

# Cherrymount View

ID Number: RES0107

## 24-Hour Residence – 2017 Inspection Report

Cherrymount View  
Dublin 7

Community Healthcare Organisation:  
CHO 9

Team Responsible:  
General Adult

Total Number of Beds:  
12

Total Number of Residents:  
12

**Inspection Team:**  
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**Inspection Date:**  
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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

Cherrymount View, a 24-hour, nurse-staffed residence, was located on the North Circular Road in Dublin. The three-storey residence was owned by the HSE, Community Healthcare Organisation (CHO) 9. It was close to public transport links and situated within easy reach of services, shops, and amenities. The building opened as a community residence in the early 1990s. At the time of the inspection, it provided continuing care for 12 residents, who were accommodated in single- and double-occupancy rooms. In the future realignment of the service it is envisioned that this high support residence will be replaced by a purpose built facility. There were no vacancies at the time of the inspection. As vacancies arose, these were filled through the Dublin North Rehabilitation Placement Committee.

## Resident profile

Residents ranged in age from 50 to 80 years. At the time of inspection, five male and seven female residents were accommodated in Cherrymount View. The duration of stay ranged from 6 weeks to 30+ years. There were no Wards of Court or residents on Section 26 leave from approved centres residing in Cherrymount View at the time of the inspection. All residents were ambulant, and one resident needed some assistance.

## Care and treatment

Cherrymount View had a policy with regard to individual care plans (ICPs), dated 2015. The consultant psychiatrist visited the residence once every two weeks, and the non-consultant hospital doctor attended weekly. All residents had a multi-disciplinary ICP. A key worker system was not in place at the time of the inspection but there were plans to introduce this. Five clinical files were inspected, and these evidenced input from the psychiatrist, nursing staff, social worker, and occupational therapist. They also indicated that residents received six-monthly psychiatric reviews. The rehabilitation multi-disciplinary team (MDT) reviewed the ICPs every six months in consultation with residents. The MDT meetings were held in the residence, and all residents were invited to attend. Family members were also given the opportunity to input into the care planning process.

## Physical care

Cherrymount View had a policy in relation to physical care/general health. All residents were registered with their own General Practitioner. Physical examinations were completed by the registrar attached to the community rehabilitation team on a six monthly basis, details of which were documented in the residents' clinical files.

Information about national screening programmes was available in the residence, and residents had access to appropriate screening programmes. Other health care services were available to residents, including chiropody and dentistry. Speech and language therapy was accessed by referral.

## Therapeutic services and programmes

The residence did not have a policy in relation to the provision of therapeutic programmes. No therapies were delivered in Cherrymount View; groups and activities were held in St. Elizabeth's Court, White Point, which were nearby. Residents had access to such activities as walking, arts and crafts, art therapy, and pet therapy. They also went shopping and visited local cafés, and the library, among other places. Residents attended sessional activities such as the DIY Club and the 245 Club, off-site in the Recovery Hub. A Recovery Hub schedule was displayed on the noticeboard.

## Medication

There was a policy on medication management. The consultant psychiatrist, the non-consultant hospital doctor, and residents' GPs prescribed medication. A local pharmacy supplied all medication. The Medication Prescription Administration Records were inspected and contained valid prescriptions and medication administration information. One resident was self-medicating and this was managed accordingly. All medications were stored appropriately. Medicines were stored in a locked cabinet.

## Community engagement

The location of Cherrymount View facilitated community engagement. It was within easy reach of Phibsborough, Cabra, and the city centre. Local amenities included shops, a library, churches, cafés, and restaurants. Residents shopped locally and visited cafés, restaurants, and the cinema. Residents had access to bus services. Cherrymount View did not have its own transport, but it linked in with another nearby residence to access a minibus to facilitate residents in engaging in community activities. A "befriending" service visited the residence, and an advocacy group was available on request. Residents also went on annual holidays.

## Autonomy

Residents were free to come and go as they wished. They had supervised access to the kitchen to prepare tea/coffee or snacks, but they did not cook meals. Meals were prepared by household staff, with HACCP (Hazard Analysis and Critical Control Point) and hygiene training. Any special dietary needs or choices of the residents were facilitated. Residents frequently went out for meals with other residents or family members. Residents helped with the weekly shopping, and there was a rota in place for such tasks as washing up, setting the table, and changing beds. Residents were free to determine their own bedtimes, but they did not have keys to their own rooms. They were free to receive visitors at any time.

## Residence facilities and maintenance

Cherrymount View was a large, three-storey Georgian building, combining two houses, with a front and back garden. There were nine bedrooms, comprising double and single-occupancy rooms. Bedrooms had adequate storage, with wardrobes and drawers but some handles were missing on a chest of drawers in one of the bedrooms. The lino flooring in some of the bedrooms was showing signs of wear and tear. A hole was observed in the ceiling of one single room, caused by a leaking shower in the room above. Staff stated that the issue had been reported and was due to be addressed.

The ground floor contained a bathroom with a shower and a sitting room with a TV and piano, which was homely and personalised. There was a TV room on the lower ground floor with seating for eight residents; new furniture had been ordered for this room. The lower ground floor also contained a storage room, a laundry room, and the kitchen. The large back garden contained a wooden shelter for smokers and a paved area. A footpath ran beneath a wooden trellis archway and this was broken and being held together by string. There was a pear tree close to this trellis and was beginning to bear fruit at the time of the inspection.

## Staffing

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

### Team input (Sessional)

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

Medical Staff	Frequency of attendance at residence
Consultant Psychiatrist	Weekly/fortnightly
Non-Consultant Hospital Doctor	Weekly

Staff had received training in Basic Life Support and fire safety.

## Complaints

There was a policy in relation to complaints. The HSE's *Your Service Your Say* complaints procedure was posted up on the noticeboard and there was a suggestion box. The process for making informal complaints within the residence was verbally to any staff member. The nurse or clinical nurse manager on duty was responsible for responding to complaints made within Cherrymount View and if necessary, complaints were escalated to the complaints officer.

There was a minor complaints log, which provided an account of the complaint, the actions taken, and the outcome. Community meetings were held every month and minutes of these were recorded.

## Risk management and incidents

Cherrymount View had a risk management policy, which was implemented in the residence. Risk assessments were carried out for residents, and these were updated annually. Incidents were recorded and managed in accordance with the National Incident Management System protocol. The residence appeared to be physically safe. All fire extinguishers had been regularly checked were in date and fire escapes were

easily accessible. The inspectors noted a problem with fire exit signs on the first floor, and staff reported this to the assistant director of nursing. A first aid kit was available.

## Financial arrangements

Cherrymount View did not have a policy on managing residents' finances. Residents were charged between €90 and €100 per week, based on an assessment by staff from the administration department. Food and utilities were included in the charge. Residents had post office accounts. Some residents managed their own finances. Where a resident required assistance with personal finances, this was documented. Cash records and receipts were retained for expenditures. Every time a resident withdrew money, it was signed out by a staff member and countersigned by the resident. Residents' finances were not audited.

## Service user experience

The inspectors greeted residents and explained the purpose of the inspection. One residents spoke with the inspection team and was highly complimentary of the staff. They found the residence to be peaceful and quiet and were very happy with the food.

## Areas of good practice

1. An Occupational Therapy Assistant was available all week and was heavily involved in facilitating the recreational activities.
2. The residence had recently been repainted inside resulting in the premises having a bright and fresh feel to it.
3. New outdoor furniture had been purchased which enabled residents to enjoy the garden at the rear of the residence.

## Areas for improvement

1. A process of regular external audit of the management of resident funds should be developed to ensure full transparency.
2. Routine maintenance and renovation of the residents' bedrooms should be scheduled to minimise deterioration.