

# Oakview

ID Number: RES0027

## 24-Hour Residence – 2017 Inspection Report

Oakview  
Co Dublin

Community Healthcare Organisation:  
CHO 7

Team Responsible:  
Rehabilitation and Community Mental Health

Total Number of Beds:  
17

Total Number of Residents:  
12

**Inspection Team:**  
Noeleen Byrne, Lead Inspector  
David McGuinness

**Inspection Date:**  
13 April 2017

**Inspection Type:**  
Unannounced Inspection

**The Inspector of Mental Health Services:**  
Dr Susan Finnerty MCRN009711

**Date of Publication:**  
20 April 2018



## Contents

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



## 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

Oakview was a high-support, 17-bed, purpose-built community residence situated in a residential area in Co. Dublin. The building opened in 2011. It was a two-storey house laid out internally as three houses, each with its own entrance door. House number 3 did not open until 2016. Each house had one downstairs bedroom and all bedrooms were single rooms with en suite bathrooms.

Residents in Oakview were under the care of the rehabilitation team or the community mental health teams. All residents required continuing care because of long-term health needs.

## Resident profile

There were 12 residents at the time of the inspection, ranging in age from 36 to 69 years. There were seven male and five female residents. Four residents were in hospital, two in the general hospital and two in an approved centre. Eleven of the residents had lived in the house since it opened, and one was admitted in the last year. Two residents were wards of court. One of the residents used a wheelchair to assist mobility and was accommodated in a downstairs bedroom.

## Care and treatment

There was no policy on individual care planning; however, all residents had an individual care plan (ICP). These ICPs were developed and reviewed by the medical and nursing staff and were not multi-disciplinary. There was an occupational therapist and social worker attached to the team and they reviewed residents by referral. When they were working with the residents, their needs, goals, and interventions were incorporated into their ICPs. There was no psychologist as the position was vacant. Residents were invited to attend their care plan meeting, held in Oakview, and to have input as they wished. The ICPs were reviewed at least every six months and more frequently as required. Psychiatric evaluations were documented in the clinical file at least six-monthly. The rehabilitation consultant attended Oakview every Thursday and was present on the day of the inspection. A key worker system was in operation to support residents.

## Physical care

There were guidelines on how to deal with a medical emergency. All residents had a GP. General physical examinations were completed at least every six months and documented in each clinical file. There was information about screening programmes available and residents received appropriate screening, including retinal, cervical, bowel, and breast screening. Residents had regular visits to the dentist and some residents were getting new dentures.

## Therapeutic services and programmes

There was no policy on therapeutic programmes. The programmes delivered in the house included art and reminiscence therapy. Other activities included cookery, cards, crosswords and newspaper discussions. One health care assistant worked from 9am to 5pm with a specific remit to increase activities. Some residents had completed music, art, and English courses as part of the EVE Holdings community-based programme. Four residents had successfully completed examinations. One resident attended music lessons weekly and completed a performance at the Christmas show. One resident had an art exhibition and another wrote a song.

## Medication

There was a policy on medication management. Medication was prescribed by the GP, the consultant psychiatrist, and/or a doctor from the team. The Medication Prescription and Administration Record (MPAR) contained valid prescription and administration details. A local community pharmacy supplied the medication to the residence, where it was stored in a locked cabinet in a clinical room.

## Community engagement

The location of Oakview facilitated community engagement. Some residents attended a gym and many visited local coffee shops. Among the activities residents participated in were bingo and fishing. Last year, all residents went to County Clare for four days' holidays. Oakview had its own people carrier, and three staff could drive residents to appointments and to activities. Four residents participated in a "Stepping in Project". This is funded by the service and supports residents to access and participate in mainstream community activities. This programme was organised by the occupational therapist and a community links worker. One resident participates in weekly horse riding lessons organised by Head Way.

## Autonomy

All residents were free to come and go as they desired. Some residents only went out when accompanied by a member of staff as indicated in their clinical notes. Residents had the use of the kitchen facilities and

were free to make hot drinks and snacks or light meals. Some residents assisted with domestic activities and maintenance. Each resident had a single room and all were free to determine their own bedtime. Residents had front door keys.

## Residence facilities and maintenance

The residence was owned by the HSE. The exterior of the building was well maintained, but the garden at the rear was not well maintained. There were cigarette butts that had not been disposed of correctly and there was some rubbish strewn around the garden. All residents entered Oakview through the front door and could gain access to other houses through adjoining doors. Each house had two living rooms, a kitchen, an office, and two storerooms. In addition, each house had one bedroom downstairs. One en suite bathroom was malodorous. Several leather couches were badly torn. The bedrooms and bathrooms were cleaned daily. The ovens in the three houses were not clean.

## Staffing

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

### Team input (Sessional)

Discipline	Number of sessions
Occupational Therapist	By referral
Social Worker	By referral
Clinical Psychologist	0
Health Care Assistant - Activation	1

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

## 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. All staff were responsible for

addressing complaints. There was a complaints log. Community meetings were held once a month and minutes of these meetings were kept. There was a suggestion box located in the hall.

## Risk management and incidents

There was a risk management policy and the safety statement was up to date. Risk assessments were carried out for each resident. Incidents were reported through the National Incident Management System. A risk register was in place and was used to manage and report escalating risks. There was a problem with antisocial behaviour in the community. This was documented in the risk register and anti-climb paint was secured.

A CCTV system had been installed to monitor antisocial behaviour. The CCTV was recording the external areas and there were cameras inside the residence. The monitor was located on the ground floor in a small room inside the hall door that was locked. No staff observed the monitor unless there were incidents of antisocial behaviour.

The annual check for fire extinguishers was due. By telephone, the company who serviced the fire extinguishers confirmed they would be serviced within one week.

## Financial arrangements

There was a document on the management of residents' money. All residents received pensions and all had post office or bank accounts. All residents received pensions and chose to manage their own money. Residents paid a rent of between €60 and €85 per week. Some residents were supported with budgeting. A budgeting plan was agreed and residents signed all for all transactions. All residents' finances were monitored and audited. Residents paid for their own holidays.

## Service user experience

The inspection team spoke to three residents who were happy living in the house. Residents confirmed that they were invited to attend meetings with the consultant psychiatrist, her registrar, and a nurse to discuss and develop their care plans. Residents who wished to go into town walked to the bus stop, which was 20 minutes away. When they had appointments, they were driven by staff in the house car.

## Areas of good practice

1. The consultant psychiatrist was leading an initiative to establish a protocol for deaf residents. This would extend to two or three other residences in the area.
2. A functional needs assessment was planned for all residents.

## Areas for improvement

1. There was a lack of members of the multi-disciplinary team involved in individual care planning.
2. The leatherette couches were in a poor state of repair.
3. The garden area was not well maintained.
4. One bathroom was malodorous.