

Rath na Riogh

ID Number: RES0097

24-Hour Residence – 2017 Inspection Report

Rath na Riogh
Navan
Co. Meath

Community Healthcare Organisation:
CHO 8

Team Responsible:
Sector teams, Meath

Total Number of Beds:
11

Total Number of Residents:
10

Inspection Team:
Marianne Griffiths Lead Inspector
Mary Connellan

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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

Rath na Riogh was a long-stay residence located on the edge of Navan town. The building was owned by the HSE and had been previously owned by the Sisters of Mercy. Rath na Riogh was a two-storey house, and its external appearance was well maintained and included large gardens. In total, there was single-room accommodation for 11 residents, including one respite bed for the sector teams. At the time of inspection, these beds accommodated ten residents and one respite admission. Sector teams from five areas (two from Ashbourne and one each from Kells, Navan, and Trim) referred residents to Rath na Riogh. The future plans were for the residence to continue to deliver this service as residents grew older. It was clear that the long-stay residents considered Rath na Riogh as their home.

Care and treatment

The residence did not have a policy on individual care planning, but there was an established protocol in place for this process. All residents had an individual care plan (ICP), only one which could be considered multi-disciplinary in its composition. Multi-disciplinary team meetings were held every month within the sector teams, and residents and nursing staff were invited to attend. The process was to review ICPs on a six-monthly basis. However, at the time of the inspection, nine of the ten ICPs were overdue for review. There was a key worker system in operation.

A psychiatric evaluation was to be carried out on every resident within a six-month time frame. However, at the time of the inspection, four of these reviews were overdue.

Physical care

The residence did not have a policy in relation to the provision of physical care. All residents had access to a GP. Although physical examinations were scheduled to take place on a six monthly basis, at the time of the inspection, four of these were overdue. Information about screening programmes was available to residents, who were facilitated to access screening as required. Residents also had access to other health services such as chiropody, dentistry, and general hospital services.

Therapeutic services and programmes

There was no policy on therapeutic services in place in Rath na Riogh. Aside from one resident, who received one-to-one input from an occupational therapist every three weeks, no therapeutic services were delivered in the residence. Access to day services was provided, but there was little documented evidence of therapeutic interventions in these services.

Medication

A policy on medication management was available in the residence. Medication was prescribed by the non-consultant hospital doctor on the sector teams. Each Medication Prescription and Administration Record contained a valid prescription and administration details. No resident was on a programme of self-medication at the time of the inspection. All medications were stored appropriately and legally. Medication was supplied by the local pharmacy.

Community engagement

The location of the residence facilitated community engagement and residents attended a variety of community activities including: SHINE, the Mental Health Association and nearby social services. Local public transport was available if required, however transport was also provided by the residence in order to access community activities. Coffee shops, a cinema, the church, a library and a selection of restaurants were all accessible within walking distance and residents independently made use of these facilities.

Autonomy

Residents had free access to the kitchen to assist in meal preparation, make snacks for themselves, and bake and cook. Staff did not dictate resident bedtimes. Instead, residents were free to determine their own bedtimes. Bedrooms in Rath na Riogh were not locked, unless a resident was leaving to stay elsewhere overnight; in this case they would request that staff lock their rooms on their behalf. Residents assisted with domestic activities such as gardening and helping in the kitchen, and visitors were welcomed at all times. All residents were free to come and go from the house as they wished.

Residence facilities and maintenance

Rath na Riogh was in a good state of repair. The residence had all single rooms, six of which were on the first floor and four on the ground floor. There was a shower on each floor as well as access to toilet facilities. The

residence had a large dining area on the ground floor and a sitting room upstairs. There was a process in place for reporting issues relating to the premises to a maintenance team based in St Brigid's Hospital.

The gardens were extensive and staff and residents grew flowers and vegetables in the garden and a polytunnel. There were also large apple and plum trees in the back garden, and the fruit produced by these trees was used to make tarts and cakes in the autumn.

Staffing

Staff Discipline	Day whole-time equivalent (WTE)	Night WTE
Clinical Nurse Manager 1	1	
Registered Psychiatric Nurse	1	1
Health Care Assistant (Catering)	1	
Household Staff	1.2	

Team input (Sessional)

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	At sector meetings
Non-Consultant Hospital Doctor	At sector meetings

Complaints

The residence had a complaints policy in place and residents were made aware of how to make a complaint. Staff were awaiting a new poster advertising the HSE's *Your Service, Your Say* policy, for display near the entrance. The service business manager was responsible for addressing complaints and providing feedback. Complaints placed in the suggestion box were collected roughly every eight weeks by a person delegated by the business manager independent of staff from Rath na Riogh. The information collected was recorded and analysed. There was no complaints log in place; however, resident meetings were held on a monthly basis and the minutes of these meetings were documented.

Risk management and incidents

Rath na Riogh had a written policy on the management of risk; staff operated the risk management policy throughout the residence. Risk assessments were carried out for residents and these were documented in the clinical files. Incidents were reported as per the National Incident Management System. Fire extinguishers appeared to be in date, and all fire escapes were accessible and unobstructed. There was a first aid kit in the clinical room.

Financial arrangements

There was a policy on managing residents' property, including finances. The total charge for staying at the residence was €110 per week. All residents had their own post office or bank account. Eight residents managed their own money; their rent was deducted by direct debit by St. Brigid's Hospital in Ardee. Staff supported two residents to manage their money and helped them to pay rent and in other financial matters. Documentation for staff handling resident monies was maintained in a ledger; both the resident and staff member responsible signed this ledger when money was deposited into or taken out of a resident's account.

Three residents had individual safes in their bedrooms; use of these had been so successful that there was a plan in place to install a safe in every bedroom.

Service user experience

The inspectors met with five residents during the inspection. Residents reported that the food provided was of a high quality and that the location of the residence facilitated good access to the town. Residents appreciated the fact that they each had their own room and that nursing staff were available to them for support as required. Residents reported that they had thoroughly enjoyed an art class that was held on a weekly basis in the residence up until recently. They expressed disappointment that this class had been discontinued and encouraged staff to facilitate its reinstatement as soon as possible.

Areas of good practice

1. The location of the house enabled resident ease of access to local community facilities.

Areas for improvement

1. Resident six monthly physical reviews were out of date in four cases.
2. Nine of the ten resident ICPs had not been reviewed within the established time frame.