

NAME.....WHERE TESTED.....DATE.....

**Introduction:**

I would like to ask you some questions which we use routinely with everybody. Some of them may seem very simple, and some may seem very difficult, but I hope you won't let yourself be worried or offended by any of them. I would be very grateful if you would have a try at all the questions I am going to ask you.

**Mini Mental State Examination (Add points for each correct response):**

Orientation		Score	Points
1	What is the		
	Year?	-	1
	Season?	-	1
	Date?	-	1
	Day?	-	1
	Month?	-	1
2.	Where are we?		
	Country?	-	1
	City?	-	1
	Part of City?	-	1
	Hospital or street? (if at present at home)	-	1
	Ward/House name or Number	-	1
<b>Registration</b>			
3.	Name three objects, taking one second to say each. Then ask the patient all three after you have said them.(give one point for each correct answer) Now repeat the answers until patient learns all three.	-	3
<b>Attention and Calculation:</b>			
4.	Spell <b>WORLD</b> backwards. (give one point for each letter in correct position). (Serial sevens is now omitted).	-	5
<b>Recall:</b>			
5.	Ask for names of three objects learned in Q.3(Give one point for each correct answer)	-	3
<b>Language:</b>			
6.	Point to a pencil and a watch. Have the patient name them as you point	-	2
7.	Have the patient repeat "no ifs ands or buts"	-	1
8.	Have the patient follow a three-stage command (The command must be given with all three parts together). "Take this paper in your right hand. Fold the paper in half. Put the paper on the floor"	-	3
9.	Have the patient read and obey the following: "CLOSE YOUR EYES" (write in large letters)	-	1
10.	Have the patient write a sentence of his or her choice(the sentence should contain a subject and an object, and should make sense. Ignore spelling errors when scoring	-	1
11.	Enlarge the design printed below to 1.5cm per side and have the patient copy it. (Give one point if all sides and angles are preserved and if the intersecting sides form a quadrangle)	-	1
		.....	=30

**Where any of the following a problem during interviewing (tick if a problem):**

Willingness to co-operate:

Comprehension of Language:

Use of Language:

Hearing:

Literacy:

Eyesight:

Dexterity:

**SIGNATURE:** \_\_\_\_\_