

Avondale Lodge

ID Number: RES0111

24-Hour Residence – 2017 Inspection Report

Avondale Lodge
Swords
Co. Dublin

Community Healthcare Organisation:
CHO 9

Team Responsible:
Intellectual Disability

Total Number of Beds:
7

Total Number of Residents:
7

Inspection Team:
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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

Avondale Lodge was a community residential service for people with mild to moderate intellectual disability. There were seven residents living in the house at the time of inspection. The house was a bungalow on a small road at the edge of a large industrial estate in County Dublin. The residence was owned by the HSE and operated by St. Joseph's Intellectual Disability Services (SJIDS). It was not purpose-built and had been taken over by the HSE in 2015. During the course of inspection, information was obtained from the clinical nurse manager (CNM) 2 and the assistant director of nursing.

The house was detached and set in large gardens, which were well maintained. The exterior of the house was clean and well maintained, and the interior was bright and comfortable. The residence was modern, with a fitted kitchen and separate dining area. There were suitable communal areas, which were comfortably furnished. Avondale Lodge was a seven-bed residence, and all accommodation was in single, en suite rooms, which were personalised. Residents retained autonomy with regard to access to bedrooms by staff.

Resident profile

The age range of residents in Avondale Lodge was between 27 and 56 years. The seven residents were physically mobile and independent. There were two female and five male residents. All residents had access to the local area. Most residents had independent access to the community and had developed relationships with local business owners and were known in the locality.

There were no residents in the house at the time of inspection and inspectors spoke only to staff members.

There were no residents on section 26 (Mental Health Act 2001) leave and no resident was a ward of court at the time of inspection.

Care and treatment

All policies used within the house were generic SJIDS policies, including the policy on individual care plans (ICPs). The multi-disciplinary team (MDT) met every Tuesday in the Central Support Office (CSO) in Swords. Staff could attend, as could the resident, if required. Members of the MDT did not visit Avondale Lodge in a routine capacity but attended on request. All residents had an ICP, which was reviewed on a six-monthly basis or more frequently if required. Residents and family members were invited to ICP reviews and these took place mostly within the residents' training centres. Each resident had a six-monthly psychiatric review and was seen more often, as required. There was a key worker system in place to ensure needs were assessed, goals were worked on, and outcomes were measured and reviewed.

Physical care

The SJIDS policy on physical care was used within Avondale Lodge. Six of the residents attended a GP in a nearby community practice, and one resident attended the family GP. Routine six-monthly physical examinations were undertaken by the GP. Information on relevant screening programmes was provided, either directly when appointments were offered or at ICP review, where the key nurse would undertake to inform the resident and encourage participation. Retinal screening was completed through diabetic clinics attended, and associated treatments were provided also. External medical services were accessed through GP referral. Residents attended the dental hygienist in the HSE clinic and attended local dental services for all other dental treatment. Residents also received chiropody regularly.

Staff in Avondale Lodge had access to an epilepsy helpline and direct-line access to a clinical nurse specialist in epilepsy for advice and support in seizure management.

Therapeutic services and programmes

There was a generic SJIDS policy on therapeutic services. There were no structured programmes delivered within or organised by the service. Residents attended training centres in north county Dublin and participated in therapeutic programmes and recreational activities there during the day. Residents completed FETAC level training courses in their day centres. Therapeutic programmes were not accessed or provided consistently in accordance with a mental health recovery model of care. Health and social care professionals were available to residents, as required, through the central offices operated by SJIDS. In addition, community supports could be accessed if required.

Medication

The SJIDS service policy on medication management was used in the residence. Medications were prescribed either by the psychiatrist or residents' GPs. Medications were supplied by a local community pharmacy on a named-patient basis. Blister packs were provided if residents were going home or on holiday for any period. It was noted that the Medication Prescription and Administration Record was in two parts, with separate prescription and administration record sheets. This format had been reviewed and updated by SJIDS to minimise potential risk, but the new format had yet to be implemented.

There were no residents self-administering medication at the time of inspection.

Community engagement

Residents were actively involved and had easy access to the local community. There was a bus stop within two minutes' walk of the house. Residents liked to visit local shops, restaurants, and hairdressers/barbers. This resident group could fully access and integrate within the community.

Residents had a range of social interests and had built good relationships with staff in local businesses. Residents came and went independently. The residence had access to a seven-seater car for planned group outings or to facilitate appointments.

Autonomy

Residents had free access to the kitchen to prepare tea/coffee and snacks. Meals were prepared by staff. Residents had individual schedules and got up each weekday morning to go to their training centres. They had their own bedrooms and doors could be locked from the inside (and overridden by staff if necessary). Residents maintained autonomy over access to their bedrooms by staff and could keep their doors locked for privacy if they chose. Residents decided their own bedtimes.

Families and friends were welcomed into the residence. A high level of family involvement was reported. There was a visitors' policy in place. There were no restrictions on visiting, but visitors were asked not to call at mealtimes where possible. Residents could assist with domestic activities if they wished.

Residence facilities and maintenance

The residence had been acquired by St. Josephs Intellectual Disability Services (SJIDS) from the HSE in 2015, at which point it was renovated to meet the needs of the new resident group. The house was bright, clean, and comfortable, with suitable and appropriate communal areas. Each resident had a single room, which

was decorated according to the preference of the individual. Residents had access to large gardens and contributed to the upkeep of the gardens. To the back of the garden was entrance to another large outdoor area. There was a plan to use this area for polytunnels to implement garden projects. At the time of inspection, this part of the garden was fully overlooked by traffic in the delivery area of a nearby electrical retailer, which had been built to the back of the residence in recent months.

Maintenance of the premises was the responsibility of the maintenance department in SJIDS. Management of the residence indicated that routine maintenance was scheduled or undertaken depending on the urgency of the need or associated risk.

Staffing

Staff Discipline	Day whole-time equivalent (WTE)	Night WTE
Clinical Nurse Manager	1	0
Registered Psychiatric Nurse	1	1
Health Care Assistant	1	0

Team input (Sessional)

Discipline	Number of sessions
Occupational Therapist	As required, via CSO and MDT
Social Worker	As required, via CSO and MDT
Clinical Psychologist	As required, via CSO and MDT

Medical Staff	Frequency of attendance at residence
Consultant Psychiatrist	As required
Non-Consultant Hospital Doctor	As required

Complaints

There was a service-wide policy on complaints. Information on how to make a complaint was displayed in the entrance hall of the residence. Details of the advocate for the service were also included in the booklet, including name and phone number. The community meeting had issues and complaints as standing items on the agenda, and these were recorded in the minutes. Minor complaints were addressed by the CNM2 in charge of the residence. Formal complaints were submitted to management and formally addressed by the complaints officer. A complaints log was maintained by the CNM2 within the residence.

Risk management and incidents

The residence used the SJIDS policy on risk management to govern processes for dealing with risks occurring. Individual risk assessments were completed every three months by the CNM2 and key worker or more often if required.

There was a named risk manager. Incidents that occurred were reported using the National Incident Management System. Incidents were reviewed by management and outcomes were reported to the residence. A maintenance record was maintained, which outlined the reporting of maintenance issues and any delays encountered. The residence had a burns kit, a defibrillator, oxygen, and an emergency kit, which was checked weekly.

All fire extinguishers were in date and were checked regularly by a qualified external contractor. There were fire evacuation plans on display throughout the house.

The residence was in an isolated location, close to an area with busy night life. Staff reported no security concerns to date.

Financial arrangements

The residence used the SJIDS policy on financial management and adapted this as required to meet the specific needs of a community residence. Residents paid a weekly charge of €104, which covered bed, board, and essentials. Residents paid an additional prescription charge for medication, bought their own toiletries and sundries, and paid for any luxury items they wished to purchase.

Each resident had an individual bank account and access to their accounts. There was a “me and my money” document in operation, which supported residents with budgeting. Expenditure was formally monitored and documented by two staff. The CNM2 and another member of staff did weekly audits of expenditure records.

Procurement cards were in use in the house for expenditure on items such as groceries. No external audit of monies had been undertaken by the service.

Service user experience

There were no residents in the house at the time of inspection.

Areas of good practice

1. Residents were empowered to live independently and had full autonomy in relation to their care.
2. Avondale Lodge was a progressive service and CNM staff ensured all operations were in line and up to date with best practice.
3. There was a strong working knowledge of evidence-based practices, which were implemented throughout the service.
4. There had been a presentation day for certificates earned by service users through the Award Scheme Development and Accreditation Network.
5. A quality initiative for gym equipment had been proposed in line with a healthy living programme.

Areas for improvement

1. The current MPAR system requires review and updating.