Park House

ID Number: RES0034

24-Hour Residence – 2017 Inspection Report

Park House
Dungloe
Co. Donegal

Community Healthcare Organisation:
HSE CHO 1

Team Responsible:
Continuing Mental Health Care

Total Number of Beds:
14

Total Number of Residents:
13

Inspection Team:
Donal O' Gorman, Lead Inspector
Carol Brennan Forsyth

Inspection Date:
8 June 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

Park House, a 14-bed, 24-hour, nurse-staffed residence was located on the periphery of Dungloe. The residence opened in 2001. It comprised two buildings, House 1 and House 2 (rear house). It was a two-storey building with 13 single rooms and 1 double room. The residence was owned and managed by the HSE, Community Healthcare Organisation (CHO) 1, North-Western Donegal sector. The area was served by public transport and was within easy walking distance of Dungloe town centre and all its amenities. Residents were under the care of the adult mental health team and did not have access to a rehabilitation team. At the time of the inspection, the executive clinical director was undertaking a review of clinical consultant rehabilitation and rehabilitation and recovery hours for Donegal Mental Health Service.

Residents ranged in age from 47 to 85 years. Most had been resident for a considerable period of time. The most recent admission was in 2016, and one resident had been living in Park House since 2007. Staff commented that the average age of residents had increased and that this had been accompanied by growing physical health needs, but all residents remained mobile. The more elderly residents were accommodated in House 1, close to the nurses' station

Care and treatment

Park House did not have a policy with regard to individual care plans (ICPs), but all residents had an up-to-date nursing and multi-disciplinary ICP in place. Each resident had a designated nurse key worker responsible for updating their ICPs on a six-monthly basis or as the need arose in conjunction with the residents. A sample of ICPs was inspected; they were a composite set of documents and were up to date. Each resident's ICP, including nursing care plans, provided an account of their physical and psychosocial goals and the planned interventions and resources. Staff had good knowledge of each resident's goals and current programme of care. Input into the ICPs was primarily from nursing and medical staff. Psychiatric evaluations were documented at least six-monthly.

Multi-disciplinary team (MDT) meetings occurred weekly within the Dungloe Community Mental Health Day Centre, which served as the base for the community mental health teams, as well as other members of the multi-disciplinary team. Residents did not ordinarily attend the MDT meetings, but the clinical nurse manager 2 from Park House attended the MDT meetings weekly to discuss and review Park House residents'

care and treatment. Each resident had been assessed in relation to physical and psychiatric needs, functional social and activities of daily living skills, cognitive functioning, risk assessment, and nutritional screening.

Physical care

The community residence did not have a policy on general health/physical care. All residents had access to their own GP and had a six-monthly physical review. The clinical files inspected indicated that physical/medical reviews of residents were comprehensive, including, at a minimum, vital signs monitoring, weight charts, mini-mental state examinations, regular blood tests, and GP visits. Nursing staff reported that residents were reviewed regularly by their GP. The clinical files in the residence had systematic documentation of the undertaking of regular physical reviews and there was a system in place to act as a reminder that such reviews were due.

No information about screening programmes was displayed in the residence, but this information was available in the Dungloe Community Mental Health Day Centre. Three clinical files were inspected and all indicated that residents had attended diabetic retinopathy screening and breast screening. Residents' referral to the dentist and optician was by GP referral. The MDT referred residents to primary care services, including occupational therapy, physiotherapy, dietetics, and speech and language therapy. 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 was checked weekly.

Therapeutic services and programmes

There was no documented policy on therapeutic programmes for Park House. There was a group programme of activities, details of which were on display and which all residents participated in, in the Dungloe Community Mental Health Day Centre. However, the activities were primarily recreational rather than therapeutic in content. A schedule of recreational activities was posted up in the residence. Activities supported within the day centre included word wheel, singing group, knitting group, cards, board games, walking group, shopping outings, and arts and crafts. Nursing staff had access to a HSE people carrier car and facilitated outings for the residents. The occupational therapist provided a music therapy group every two weeks. Occupational therapy services were provided in the community and linked in with day services.

Staff had good knowledge of each resident's social and family supports, and residents were actively supported to maintain interaction and involvement with family. There was no day centre nurse to provide therapeutic programmes at the time of the inspection.

Medication

Medication was prescribed either by the GP or the responsible mental health team. A Medication Prescription Administration Record (MPAR) system was in operation. Seven MPARs were inspected. Six of theses did not contain the Medical Council Registration Numbers (MCRNs) of prescribers. Start/stop dates for medication were included on the MPARs, and there was a section for documenting as needed/as required medication. The allergy section was not completed in six MPARs, and the use of a minimum of two resident identifiers, including name, date of birth, and medical record number, was not evident on two MPARs. The generic names of medication were not used in two MPARs. All of the MPARs inspected were well written and legible.

Medicines were supplied by a community pharmacy and were held in a locked trolley and locked cupboard within the locked nurses' stations. Residents did not manage their own medication, and no resident was self-medicating. During the inspection, nursing staff reported that they would provide residents with information on their medication, if required; however, no medication-related information in a user-friendly format was readily available. Nursing staff had up-to-date training in Basic Life Support.

Community engagement

The residence was located within an urban area. Residents had ready access to bus routes. The residence also had a people carrier car to facilitate outings, which was readily available. Residents regularly attended shops and local amenities, including coffee shops, prayer groups, GROW mental health meetings, and bingo. Park House was within walking distance of local churches and residents attended religious services.

Autonomy

Residents were free to come and go as they wished. Residents did not have a key to their own bedroom. 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. Residents had free access to the kitchen, were supported to bake and cook, and had access to teas/coffee making facilities. Residents undertook chores in the residence such as tidying and cleaning up after meals.

Residence facilities and maintenance

The residence comprised two buildings, House 1 and House 2. Resident accommodation consisted of large single bedrooms and one double bedroom located on two floors in both houses. Each resident had an

individual wardrobe and bedside locker. Resident bedrooms were warm, comfortable, spacious, and homely. A number of residents had personalised their rooms with photographs and paintings. The double bedroom did not have a privacy screen between both beds. There were two sitting rooms available to the residents. The dining room was large, bright, spacious and comfortable for diners. Toilets and bathrooms were located at various points throughout the premises.

Both houses were clean and comfortable. There were two sitting rooms, each with a TV, DVDs, and book shelves with an assortment of reading materials as well as comfortable seating and couches for residents. Both houses were reasonably well maintained. In two of the bedrooms, the floor covering was loose and stained. There was noticeable rusting on the bathroom radiators and damp patches on a part of the ceiling/corridor walls, which had been reported to the maintenance department and was awaiting remediation at the time of inspection.

Residents had access to their own mobile phones and nursing staff facilitated residents in making private phone calls. The kitchen in House 2 was purpose-built, with sufficient catering equipment and cooking facilities available. There was also a laundry room where residents had access to washing machines and dryers. There was a well-maintained front garden and a covered outdoor smoking area.

Staffing

Staff Discipline	Day whole-time equivalent (WTE)	Night WTE
Clinical Nurse Manager (CNM)	1 (based in community day centre 9-5, 3 days per week)	
Registered Psychiatric Nurse	2 (includes CNM2)	2
Health Care Assistant	1	
Multi-Task Attendant	1	

Team input (Sessional): Community Mental Health Nurses x 3

Discipline	Number of sessions
Occupational Therapist	1 (based in day centre)
Social Worker	1 (based in day centre)
Clinical Psychologist	0

Medical Staff	Frequency of attendance at residence
Consultant Psychiatrist	1 (based in day centre - weekly)
Non-Consultant Hospital Doctor	1 (based in day centre – attends Park House as required)

Complaints

The residence used the HSE complaints procedure *Your Service, Your Say*. There was a notice concerning the complaints process in the entrance hall outside the nurses' station, which outlined the procedure. Minor complaints, when they arose, were addressed by the clinical nurse manager 2. There was no evidence of a complaints log in the residence at the time of inspection. Major complaints were escalated by the CNM2 to the assistant director of nursing/director of nursing and/or the consultant psychiatrist if applicable. Community meetings were held on a monthly basis in the day centre, which was also a forum for residents to raise concerns or complaints. Minutes of these meetings were maintained.

Risk management and incidents

There was a risk management policy. The residence used the clinical and non-clinical risk management strategy and health and safety policies for Donegal Mental Health Services. Each resident was risk-assessed and had a risk management plan. Incidents were reported using the National Incident Management System. The residence was physically and therapeutically safe. Fire extinguishers were in date and fire escapes were easily accessible. The Quality and Risk Manager monitored all incidents and where necessary identified any outstanding risks on the risk register.

Financial arrangements

The residence did not have a specific policy on managing residents' finances. The residence used the service policy on financial management in community residences (as per national policy). The HSE's National Financial Regulations applied to the process for managing money. Residents' either held their own monies in the post office or in personal bank accounts, and disability payments were paid directly into their accounts.

Residents accessed their monies via the post office or using ATM cards. Money was checked daily by two members of 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 €85 and €125 per week. This covered accommodation, food, and utilities. There was no communal social fund or charge to which residents contributed money. However, there was a Patient Comfort Fund, which was managed locally on the units by the assistant director of nursing.

Service user experience

No residents were in Park House on the day of inspection because all were attending the Dungloe Community Mental Health Day Centre. The inspection team went to the day centre and greeted residents in

the communal lounge/dining room area 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, who met the inspection team, expressed their satisfaction with staff and the routine within Park House.

Areas of good practice

1. Park House provided a comfortable home environment for a number of long-term service users. Staff were well engaged with residents and the environment was warm and relaxed. Residents were free to come and go as they wished and it was apparent that residents used various means to engage with the community.

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

3. There was a nurse key worker system in place for each resident to provide continuity of care.

4. There was a comprehensive assessment of residents' needs and specification of individual social and independent living plans.

Areas for improvement

1. There was a lack of therapeutic programmes for the residents who attended the day centre. Further steps should be taken to ensure that there is increased occupational therapy programmes in relation to the provision of therapeutic programmes and services to the resident profile.

2. All bedrooms should be single. In the meantime, partition curtains should be installed between beds in the double bedroom to afford resident privacy.

3. The Medication Prescription and Administration Records should include two forms of resident identification, have completed allergy sections, record generic names of prescribed medications, and include the Medical Council Registration Numbers of prescribers.

4. Refurbishment of the interior décor, including replacing the damaged floor covering in the bedrooms and addressing the damp patches and damaged paintwork, should be undertaken.