Ard na nDeise

ID Number: RES0072 Ard na nDeise

24 Hour Residence – 2017 Inspection Report

Ard Na nDeise,
Waterford

Community Healthcare Organisation:
CHO 5

Team Responsible:
Rehab and Recovery

Total Number of Beds:
14

Total Number of Residents:
14

Inspection Team:
Noeleen Byrne, Lead Inspector

Inspection Date:
17 August 2017

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 was 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

Ard na nDeise was a 14 bed, large detached Dutch colonial style building, situated on the Northern side of Waterford City. The building was purchased in 1993 and was converted to a community residence. Ard na nDeise was three storey over basement; however, the basement was only used by staff as a storage space. The accommodation included three single rooms, one three bed and four two bed rooms. The house sits on approximately two acres of well-maintained landscaped grounds and was adjacent to local amenities.

Residents in Ard na nDeise were under the care of the rehabilitation and recovery team.

Resident profile

There were 14 residents at the time of the inspection, ranging from 36-65 years of age. There were 12 male and 2 female residents. Some of the residents were living there since it opened and more recently one resident came to live there in 2017. Two residents were wards of court. None of the residents had any mobility issues.

Care and treatment

There was a policy on individual care planning and all residents had an individual care plan (ICP). These ICPs were developed and reviewed by the multidisciplinary team (MDT). The MDT included medical and nursing staff as well as an Occupational Therapist, a Social Worker and a Psychologist. ICPs were reviewed every six months in St. Otteran's where the MDT had rooms and residents were invited to attend and agree goals and interventions. Each resident had a key worker with whom they could discuss all aspects of their care and treatment.

Physical care

There was a policy on general health. All residents attended General Practitioners in the local area and had yearly check-ups. There were information leaflets in the house with details of screening programmes and the clinical files documented that residents had attended retinal and cervical screening as appropriate. Residents attended other general health services as required, including the chiropodist, physiotherapist and dentist.

Therapeutic services and programmes

Therapeutic services were not held in the house. Residents attended the activation unit at St. Otteran's Hospital and Brook House, a day care service. The occupational therapist ran programmes that included cooking and baking. Some residents attended the Shine programme, which provided educational and training opportunities.

Medication

There was a policy on medication management. Medication was prescribed by the General Practitioner, the Consultant Psychiatrist or a doctor from the team. The medical prescription administration record (MPAR) contained valid prescription and administration details. A local community pharmacy supplied the medication and it was stored in a locked press in the nursing office.

Community engagement

The location of Ard na nDeise facilitated community engagement. Residents could walk to the shops, post office, and Pharmacy. Music was provided by Waterford Healing Arts. Local bus routes enabled residents to visit Waterford city. The house had a minibus and residents could be driven to activities by staff. There was an emphasis on sports and leisure activities and some residents held memberships of local swimming clubs and chess groups. Music was provided by Waterford Healing Arts.

A nurse from the house accompanied residents on walks as part of a walking programme. In addition, a Clinical Nurse Specialist (CNS) accompanied residents on family visits or to mark special occasions. Residents did not go on holidays as there was insufficient staff to meet their needs; however residents went on day trips to Lismore Castle and other interesting locations in the vicinity.

Autonomy

Residents were free to come and go as they desired and had full use of the kitchen facilities to prepare hot drinks and snacks. Residents were free to determine their own bedtimes. Residents did not have keys to their bedrooms. Visitors were welcome at any time.

Residence facilities and maintenance

The residence was owned by the Health Service Executive (HSE). The external of the building was well maintained and gardeners came from St. Otteran's to cut the grass. There was a maintenance team available and staff could phone or email issues for them to address. There was a laundry room and residents could do their own laundry. Alternatively, residents could send laundry to St. Otteran's. There was a member of staff responsible for cleaning. Residents assisted with the weekly chores in the house.

Staffing

Staff Discipline	Day whole-time equivalent (WTE)	Night WTE
Clinical Nurse Manager	1	
Registered Psychiatric Nurse	1	2
Health Care Assistant	1	
Multi Task Attendant		

Team input (Sessional)

Discipline	Number of sessions
Occupational Therapist	As required
Social Worker	As required
Clinical Psychologist	As required
Other (specify	

Medical Staff	Frequency of attendance at residence
Consultant Psychiatrist	occasionally
Non Consultant Hospital Doctor	weekly

Complaints

There was a policy on complaints and the residence adopted the HSE process of 'Your Service Your Say'. The process for making a complaint was displayed in a prominent position. There was a nominated person to address complaints and there was a complaints log. Community meetings were held once a month and minutes of these meetings were kept.

Risk management and incidents

There was a risk management policy. A safety statement was in date. Risk assessments were carried out for each resident and were detailed in the clinical file. Any incidents were reported through the National Incident Management System (NIMS). The residence had a fire escape suitable for three storey residences. Fire extinguishers had been serviced and there was a stocked first aid kit.

Financial arrangements

There was a policy on managing residents' finances. All residents received pensions and either a bank or post office account. Some residents choose to manage their own money. There was a safe that was managed by nursing staff and residents signed for money lodged or withdrawn. There was a house kitty, used for social events and the money was spent equally on residents. The finances of residents was audited.

Service user experience

The inspection team spoke to three residents all of whom confirmed that they enjoyed living in the house. The majority of residents were out at the day service. One resident, accompanied by a nurse, was going out for the day to visit family.

Areas of good practice

1. The information booklet has been updated to include the philosophy of rehabilitation and recovery, therapeutic/recreational activities, visiting times, information on diagnosis and treatment, the key worker system and the individual care plan. The details of the multidisciplinary team were outlined as was the details of how to make a complaint, comment or compliment.

Areas for improvement

1. Privacy curtains are required in two and three bed rooms.