

San Remo

ID Number: RES0105

24 Hour Residence – 2017 Inspection Report

San Remo
Dublin 7

Community Healthcare
Organisation:
CHO 9

Team Responsible:
Rehabilitation

Total Number of Beds:
10

Total Number of Residents:
9

Inspection Team:
Siobhán Dinan, Lead Inspector
Leon Donovan

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

San Remo was a large, three storey Georgian House situated in Dublin. It was serviced by public transport and was on the main bus route. The residence while located on a busy urban street offered proximity to services, shops and other amenities. San Remo operated as a 24 hour nurse-staffed high support community residence. Staff did not know precisely when the residence opened as a mental health community residence but thought it was approximately thirty years ago. San Remo provided accommodation for nine residents under the care of the community rehabilitation team. There were six bedrooms in total (four double bedrooms and two single bedrooms). One of the single bedrooms was vacant at the time of inspection. The residence had been recently renovated. The renovation consisted of paintwork, and bathrooms had been upgraded. The function and philosophy of care was rehabilitation and recovery. Based on the recovery model of care, staff aimed to provide a high quality, responsive, and client-centred service in caring for residents. Principals of self-development, independence and interdependence were promoted with residents.

Resident profile

The age range of residents was from 40 to 60 years. There were nine male residents. All residents had a diagnosis of enduring mental illness. Residents had been living in San Remo from 2 to 10 years. Seven residents' legal status under the Mental Health Act 2001 was voluntary and two residents were ward of court. All residents were mobile.

Care and treatment

There was a policy on individual care plans (ICPs), which was last reviewed in December 2014. The consultant psychiatrist attended the residence fortnightly and the non-consultant hospital doctor attended the 24-hour residence weekly. All residents had an ICP. Care plans were reviewed annually. Residents were involved in the care planning process and could attend their care plan review meeting. Family members were also invited to attend review meetings. Residents signed their ICPs and were offered copies. All ICPs showed evidence of multidisciplinary team (MDT) input. The clinical files showed evidence of medical, nursing, occupational therapy, psychology and social work input. The MDT meetings were held weekly in another location. The clinical nurse manager clinical nurse manager 2 (CNM2) attended the MDT meetings. The clinical progress notes were well maintained and up to date and provided a clear account of each resident's

progress, care, and treatment. A Mental State Examination was documented in the file at least six-monthly. Medical and nursing staff on-site functioned as key workers for the residents.

Physical care

There was a policy on physical health care for residents, which was last reviewed in December 2014. All residents had their own GP. Staff made appointments for residents to attend their GP. The majority of residents attended the surgery themselves, and some residents were accompanied on GP visits if required. If a resident was physically ill, the GP would attend the community residence or the D-Doc service would be used in the evenings and during weekends. Physical examinations were undertaken by residents' GPs every six months or more frequently if needed and these were recorded in the clinical files.

Information on national screening programmes was provided to residents. At the time of inspection, residents were receiving appropriate screening programmes. Residents had access to other health services such as dental care, dietetics, general hospital services, and chiropody. Residents' GPs made referrals for general health services such as physiotherapy, tests and investigations, and specialist consultations.

Therapeutic services and programmes

There was no policy in place on therapeutic programmes. Daily activities delivered in the residence included daily crosswords and newspapers, TV and music. Weekly activities available to residents included; walking groups, arts & crafts, book club, cooking skills groups, community living skills groups, relaxation skills groups, gardening groups, music therapy, and pet therapy. San Remo had a dedicated occupational therapy assistant that visited the residence daily, and held groups and activities daily in St. Elizabeth's Court, which was located nearby. Annual activities included a Christmas party, birthday celebrations, and the residents' holiday. Residents went on various outings independently each week, including shopping, to the gym, to cafes, to the library, to the cinema, and to areas of local interest. Residents attended sessional activities such as the DIY Club and the 245 Club off-site in the Recovery Hub. Residents also attended various day centres independently: Gurteen day centre and Ard Nua day centre.

Medication

There was a policy on medication management, which was last reviewed in December 2014. The consultant psychiatrist, the non-consultant hospital doctor and residents individual GPs prescribed medication. A local pharmacy supplied all medication. The Medication Prescription Administration Records (MPARs) were inspected and were in order. The MPARs contained valid prescriptions and administration details. One resident was self-medicating and this was managed accordingly. All medications were stored appropriately and legally. Medicines were stored in a locked cabinet or medication fridge; both were located in a locked nurse's office.

Community engagement

The location of San Remo facilitated community engagement. Residents could access Dublin city centre easily for social outings and were in close proximity to services, shops and other public amenities. Local amenities included shops, a library, churches, cafés and restaurants. Residents shopped in local grocery shops and visited cafés, restaurants and the botanic gardens locally. Residents had access to Luas and bus services. Some residents attended the Eolas Programme in the local community. A minibus could be booked by the residence to facilitate residents in accessing community activities. The Legion of Mary and a Befriending service visited the residence once a week. An advocacy group was also available to residents.

Autonomy

Residents were free to come and go as they wished. Programmes implemented in San Remo to promote independent living included cooking skills, household management skills, and community living skills programmes. Residents had supervised access to the kitchen to prepare meals or snacks if they wished but they did not cook meals. Breakfast was served between 8.20am and 9am, lunch was prepared for 12.15pm, dinner was prepared for 5pm, and supper was offered at 9pm. A daily menu was displayed on the noticeboard in the dining room. Residents had input into the weekly shopping, which was delivered to the residence. Residents were observed going out and about as they pleased. Residents were free to determine their own bedtimes and each had a key to the front door. Residents were responsible for their own laundry, and there was a schedule in the residence to ensure that everyone had time to use the laundry facilities. They also had daily household tasks. They were free to receive visitors at any time. The residents told the inspection team that the meals were very good and that they had input into the weekly shopping list.

Residence facilities and maintenance

San Remo was a large, three storey Georgian House with a front and back garden. There were six bedrooms in total (four double bedrooms and two single bedrooms). The first floor consisted of two sitting rooms one large and one small, a bathroom/shower room, a kitchen, a dining room, a laundry room, toilets and a nurse's office. The second floor consisted of two ensuite double bedrooms. The third floor consisted of two en suite double bedrooms and two single bedrooms, a linen room and a bathroom/shower room. One of the single bedrooms was vacant at the time of inspection. There was a fire escape in one of the double bedrooms on the third floor. All bedrooms were homely and residents could personalise their rooms. Residents' artwork and photographs were displayed throughout the residence. The residence had been recently renovated. The renovation consisted of new internal paintwork and two bathrooms had been upgraded. A new gazebo had also been installed in the back garden and new garden furniture had been purchased.

Staffing

Staff Discipline	Day whole-time equivalent (WTE)	Night WTE
Clinical Nurse Manager 2	1	0
Registered Psychiatric Nurse	1	1
Health Care Assistant	0	1
Multi Task Attendant	1	0

Team input (Sessional)

Discipline	Number of sessions
Occupational Therapist	As required
Social Worker	As required
Clinical Psychologist	As required
Other (specify	

Medical Staff	Frequency of attendance at residence
Consultant Psychiatrist	Fortnightly/monthly
Non Consultant Hospital Doctor	Weekly

Complaints

There was a policy on complaints, which was last reviewed in December 2014. The HSE's *Your Service Your Say* complaints procedure was posted up on the noticeboard in the hall of the residence. The resident information booklet also provided information on how to make a complaint. The process for making informal complaints within the residence was verbally to any of the staff members. The clinical nurse manager was responsible for responding to all complaints made within San Remo and for escalating complaints up to the assistant director of nursing (ADON) where indicated.

There was a minor complaints log, which provided an account of the complaint, the actions taken, and the outcome. Community meetings were held every six months and minutes of these meetings were kept. These recorded comments and minor complaints, as well as details of the follow-up to these issues. There was one suggestion box for resident use in the dining area.

Risk management and incidents

There was a risk management policy, which was last reviewed in December 2014. There was also a safety statement and a risk register. The residence operated in accordance with this policy. Risk assessments were carried out for residents on admission on an ongoing basis, and these had been updated regularly for all residents. Incidents were recorded and managed in accordance with the National Incident Management

System protocol. The incident logs were inspected. The residence appeared to be physically safe. All fire extinguishers were in date and fire escapes were easily accessible. There were first aid kits available in the kitchen and in the clinical room. There was a first aid box available in the kitchen of the residence.

Financial arrangements

There was no policy on managing residents' finances. All residents had their own bank accounts or post office accounts. Residents were encouraged to manage their own monies and to budget and save regularly. Where a resident required nursing staff assistance with personal finances, this was written in their ICP. Residents requiring nursing staff assistance with personal finances consented to this and kept their monies locked in the office safe. These residents could access their money daily by request. Cash records and receipts were retained for expenditures. Every time a resident withdrew money, it was signed out by a staff member and countersigned by the resident. The monies and records maintained in San Remo were audited annually. The weekly charge for residents was €95. Food and utilities were included in this charge.

Service user experience

The inspectors greeted residents and explained the purpose of the inspection. Residents spoke individually with the inspector. Each considered the residence to be warm and comfortable and were satisfied with their care and treatment. The residents told the inspection team that the meals were very good, that they had input into the shopping list, and that their suggestions were always implemented. Residents were complimentary about the staff.

Areas of good practice

1. The quality and care of residents was excellent.
2. Team Enhancement Training had taken place.
3. Open coffee mornings for families of service users were held.
4. Family members were invited to attend ICP review meetings with consent of residents.
5. A new Resident information Booklet had been implemented.

Areas for improvement

1. Each resident should have their own bedroom. Three out of four double bedrooms afforded little privacy to residents sharing.