

Sycamore House

ID Number: RES0038

24-Hour Residence – 2017 Inspection Report

Sycamore House
Clifden
Co. Galway

Community Healthcare Organisation:
CHO 2

Team Responsible:
General Adult

Total Number of Beds:
10

Total Number of Residents:
10

Inspection Team:
Barbara Morrissey, 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 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

Sycamore House, a 10-bed, 24-hour nurse-staffed residence, was located in an urban area within easy reach of all amenities in Clifden, Co. Galway. The purpose-built residence, which opened in June 2005, was built and owned by the Connemara Sheltered Housing Association and staffed by the Health Service Executive, (HSE). The residence was a two-storey detached building, situated in a large garden with a polytunnel, vegetable garden, and a sensory seating area with a sculpture and water feature. The exterior of the residence was well maintained, having been painted in 2016.

The residence functioned as a rehabilitation and recovery service. Ten residents were accommodated in Sycamore House, including two residents on respite. Eight residents had been living in Sycamore House since it opened.

Resident profile

Residents ranged in age from 41 to 79 years. At the time of inspection, there were six male and four female residents. Eight residents had been living in Sycamore House since it opened. The respite beds had been occupied for two weeks at the time of inspection. One resident was using a Zimmer frame at the time of the inspection and a bedroom on the ground floor was provided for this resident.

Care and treatment

Sycamore House had a policy in relation to individual care planning. All of the residents had a multi-disciplinary individual care plan (ICP), which was reviewed regularly. Residents had continuous input into their ICPs, which were up to date. ICPs clearly documented needs, strengths, goals, interventions and evaluations. The clinical files indicated that residents received a psychiatric evaluation at least every six months or whenever the need arose. Nursing staff from Sycamore House met with the consultant psychiatrist every week in Elm Tree Day Centre to discuss residents' needs. A full multi-disciplinary meeting (MDT) was held weekly in the Department of Psychiatry in Galway. Any issues concerning residents of Sycamore House were discussed there and resources were allocated. MDT team members attended the Elm

Tree Day Centre weekly, and residents were encouraged to meet with them. The MDT responsible for Sycamore House met at least every six months to update individual care plans, or when a change in care arose. There was a key worker system in place.

Physical care

The residence had a general health policy. All residents had access to a GP and general physical examinations were completed on a six-monthly basis. The clinical files inspected indicated that residents' GPs made referrals for appropriate national screening programmes. Information on screening programmes was available in Elm Tree Day Centre. Residents had access to other health services, including a diabetic clinic, dietetics, and speech and language therapy, in the University Hospital in Galway. Dentistry and chiropody services were available locally. Basic Life Support pocket masks were available throughout the house.

Therapeutic services and programmes

Sycamore House had a policy in relation to therapeutic programmes. Staff ran a cooking programme in the house for residents, who also attended the Elm Tree Day Centre. There they had access to such therapies as blanket making, pottery, home economics, horticulture, art, computer skills, home advisory groups and life coaching groups and beauty. FETAC Teachers also work in Elm Tree Day Centre. Coffee mornings took place regularly and residents could also take part in a smoking cessation programme. The residence had a sensory garden. Residents have access to newspapers every day of the week. Residents attended the local coffee houses, hotels and bars to avail of the local traditional music.

Medication

The residence had a policy in relation to the ordering, prescribing, storing, and administration of medication. Medication was prescribed by the consultant psychiatrist or the resident's GP. A Medication Prescription Administration Record (MPAR) system was in operation. All MPARs were in good order, but one did not document the administration of crushed medication, two prescriptions did not include the stop date for medication, and trade names for medication were recorded in two MPARs instead of generic names.

Medicines were supplied in blister packs from local pharmacies. The blister packs were stored appropriately and legally in a locked cupboard. Blister packs were made up for one week at a time. No resident was self-medicating at the time of the inspection. Residents received their medication in private, in the clinical room next to the nursing office.

Community engagement

The location of Sycamore House facilitated community engagement, and there was evidence of active resident involvement in activities outside of the residence. Regular outings, day trips, and holidays were organised. Residents went shopping, visited coffee shops, had Sunday lunch out every Sunday and attended mass if they wished. This year residents and staff visited the Aran Islands and Knock, and spent a week in Dublin attending the 1916 commemorations. Other activities included bingo in Clifden, instructor-led gym sessions, and trips to football matches and other sporting events.

Residents could use the local bus service to travel to Galway city. There was an hourly bus service to Galway available. In addition, the residence had access to two vehicles for transporting residents to various activities. At the time of the inspection, the Clifden Pony Show was taking place and staff had organised a special dinner to celebrate this. Residents attended the show while it was taking place and enjoyed the experience. Sycamore House also received support from the local Mental Health Association. The residence has been in receipt of service awards.

Autonomy

Residents had free and full access to the kitchen area within the residence 24 hours a day. Residents did not have keys to their own bedrooms because some rooms were shared. Residents were free to determine their own bedtimes. Residents helped with household tasks, including laundry, cooking, gardening, and cleaning. Visitors were welcome in the residence at any time. Residents could come and go from the facility as they wished, unless they were assessed as being at risk.

Residence facilities and maintenance

The house was noted to be clean, homely and well organised. The mission statement and the philosophy of care for Sycamore House was clearly displayed. There was a large fish aquarium in the hallway, just inside the front door. The fire alarm control board was also just inside the front door. The residence accommodated residents in six single bedrooms and two shared bedrooms. The bedrooms were personalised with family pictures and paintings, and all residents had their own wardrobe. In the double rooms, the privacy wall between beds was not high enough to afford residency privacy and dignity. The bedrooms were not en suite, but there were adequate bathroom facilities for residents. One shower chair was noted to be rusty and in need of upgrading and there was a large crack on the tiles in another upstairs shower room.

There was a large, airy sitting room with three large sofas, foot stools and a variety of magazines. As the room was so large, exercise equipment was also available here. A large mosaic painting which had been made in Elm Tree Day Centre was displayed on the wall. There was also photographs of the residents with staff and also with their families on display here. The kitchen was clean and spacious, with a large island in the middle. It had been inspected by the environmental health officer and operated under Hazard Control

and Critical Point (HACCP), conditions. The meditation or sensory garden was well maintained and had a supply of garden furniture. The exterior of the residence was in good condition. The residence had access to maintenance two days a week to address any issues.

Staffing

| Staff Discipline | Day whole-time equivalent (WTE) | Night WTE |
|------------------------------|---|-----------|
| Clinical Nurse Manager (CNM) | 1 CNM2 or one RPN on Day shift / alternate days | 0 |
| Registered Psychiatric Nurse | As above | 1 |
| Health Care Assistant | 0 | 0 |
| Multi-Task Attendant | 1 | 1 |

Team input (Sessional)

| Discipline | Number of sessions |
|------------------------|--------------------|
| Occupational Therapist | As required |
| Social Worker | As required |
| Clinical Psychologist | As required |
| Other (specify) | 0 |

| Medical Staff | Frequency of attendance at residence |
|--------------------------------|--------------------------------------|
| Consultant Psychiatrist | Weekly at Elm Tree Day Centre |
| Non-Consultant Hospital Doctor | Weekly or when the need arises |

Staff had received training in Basic Life Support, fire safety, and recovery principles and practice.

Complaints

The residence had a complaints policy, and it used the HSE complaints procedure “Your Service Your Say”. Residents were aware of how to make a complaint, and the CNM2 was responsible for addressing all complaints. There was a complaints log for the residence. Regular community meetings were held in the residence, and minutes of these were maintained. Issues that arose were documented and the response to resolve the matter was also documented. Residents had access to a suggestion box. A poster detailing contact details of relevant advocacy services was displayed in the house.

Risk management and incidents

Sycamore House had a risk management policy, but it was a service policy and not specific to the residence. A risk advisor was available to the residence, and all residents were regularly risk-assessed using a risk-screening tool. A record was maintained of any incidents occurring in the residence. Staff had not received training on incident reporting.

Fire extinguishers were checked and were in date, and a fire drill was held once a month. The fire escape were easily accessible on the ground floor, but there were no fire stairs leading down from the upper floor. There were small first aid kits in the residence. There was no Automated External Defibrillator (AED), either in Sycamore House or Elm Tree Day Centre.

Financial arrangements

The residence had a policy in relation to managing residents' finances. The weekly charge for residents was €70, which covered accommodation, food, and utilities. Residents held their own monies, mainly in post office accounts. Residents did not contribute to a communal social fund; petty cash came from the service. Residents' finances were audited regularly.

Service user experience

The inspector greeted all residents and explained the purpose of the inspection. No resident expressed a desire to meet with the assistant inspector on an individual basis. However, a number of residents whom were met during the course of the inspection expressed that they considered the residence to be warm and comfortable. Residents also reported that they were extremely satisfied with their care and treatment in Sycamore and Elm Tree Day Centre. Residents were also complimentary about the staff.

Areas of good practice

1. Community engagement was evident.
2. Recreational Outings and Sunday Lunch happened every Sunday.
3. There was a community meeting log book, and issues that arose were followed up and closed off.
4. Medication was administered in a private area.
5. Residents were involved in shopping/cooking meals in the residence.
6. There was good access to therapy both within the residence and externally in Elm Tree Day Centre.
7. Residents had free access to the house and there was no limitations on visiting times.
8. A supportive relationship between staff and residents was evident.
9. Staff in the residence maintained high standards of record keeping and documentation.
10. The house was clean, tidy and well organised at the time of the inspection.

Areas for improvement

1. Generic names should be used for medication when prescribing on Medication Prescription Administration Records (MPARS).
2. There was a rusty shower chair and a large crack on the tiles in the upstairs shower rooms which required attention.
3. Low partitions were used in upstairs bedroom to separate bed spaces, and these do not provide adequate privacy for residents accommodated here.