Rathbeale Crescent

ID Number: RES0118

24 Hour Residence – 2017 Inspection Report

Rathbeale Crescent
Co. Dublin

Community Healthcare Organisation:
CHO 9

Team Responsible:
Intellectual Disability

Total Number of Beds:
4

Total Number of Residents:
4

Inspection Team:
Sandra McGrath, Lead Inspector

Inspection Date:
17 August 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 was 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

Rathbeale was a low support community residential service for people with mild intellectual disability. There were four residents living in the house. It was a two-storey house in an estate in county Dublin. The residence was owned by the Health Service Executive (HSE) and operated by St. Joseph's Intellectual Disability (SJID) service. The residence was not purpose built but had been taken over by the HSE in approximately 1999. During the course of inspection, information was obtained from the area clinical nurse manager 2 (CNM2) who had responsibility for five low support community residences, and the assistant director of nursing.

The house was semi-detached and built within a cul-de-sac. The nearby village was within walking distance and there were bus stops close by that allowed residents access to wherever they needed to go. It was a five bed residence with four rooms occupied. The fifth room had been a staff room but was unoccupied at the time of inspection as the staff room had moved downstairs. Residents had their own bedrooms with adequate storage space.

There was a small back garden that required maintenance. The ground was uneven and hedges overgrown making it difficult to access recreationally. A large green area was located at the side of the premises and residents had full access to all amenities close by.

Resident profile

The age range of residents was between approximately 45 and 72 years. There were two male and two female residents. Each resident was independent and required minimal support in daily living. Residents travelled independently. There was access to service transport if residents wanted to go on day trips as a group. Residents were collected by central transport on weekday mornings as bus times would not get them to their destination on time.

Residents did their own washing, maintained their rooms and took overall responsibility for the cleaning in the house. Staff provided support where requested.

All residents' were voluntary and there were no wards of court at the time of inspection.

Care and treatment

All policies utilised within the house were generic policies of St. Josephs Intellectual Disability Services (SJIDS), including the policy on individual care plans (ICPs). The multi-disciplinary team (MDT) met every Tuesday in the Central Support Office (CSO) in Swords. Staff could attend as could the resident, if required. Residents attended these meetings in a planned capacity. Each resident had a six-monthly psychiatric review, and were seen more often as required. Members of the team did not visit the residence as residents were able to travel to attend appointments. Often ICP meetings would take place in the residents' training centre. All residents had an ICP which was reviewed on a six-monthly basis or more frequently, if required. Both residents and family members participated in ICP reviews. There was a keyworker system in place.

Physical care

The SJID service policy on physical care was utilised within Rathbeale. All residents attended a GP practice and routine six-monthly physical examinations were undertaken by the GP. Information on relevant screening programmes was provided and residents had good uptake of programmes. Medical issues had been identified for residents through screening enabling appropriate care and treatment interventions. External medical services were accessed through GP referral and residents attended hospital appointments as appropriate. Residents attended HSE dental services and the chiropodist visited the house monthly. One resident was under the care of the physiotherapist at the time of the inspection.

Therapeutic services and programmes

There was a generic SJID service policy on therapeutic services. Each of the four residents attended a training centre five days a week. There were a number of groups and activities facilitated throughout the course of each day. As the residents were independent, they had access to community programmes and had attended, for example, a relationship and sexuality training group, a "stay calm" group that supported the management of anxiety, and other community mental health programmes appropriate to individual need. The psychologist from SJIDS had facilitated a Cognitive Behaviour Therapy group for residents also.

Medication

The SJID service policy on medication management was used. There was an additional part to the policy to reflect processes employed in low support community residences. Medications were supplied by a local pharmacy in blister packs, dispensing one to two weeks supply at a time. One resident had difficulty with blister packs and was facilitated with an easier to open pre-dispensed roll of prescribed medication. Staff monitored prescriptions, and changes in medication, and communicated with the pharmacy in this regard. Residents collected their own medication from the pharmacy. Residents self-administered medication with staff support. Staff followed the medication and administration record (MPAR) system employed by SJID service and recorded medications as they were taken by residents. It was noted that the MPAR was in two

parts with separate prescription and administration record sheets. This format had been reviewed and updated by SJIDS to minimise potential risk but the new format had yet to be implemented.

Community engagement

Residents had full engagement within their local community as they could access the community independently and did not rely on staff supports. Residents were known by their neighbours and included in events that might take place within the estate, for example, a neighbour's barbeque or a christening celebration. Residents' were active in the parish and known in the local church. Two residents had gone to Lourdes with other parishioners.

Residents attended local hairdressers and barbers, accessed local shops, café's, restaurants and other amenities. Members of the parish called to the house periodically for tea/coffee and brought cakes. Residents maintained weekly contact with a resident that moved from the house to another community residence.

Residents' engaged in Special Olympics and there was a "Sli na Slainte" walking group on a Sunday morning that one resident liked to take part in.

Autonomy

Residents' were fully autonomous and independent and had full choice in all aspects of daily living. Supports were provided as requested or required. Monthly house meetings were held to identify issues as they arose within the house and minutes of these were available for review. Weekly meal planning meetings took place prior to grocery shopping. Staff had responsibility for cooking meals but residents' cooked when they wanted to.

Residence facilities and maintenance

The 'Service Description' section above, in this report outlines the structure and facilities of the residence. In addition, there was a shared living room with comfortable furniture and a television. The dining room had a table with five chairs and an additional sofa and television. The kitchen was separate and staff maintained Hazard Analysis and Critical Control Points (HACCP) forms and cleaning schedules. Laundry facilities were in a shed outside of the house. There was a staff office/sleepover room downstairs.

The unoccupied room upstairs was en suite and the residents used the shower facilities. This room was found to have a strong smell of damp, and there was mould on the ceiling of the shower room and also over the bed in the room that required attention. The CNM2 reported a previous issue with the extractor fan that had been resolved, but the damage caused had yet to be rectified. Maintenance of the premises was the responsibility of the maintenance department in SJID service.

Staffing

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

The day to day running of Rathbeale was facilitated by trained health-care assistants (HCAs). The house was staffed during hours that residents' were there, and not during the hours residents' were in their training centre. Staff do sleepover shifts. There is always a CNM2 or assistant ADON available in the Central Support Office, or on-call if at night, in case of emergency.

Team input (Sessional)

Discipline	Number of sessions
Occupational Therapist	No OT available at time of inspection
Social Worker	By request
Clinical Psychologist	By request
Other (specify	Physiotherapist involved with one resident on sessional basis

Medical Staff	Frequency of attendance at residence
Consultant Psychiatrist	2 (1 with main responsibility for the service)
Non Consultant Hospital Doctor	2

Staff were trained to effectively carry out their duties. Staff had up to date training in fire safety, Basic Life Support, and the Mental Health Act (2001). Staff were also trained in the Safe Administration of Medication (SAM). As the service was staffed by one, there was an emergency contact number beside the phone for residents to call if, due to unforeseen and emergency circumstances, a staff member did not arrive for their shift.

Complaints

There was a service wide policy on complaints. The complaints process was included in the resident information booklet in an accessible format. The complaints process was also displayed, as were the contact name and phone number of the advocate who was available to residents. Residents' were all verbal and able to communicate complaints clearly. They were aware of the processes and confident to engage if necessary.

Minor complaints were addressed by the staff on duty in the residence. Formal complaints were escalated to management and formally addressed by the complaint's officer in line with the service policy. Minor complaints were recorded in a complaints log.

Risk management and incidents

The residence implemented the SJID service wide policy on risk management. There were site specific risk assessments and individual clinical risk assessments completed and available for review. There was a named risk manager. All incidents were reported through the National Incident Management System (NIMS) and were reviewed by the Assistant Director of Nursing. Any required actions were communicated to and enforced by staff within the residence. The residence had an emergency kit and first aid kit. There was no defibrillator on the premises. All fire extinguishers were in date and were regularly checked by a qualified external contractor.

Financial arrangements

The SJID service wide policy on financial management was adapted and implemented to meet the specific needs of a community residence. Residents paid a weekly charge of €70 which covered bed, board and essentials. Residents paid for individual items they wished to purchase and they also paid prescription charges. Each resident had an individual bank account and access to their accounts. One staff signed all transactions with the resident and records and receipts were maintained. Staff audited expenditure weekly and reconciled receipts and balances against statements as they were issued. There was no formal process for the independent audit of service user's monies at the time of inspection.

Procurement cards were in use in the house for expenditure on things like groceries and other small capital spending. Each staff had a procurement card, were trained in the use of cards, and cards could not be passed between staff to ensure safe management of funds.

Service user experience

The four residents were in the house when the inspector arrived at 8.30am. Residents engaged with the inspector in a relaxed and friendly manner. They asked questions and explained they were waiting to be collected to go to their training centre. One resident was particularly interested in the role of the inspector and asked some questions.

The CNM2 explained that the residents in Rathbeale took pride in the house and liked to look after what they can themselves. They liked their privacy and preferred staff not to go into their rooms. Visitors were welcome to the house at any time but efforts were always made to protect mealtimes in the house.

Areas of good practice

1. Residents' were encouraged and supported to remain autonomous and independent.
2. This service was observed to be well run and responsive, and operating to a high standard.
3. The processes in place throughout the service demonstrated strong community integration.

Areas for improvement

1. The new Medication Prescription Administration Record should be implemented
2. The unoccupied bedroom requires attention as the en suite remained in use.