

Woodlawn

ID Number: RES0123

24-Hour Residence – 2017 Inspection Report

Woodlawn
Lusk
Co. Dublin

Community Healthcare Organisation:
CHO 9

Team Responsible:
Intellectual Disability

Total Number of Beds:
9

Total Number of Residents:
9

Inspection Team:
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Inspection Date:
07 June 2017

Inspection Type:
Unannounced Inspection

The Inspector of Mental Health Services:
Dr Susan Finnerty MCRN009711

Date of Publication:
20 April 2018

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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

Woodlawn was a residential, respite, and day service facility located in a semi-rural area of north Dublin. The residence was owned by the HSE and operated by St. Joseph's Intellectual Disability Service. The residence was not purpose-built but had been taken over by the HSE in 1993 before being extended and converted to its present role in 2003. The residence functioned to provide residential, respite, and day support to residents with moderate intellectual disability and concomitant mental health or behavioural problems. Information was provided by the clinical nurse manager 2 and the assistant director of nursing.

The residence was a single-storey facility. At the time of this inspection, it provided accommodation for up to nine residents. Five residents were in full-time, long-term residential care. The other four places were allocated for respite care to a larger cohort of service users who were normally resident in the community.

The residence was approached through an external gate, which was kept locked for safety reasons. It was surrounded by a private garden that was not overlooked and included a patio area to facilitate outdoor recreation when conditions allowed. The garden area also contained a detached "clubhouse" for the sole use of residents without staff input.

The entrance led to a hall area, which was decorated with personal effects and pictures. There was a nursing office with secure facilities for file and medication storage. The hall also led to a large kitchen and dining room area, which had adequate seating for the residents. The kitchen opened out to the outside garden area. A corridor from the kitchen led to a file storage area, which was not secure, and to a separate classroom. There was a large, comfortably furnished sitting room located off the central hallway. Residents had access to TV, DVD, radio, books, and games. The sitting room also opened to the external garden area. There was an additional smaller sitting room available to residents.

Another corridor led from the hallway to the bedroom area. All residents had individual bedrooms of various sizes, which were personally furnished and decorated, particularly in the case of long-term residents. One of the bedrooms was en suite. In this part of the residence, there was a small corridor area with access to the exterior of the house. The intention was to use this area for storage of archived personal files, but the confidentiality of the information stored could not be ensured. There were adequate bathroom and toilet facilities in the residence. There was a laundry facility that residents could use under supervision. There was a school unit within the house, where education in Irish Sign Language and other communication modalities was provided.

Care and treatment

All policies used within the house were generic St. Joseph Intellectual Disability Service policies, including the one relating to individual care plans (ICPs). All residents had an ICP, which was reviewed on a six-monthly basis or more frequently, if required. The multi-disciplinary team (MDT) met every Tuesday in the central support office (CSO) in Swords. Staff could attend the meetings, as could the resident, if required. Both residents and family members were invited to ICP reviews. All residents had a six-monthly psychiatric review, which was documented. A key worker system operated within the residence.

Physical care

The service policy on physical care was used by the residence. All residents had a GP in the community who undertook routine six-monthly physical examinations. Information on relevant screening programmes was provided, either directly when appointments were offered or at ICP review where the key nurse would undertake to inform the resident and encourage participation. External medical services were accessed through GP referral. The service had a dedicated physiotherapist who was available to residents on referral. Residents attended community dental services in Swords or, in a small number of cases, a private family dentist.

Therapeutic services and programmes

The residence used the service policy on the provision of therapeutic services. A number of programmes were provided within the residence, including horticulture, baking, and classes organised and supervised by a retired Montessori teacher. A number of residents and attendees attended therapeutic and recreational programmes in other centres (e.g. Knockamann, Prosper Fingal, and Estuary Holdings in Swords). Attendance at various programmes was structured according to the various abilities of the residents and attendees.

Medication

The service policy on medication management was used. Medications were prescribed either by the psychiatrist or GP. Medications were supplied by a local community pharmacy on a named-patient basis and were individually packaged. It was noted that the Medication and Prescription Administration Record (MPAR) was in two parts. There were separate prescription and administration record sheets, and letters were used to identify particular medications. This outdated format merited review and updating to minimise potential risk. Two residents (one in respite care) were on self-medicating programmes with discreet staff oversight. Medications were stored securely within the nursing office and the residence had a medication fridge with a temperature record.

Community engagement

A number of residents attended day services in the general community (Prosper Fingal, Estuary). Most were taken by service transport, but this had become increasingly problematic in recent months because of a national dispute regarding responsibility for road tax. The residence had its own seven-seater vehicle, which was off the road at the time of the inspection. A small number of residents were able to use public transport, which was located a short walk from the residence. Due to the relative isolation of the residence, there was little community in-reach to the residence.

Autonomy

Residents had free access to the kitchen and were encouraged to prepare snacks. Meals were prepared by staff. Residents could determine their own bedtime but they did not have keys to their own rooms. If requested, staff could lock a resident's room. Residents helped with some domestic chores – maintaining flowers and plants in the garden, tidying the residence. Staff indicated that while residents could assist with grocery shopping, they generally chose not to. There were no limits on visiting times apart from at mealtimes. Subject to safety considerations, residents were free to leave the residence as they wished. This required staff to open the main gate. Residents had their own mobile phones.

Residence facilities and maintenance

The Service Description section above outlines the structure and facilities of the residence. Maintenance of the premises was the responsibility of HSE Estate Management. Management of the residence indicated that maintenance was scheduled or undertaken depending of the urgency of the need or associated risk. It was notable that routine works in terms of maintaining external building integrity (painting and maintenance of soffits and fascias together with maintenance of associated guttering) was outstanding. Failure to undertake such maintenance on a planned basis in good time may have cost and inconvenience implications over time.

Staffing

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

Team input (Sessional)

Discipline	Number of sessions
Occupational Therapist	As required via CSO and MDT
Social Worker	As required via CSO and MDT
Clinical Psychologist	As required via CSO and MDT
Other	Montessori teacher

Medical Staff	Frequency of attendance at residence
Consultant Psychiatrist	As required
Non-Consultant Hospital Doctor	As required

Residents had access to a service physiotherapist through referral. An external chiroprapist was available by referral and attended the residence on an approximately six-weekly basis.

Staff had up-to-date training in fire safety, Basic Life Support, and the Therapeutic Management of Violence and Aggression. Records were retained by management on the training status of staff and to ensure that staff were scheduled for necessary training.

Complaints

The residence utilised the St. Joseph's Intellectual Disability Service's complaints policy. The residence information booklet, which shared common content with other residences, outlined the process for making complaints. Public notices within the residence outlined the process and identified the complaints officer. Notices also identified contact details for the advocate. Minor complaints were addressed by the clinical nurse manager 2 in charge of the residence. Formal complaints were submitted to management and formally addressed by the complaints officer. Minor complaints were not being recorded at the time of the inspection, but the residence was in the process of introducing a documented complaints log. Informal community meetings were held on most Saturdays and a more formal meeting was held quarterly, which was documented.

Risk management and incidents

The residence used the St. Joseph's policy on risk management to govern processes relating to risk. All residents had been risk-assessed as part of their individual care plan review, or more frequently if required. Incidents occurring in the residence were reported using the National Incident Management System and reviewed by management. Outcomes were reported to the residence. The residence was relatively new and was physically safe. There was a maintenance record, which outlined the reporting of maintenance issues and any delays encountered in addressing them. All fire extinguishers were in date and were regularly checked by a competent external contractor. The residence had an emergency kit, which was checked weekly.

Financial arrangements

The residence used the St. Joseph's policy on financial management and adapted this as required to meet the specific needs of a community residence. Residents paid a weekly charge varying from €70 to €108. This was individually assessed based on the number of nights' a week the resident spent in the house. The weekly charge covered accommodation, food, and services apart from medication costs. A number of residents had their own bank accounts and bank cards. In other cases, families took responsibility for residents' financial matters. Residents could request a weekly disbursement from their funds held by the St. Joseph's accounts department, which was held in a cash wallet for their personal use. The service had a number of pictorial and documented spending plan templates to assist residents in developing awareness of their regular spending patterns and so allow for adequate planning and provision. All provision of money or spending on behalf of residents was signed for by two staff and receipts were retained. Residents did not contribute to a social fund. The clinical nurse manager 2 audited residents' cash accounts every week. An external review or audit of residents' monies had not taken place in more than two years.

Service user experience

During the course of this inspection, most of the residents were absent from the house, attending programmes externally. Residents encountered by the inspectors had no complaints and generally appeared happy with their placement. A large number of residents and service users arrived to attend a birthday celebration at the end of the inspection and those able to engage with inspection team expressed their satisfaction with both the residence and staff.

Areas of good practice

1. The service had a variety of information leaflets in relation to various aspect of care, which were drafted using language and pictures that were suitable to the abilities of the resident population. In particular, there was a clear, capacity-appropriate process to help residents in gaining awareness of their financial commitments.
2. The respite function of the residence generated a constant turnover of residents, necessitating a customised response from staff to any issues arising. This resulted in a stimulating environment for both staff and residents.

Areas for improvement

1. Medication Prescription and Administration Records currently in use are outdated and potentially unsafe. Priority should be given to a review of the policy and procedure in this area to ensure that safe processes are emphasised.
2. If consideration is being given to storing archived records within the residence, it is essential that adequate steps are taken to protect the confidentiality of any personal clinical information held.
3. The lack of access to the community by this vulnerable and incapacitated group of residents due to a lack of adequate, suitable transport requires attention as a matter of urgency.
4. The residence information booklet was a generic document, which might benefit from customisation to the particular circumstances of the residence.
5. Routine maintenance and renovation of the premises should be scheduled to preserve structural integrity and minimise deterioration of the premises.
6. A process of regular external audit of the management of resident funds should be developed to ensure consistent compliance with policy.