Radharc na Sléibhte

ID Number: RES0022

24-Hour Residence – 2017 Inspection Report

Co. Donegal

Community Healthcare Organisation:
CHO 1

Team Responsible:
Adult Mental Health

Total Number of Beds:
17

Total Number of Residents:
15

Inspection Team:
Noeleen Byrne, Lead Inspector
Barbara Morrissey

Inspection Date:
08 June 2017

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

Radharc na Sléibhte was a 17-bed, two-storey residence in County Donegal. The 24-hour, nurse-staffed residence was in a converted convent that had been taken over by the HSE in 2000. It was a detached residence, which included a day centre. The exterior of the residence was not well maintained. At the time of inspection, Radharc na Sléibhte was providing continuing mental health care for 15 residents, who were accommodated in a combination of single and multi-occupancy rooms. The future plan for the facility was to build independent-living houses on the grounds.

Resident profile

There were 15 residents in Radharc na Sléibhte at the time of the inspection, 13 long-stay and 2 respite residents. Residents were aged between 50 and 70 years, and there were 11 males and 4 females in the residence at the time of inspection. The duration of stay ranged from 3 months to 17 years. All of the residents were of a voluntary status.

Care and treatment

There was no policy on individual care planning. Each resident had an individual care plan (ICP), which had been reviewed within the last six months. Residents did not attend multidisciplinary (MDT) meetings, where ICPs were developed, but met with the clinical nurse manager 2 (CNM2) and nurse key worker before the meetings to discuss any concerns, goals, or changes to care planning. All residents had received a psychiatric evaluation from the non-consultant hospital doctor (NCHD), which would be incorporated into new ICPs.

Multi-disciplinary team (MDT) meetings did not take place in the community residence but were held every Thursday morning in Buncrana. The MDT consisted of a social worker, occupational therapist, cognitive behavioural therapist, two community mental health nurses, and two registrars. The CNM2 attended the meetings. Residents could be seen by the consultant by arrangement outside of this time. Residents and the clients who attended the day service attached to the convent had a key worker. Residents did not have access to a rehabilitation team. Instead, there was a team of five recovery nurses in the Donegal Community Mental Health Service.

Physical care

Radharc na Sléibhte had a policy on general health and medical emergencies. All residents attended their own GPs. Residents had regular blood tests, but not all of them had six-monthly general health checks because of an issue with local GP services. Information about national screening programmes was available to residents through GP services. Inspection of the clinical files indicated that residents were attending appropriate screening programmes.

By referral, residents could access chiropody, dental care, physiotherapy, and other general health care services as required.

Therapeutic services and programmes

Therapeutic services and programmes were nurse-led and facilitated in the day service attached to the community residence. Mindfulness and the Wellness Recovery Action Plan (WRAP) were examples of two programmes provided. Zumba classes were held weekly in the large sitting room, which also contained exercise equipment. Other activities provided by the day service included knitting, word wheel, daily newspapers, hand massage, bingo, and cooking. An art therapist and music therapist facilitated sessions in six-week blocks. Residents attended Serenity House in Moville for arts and crafts programmes and social activities. Some residents went to a local gym.

Medication

There was a policy on medication management dated 2011. It had been reviewed in 2014 but appeared to be still in draft form and was not signed. Medication was prescribed by the resident's GP or by the NCHD. There was a Medication Prescription Administration Record (MPAR) for each resident, which contained valid prescriptions and administration details. Medications were stored appropriately in a locked trolley or locked cabinet or in a medication fridge, where appropriate. At the time of inspection, no resident was self-medicating. Medication was supplied by a pharmacy in Letterkenny.

Community engagement

The location of the residence facilitated community engagement. Residents attended the cinema, gym, swimming pool, a hotel, and Serenity House. The local bus service was reported to be poor. The residence had a people carrier and access to a HSE bus in order to facilitate resident engagement with the community. Residents also went on day trips to Sligo and Donegal, and they took annual holidays. The Legion of Mary visited the residence, and a befriender system was in operation.

Autonomy

Residents of Radharc na Sléibhte were free to come and go as they pleased. They determined their own bedtimes and had choice in all areas of daily living. There was a chef in the residence who prepared meals, including dinner for individuals attending the day centre but who were not resident in the house. Residents had supervised access to the kitchen to cook. There was a rota in place for residents to help in the preparation of the evening meal. Residents also helped with laundry, gardening, and shopping as they wished. Residents could receive visitors at any time.

Residence facilities and maintenance

Radharc na Sléibhte was a detached community residence close to the nearby town. Residents were accommodated in nine single rooms, a three-bed shared room, and a four-bed shared room. The residence was an old building in need of maintenance and repair. There were cigarette burns on the floor inside the back door. There were no privacy curtains in the four-bed room.

New blackout blinds had been fitted to bedroom windows. Rooms were personalised. There was a plan to develop purpose-built, own door residences on the grounds of the property to accommodate residents more appropriately, but these plans were ongoing with no set time frame for completion.

There was a sitting/dining room with 4 tables and 15 chairs and a kitchen, which was clean but in need of repainting. There was a large, comfortable sitting room with a television, exercise equipment, and three couches and six upright armchairs. Laundry facilities were available and staff did residents' personal laundry. Linen went to the launderette twice weekly.

The garden, which was not well maintained, included a disused polytunnel. A sensory garden had opened approximately 18 months prior to this inspection. There were two new picnic benches outside, where residents could have tea, weather permitting.

Staffing

Staff Discipline	Day whole-time equivalent (WTE)	Night WTE
Clinical Nurse Manager 2 Clinical Nurse Manager 1	1 1 (vacant)	0 0
Registered Psychiatric Nurse	2 Plus 1 in the day service	2
Health Care Assistant	1 chef	0
Multi-Task Attendant	2	0

Team input (Sessional)

Discipline	Number of sessions
Occupational Therapist	By referral
Social Worker	By referral
Clinical Psychologist	By referral

Medical Staff	Frequency of attendance at residence
Consultant Psychiatrist	1 – weekly clinic in nearby community hospital
Non-Consultant Hospital Doctor	1

Complaints

The HSE's *Your Service Your Say* complaints policy was implemented within the residence. There was a poster on display, informing residents of how to make complaints. In practice, minor complaints were addressed locally as they arose. There was no suggestion box in the residence. Residents had the opportunity to raise issues at community meetings, which took place monthly and were documented. Complaints that could not be addressed locally were escalated to the complaints officer. It was reported that a complaints log was maintained in the residence, but this was not available for review at the time of inspection.

Risk management and incidents

There was a non-clinical risk management strategy and a clinical risk management strategy, which were implemented throughout the residence. Risk assessments were completed and reviewed on a six-monthly basis or more frequently if necessary. Incidents were reported through the National Incident Management System.

The banisters in the house were observed to be low and considered a potential risk by inspectors.
All staff were trained in fire safety and the fire extinguishers were in date and had been checked the week before the inspection. The fire escapes were not easily accessible. In addition, as the residence was a two-

storey building, there was potential evacuation difficulty for elderly residents because the lift would not work in the event of a fire.

There was a first aid box in the residence.

Financial arrangements

The service used the HSE policy on the management of finances in residential settings. Residents paid between €95 and €160 per week following a financial assessment, and this covered food and utilities. Not all residents had a post office or a bank account, but all had an account book and purse. Some residents collected their own money, and there was an appointed HSE agent who collected money for residents where requested. Rent was deducted and the balance retained safely for the resident. Two staff signed all monetary transactions. Weekly audits were completed by the CNM2 and the HSE agent. The HSE also conducted independent audits of residents' finances.

Residents did not contribute to a kitty or social fund but there was a comfort fund maintained through fundraising. This was used, for example, for social outings, coffee, lunch, and going to hotels to watch sports.

Service user experience

Inspectors spoke to residents of Radharc na Sléibhte informally. All residents expressed satisfaction with the service.

Areas of good practice

1. Addition of new sensory garden.
2. Addition of new outdoor seating.
3. New blackout blinds installed in bedrooms.

Areas for improvement

1. Residents do not attend MDT care plan meetings.
2. The floor covering had cigarette burns.
3. There was no privacy curtain in the four-bed shared room.
4. The banister on the upstairs landing was low and posed a potential safety risk.