

Barden Lodge

ID Number: RES0112

24-Hour Residence – 2017 Inspection Report

Barden Lodge
Co. Meath

Community Healthcare Organisation:
CHO 9

Team Responsible:
Intellectual Disability

Total Number of Beds:
9

Total Number of Residents:
9

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

Barden Lodge was a community residential service for people with intellectual disability and mental illness. The house was a dormer bungalow on a rural back road on the Meath/Louth border. The residence was owned by the HSE and operated by St. Joseph's Intellectual Disability (SJID) Services. The residence was not purpose-built but had been taken over by the HSE in approximately 2010 and renovated to meet the needs of the service user group. During the course of inspection, information was obtained from the clinical nurse manager (CNM) 2 and assistant director of nursing.

The residence was a five-bed dormer bungalow (three bedrooms upstairs and two downstairs), with four additional own-door, annex-type rooms to the back of the house for independent living. All rooms were single bedrooms, and there were eight male residents and one female resident at the time of inspection.

Bedrooms were personalised and residents were supported to decorate and purchase personal items for their rooms as they wished. Rooms had family photographs on display, and residents were supported to keep items of sentimental value in their rooms.

The function of the service was rehabilitation and continuing care.

Resident profile

The age range of residents in Barden Lodge was between 32 and 76 years. Seven residents were physically independent, with two requiring mobility aids. The four residents living outside in the annex accommodation lived and travelled independently and had the option of joining the main house for meals, company, and any supports required. People living in the main residence had varying levels of independence, requiring extra staff support due to physical needs. Some residents had mobility issues and one was accommodated in an upstairs bedroom, which might need revising in the long term. A stair lift had been installed to support this resident. Coloured rails and doors had been installed to enable residents with visual difficulties to better find their way around the house and recognise their bedrooms.

One resident was home at the time of inspection and engaged in lively, friendly conversation with staff and inspectors.

All residents were voluntary and there were no wards of court at the time of inspection.

Care and treatment

All policies used within the house were generic SJID 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 team did not visit Barden Lodge in any planned capacity. 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 within Barden Lodge. Each resident had a six-monthly psychiatric review and was seen more often, as required.

Physical care

The SJID service policy on physical care was used within Barden Lodge. All residents attended a GP in the community and 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. Staff of Barden Lodge facilitated appointments for residents who required support to attend. External medical services were accessed through GP referral. Residents attended the dental clinic in Swords. The service experienced long waiting lists for physiotherapy. Residents with sight difficulties attended an eye clinic regularly, with further checks through a clinic in the day service.

Therapeutic services and programmes

There was a generic SJID policy on therapeutic services. There were no structured programmes delivered within the service or organised by the service. Residents attended various day services around north county Dublin and participated in therapeutic programmes such as general living skills.

Medication

The SJID service policy on medication management was used. Medications were prescribed either by the psychiatrist or the residents' GP. Medications were supplied by a local community pharmacy on a named-patient basis, and a new system of blister packs had been introduced. Barden Lodge had developed a strong relationship with the pharmacy supplying medication, and the pharmacist had undertaken a number of medication and Medication Prescription and Administration Record (MPAR) audits within the service, which identified issues and provided opportunity for ongoing quality improvements in medication management.

It was noted that the MPAR was in two parts, with separate prescription and administration record sheets, and used letters to identify particular medications. This outdated format merits review and updating to minimise potential risk.

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

Community engagement

Residents were actively involved in the local community. There was a strong emphasis on enabling community engagement; most residents attended day services during the week where they engaged in, for example, swimming programmes, literacy skills programmes, life skills, and Special Olympics. Residents had opportunities for volunteer work also.

Two residents used public transport but had to walk along a road with no path to get to the bus stop. The other seven residents relied on centre transport, which was off the road at the time of inspection due to a national dispute regarding responsibility for road tax. This had become increasingly problematic and restrictive in recent months.

Residents had a range of social interests. One resident was collected weekly for bingo in the local community. One resident acted as a marshal at local motorbike race meets. Residents accessed local shops and the local barber.

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 day services or volunteer placements. There was flexibility in attendance to meet changing needs. Residents had their own bedrooms and doors could be locked from the inside (and overridden by staff if necessary). Residents chose their own bedtimes.

Families and friends were welcomed into the service. There was a visitors' policy in place; there were no restrictions on visiting, but visitors were asked not to call at mealtimes where possible.

There was one large shopping trip per week and this was done by staff. Residents were free to assist with grocery shopping but chose not to. Residents had certain responsibilities regarding the upkeep of the house but were engaged in this on an ad hoc basis. Staff held overall responsibility for weekly domestic chores.

Subject to safety considerations, residents were free to leave the residence as they wished. Residents had their own mobile phones.

Residence facilities and maintenance

There were spacious communal areas and access to outdoor space. The house was detached and set on large gardens, which were well maintained. The exterior of the house was in need of attention: The paint was chipped and worn, and the soffits and fascias needed maintenance and painting as there were exposed areas. The windows needed cleaning. The interior required attention also. The upstairs of the premises was in poor condition, with the only shower up there broken. The paint was dirty and the ceilings were covered in cobwebs and dust. The bedrooms were a reasonable size. The downstairs of the premises was in a somewhat better condition. New flooring had been installed in the kitchen/dining area, and one toilet had been refurbished. The kitchen looked modern, clean, and well maintained. The living areas were also clean and well-maintained, although paintwork was in need of attention. There were broken tiles under the shower seat in the downstairs shower room. The flooring there was stained and damaged and in need of replacing. The two downstairs bedrooms were larger and well maintained. The annex accommodation also required attention. While these units supported independent living, consideration was required in relation to ensuring that they were cleaned. There were no future plans for the residence at the time of inspection.

Maintenance of the premises was the responsibility of the maintenance department in St. Joseph's Intellectual Disability Services. Management of the residence indicated that routine maintenance was scheduled or undertaken depending on the urgency of the need or associated risk. It was notable that Barden Lodge had not been in receipt of routine maintenance and, as a result, had become run down and was observed to be in need of a number of improvements

Staffing

Staff Discipline	Day whole-time equivalent (WTE)	Night WTE
Clinical Nurse Manager 2	1	0
Registered Psychiatric Nurse	2	1
Health Care Assistant	2	1
Multi-Task Attendant	0	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

A chiropodist attended the residence regularly. There was access to a physiotherapist but waiting lists were reported to be up to one year.

Records were kept by management on the training status of staff and to ensure that staff were scheduled for necessary training. Staff had up-to-date training in fire safety, Basic Life Support, and the Therapeutic Management of Violence and Aggression.

Complaints

There was a service-wide policy on complaints. The complaints process was included in the Barden Lodge *Resident Information Booklet* in an accessible format for the resident profile. Details of the advocate for the service were also included in the booklet, including name and phone number.

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. Minor complaints were not currently recorded. Resident meetings were not formally held on a regular basis. Residents and staff had a more informal check-in daily, at dinner time. Issues raised were addressed but not recorded.

Risk management and incidents

The residence used the SJID 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. The lack of footpath from the residence to the bus stop had been identified as a risk. Preventative measures had been taken with regard to increased risk where residents had visual difficulties; dark blue rails were installed around the downstairs of the house and a dark blue door was installed in the person's bedroom. A stair lift was installed to support residents sleeping upstairs whose mobility had declined.

There was a named risk manager. Incidents that occurred were reported using the National Incident Management System. Incidents reported 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, defibrillator, oxygen, and an emergency kit, which was checked weekly.

All fire extinguishers were in date and were regularly checked by a qualified external contractor. While the stair lift supported mobility issues for one resident, it narrowed the stairway for others. It also indicated that there might be a need for assisted evacuation from the upper floor of the residence in the case of a fire.

Financial arrangements

The residence used the SJID 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 and 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.

The CNM2 and another member of staff did weekly audits of expenditure records. The last time that an external review or audit of residents' monies had taken place was more than two years ago.

Procurement cards were in use in the house for expenditure on items such as groceries.

Service user experience

There was one resident in the house during the course of inspection. This resident engaged with inspectors and staff and described being happy with the residence and the staff. Also indicated was a clear knowledge of processes available for highlighting issues and making complaints.

Areas of good practice

1. Residents were empowered to live independently and had full autonomy in relation to their care.
2. Staff engaged in processes that allowed for a regular review of services and the development of services to meet the changing needs of residents.

Areas for improvement

1. The residence required a full maintenance review and a subsequent programme of maintenance to be established and carried out to update the building and to adapt to the changing physical needs of residents.
2. The current Medication Prescription and Administration Record required review and updating.