Ferndale Community Residence

ID Number: RES0049

24-Hour Residence – 2018 Inspection Report

Ferndale
St. Neesan's Road
Limerick

Community Healthcare Organisation:
CHO 3

Team Responsible:
Rehabilitation

Total Number of Beds:
11

Total Number of Residents:
10

Inspection Team:
Siobhán Dinan, Lead Inspector

Inspection Date:
25 January 2018

Inspection Type:
Unannounced Inspection

The Inspector of Mental Health Services:
Dr Susan Finnerty MCRN009711

Date of Publication:
24 July 2019

Contents

Introduction to the Inspection Process....5
Service description....5
Residence facilities and maintenance....5
Resident profile....5
Care and treatment....6
Physical care....6
Therapeutic services and programmes....6
Recreational activities....6
Medication....7
Community engagement....7
Autonomy....7
Staffing....8
Complaints....8
Risk management and incidents....9
Financial arrangements....9
Service user experience....9
Areas of good practice....9
Areas for improvement....9

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

Ferndale was an 11-bed, 24-hour, nurse-staffed residence in an urban location, close to University Hospital Limerick in Dooradoyle. The purpose-built, two-storey house was owned by the HSE and had been operating as a high-support, 24-hour residence for approximately 26 years. At the time of inspection, Ferndale was providing a rehabilitation and continuing care service for ten residents under the care of the Rehabilitation team.

The philosophy of care in Ferndale was to facilitate collaborative engagement with residents to help them maximise their recovery potential in a rehabilitative environment. Staff aimed to sustain and develop a high quality community based mental health service through supporting and assisting residents to maintain their optimum mental health.

Residence facilities and maintenance

All of the residents in Ferndale were accommodated in single bedrooms. The first floor accommodation included a training/meeting room, ten bedrooms, two toilets, and two shower rooms. The ground floor accommodated one bedroom, two sitting rooms, a sunroom, a games room, a laundry room, and a nursing office. There was also a small kitchen and a bright, clean dining room. The exterior of the residence was well maintained. There was a large, well-kept garden with planters and a shed.

The residence had recently purchased new couches and new beds. New flooring had been installed, a new laundry room had been fitted, and a fire alarm system had been installed. There were plans to fit a new kitchen.

Resident profile

At the time of the inspection, Ferndale was accommodating eight male and two female residents. They were aged between 21 and 59, and the duration of their stay ranged from five months to eight years.

Care and treatment

Ferndale had a policy in relation to individual care planning, which was dated March 2016. All of the residents had multi-disciplinary individual care plans (ICPs), which evidenced input from medical staff, occupational therapy, psychology, nursing, and social work. Rehabilitative goals were identified using the Client's Assessment of Strengths, Interests and Goals (CASIG) process.

The ICPs were reviewed monthly by the multi-disciplinary team (MDT), and residents attended each review meeting and had input into the care planning process. The monthly MDT meeting was held in the residence. Residents received a nursing assessment on admission to the house and underwent a psychiatric evaluation every six months. An associate key worker/case manager was assigned to each resident.

Physical care

Ferndale had a policy in relation to physical care and general health. All residents had access to their own GP, who completed their six-monthly general physical examinations. Information in relation to national screening programmes was provided in the residence, and residents were receiving appropriate screening. Residents had access to other health care services, as required, including physiotherapy, chiropody, dietetics, dentistry, speech and language therapy, and general hospital services.

Therapeutic services and programmes

Ferndale had a policy in relation to therapeutic services and programmes, which was dated March 2017. No programmes were delivered in the residence. Residents engaged in recovery programmes in the Inis Cara day centre; attended Le Chéile, Limerick Mental Health Association's peer support project; and participated in Focus Ireland-run Preparation for Education, Training & Employment (PETE) courses. They accessed art therapy, a self-medication programme, anxiety-management training, a social skills group, and cognitive behavioural therapy.

Recreational activities

Residents in Ferndale had access to a variety of recreational activities, and weekly schedules were contained in their clinical files. The available activities included TV, board games, snooker, beauty treatments, arts and crafts, exercise classes, pitch and putt, music, a nurse-led yoga class, a walking group, and a horticulture group. The games room had a treadmill, two games consoles, and a DVD player. Residents went to the cinema, on shopping trips, and on Sunday outings.

Medication

Ferndale had a policy in relation to medication management, which was dated June 2016. Medication was prescribed by the consultant psychiatrist, the GP, or the non-consultant hospital doctor. The GP wrote the prescription, and the details were then written up into the residents' Medication Prescription and Administration Record (MPAR). The MPARs contained valid prescriptions and administration information.

At the time of inspection, one resident was self-medicating and received medicines in a blister pack. Staff monitored the self-medication process. Medicines were supplied by a local pharmacy and stored appropriately in a locked cabinet in a locked room. A pharmacy technician attended the residence every month to check medication and do a stock take. One month's supply of medication was kept on the premises.

Community engagement

Ferndale's central location facilitated community engagement. Residents accessed a range of local amenities, including a shopping centre, credit union, shops, restaurants, cafés, a church, the cinema, and a library. The residence had a bus, which was used for outings or to transport residents to community activities and appointments. Residents could also use a local bus service, which went from a bus stop outside the house. There was in-reach from the community from St. Vincent De Paul, which visited the house fortnightly.

Autonomy

Residents had full and free access to the kitchen to make snacks or sandwiches and tea and coffee. Main meals were prepared in St. Camillus' Community Hospital and delivered to the residence. A menu was displayed in the dining room, and a food temperature log was maintained. Residents were free to determine their own bedtimes. They did not have a key to their own rooms. A pass key system was used to access rooms, and residents returned the keys to staff after use.

Residents helped out with domestic chores, including laundry, shopping, gardening, tidying the kitchen, making their beds, and keeping their rooms tidy. Residents could come and go as they wished. There was a keypad on the front door, and residents used a code to come in. Visiting times were flexible but limited around mealtimes.

Staffing

Staff Discipline	Day whole-time equivalent (WTE)	Night WTE
Clinical Nurse Manager 2	1	
Registered Psychiatric Nurse	3-4	2-3
Health Care Assistant	0	
Multi-Task Attendant	3	

Team input (Sessional)

Discipline	Number of sessions
Occupational Therapist	3 per week
Social Worker	Weekly
Clinical Psychologist	1-2 per week

Medical Staff	Frequency of attendance at residence
Consultant Psychiatrist	1-2 visits per week
Non-Consultant Hospital Doctor	Weekly

Staff had received training in Basic Life Support, fire safety, the management of aggression and violence, and recovery techniques. They had also been trained in Children First, disclosure, residents' individual care plans, working with people with intellectual disabilities, medication management, and the application of Hazard Analysis and Critical Control Point (HACCP).

Complaints

Ferndale used the HSE complaints policy *Your Service Your Say*, and residents were aware of how to make a complaint. Details of the complaints procedure were displayed in the residence and outlined in the resident information booklet. Minor written and verbal complaints were addressed by the clinical nurse manager 2. Details of these complaints were captured in the minutes of resident meetings, but no outcomes were recorded. When a complaint required escalation, it was addressed by the complaints officer, who was the assistant director of nursing. Complaints were recorded in a staff meeting book, and a suggestion box was mounted on the wall.

Weekly community meetings were held in the residence.

Risk management and incidents

Ferndale had a safety statement, which was dated September 2017, and a risk register. Risk management procedures were implemented in the residence. Risk assessments were undertaken for residents at admission and when necessary. Incidents were reported and documented using the National Incident Management System.

A fire alarm had been installed, and fire extinguishers were serviced and checked daily and weekly. All fire escapes were accessible, and the fire officer delivered fire safety training, which residents attended. There were first aid kits in the office and kitchen and on the first floor of the residence.

Financial arrangements

Ferndale had a policy in relation to the management of residents' finances. The weekly charge for residents included food and utilities. Residents had post office or bank accounts and most of them handled their finances independently. Appropriate procedures were in place in relation to staff handling residents' money. Residents did not contribute to a kitty or social fund, and residents' finances were audited monthly.

Service user experience

The inspector greeted residents and explained the purpose of the inspection. Six residents spoke with the inspector. Each considered the residence comfortable and were satisfied with their care and treatment. The residents told the inspection team that the food was nice and that they had plenty of choice. Residents were complimentary about the staff and said that they were kind. Residents expressed that they liked having their own bedrooms.

Areas of good practice

1. Residents were empowered to live independently and had full autonomy in relation to their care.
2. Residents maintained autonomy in attending their own GP and managing their own general healthcare appointments.
3. Regular attendance by the responsible consultant psychiatrist.
4. A new resident information booklet had been implemented.
5. Residents were free to come and go as they wished and it was apparent that residents used various means of public transport to engage in activities within the community.

Areas for improvement

1. The outcomes of complaints, comments, or suggestions received by residents should be documented so that there is clear evidence that any issues arising are acted upon.