

# Cleary House Supervised Residential Unit

ID Number: RES0036

## 24-Hour Residence – 2017 Inspection Report

Cleary House  
Letterkenny  
Co Donegal

Community Healthcare Organisation:  
CHO 1

Team Responsible:  
Community Mental Health

Total Number of Beds:  
20

Total Number of Residents:  
19

**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

Cleary House SRU (supervised residential unit) was a purpose-built, single-storey residence, situated in Letterkenny. The 20-bed residence included one bed for respite and one for a crisis admission. There were guidelines about the use of the respite bed, which included the resident agreeing and being assessed for suitability to reside with the current residents. The crisis bed was essentially used as an overflow from the Department of Psychiatry in Letterkenny. Residents were under the care of a consultant psychiatrist and the central sector community mental health team. Residents had enduring mental illness and required rehabilitation or continuing care.

## Resident profile

There were 19 residents, including 1 in respite, at the time of the inspection, ranging in age from 34 to 83 years. There were 5 female and 14 male residents. Some residents had lived in Cleary House since it opened 17 years ago and some were recent admissions. Two residents had mobility difficulties.

## Care and treatment

There was a policy on individual care planning (ICP) and all residents had an ICP. These ICPs were developed and reviewed by the medical and nursing staff and were not multi-disciplinary. The ICPs were updated every six months and residents were encouraged to attend reviews. Residents also attended weekly meetings with members of the nursing team. There was a key worker system in place, and residents could discuss any aspect of their care with their key worker.

## Physical care

There was a policy on general health. All residents attended a GP in the area. General physical examinations were carried out at least six monthly and documented in the clinical files. Information was provided about screening programmes, and, on inspection of the clinical files, it was evident that residents were attending appropriate screening programmes.

## Therapeutic services and programmes

There was a policy of therapeutic services in place, and some therapies took place in the house. An art therapist attended on a Friday and there was music therapy. Canine therapy was arranged weekly and available to all residents. Some residents attended day service at St. Conal's Hospital, and this included a garden project.

## Medication

There was a policy on medication management. Medication was prescribed by the GP, the consultant psychiatrist, or the senior house officer. The Medical Prescription and Administration Record contained valid prescription and medication administration details. A local pharmacy supplied medications to the residence, where it was stored in a locked cabinet in the nurses' station. Staff maintained an antibiotic register to monitor the use of antibiotics and record any known resistance to antibiotics.

## Community engagement

Residents could attend local activities, and there was a bus service available. The house had a minibus, and residents were transported to activities, including the day centre in St. Conal's Hospital. Some residents were brought to New Mills to the equine centre. Other outings included forest walks and visits to local restaurants and coffee shops. An annual holiday is arranged and is optional for residents.

## Autonomy

Residents were free to come and go as they desired and could receive visitors at any time. Motion sensors were installed at the gate that sounded in the office when activated, informing staff when a person or vehicle entered or exited the premises. Residents assisted with weekly shopping and completed domestic activities. It was stated that it was not possible for residents to prepare meals or snacks as they did not have free access to the kitchen because they were not trained in hazard analysis and critical control point (HACCP). Residents were free to determine their own bedtime. They did not have keys to lock bedroom doors.

## Residence facilities and maintenance

The residence, which opened in 2000, was owned by the HSE. The exterior was well kept at the time of inspection, with many colourful flower displays in planter pots. A gardener cut the grass and attended to the garden. There was new flooring in place in the interior. Resident accommodation comprised eight 2-bed rooms and four single rooms. There were no privacy curtains in the twin rooms. There was a phone for the use of residents in the hall.

There was no facility for residents to make a cup of tea or prepare light meals. Residents could sit in one of three sitting rooms. While there was no designated visitors' room, there was a quiet room that was used for the purpose of visits. This room was also used for doctor-resident consultations. One room in the residence was unused and undecorated, and the inspection team was advised this was to be a nurse manager's office. The central heating system needed upgrading and some radiators had rusted and were in bad condition.

Staff had completed audits on infection control.

## Staffing

Staff Discipline	Day whole-time equivalent (WTE)	Night WTE
Clinical Nurse Manager	1	0
Registered Psychiatric Nurse	2	2
Health Care Assistant	0	0
Household staff	3	0

Team input (Sessional)

Discipline	Number of sessions
Occupational Therapist	By referral
Social Worker	By referral
Clinical Psychologist	By referral

Medical Staff	Frequency of attendance at residence
Consultant Psychiatrist	Weekly
Non-Consultant Hospital Doctor	Weekly and on request

## Complaints

There was a policy on complaints and the residence adopted the HSE's *Your Service Your Say* policy. The process for making a complaint was displayed in a prominent position. Complaints were addressed by the assistant director of nursing (ADON) who escalated them to the director of nursing if they were not resolved within the house. There was no complaints log. Community meetings were held in the residence and minutes were documented.

## Risk management and incidents

There was a risk management policy in the residence, and the safety statement was up to date. Risk assessments for residents were completed on admission and reviewed and updated every six months. Any incidents were reported through the National Incident Management System. Incidents were reviewed by the ADON and the residents' care plans were subsequently updated as required.

The residence was physically safe, with easily accessible fire escapes. The fire extinguishers had been serviced, and there was a first kit and an automated external defibrillator. No fire drill had taken place.

## Financial arrangements

There was a policy on managing residents' finances. All residents received pensions and their finances were assessed and audited by the mental health administrators in Tirconail House, Letterkenny. Consideration was made in respect of their outgoings, and the amount of rent that residents pay, including food and utilities, was agreed. This is documented as ranging from €65 to €155 per week. There was a Donegal Mental Health Services lotto that staff and relatives contributed to, and the surplus was used to fund social activities.

## Service user experience

Two residents chose to speak with the inspector about the experience of living in Cleary House SRU. Residents were complimentary about the care delivered and their access to personal space in the residence.

## Areas of good practice

1. There were regular infection control audits.
2. Staff maintained an antibiotic register to monitor the use of antibiotics and any known resistance.

## Areas for improvement

1. There were no privacy curtains in the two-bed rooms.
2. Each resident should have a single bedroom.
3. There was no facility for residents to make a cup of tea or prepare light meals
4. Radiators were in poor condition and had rusted.

5. No fire drill had taken place.
6. There was no log of complaints.