

Oropesa

ID Number: RES0093

24-Hour Residence – 2017 Inspection Report

Oropesa
Stillorgan
Co. Dublin

Community Healthcare Organisation:
CHO 6

Team Responsible:
General Adult

Total Number of Beds:
21

Total Number of Residents:
21

Inspection Team:
Siobhán Dinan, Lead Inspector

Inspection Date:
3 November 2017

Inspection Type:
Unannounced Inspection

The Inspector of Mental Health Services:
Dr Susan Finnerty MCRN009711

Date of Publication:
20 April 2018

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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

Oropesa was a 24-hour, high-support community residence located in Stillorgan, Co. Dublin. The 21-bed, two-storey residence was part of the Cluain Mhuire community health services developed by the Hospitaller order of St. John of God. Oropesa had been providing residential rehabilitation and recovery programmes to residents since 1998. Three general adult multi-disciplinary teams (MDTs) referred residents to the service. At the time of inspection, Oropesa was providing accommodation for 21 residents in single-occupancy bedrooms. The exterior of the residence was well maintained, and the house was surrounded by an extensive garden. The future plan for the residence was to decrease the occupancy level to ten beds.

The function and philosophy of care in Oropesa was rehabilitation and recovery. Staff endeavoured to work in partnership with people, assisting them to attain their highest possible quality of life, at their highest level of functioning.

Resident profile

Residents ranged in age from 30 to 63 years. At the time of inspection, 13 female and 8 male residents were accommodated in the residence and the duration of stay ranged from four months to eight years. One resident had mobility issues and was accommodated in a downstairs bedroom. No resident had ward of court status.

Care and treatment

Oropesa had a policy with regard to individual care plans (ICPs), which was dated July 2016. An inspection of the Mental Health Information System (MHIS) which stored electronic versions of files indicated that all residents had a multi-disciplinary ICP. The ICPs evidenced the use of the Client Assessment of Specified Identified Goals (CASIG) and Staff Observation and Client Information (SOSI) assessment tools. Residents attended ICP review meetings, held on a two-monthly basis. They signed their ICPs and were offered copies of same. There was evidence of family involvement in care planning.

The ICPs indicated that a psychiatric evaluation of residents did not take place at least six-monthly but occurred every 6 to 12 months. The MDT meetings were held weekly in Cluain Mhuire and monthly in Oropesa; residents did not attend. There was a key worker system in place, with three key workers allocated

per resident. Residents did not have direct access to a rehabilitation team. The service had a person-centred philosophy and promoted independent living.

Physical care

Oropesa had a policy in relation to physical care/general health. All residents had access to a GP, and some attended appointments independently whereas others were accompanied. General physical examinations were completed initially on admission, and routine blood tests were taken every six months and an electrocardiogram (ECG) every year. Information about national screening programmes was unavailable in the residence, however residents did have access to appropriate screening programmes. Other health care services were available to residents, including physiotherapy, dentistry, dietetics, and speech and language therapy. The GP or a member of one of the admitting teams made referrals where necessary.

Therapeutic services and programmes

Oropesa had a policy in relation to the provision of therapeutic programmes, which was dated September 2016. Daily activities delivered in the residence included bingo, board games, TV and music, X-factor nights, movie nights, arts and crafts, and cooking skills. Residents did not have access to therapeutic programmes within the residence. Programmes were delivered in the Burton Hall Day Centre, including wellness recovery action plan groups, mindfulness groups and hearing voices groups. Other activities such as art, live music, creative writing, poetry groups, computer classes, yoga, and gardening were also available to residents.

Residents also went on regular organised trips, including shopping trips, to cafés, art museums, cinema, the garden centre, and for walks along Bray promenade and Dún Laoghaire harbour. Some residents also attended educational programmes in the Bray Institute for Further Education and the Community College in Sallynoggin.

Medication

Oropesa had a policy in relation to medication management, which was dated May 2010. Medication was prescribed by the residents' consultant psychiatrist or a non-consultant hospital doctor. A Medication Prescription Administration Record (MPAR) system was in operation, and resident MPARs contained valid prescriptions and administration details. Some of the residents were self-medicating and were supported to do so by their key workers.

Medicines were supplied by a local pharmacy in 28-day blister packs. Medications were appropriately stored in a locked trolley, and there was a locked cabinet for controlled drugs.

Community engagement

The location of the residence facilitated community engagement. Oropesa was located near to a main Dublin Bus route and was within easy reach of Stillorgan Shopping Centre. It was also well served by taxis. Residents were encouraged to go shopping, take walks, or meet friends and family members. There were regular organised shopping trips and day outings, including cinema and library visits. Residents also had access to a drop-in club in Burton Hall. The residence had a staff car that could be used to help residents access community activities. There was in-reach from the community into Oropesa, including visits from representatives of the Irish Advocacy Network, transition year students from local schools, and social work students from DIT. A summer BBQ and a Christmas mass was held annually and resident's friends and family members were invited to attend.

Autonomy

Residents could come and go from Oropesa as they wished. They had their own bedrooms, for which they had keys, and they were free to determine their own bedtimes. Nevertheless, residents were encouraged to retire at around 10 pm, and good sleep-hygiene practice was promoted.

Residents did not have free access to the kitchen area. There was a chef on duty from Monday to Friday, and staff used the kitchen at the weekends. Breakfast was available between 8am and 10am, lunch was available between 12 pm and 2 pm, dinner was served at 4 pm, and supper was made available to residents to help themselves to in the evening. A daily menu was displayed on the noticeboard in the dining room which included allergen information. There was a coffee dock, with a mini-fridge and microwave, and residents had access to food for making snacks. Residents were encouraged to help out with domestic chores, including laundry, which promoted independent living skills.

Residents were free to receive visitors at any time up to 9:30 pm.

Residence facilities and maintenance

Oropesa was a two-storey building in Stillorgan, Co. Dublin. The facility was purpose-built and was well maintained. All residents had their own bedrooms, with en suite showers and toilets. Four bedrooms were downstairs and the other 17 were upstairs. Rooms were personalised. The bedrooms had built-in wardrobes, single beds, and dressers. Residents could also use a shared bathroom with a bath and toilet. Wheelchair-accessible bathroom facilities were available on the ground floor. The house also included two small sitting rooms with TVs and radios, a kitchen and dining area, a coffee dock, an office and staff room, and a clinical room. Residents had access to a large, landscape garden at the back of the residence, which contained a smoking gazebo.

Staffing

Staff Discipline	Day whole-time equivalent (WTE)	Night WTE
Clinical Nurse Manager 1	1	0
Registered Psychiatric Nurse	1	1
Social Care Worker	1	2

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

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

Staff had received training in Basic Life Support, Fire Safety, Management of Actual or Potential Aggression, Manual Handling, First Aid, Children First, Hand Hygiene and in Wellness Recovery Action Plan training.

Complaints

Oropesa had a complaints policy, and details of the complaints process were on display. Complaints were addressed locally by the clinical nurse manager. Where complaints required escalation, they were addressed by the complaints officer, who was the director of nursing. A log of complaints was maintained by the complaints officer, and residents had access to two suggestion boxes. Bi-monthly community meetings were held in the residence, and minutes of these were maintained. At the time of inspection Oropesa was not recording minor complaints that were made via suggestion boxes, verbally or at community meetings or details of the follow-up to these issues.

Risk management and incidents

The residence had a risk management policy, dated May 2007, and a safety statement, dated July 2016. The policy was implemented throughout the residence. Risk assessments were completed for residents at admission and updated as necessary. 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, and there was a fire escape on the ground floor. There were two first aid kits in the clinical room and an Automated External Defibrillator in the corridor.

Financial arrangements

Oropesa had a policy in relation to managing residents' finances, which was dated October 2013. The weekly charge for residents was €64, which covered accommodation, food, and utilities. Residents had bank or post office accounts and accessed their money independently. Staff did not handle residents' money. Residents did not contribute to a kitty or social fund.

Service user experience

At the time of inspection no resident wished to meet with the inspector.

Areas of good practice

1. A 'Healing Garden Project' had taken place which provided residents access to a newly landscaped garden.
2. Allergan information was displayed on daily menus.
3. A 'getting to know each other' folder was available to residents which detailed each resident's and staff members likes, dislikes, hobbies, and favourite films.
4. A coffee dock area, with a mini-fridge and microwave was available to residents giving them the option to make snacks independently.

Areas for improvement

1. Any complaints, comments, or suggestions received by residents should be documented so that there is clear evidence that any issues arising are acted upon.
2. All individual care plans should be signed by residents or a reason should be stated as to why this was not possible.
3. The service should consider the introduction of a schedule of physical examinations.