Grove House

ID Number: RES0024

24-Hour Residence – 2017 Inspection Report

Grove House
Celbridge
Co. Kildare

Community Healthcare Organisation:
CHO 7

Team Responsible:
Rehabilitation

Total Number of Beds:
14

Total Number of Residents:
12

Inspection Team:
Orla O'Neill, Lead Inspector
Donal O'Gorman

Inspection Date:
13 April 2017

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

Grove House, a 14-bed, 24-hour, nurse-staffed residence was located in a residential area on the periphery of Celbridge village. The large, detached residence had been renovated in 2011 and now provided modern, comfortable, and spacious accommodation for residents. Grove House shared extensive landscaped gardens with a housing facility for older persons. The area was served by public transport and was within easy walking distance of Celbridge and all its amenities. This residence provided care and accommodation for residents under the care of the Dublin South West Rehabilitation Team.

Residents ranged in age from 42 to 82 years, and most had been in the residence for a considerable period of time. Staff anticipated that a small number of residents would require nursing home care in the medium term.

Care and treatment

The rehabilitation team consultant psychiatrist attended the residence weekly. Each resident had been comprehensively assessed in relation to physical and psychiatric needs, functional social and activities of daily living skills, cognitive functioning, risk, and nutritional and metabolic screening. The service used the Quality Indicator for Rehabilitation Care tool to evaluate rehabilitation needs and to inform individual care planning and service provision and planning. Each resident had an up-to-date individual care plan (ICP) and these were reviewed on a regular basis, approximately quarterly. Each resident's ICP provided an account of their physical and psychosocial goals and the planned interventions and resources. Each resident's clinical file contained a clear statement of the resident's social and independent living skills plan of care. These were located to the front of the clinical files and provided a dashboard account of functional ability and scheduled routines. Each resident had signed their ICP and the ICPs incorporated the resident's preferences and views. Staff had good knowledge of each resident's goals and current programme of care.

Staff had good knowledge of each resident's social and family supports, and residents were actively supported to maintain interaction and involvement with family.

Physical care

The community residence had a policy on general health and medical emergencies dated 2019. All residents had access to their own GP and had a six-monthly physical review completed by their GP and/or the rehabilitation team's non-consultant hospital doctor. The clinical files inspected indicated that residents received comprehensive physical/medical reviews, including, at a minimum, vital signs monitoring, activity of daily living assessments, mini-mental state examinations, Montreal cognitive assessments, regular blood tests, and GP visits. No information about screening programmes was displayed in the residence. Five clinical files were inspected, and three of these indicated that residents had attended diabetic retinopathy screening and Breast Check screening. The residents' GP referred them to the dentist and optician. The rehabilitation team referred residents to primary care services, including occupational therapy, physiotherapy, dietetics, and speech and language therapy. Residents had access to a tissue viability nurse and palliative care services where indicated. Residents were supported to attend specialist medical and clinic appointments.

Nursing staff had up-to-date training in Basic Life Support. The automatic external defibrillator (AED) was checked weekly.

Therapeutic services and programmes

It was apparent that staff had good knowledge of each resident's goals and current programme of care. Staff were interested in supporting residents' active engagement in therapeutic and social activities. Where possible, residents attended rehabilitation programmes in external facilities, including Larine House Day Centre in Maynooth, Clondalkin Day Centre, and Headway in Blackhall Place. There was a well-designed, universal access occupational therapy kitchen in Grove House. There were two occupational therapists on the rehabilitation team, but no current occupational therapy provision within Grove House. An art teacher provided sessional art and crafts sessions. The nursing staff and health care assistants supported resident engagement with activities. Residents were supported with shopping and cooking, listening to music and radio, playing music, knitting, and reading the newspaper.

Medication

The community residence had four medication management policies, which were all approved and in date. Psychotropic medications were prescribed by the consultant psychiatrist or the non-consultant hospital doctor. General medical prescriptions were written by each resident's GP. Eight Medication Prescription and Administration Records (MPARs) were inspected. All of these contained the prescriber's Medical Council Registration Number (MCRNs), start dates and stop dates for medication, an as required medication section, and appropriate resident identifiers. All MPARs were legible. The allergy section was not regularly completed on the MPARs inspected, however. No resident in the residence was self-medicating. Medication was stored in a locked cabinet within a locked clinical room.

Nursing staff brought the MPARs to a community pharmacy in Celbridge, which dispensed the medications. During the inspection, nursing staff reported that they provided residents with information on their medication if required, but no medication-related information was available in a user-friendly format. Nursing staff had up-to-date training in Basic Life Support.

Community engagement

Residents were supported to participate in community activities and to use community facilities. Some residents attended the Mill Centre for older persons in the village and participated in indoor bowls, music, crafts, and bingo. Residents attended music events in the nearby Castletown House. They also visited local markets, cafés, hairdressers, and the swimming pool. Grove House was within walking distance of local churches and residents attended religious services.

Autonomy

Resident accommodation consisted of large single bedrooms located on two floors. There was ample storage space within the bedrooms for personal property and possessions, and each resident had an individual wardrobe, cupboard, and lockable bedside locker. Resident bedrooms were warm, comfortable, spacious, and homely. A number of residents had personalised their bedrooms with photographs and paintings. Residents could lock their own bedrooms if they wished. Bathroom areas could be locked and, if necessary, locks could be overridden by staff.

All meals were cooked by a multi-task attendant. The meals provided reflected the residents' preferences and were prepared from fresh ingredients and provided a balanced nutritious diet. A number of residents were on special diets. Residents did not have free or full access to the kitchen. Nevertheless, they were supported to bake and coo, and had supervised access to tea/coffee making facilities.

The rehabilitation team participated in a Genio-funded initiative entitled "Creating Foundations". This involved the assessment of each resident in relation to their functional capacity for independent living in the community to identify appropriate housing needs. The plan was for residents to progress to optimal independent living and housing.

Residence facilities and maintenance

The accommodation consisted of a large entrance hall, which contained comfortable seating. There was a resident information board and an AED located in the entrance hall. The nurses' station, sitting room, and dining room were to the left of the entrance, and residents' bedrooms and occupational therapy kitchen were to the right. The kitchen was purpose-built with sufficient catering equipment and cooking facilities. There was a sufficient number of bathroom and toilet facilities for residents, and these were maintained to a good standard. The first floor had more resident bedrooms, a food storage room, another large sitting room, and a clinical room, which was well stocked with clinical supplies and equipment.

The dining room was large, bright, spacious, and comfortable for diners. Toilets and bathrooms were located at various points throughout the premises. The premises also had wheelchair accessible toilets, which were large and purpose-built. The toilets/bathrooms were clean in appearance with modern anti-ligature fixtures and fittings in place.

The residence had an excellent purpose-built occupational therapy room, which contained modern wheelchair accessible cooking facilities, including high–low washing and cooking utensils and other catering equipment. The interior décor was of a good standard and the premises were well lit, bright, and comfortably heated and ventilated. The gardens were well kept and consisted of lawns, shrubbery, and trees. There were no seating facilities for residents to enjoy the gardens. Staff explained that garden tables and chairs had been vandalised.

Staffing

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

Team input (Sessional)

Discipline	Number of sessions
Occupational Therapist	0
Social Worker	As required
Clinical Psychologist	0

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

Staff were satisfied with the level of training provided. Staff had up-to-date training in Basic Life Support, Manual Handling, and Prevention and Management of Aggression and Violence.

Complaints

The community residence had a policy on dealing with concerns/complaints, dated 2016. Residents made complaints locally to the CNM2 in the residence. The HSE's *Your Service, Your Say* complaints policy was displayed in information leaflets on the resident information board. The CNM2 addressed and dealt with complaints at a local level; all complaints that could not be resolved locally were escalated upwards to either the assistant director of nursing and/or the consultant psychiatrist and forwarded to the complaints officer in Cherry Orchard Hospital. No complaints log was available, but complaints raised by residents in the community meetings were inspected. This was the forum used by the CNM2 to address and resolve complaints. Complaints/concerns raised included the smoking policy, resident safety, the roster for domestic chores, leaving the residence, and road safety. Community meeting occurred monthly, and minutes of these were inspected. Residents also used this as a forum for raising complaints. No suggestion box was available to the residents.

Risk Management and Incidents

There was a risk management policy. Each resident was risk-assessed and had a risk management plan. There was a health and safety statement for the residence, including a hazard identification and mitigation log. The 2011 refurbishment of the residence had minimised ligature-anchor points. An incident log was kept and inspected. All incidents were reported in accordance with the HSE's National Incident Management System.

Financial arrangements

The residence had a policy on managing residents' monies, which had been reviewed in October 2016. Residents' either held their own monies in the post office or in personal bank accounts. Disability payments were made/paid directly into these accounts. Residents accessed their own monies via the post office or using ATM cards. Some residents kept small amounts of monies in safe-keeping in the residence. This money was checked daily by two members of the nursing staff, and monies signed in/out were checked and countersigned by nursing staff. All residents were charged a bed and board fee of between €90 and €120 per week. This covered accommodation, food, and utilities. There was no communal social fund or charge.

Service user experience

The inspection team greeted residents and explained the purpose of the inspection. No service user expressed a desire to meet with the inspection team on an individual basis. However, a number of residents, whom inspectors met during the course of the inspection, expressed their satisfaction with staff and the routine within the residence.

Areas of good practice

1. The comprehensive assessment of residents' needs and clear specification of individual social and independent living plans.

2. The quality of the physical health care provided to residents.

3. The level of community engagement and participation in rehabilitation programmes externally.

4. The use of the Quality Indicator for Rehabilitation Care to evaluate and develop rehabilitation programmes.

5. The processes for eliciting residents' preferences and incorporating these into activities of daily life.

Areas for improvement

1. Enhancement of décor, including displaying pictures on the walls and facilitating residents to display personal pictures and photographs in their bedrooms.

2. Occupational therapy aide input to facilitate residents' access to and use of the occupational therapy kitchen to regularly cook and bake.

3. The provision of appropriate outdoor furniture to enable residents' use of the gardens.