

Elm Park Drive

ID Number: RES0085

24-Hour Residence – 2018 Inspection Report

Elm Park Drive
Rathnapish
Carlow

Community Healthcare Organisation:
CHO 5

Team Responsible:
Rehab and recovery

Total Number of Beds:
8

Total Number of Residents:
8

Inspection Team:
Carol Brennan-Forsyth

Inspection Date:
30 January 2018

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

Elm Park Drive was a two-story building located in the suburbs. It was located within walking distance of Carlow town. The residence was owned by the HSE and it was not purpose built. It had been operating as a 24-hour staffed residence for at least ten years. Resident communal areas and office facilities were located on the ground floor with bedroom accommodation on the first floor. The house could accommodate eight residents in two double bedrooms and four single bedrooms.

Elm Park Drive was a community-based residential facility, which provided a mental health rehabilitation and recovery service to individuals experiencing a mental illness or a mental disorder. Care and treatment provided to residents was under the direction of a consultant psychiatrist. There were eight beds in total and at the time of the inspection all beds were occupied. The future plans for the residence were for it to remain unchanged.

Residence facilities and maintenance

Elm Park Drive was a two-storey residence located in Co. Carlow. The residence could accommodate up to eight residents. There were two double bedrooms and four single rooms with no en suite facilities. There were privacy screens/partitions in shared bedrooms. There was a living area and office downstairs, and a back garden and smoking area. Bedrooms were located upstairs.

The external appearance of Elm Park Drive was well maintained. The gardens were cared for and the windows of the building were well maintained. There was a new smoking hut built in 2017. The old smoking room was re-designed into a single bedroom. There was new dining room furniture and new bedroom furniture.

Resident profile

A total of three male residents and five female residents were accommodated in the residence at the time of the inspection. Residents ranged in age from 39 to 66 years. None of the current residents had a physical disability. The duration of stay ranged from ten years to one year. There were no wards of court. All residents were voluntary.

Care and treatment

There was a policy on individual care planning which was last reviewed in June 2015. All residents had an individual care plan (ICP), with multi-disciplinary team (MDT) input from nursing, medical, occupational therapy, and peer support staff. A key worker system was not in operation. Only two nurses worked in Elm Park Drive. Residents were involved in their ICPs and attended ICP meetings every three months. Nursing staff also attended the MDT meetings. The ICPs were formally reviewed every three months and more often if required. The rehabilitation and recovery team was accessible to residents, if required. A psychiatric evaluation had been documented in the clinical files at least every three months.

Physical care

There was a policy in place on general health and a medical emergencies policy which were last reviewed in February 2014. All residents had a GP. All residents received a physical examination annually. Residents received information on and had access to appropriate national screening programmes. They also had access to other health services such as physiotherapy, dietetics, speech and language therapy, and yearly dentistry by referral.

Therapeutic services and programmes

A therapeutic services and programmes policy was not in place. Nurse-led therapeutic services were delivered on-site in Elm Park Drive. Residents attended the Dolmen Day Centre which was situated on the grounds of St Dymphna's Hospital and they could also access TASK training programme in Kilkenny.

Recreational activities

Residents in Elm Park Drive had access to various recreational activities. These included TV, DVDs, knitting, board games, reading books and newspapers, walking in the park which was opposite the house, a yearly holiday, day trips to Kilkenny and lunch outings. The residence owned an eight-seater minibus, and had access to other cars also for transporting residents to and from recreational activities.

Medication

There was a policy on medication management which was last reviewed in March 2015. There was a Medication Prescription and Administration Record (MPAR) for each resident. The MPAR contained valid prescriptions and administration details. The GP, consultant psychiatrist, and non-consultant hospital doctor prescribed the medication.

Medication was stored appropriately and legally, and residents' blister packs were locked in a cupboard in the nurses' office which was locked. Medication was supplied by a local pharmacy.

Community engagement

The location of the residence facilitated community engagement. Residents attended Mass, the library, shopping, coffee outings and the pub. There was local transportation available that residents used. They accessed the main bus and train station in town, which was within walking distance. Residents were brought to activities in the eight seater mini bus, which was provided by Elm Park Drive. Residents had access to advocacy services when required; otherwise, there was no community in-reach.

Autonomy

Residents had free access to the kitchen to prepare meals and snacks. Residents were free to determine their own bedtimes. They did not have a key to their own bedroom and bedroom doors were not lockable. Residents assisted with domestic activities such as preparing their own meals and cleaning up after meals. Residents were free to leave the residence as they wished. Residents could receive visitors at any time.

Staffing

Not all staff had received up-to-date mandatory training in the professional management of aggression and violence, Basic Life Support, recovery, and fire safety.

Staff Discipline	Day whole-time equivalent (WTE)	Night WTE
Clinical Nurse Manager	CNM2 X 1	0
Registered Psychiatric Nurse	0	1
House Keeper	1	0

Team input (Sessional)

Discipline	Number of sessions
Occupational Therapist	By referral
Social Worker	By referral
Psychologist	By referral
Physiotherapist, Dietitian, Speech and Language Therapist, and Dietician	By referral

Medical Staff	Frequency of attendance at residence
Consultant Psychiatrist	Three monthly or when required
Non-Consultant Hospital Doctor	On call during the week

Complaints

There was a complaints policy, which was the national HSE policy, *Your Service Your Say*. It was last reviewed in April 2014. The complaints process was displayed on the noticeboard in the dining room. The Clinical Nurse Manager 2 (CNM2) was responsible for addressing complaints. Complaints were escalated to the Clinical Nurse Manager 3 (CNM3) or the assistant director of nursing when required. There was a complaints log and three complaints were documented. Community meetings were held every month or every two months, and minutes were maintained. There was a suggestion box in the residence to encourage feedback.

Risk management and incidents

Elm Park Drive had a risk management policy which was last reviewed in July 2015. The policy was implemented in the residence. Risk assessments were completed for residents and updated as necessary. Incidents were reported using the National Incident Management System. Fire extinguishers were in date, and they were checked once a year. Fire escapes were accessible. There was a first aid kit in place. The residence was physically safe.

Financial arrangements

There was a policy on managing residents' finances. Residents paid a set weekly amount according to their individual means, which included food and rent. Not all residents had a bank or a post office account. Where this was the case, their financial affairs were managed by the HSE, with resident's consent.

There was a system in place in relation to staff handling residents' money. The nurse accompanied the residents to the bank weekly. Residents had their own wallets, which were stored securely in the safe. Each resident had their own record book in which signed records were kept of residents' money use, which involved one staff signature and the residents' signature.

Residents did not contribute to a kitty or a social fund. Residents' finances were audited regularly by administrative staff.

Service user experience

The inspector spoke informally with four residents who said that the care and treatment was good and the staff were very kind. Two residents said that they did not always like the choice of food at meal times.

Areas of good practice

1. Elm Park Drive used the nursing metric to conduct regular audits on medication management, nursing care plans, provision of information and discharge planning.
2. There was a preparation folder available in the nurse's office for staff outlining the requirements should an inspector from the Mental Health Commission visit the residence.
3. There was a staff orientation folder for new staff, outlining protocols and procedures pertinent to Elm Park Drive.
4. There was an information noticeboard in the residence providing information on the next MDT meeting, national screening programmes, the complaints/compliments procedure and peer advocacy support.

Areas for improvement

1. All bedrooms should be single occupancy to ensure privacy and dignity to the residents.
2. The upstairs bathroom needed renovating as it was in a poor state of repair.