Lisdarn Lodge

ID Number: RES0031

24-Hour Residence – 2018 Inspection Report

Lisdarn Lodge
Cavan General Hospital
Cavan

Community Healthcare Organisation:
CHO 1

Team Responsible:
Community Rehabilitation Service

Total Number of Beds:
11

Total Number of Residents:
9

Inspection Team:
Martin McMenamin, Lead Inspector

Inspection Date:
08 February 2018

Inspection Type:
Unannounced Inspection

The Inspector of Mental Health Services:
Dr Susan Finnerty MCRN009711

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Contents

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

Lisdarn Lodge was an 11-bed, 24-hour, nurse-staffed residence in Cavan town. The two-storey house, a former doctor's residence, was owned by the HSE. It opened as a community residence in 1995. At the time of inspection, Lisdarn Lodge was providing long-term, continuing care for seven residents and respite care for three others. Referrals were accepted from the community rehabilitation service (CRS) and the assertive outreach team (respite care and relapse prevention), as well as the wider Cavan/Monaghan MHS in terms of step-up care from the community or step- down care from an acute setting.

The needs of the residents in continuing care has increasingly evolved to a greater requirement of care in terms of mobility and physical care needs. This contrasts with the needs of younger adult residents who require a more focused period of rehabilitative assessment and active early interventions and programmes. This was reflected in the increasing need from within the service for more assessment and rehabilitation for acute care. At the time of inspection, the waiting list for the residence included an 80-year-old and a 22-year-old. This residence's dual mandate may increasingly become at odds with each other.

Residence facilities and maintenance

The "L" shaped premises comprised an older, two-storey wing, which was a former doctor's residence, and a newer, single-storey wing. Residents in Lisdarn Lodge were accommodated in single-occupancy bedrooms, with shared bathroom facilities. The male toilet on the first floor had broken tiles and was malodourous.

The exterior of the building was of brick construction. The original entrance door required repainting, and the guttering and downspouts required attention. There was no signage to identify the residence.

At the time of inspection, the male shower room on the first floor had recently been renovated. There were no immediate plans for further renovations or refurbishments.

Resident profile

At the time of the inspection, Lisdarn Lodge was providing accommodation for five male and six female residents. They were aged between 32 and 95, and the duration of their stay ranged from one week to 22 years. One resident had a primary diagnosis of an intellectual disability. Some of the residents had physical

limitations and used mobility aids, and appropriate ground-floor accommodation was provided in line with their needs.

Care and treatment

Lisdarn Lodge had a policy in relation to individual care planning. All of the residents had a multi-disciplinary individual care plan (ICP) and were involved in the care planning process. Nursing care plans were reviewed on a three-monthly basis, and residents attended review meetings. Residents were assigned key workers, who were consistent named individuals. A review of the clinical files indicated that residents received a psychiatric evaluation at least six-monthly.

Multi-disciplinary team meetings took place in the house annually. Nursing meetings were held on a monthly basis.

Physical care

Lisdarn Lodge had a policy in relation to physical care and general health. All residents had access to a local GP. Medication was prescribed both by GPs and/or by residents' Consultant/Senior House Officer. Residents received physical examinations, including ECGs, as required.

Information on national screening programmes was provided to residents through their GP, and residents were receiving appropriate screening. Residents also had access to other health services as required, including dentistry, dietetics, physiotherapy, general hospital services, and chiropody.

Therapeutic services and programmes

Lisdarn Lodge had a policy in relation to therapeutic programmes. A number of programmes were delivered in the residence, including news updates, music therapy, and self-esteem groups. Residents were also actively encouraged to participate in activities off-site. Some attended the day centre in Drumalee, others participated in National Learning Network programmes, and some attended the gym and a soccer skills group accompanied by the occupational therapist.

Recreational activities

Residents in Lisdarn Lodge had access to various recreational activities. These included TV, DVDs, books, a newspaper discussion group, bingo, quizzes, and games. Residents also went on walks and visited the library, cinema, and coffee shops.

Medication

The residence had a policy in relation to medication management. Medication was prescribed by the consultant psychiatrist, non-consultant hospital doctor, or GP. A Medication and Prescription Administration Record (MPAR) system was in use in the residence, but the two-part MPAR format used was outdated. The MPARs contained valid prescriptions and administration details. Some residents were self-medicating with supervision, and their medicines were supplied in blister packs. Medication was supplied by a local pharmacy and Cavan General Hospital, and it was stored appropriately and legally within the residence. Routine blood analysis for one resident had identified a requirement for folate and iron supplements that had not been prescribed and had not been factored into any revised dietary provision.

Community engagement

The location of Lisdarn Lodge, within walking distance of Cavan town, facilitated community engagement. Residents were encouraged to integrate where possible and appropriate, into the facilities available within the community. They visited the library, cinema, shops, and coffee shops, and some went to the gym. The residence also had contact with a jobs coach via the occupational therapist, and work experience could be organised for residents.

Residents had access to public transport but mostly chose to use a local taxi service. There was a Local Link bus service operating out of Cavan town, but the bus stop was some distance from the house. The residence did not have its own transport.

Autonomy

Residents had full access to the kitchen. Each had been assessed by the occupational therapist and were encouraged to make meals and snacks, although all meals were provided. Residents were free to determine their bedtime, and two residents had a key to their own bedroom. Residents helped with domestic chores. Visitors were welcome in the house at any time, and residents were free to come and go as they wished.

Staffing

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

Team input (Sessional)

Discipline	Number of sessions
Occupational Therapist	Based on individual resident need
Social Worker	Due to commence
Clinical Psychologist	Based on individual resident need
Art Therapist	Sessional in Day Centre

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

Complaints

Lisdarn House used the HSE *Your Service, Your Say* complaints policy. Residents were aware of how to make complaints. A minor complaints log was maintained, and there was a suggestion box on the premises. A community meeting was held in the residence every two to three months, and minutes were maintained.

Risk management and incidents

The residence had a risk management policy, which was being implemented throughout the house. Risk assessments for residents were completed periodically. Incidents were documented using the National Incident Management System. The residence was physically safe, and fire extinguishers were serviced and in date. A fire drill/evacuation had been held at the end of January 2018. There was a first aid kit, oxygen and a resuscitation mask on the premises. The residence had hand hygiene facilities and staff were linked to Cavan General Hospital in terms of personal alarms and responders.

Financial arrangements

Lisdarn Lodge had a policy in relation to the management of residents' finances. Residents paid a weekly charge, according to their means, and this included food and utilities. Some of the residents did not have bank or post office accounts by their own choice. Most managed their own money and were encouraged to do so. Staff were involved in collecting the weekly charge. Appropriate procedures were in place in relation to staff handling residents' money, with all transactions appropriately signed and recorded.

Residents did not contribute to a kitty or social fund. Residents' finances were checked regularly by the clinical nurse manager in charge.

Service user experience

The inspector met with a number of residents during the course of this inspection. The residents generally expressed satisfaction with the residence and specific complaints were not noted. No resident expressed a wish to meet privately with the inspector.

Areas of good practice

1. A schedule was maintained for all resident assessments, reviews, and physical examinations.

2. Residents had free access to the house and there was no limitation on visiting times.

3. All residents had their own room.

4. There was good access to activities and programmes, both within the residence and externally.

5. There was up to date electronic folders of care information and resources available to staff.

Areas for improvement

1. Lisdarn House provides a number of disparate services within the umbrella term of rehabilitation and would benefit from a clearer definition of its inclusion and exclusion criteria for admission and of its role and function in relation to services offered within the Community Rehabilitation Service team.

2. The replacement of the existing prescription chart and separate positive recording chart with an integrated prescription booklet would contribute to maximising patient medication safety.

3. The status of some of the toilets and bathroom facilities within the house would benefit from repairs to wall tiles and floor coverings in order to facilitate and maintain hygiene standards.

4. Resident prescriptive needs based on blood assay results should be addressed.