Rowanfield House

ID Number: RES0035

24-Hour Residence – 2017 Inspection Report

Rowanfield House
Donegal Town

Community Healthcare Organisation:
CHO 1

Team Responsible:
Sector

Total Number of Beds:
15

Total Number of Residents:
14

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

Inspection Date:
07 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

Rowanfield House was located next to Donegal Community Hospital on the outskirts of Donegal Town. It was a single-storey building, built in 1995.

The residence was owned and managed by the HSE, Community Healthcare Organisation (CHO) 1, southwest Donegal sector. Many of the residents had previously been long-term residents of St. Conal's Hospital in Letterkenny. The residence was a supervised, continuing mental health care and long-stay service. Although the residence had a rehabilitation ethos, many residents had lived there for a considerable period of time.

Discussion with the residence's management team suggested that future plans were to downsize the service to eight crisis intervention beds and to rehabilitate residents back into the community. The residence had an informal service agreement with the local branch of St. Vincent De Paul with regard to the current housing of its day service users.

Residents ranged in age from 47 to 77 years. Two beds in the residence were used for respite and crisis intervention, respectively. Two of the newest residents had been in the house for approximately two years, and the other residents had lived there for many years.

Care and treatment

Rowanfield House did not have a policy with regard to individual care plans (ICPs), but all residents had an up-to-date ICP in place. Each resident had a designated key worker who was responsible for updating the 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. Input into the ICPs was from nursing and medical staff. Psychiatric evaluations were documented at least six-monthly.

Multi-disciplinary team (MDT) meetings occurred weekly in an adjacent building, which served as the base for the community mental health teams. Residents did not attend and ICPs were generally not discussed at these meetings unless there were concerns.

Rowanfield House did not have access to a rehabilitation team as there is currently no rehabilitation team in Donegal Mental Health Services. The service is currently undertaking a review of clinical consultants with special interest in rehabilitation and recovery (R&R) for Donegal Mental Health Services to support R&R in the future.

Physical care

There was no documented policy covering physical care/general health. All of the residents had their own GP in the local community who carried out six-monthly general physical examinations. These examinations were recorded in the residents' clinical notes. Residents were encouraged to participate in relevant national screening programmes when notified and a number of residents were engaged in these programmes.

Residents attend a dentist and had access to other health services, including physiotherapy, dietitian, speech and language therapy, and to the general hospital should the need arise. The residence had a defibrillator, which was located at the entrance to one of the sitting rooms.

Therapeutic services and programmes

There was no documented policy on therapeutic programmes for Rowanfield House. Activities occurred on a daily basis, but they seemed to be recreational in nature rather than therapeutic. The residence had a designated day centre nurse who organised activities daily with the residents. An activities schedule was not available at the time of inspection. An occupational therapist had joined the community mental health team and there were plans to involve her in the planning of therapeutic programmes for the residents.

Activities available in the residence included crosswords, bingo, walking and group exercises, day trips, shopping, and outings to coffee shops.

Medication

The residential service had a policy on the management of medication. Medication was prescribed either by the psychiatric team or a GP. Prescriptions were provided to the dispensing pharmacy, which was located in Letterkenny. Medication was supplied on an individualised basis in colour-coded blister packs stored in a locked cabinet within the clinical room of the residence. All residents had an individual Medication Prescription and Administration Record (MPAR) to document the prescription and administration of medication. Not all MPARs inspected included two forms of resident identification, not all had the allergy section completed, and some did not include the Medical Council Registration Number of the prescriber. All MPARs recorded a start and stop date for each prescribed medication. At the time of inspection, no resident was self-medicating.

Community engagement

The residence was centrally located within an urban area. Residents had ready access to bus routes. The residence also had a seven-seater people carrier to facilitate outings, which was readily available. Residents regularly attended local churches, shops, and amenities, including coffee shops and hair salons. Some residents were involved in community gardening clubs and dance classes.

There was community in-reach to the residence from the Legion of Mary and St. Vincent De Paul.

Autonomy

Residents did not have access to the kitchen area within the residence. Food was delivered from Donegal Community Hospital, and snacks were prepared in the residence kitchen. A household attendant oversaw the operation of the kitchen. Residents were free to determine their own bedtimes. They did not have a key to their own room but could request staff to lock bedroom doors. A number of residents helped with domestic chores such as shopping, cleaning the smoking hut, and doing personal laundry.

Residents were free to receive visitors at any time. The residence had a designated visitors' room. Residents could come and go from the facility as they wished. They had access to a cordless phone for personal calls or they could use their own mobile phones.

Residence facilities and maintenance

Rowanfield House was a single-storey building constructed in 1995. The building housed both the residence and a day centre, which had been refurbished in the last 18 months. The facility comprised three single and six double bedrooms. The rooms were spacious and bright and each had ample space for personal belongings. There was no partition curtains in shared rooms. One bedroom, which had been a four-bed room on the last inspection, had been changed into a two-bed room with an en suite bathroom. One male bathroom was in need of refurbishment and was malodorous. Renovations were to begin on this bathroom the week following the inspection. The floor covering was lifting in one of the female toilets, and there were plans to replace this following a recent risk assessment. One single room, which was unoccupied at the time of inspection, had a large window that overlooked a double bedroom, which was occupied. There was a blind on one side of the window only. This could compromise privacy for two residents, who could be overlooked should the room be occupied in the future.

The premises had two sitting rooms, one of which was used for activities and community meetings. The sitting rooms were bright and homely. They were furnished with comfortable armchairs and couches. The residents had access to books, DVDs, photo albums, and a CD player. The premises had a designated visitors' room.

The kitchen, which was not accessible to residents, was clean and tidy, and fridge temperatures were monitored daily. Meals came from the main kitchen in Donegal Community Hospital, and snacks were prepared in the on-site kitchen. Residents had access to water fountains within the residence. The premises had an environmental health officer's report.

There was a launderette on-site, with an adequate number of washing machines and dryers for the resident population. Residents were encouraged to do their own laundry where possible, otherwise they were assisted.

Residents had access to a modern, well-maintained garden with seating and a covered outdoor smoking area.

Staffing

Staff Discipline	Day whole-time equivalent (WTE)	Night WTE
Clinical Nurse Manager (CNM) 2 Clinical Nurse Manager 1	Mon-Fri, 7.8 hours 1	0
Registered Psychiatric Nurse (RPN)	2 (may include CNM1)	2
Day Centre Nurse RPN	Mon-Fri 9-5pm	0
Health Care Assistant	0	0
Multi-Task Attendant	1	0

Team input (Sessional)

Discipline	Number of sessions
Occupational Therapist	1
Social Worker	1 x 2 days/week
Clinical Psychologist	1 (as required)
Other (specify	

Medical Staff	Frequency of attendance at residence
Consultant Psychiatrist	1 (on site weekly)
Non-Consultant Hospital Doctor	1 (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, 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 consumer affairs officer. Community meetings were held on a monthly basis in the residence, but minutes of these were not maintained.

Risk management and incidents

The residence used the clinical and non-clinical risk management strategy and health and safety policies for Donegal Mental Health Services. There was also a site-specific safety statement. Risk assessments were carried out on all residents. 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.

Financial arrangements

The residence was owned by the HSE. Residents paid a weekly rent of between €65 and €110, which covered food, accommodation, and amenities. Resident payments were means tested. The residence used the service policy on financial management in community residences (per national policy). Each resident had their own ledger, which was updated following every transaction. This required the signature of the resident and a staff member, or two staff members. Residents' finances were checked weekly by nursing staff and by an administrator. There was a HSE audit every three years.

At the time of inspection, the team was informed that there was no kitty or social fund in the residential service. Resident holidays were self-funded. Information received from the service following inspection stated that there was a comfort fund in place, which helped to support social activities for the service users in the residence. This was maintained by staff fund-raising throughout the year and governed by three bank signatories. Oversight was on an annual basis by the service business manager.

Service user experience

Residents who spoke to the inspectors were complimentary about the care provided in the residence.

Areas of good practice

1. Rowanfield 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 could come and go as they wished and used various means to engage with the community.

2. The residence had begun to use the nursing matrix system, which provided a road map to measure what nurses did in terms of both patient experience and outcome.

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

Areas for improvement

1. Further renovation of one male and female bathrooms was required at the time of inspection.

2. Partition curtains were needed between beds in shared rooms to afford resident privacy.

3. Medication Prescription and Administration Records should include two forms of resident identification, have completed allergy sections, and record generic names of prescribed medications.

4. Further steps should be taken to ensure that there is occupational therapy input into the therapeutic services and programmes because residents currently do not have access to these services.

5. All community meetings providing a forum for complaints, comments, or suggestions by residents should be documented so that there is clear evidence that any issues arising are acted upon.