Cherryfield House

ID Number: RES0061

24-Hour Residence – 2018 Inspection Report

Cherryfield House
Killarney
Co. Kerry

Community Healthcare Organisation:
CHO 4

Team Responsible:
Rehabilitation

Total Number of Beds:
15

Total Number of Residents:
15

Inspection Team:
Dr Enda Dooley, Lead Inspector

Inspection Date:
17 January 2018

Inspection Type:
Unannounced Inspection

The Inspector of Mental Health Services:
Dr Susan Finnerty MCRN009711

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Contents

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

Cherryfield House, a 15-bed, 24-hour nurse-staffed residence, was located on the northern side of Killarney, Co. Kerry. The single-storey, purpose-built residence was owned by Kerry Mental Health Association and operated by the HSE, Community Healthcare Organisation (CHO) 4. It opened as a community residence in 2011. At the time of inspection, Cherryfield House was providing a rehabilitation and recovery service for 15 residents, all of whom were accommodated in single rooms with en suite bathroom facilities. There was no current plan or proposal to alter the function of the residence.

Residence facilities and maintenance

Cherryfield House was a 15-bed, modern residence with two wings. It was bright, airy, and well maintained, inside and out. The bedrooms and nursing station were located in the wing to the right of the main entrance, and kitchen, dining, sitting, and utility areas were to the left.

The residence incorporated a sitting room, with TV, books, magazines, newspapers, and DVDs. There was a dining room with four tables and seating for 16 people. There was a large kitchen, a domestic-sized kitchenette, and a computer room with three computers and a printer. There was a bathroom with a bath, and a laundry room equipped with industrial washing machines.

The residence also had a clinical room with a medication fridge, a multi-purpose room (which was utilised by staff and by residents as an auxiliary sitting room), and a small gym area. Residents had access to the garden, which included a covered washing line, and to a landscaped courtyard and terrace areas.

At the time of inspection, the heating system was in the process of being repaired due to long-standing difficulties, which have been present since the residence opened.

Resident profile

At the time of the inspection, Cherryfield House was providing accommodation for three male and twelve female residents, who were aged between their mid-thirties and early seventies. The duration of stay ranged from six years to five months.

Care and treatment

Cherryfield House used the Kerry Mental Health Services policy in relation to individual care planning, and all of the residents had an individual care plan (ICP). An examination of the clinical files indicated that residents' ICPs were reviewed on a six-monthly basis. The files recorded the attendance of multi-disciplinary team (MDT) members at the ICP reviews.

Residents, family members, and advocates, where available, had input into the care planning process. Residents completed pre-review assessments, signed the ICP review, and accepted a copy of their ICPs. A psychiatric evaluation was documented as part of the six-monthly review or more frequently, if required. A key worker system was in operation, and medical staff attended the unit twice a week.

MDT meetings were held in the residence. The MDT Rehabilitation team met monthly in another location in Killarney.

Physical care

Cherryfield House used the Kerry Mental Health Services policy in relation to physical care/general health. All residents had access to GP practices in the locality. Routine physical examinations, including an ECG, were completed annually, and copies of health assessment documentation were placed in residents' clinical files. Residents had access to national screening programmes, and this was documented in the clinical files. Nursing staff provided information on available screening, but no information leaflets were in evidence on the unit.

Residents could be referred to other health care services in Tralee or Cork and they had access to dental, dietetics, physiotherapy, and speech and language therapy locally, by referral. The inspector met with the newly appointed mental health service dietician who outlined her role within the residence.

Therapeutic services and programmes

Cherryfield House used the Kerry Mental Health Services policy in relation to therapeutic programmes. The occupational therapist attended the residence once a week to deliver a programme, but no regular groups or other therapeutic programmes were provided on-site. Thirteen residents attended the Lime Grove day centre next door, and some attended other education and training facilities via a referral from Lime Grove. While a named nursing key worker was identified, because of the work shifts involved the key worker was, effectively, the nurse on duty on any particular day.

Recreational activities

Residents in Cherryfield House had access to a range of recreational activities, including TV, radio, Wi-fi, newspapers, games, and music. There were also regular outings.

Medication

Cherryfield House used the Kerry Mental Health Services policy in relation to medication. It also had a local policy on self-medication. Medication was prescribed by the residents' GPs or the consultant psychiatrist. A Medication Prescription Administration Record (MPAR) system was in operation, and each resident had an MPAR. These contained comprehensive prescription and medication administration details. There was a separate MPAR for documenting the self-administration of medication.

At the time of inspection, seven residents were self-medicating, and a management protocol was in place for this. The residence was in the process of introducing a new medication concordance record sheet as part of the self-medication programme.

Medicines were supplied by local pharmacies and stored appropriately and legally in the clinical room. A temperature log was maintained for the medication fridge.

Community engagement

Cherryfield House's location, on the edge of a major town with easy access to social and transportation outlets, facilitated community engagement. Residents attended sporting events, concerts, and the cinema, and they went on regular outings, including to coffee shops and mass. They were invited to community events, took holidays with family members, and could go on trips to Lourdes.

The residence was situated close to bus and train routes, and it had access to a minibus, which could be booked when required.

There was no in-reach into the residence from the community.

Autonomy

Residents did not have full access to the main kitchen but could use the kitchenette, which had facilities for preparing meals and snacks. Residents were free to determine their bedtimes and had a key to their own bedroom. Residents were encouraged to keep their rooms tidy and to assist with domestic chores, including keeping communal areas tidy and clean and helping with laundry. Residents could come and go from Cherryfield House as they wished. They were free to receive visitors at any time.

Staffing

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

Team input (Sessional)

Discipline	Number of sessions
Occupational Therapist	Weekly and as required
Social Worker	As required
Clinical Psychologist	As required
Dietitian	As required

Medical Staff	Frequency of attendance at residence
Consultant Psychiatrist/Non-Consultant Hospital Doctor	Twice weekly

Staff training was provided and encouraged. Staff had received training in Basic Life Support, fire safety, recovery, and the professional management of aggression and violence. Training records were kept by the Practice Development Coordinator.

Complaints

Cherryfield House used the HSE complaints policy *Your Service Your Say*, and residents were aware of how to make complaints. There was a public notice in the residence, outlining the complaints process and identifying the complaints officer's contact details. The clinical nurse manager 2 or the complaints officer addressed all complaints.

A complaints log was maintained. No complaints had been documented since May 2016. Monthly community meetings were held in the residence, and minutes of these were maintained. Where service issues arose from the community meetings these could be referred to the monthly Rehabilitation Service Meeting. There was no suggestion box in the house.

Risk management and incidents

The residence used the Kerry Mental Health Services risk management policy, which was implemented throughout the unit. There was a risk register in place, and risks were addressed at monthly meetings. Although risks were reviewed at this time, there was no evidence that the risk register was updated accordingly.

Risk assessments were completed for residents during ICP reviews and as required. Incidents were documented and reported using the National Incident Management System. The residence appeared to be physically safe, and fire exits were clearly identified. The fire extinguishers were regularly serviced and in date. There was a fully equipped clinical room in the residence, with an emergency bag, oxygen, and an Ambu bag, or manual resuscitator.

Financial arrangements

Cherryfield House utilised HSE national policy in relation to managing residents' finances. The charge for residents was €137 per week, €73 for rent and €64 for living expenses, including food, heating, Wi-fi, TV, cleaning supplies, and utilities. Residents were means tested, and Kerry County Council provided subvention, with the result that the weekly amount paid by residents varied according to means. Most of the residents were responsible for their own money and post office or bank accounts. Appropriate procedures were in place for staff handling resident money.

Residents did not contribute to a kitty or social fund, and residents' finances had not been audited.

Service user experience

During the course of this inspection, the inspector met with a number of residents on an informal basis. No resident requested to specifically meet with the inspector and residents generally expressed satisfaction with conditions and facilities with the residence.

Areas of good practice

1. The residence was in the process of introducing a new medication concordance record sheet as part of the self-medication programme.

2. Clinical files were comprehensively documented and were up to date.

Areas for improvement

1. While it was apparent that risks were reviewed on a regular basis, this was not reflected in the documented risk register, which only appeared to be reviewed on an annual basis.

2. Staff outlined that the particular ownership and management structure of the residence required that the staff in charge directly undertake the payment of services bills arising. This had an impact on the availability of staff to engage directly with residents.