

Killarden House

ID Number: RES0060

24-Hour Residence – 2017 Inspection Report

Killarden House
Tralee
Co. Kerry

Community Healthcare Organisation:
CHO 4

Team Responsible:
Rehabilitation

Total Number of Beds:
17

Total Number of Residents:
16

Inspection Team:
David McGuinness, Lead Inspector

Inspection Date:
23 August 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

Killarden House, a 17-bed, 24-hour nurse-staffed residence, was located in Tralee, Co. Kerry. The two-storey residence was owned by the HSE, Cork and Kerry Community Healthcare Organisation (CHO 4). The building was a converted convent, which opened as a community residence in 1995. The residence also included St. Catherine's Day Centre, which was the day centre for the sector. At the time of the inspection, the residence had been recently rewired. The exterior of the building was well maintained. A gardener was employed for four days a week tending to the gardens at Killarden House, Caherina House Day Hospital and Sliabh Mis Unit. Killarden House provided rehabilitation for 16 residents, all of whom were accommodated in single rooms. The future plan for the residence was for it to remain unchanged.

Resident profile

Residents ranged in age from 22 to 80 years. At the time of inspection, 11 male and 5 female residents were accommodated in Killarden House. All residents were of a voluntary status, and there was one ward of court. None of the residents had mobility issues.

Care and treatment

Killarden House had a policy in place regarding individual care plans (ICPs). All residents had multi-disciplinary team input into their ICP. There was a key worker system in place involving nursing staff and health care assistants to ensure ICPs were implemented. Residents completed care planning forms with support from staff or a peer support worker prior to the development of the ICP by the multi-disciplinary team (MDT). The ICPs were reviewed every six months in consultation with the residents. The MDT meetings were held in the residence, and residents attended. Family members were also free to attend. The residents' clinical files indicated that all residents had received a six-monthly psychiatric evaluation. Residents were under the care of the rehabilitation team.

Physical care

Killarden House had a policy in place in relation to physical care/general health. All residents had access to a local GP. Routine physical examinations were completed every six months and were documented. Information about national screening programmes was not available in the residence, but residents had access to appropriate screening programmes. Other health care services were available to residents, including audiology, physiotherapy, dietetics, chiropody, and podiatry. Some residents attended the dermatology consultant in University Hospital Kerry, Tralee. Residents had access to a smoking cessation officer.

Food was prepared in University Hospital Kerry using the cook-chill system of advanced food preparation and delivered to the residence. There was a three-week rotating menu, and residents had a choice of meals.

Therapeutic services and programmes

Killarden House had a policy in place in relation to the provision of therapeutic programmes. Three residents attended a literacy class in Tralee and three attended RehabCare in the Blennerville Resource Centre. Six residents attended St. Catherine's Day Centre, where they had access to programmes such as art therapy, drama, reminiscence therapy, quizzes, and bingo. In addition, the occupational therapist facilitated a baking group for two hours weekly.

Medication

The residence had a policy in place in relation to medication management. Medication was prescribed by the residents' GP or the consultant psychiatrist, who attended Killarden House once every two weeks. A Medication Prescription Administration Record (MPAR) system was in operation, and the MPARs contained valid prescription and medication administration details. There were three levels of medication administration: level 1, daily administration; level 2, a three-day supply; and level 3, a weekly supply.

Medicines were supplied by the local community pharmacy, and they were stored appropriately and legally in the residence.

Community engagement

The location of Killarden House facilitated community engagement. Two residents attended the garden allotments in Tralee, three residents attended literacy classes in the town, and two residents attended an English class. Four residents went to bingo every Friday, and one resident was a member of a nearby leisure club and went swimming and horse riding. Killarden House had its own bus, and residents could also use the

public bus service; the bus stop was outside the door. At the time of the inspection, one resident was planning to go on a pilgrimage to Lourdes and some were going to Ballybunion. Three residents who were interviewed commented on recent social outings to Cobh and Spike Island. Some residents attended events in the Ireland's National Event Centre in Killarney.

The residence was regularly attended by an art therapist, drama teacher, and the local branch of the Mental Health Association.

Autonomy

Residents were free to come and go from Killarden House as they wished, but would inform staff if they were going into town. They had full access to the kitchen to make tea/coffee and to prepare snacks. Residents determined their own bedtimes. Residents did not have keys to their own bedrooms, which had no locks. Residents assisted with domestic chores, mainly in the kitchen, but this was not documented. Residents were free to receive visitors at any time.

Residence facilities and maintenance

Killarden House was a two-storey building in Tralee, Co. Kerry. It accommodated residents in 17 single bedrooms, which were personalised. There was a spacious sitting room with a television and ample seating, and it was also used to hold group activities. The dining room was shared by the residence and the day centre. A downstairs shower room facility was for the use of day centre attendees.

The facility was not purpose-built, and bedrooms were small and untidy, furniture was outdated, and there was poor lighting upstairs, particularly in the corridor. At the time of inspection, 16 residents were sharing one shower and one bath. The shower was in a poor state of repair, with tiles falling off the walls, leading to leaks downstairs. The bathroom was also in need of an upgrade. The bath, which was not used, did not have handrails. Documentation was available to indicate that funding had been sought for bathroom works. The house was also in general need of repainting, and it would benefit from new curtains and duvets.

There was a garden at the rear of the house, which included an orchard and a polytunnel, where vegetables were grown. The ground was rough and uneven.

Staffing

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

Team input (Sessional)

Discipline	Number of sessions
Occupational Therapist	2
Social Worker	As required
Clinical Psychologist	As required

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

Staff had received training in fire safety, but they did not have up-to-date training in Basic Life Support or recovery. There was a training log, but dates of training were not recorded.

Complaints

Killarden House had a complaints policy, and the nurse in charge and the area administrator were responsible for addressing complaints. In the first instance, complaints were addressed by the clinical nurse manager and then escalated to the area administrator, where necessary. Details of the complaints procedure were displayed in the residence, and there was a supply of *Your Service Your Say* leaflets. Residents were aware of how to make complaints, and they had access to a suggestion box. A complaints log was not maintained. Regular community meetings were held in the residence, but minutes of these were not always recorded.

Risk management and incidents

The residence had a risk management policy in place, which was implemented throughout the unit. Risk assessments were completed for residents. Incidents were documented and reported using the National Incident Management System. The residence appeared to be physically safe. The fire extinguishers were

regularly serviced and in date. There were three fire escapes. The residence maintained a fire register, where daily checks of fire escapes and weekly checks of emergency lighting were documented. A first aid kit was available in the residence.

Financial arrangements

The residence had a policy in place in relation to managing residents' finances. Residents paid €90 per week, which covered utilities and food. Residents had credit union accounts, which they accessed using ATM cards. All ATM cards were secured in the residence. Appropriate procedures were in place for staff handling resident money, with a log of monies in and monies out, which was signed by staff and residents. Residents did not contribute to a social fund or kitty. Residents' finances were not audited on a regular basis.

Service user experience

Three residents met privately with the inspectors. They expressed satisfaction with the food and the variety of social outings they attended. Two residents expressed a wish to have access to Wi-Fi.

Areas of good practice

1. All residents were accommodated in single rooms.
2. The residence facilitated community engagement.
3. There was a peer support worker attached to the rehabilitation team.

Areas for improvement

1. New showers are required.
2. A log of complaints should be maintained.
3. Information on national screening programmes should be available in the residence.
4. Access to Wi-Fi should be provided as residents requested this.