

Clonmethan Lodge

ID Number: RES0113

24 Hour Residence – 2017 Inspection Report

Clonmethan Lodge
Oldtown
Co. Dublin

Community Healthcare Organisation:
CHO 9

Team Responsible:
Intellectual Disability

Total Number of Beds:
30

Total Number of Residents:
30

Inspection Team:
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Inspection Type:
Unannounced Inspection

The Inspector of Mental Health Services:
Dr Susan Finnerty MCRN009711

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Contents

Introduction to the Inspection Process.....	5
Service description.....	5
Care and treatment.....	6
Physical care.....	6
Therapeutic services and programmes.....	6
Medication.....	7
Community engagement.....	7
Autonomy.....	7
Residence facilities and maintenance.....	7
Staffing.....	8
Complaints.....	8
Risk management and incidents.....	9
Financial arrangements.....	9
Service user experience.....	9
Areas of good practice.....	10
Areas for improvement.....	10

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

Clonmethan Lodge was a complex of five six-bed accommodation units, together with a central administration block and attached day centre. Beechwood, Hazelwood, and Oakwood were occupied by 18 male residents. Elmwood and Redwood were occupied by 12 female residents. All houses were of similar layout, with a central entrance hallway leading to a large sitting and dining room with an adjacent kitchen. Located on separate corridors off the central hallway were individual bedrooms and associated toilet and bathroom facilities. Each house had a nurses' office and a separate visiting room. All houses had a private, fenced back garden that was accessed directly from the house.

The complex was located in rural north County Dublin. It had been developed as a purpose-built facility by the HSE approximately 15 years ago and was managed by the St. Joseph's Intellectual Disability service, based in Portrane, Co. Dublin. It provided continuing care for a resident population with moderate to severe intellectual disability with associated mental health problems, including challenging behaviour.

All accommodation was single storey and all residents were accommodated in single bedrooms, which were not en suite. The complex was located in its own grounds and the external gate was kept locked for safety reasons.

The complex was fully occupied during this inspection. Many residents had been accommodated there since the residence opened. Resident turnover was minimal, only occurring when a resident left or died. Staff estimated that there had only been a small number of new admissions in recent years.

The day centre, which was used by residents and by service users from the community, contained a number of rooms for therapeutic and recreational purposes. It also had a gym, which was used for bingo, pool, and cinema purposes. A Montessori teacher attended the day centre to provide educational sessions.

The responsible assistant director of nursing informed the inspectors that all policies applying to the approved centre were in the process of being reviewed.

Care and treatment

The centre used the St. Joseph's Intellectual Disability Service's policy on individual care planning. All residents had a documented individual care plan (ICP). All ICPs were reviewed on a six-monthly basis and more frequently if required. Input by residents into their care plan was variable and dependent on their capacity. Families or representatives were routinely invited to ICP reviews, which were held in the central service office in Swords as part of the routine multi-disciplinary team (MDT) meeting process; MDT meetings were held on a weekly basis. Nursing staff from the residence attended the MDT meeting when resident issues required them to do so, and residents could also attend but did not routinely do so. Psychiatric reviews were undertaken on at least a six-monthly basis and were documented. All residents had an assigned key worker and co-key worker.

Physical care

The residence used the St. Joseph's Intellectual Disability Service's policy on physical care except where this was incompatible with community needs. All residents had access to a GP who was employed by the service and attended the residence three times per week. All residents had documented six-monthly physical examinations and these were completed by the GP. Information on national screening programmes was provided to residents in simple or pictorial form, subject to the capacity of the resident. Where feasible, residents were encouraged to participate in these programmes and were assisted by staff in doing so. Residents had access to dental care in the local primary care centre or in Swords. Occupational therapy and speech and language therapy were not routinely available but could be contracted by management if indicated. The residence had access to a service-based physiotherapist. General hospital services were accessed through GP referral.

Therapeutic services and programmes

Therapeutic programmes were delivered in the day centre which formed part of the residence. The day centre catered for both residents of the complex and for service users based elsewhere in the community. It was staffed by two nurses and five health care assistants, who were separate from the staff complement of the residence. There was also input from a Montessori teacher. The centre, which functioned from 08.30 to 17.00 on a Monday to Friday basis, provided therapeutic and recreational programmes consistent with the abilities of the residents. These included communication skills and gym instruction. A small number of residents went out to training facilities in the community.

Medication

The residence utilised the St. Joseph's Intellectual Disability Service's policy on medication management. Medication was prescribed either by the GP or the psychiatrist. All medications were reviewed on at least a six-monthly basis. It was notable that the Medication Prescription and Administration Record was in an outdated format, with separate card sheets for prescription and administration and medication identified by letter. None of the residents was self-medicating. Medication was stored securely within the nurses' offices in each house of the complex. Medication was supplied on a stock weekly basis from St. Mary's Hospital in the Phoenix Park.

Community engagement

The residence was located in a small rural village and was relatively isolated. A small number of residents had attended the local church on occasion. In-reach by the community to the residence was limited and irregular. Due to the relative isolation of the residence and the lack of suitable public transport, residents were dependent on the availability of hospital or service transport to access services in the community. While the residence previously had access to a number of multi-seat vehicles, this stock had diminished to a single vehicle over recent months due to a dispute between the HSE and the motor taxation authorities regarding responsibility for the payment of road tax. The net result of this, as yet unresolved, standoff was that resident access to community facilities, both for recreational and therapeutic purposes, had been curtailed.

Autonomy

Due to the limited capacity of many residents and the need to take account of health and safety risks, residents had limited and supervised access to kitchen facilities within the various houses. Meals were prepared and provided by staff. Food supplies were delivered to the residence and so residents did not have an opportunity to help with shopping. Residents were free to determine their own bedtime. They did not have a means of locking their individual bedrooms. Some residents assisted with minor gardening and domestic chores. Residents were encouraged to purchase clothes they liked and were helped by staff to do so. Apart from mealtimes, there was no restriction on visiting times in the residence. For safety reasons, the front gates of the residence were kept locked.

Residence facilities and maintenance

Clonmethan Lodge was a purpose-built residential complex specifically designed to meet the needs of a cohort of people with moderate to severe learning disability. The residence was adequately staffed to meet the needs of a highly dependent and vulnerable group. In addition to suitable living, recreational, and

therapeutic accommodation, the residence was located in its own extensive grounds, which provided residents with access to safe, external facilities. The residence was well maintained. Staff explained that maintenance work was undertaken by HSE Estates Management. In general, there was an adequate response to requests for routine maintenance and urgent requests were not unduly delayed.

Staffing

Staff Discipline	Day whole-time equivalent (WTE)	Night WTE
Clinical Nurse Manager 2	1	
Clinical Nurse Manager 1	1	
Registered Psychiatric Nurse	9	5
Health Care Assistant	8	5
Multi-Task Attendant	2.5	

At night, an assistant director of nursing and clinical nurse manager 3 from St. Joseph's were available to the unit on an on-call basis.

Team input (sessional) – Multi-disciplinary team meetings were held every Tuesday in the central support office in Swords. Staff from the residence attended as required, as did residents.

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

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

Complaints

The residence used the St. Joseph's Intellectual Disability Service's policy on complaints. Residents (and families) were provided with information booklets which, among other matters, described in appropriate language how to make a complaint. The complaints process and complaints officer were pictorially identified on notices located in each house and in the day centre. The resident advocate was also identified, and contact details were contained in the information booklet and displayed on public notices. Minor complaints were addressed locally by the clinical nurse manager 2, and more formal complaints were forwarded to management and the complaints officer for response. At the time of the inspection, the residence did not

have a complaints log in place but was in the process of developing one. Community meetings were held within the residence on a quarterly basis and a record of these was maintained.

Risk management and incidents

The residence used the St. Joseph's Intellectual Disability Service's risk management policy, which was used service-wide. There was an identified risk manager and a risk register was maintained and reviewed on a regular basis. Regular individual risk assessment of residents was undertaken as part of the individual care plan review process and more frequently if required due to changing circumstances. Incidents were reported to management using the National Incident Management System. The residence was physically safe. Regular fire drills were undertaken and all staff were up to date with required fire safety training. Each house had a dedicated emergency bag, and this was checked on a weekly basis.

Financial arrangements

The St. Joseph's Intellectual Disability Service's policy on financial management applied to the residence. Residents were charged a weekly rent of €104, and this covered accommodation, food, and facilities, including access to the GP. Some residents maintained personal bank or similar accounts, although this was being phased out in favour of the direct payment of the disability allowance to a personal account maintained by the St. Joseph's finance department. Access to personal monies was governed by the policy, which required that the provision of money to residents was overseen and signed for by at least two members of staff and the resident, if feasible. Residents could request access to their funds on a weekly basis. Where resident funds were used to purchase items for the resident, all purchases were supported by receipt and signatures. There was no shared social fund in operation. Resident finances were audited on a weekly basis by the clinical nurse manager 2, but there was no scheduled external audit process in place.

Service user experience

A substantial number of the residents encountered during the course of this inspection had significant capacity and communication difficulties and were unable to actively engage with the inspection process. Residents who were able to engage with the inspectors expressed satisfaction with their residential placement and did not outline any personal or general matters of complaint. The inspection team was contacted on behalf of service users by the chairperson of the St. Joseph's Association for the Intellectually Disabled, a support body for residents and families. Concern was expressed at the detrimental effect on residents of the current lack of adequate transport throughout the service due to a national dispute, and at staff shortages, which posed difficulties in terms of providing consistency of service to residents. Management of the residence confirmed that the residence was coping with a 15% to 20% nursing staff deficit.

Areas of good practice

1. The service had a variety of information leaflets regarding various aspect of care, which were drafted using language and imagery that made them accessible to the resident population. These were generic and not residence-specific.
2. Residents had access to a separate day centre within the facility, which was adequately resourced and served to differentiate domestic activity from therapeutic or recreational activities
3. Nursing metrics review of processes had been commenced and could form the basis for a full audit process to improve the standard and consistency of service provision.

Areas for improvement

1. Medication Prescription and Administration Records currently in use are outdated and potentially unsafe. Priority should be given to a review of the policy and procedure in this area to ensure that safe processes are emphasised.
2. Some gardens were poorly maintained with broken fencing and bulk detergent stored in an outdoor area.
3. Access to the community by this vulnerable and incapacitated group of residents was severely restricted because of the lack of adequate suitable transport. This issue needs to be addressed as a matter of urgency.
4. Consideration should be given to revising the generic information booklet and associated documents so that they are more specific to the particular residence.