Lismore

ID Number: RES0081

24-Hour Residence – 2018 Inspection Report

Lismore
Sion Road
Kilkenny

Community Healthcare Organisation:
CHO 5

Team Responsible:
Rehabilitation and General Adult

Total Number of Beds:
9

Total Number of Residents:
9

Inspection Team:
Dr Ann Marie Murray, MCRN 363031 Lead Inspector

Inspection Date:
25 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

Lismore was a nine-bed, 24-hour, nurse-staffed residence in an urban setting, located on the outskirts of Kilkenny city. The two-storey residence was owned by the HSE and was originally a doctor's house. The building had been extended and opened as a 24-hour residence in 1991. At the time of inspection, Lismore was providing accommodation for nine residents. At the time of inspection, four consultant psychiatrists had responsibility for the care and treatment of the nine residents. The consultant psychiatrists consisted of a rehabilitation psychiatrist, and three general adult psychiatrists. The rehabilitation consultant psychiatrist had responsibility for the majority of the residents. There were no immediate plans for the residence to change.

Residence facilities and maintenance

Residents in Lismore were accommodated in single bedrooms and they shared the bathroom facilities. There were four bedrooms and a male shower room on the first floor. The ground floor accommodation was arranged off two corridors. One corridor led to five bedrooms and communal bathrooms, and the other led to two sitting rooms, the kitchen, dining room, laundry, clinical room, and bathrooms. The corridors were lined with paintings, a bookshelf, and photographs of outings. All bedrooms were personalised. The observation panels on the doors of three of the downstairs bedrooms were not screened which did not provide residents with adequate privacy.

One of the sitting rooms had a large television and a selection of books, and the other had an exercise bike, a treadmill, a foosball table, an ice hockey game, and two small sofas. The barbecue was also stored in this room. The dining room was an attractive space. There was evidence of health promotion on the walls of the dining room with healthy initiatives posters designed by residents. An upstairs bathroom had animal shampoo in the bathroom. Staff were advised to remove this and later confirmed they had done this.

The exterior of the residence was well maintained. There were expansive lawns and a mature shrubbery at the front and a large attractive back garden, with outdoor furniture. There were hens in the backyard, and they were cared for by residents.

Some renovations had been undertaken in the house recently, including the redecoration of bathrooms and one bedroom and the installation of new flooring in three bedrooms.

Resident profile

At the time of the inspection, Lismore was accommodating three female and six male residents. They were aged between 36 and 65, and the duration of their stay ranged from a few months to 27 years. A number of the residents had physical disabilities, and they were accommodated in downstairs bedrooms and had extra support from staff, where necessary. Some of the residents had mild intellectual disabilities.

Care and treatment

Lismore used the Community Healthcare Organisation (CHO) 5 policy in relation to individual care planning, and a copy of the policy was available in the house. Three individual care plans (ICPs) were inspected. The ICPs were reviewed every three months but were not always multi-disciplinary because there was no psychologist on the rehabilitation team. The files inspected documented that residents received a psychiatric evaluation at least every six months.

The rehabilitation multi-disciplinary team (MDT) met in the residence to review ICPs, and residents attended. Monthly MDT meetings were held in the day hospital. The general adult MDTs met every three months. Nursing staff attended these MDT meetings. There was no evidence of a key worker system operating in the house, but nursing staff continuity was evident.

Physical care

Lismore used the CHO5 policy in relation to physical care and general health. All residents had their own GPs, who undertook routine physical examinations of residents on an annual basis. Records of these examinations were retained by the GP and were not in residents' clinical files so could not be reviewed on inspection. The psychiatry team undertook annual metabolic screening of residents, and routine weight and blood pressure checks were completed weekly in the residence.

Information in relation to national screening programmes was evident in the residence, and residents were receiving appropriate screening. Resident participation in these screening programmes was systematically monitored and documented in their clinical files, apart from bowel screening. Residents had access to other health care services, including physiotherapy, chiropody, dietetics, and speech and language therapy. They attended the optician and dentist in the community, and an annual dental check was recorded for all residents. Both residents and staff were offered the annual flu vaccine.

A nursing staff member had undertaken brief intervention training in smoking cessation and had successfully supported three residents to stop smoking. They had also helped other residents to reduce smoking.

Therapeutic services and programmes

Lismore used the CHO5 policy in relation to therapeutic services and programmes. A service was provided by two occupational therapists. The groups provided were evidence based and standardised assessment tools were used to evaluate outcomes. The occupational therapist facilitated weekly baking and walking groups, and the clinical nurse manager led a walking group to the local shops every morning. Nursing staff had commenced one-to-one psychoeducational sessions with the residents. There was a newspaper group, and residents went on outings at the weekend, including to concerts. Some of the residents took care of the hens.

Residents engaged in therapeutic programmes outside of the residence. Residents attended the Task Training Centre, which ran courses such as computing, art, and upcycling. Other residents participated in mental health care recovery programmes at the Brook Centre in St. Canice's Hospital, and others accessed life skills programmes in the Fr. McGrath Community Centre. Residents could also attend the South East Recovery College, run by Advancing Recovery in Ireland, which facilitated recreational activities, self-care groups for men, and wellness and self-care groups for women. Staff identified an unmet need for psychology in relation to the provision of therapeutic services and in caring for residents with intellectual disabilities.

Recreational activities

Residents in Lismore had access to a variety of recreational activities, including TVs, books, newspapers, table-top games, exercise equipment, and the patio area. A newspaper group was ongoing on the day of inspection. Each resident had a personalised activity schedule.

Medication

Lismore used the CHO5 policy in relation to medication management. Medication was prescribed by the consultant psychiatrist, the GP, or the non-consultant hospital doctor. All residents had a Medication Prescription and Administration Record (MPAR). Four of these were inspected, one of which had blanks in the administration record. At the time of inspection, no residents were self-medicating. Medicines were provided by a local pharmacy. Medication was stored legally, and the medication cupboard and trolley were both well organised and tidy. A temperature log was not maintained for the medication fridge, and staff were advised to contact their local pharmacist regarding the safety of retaining the medication in the current fridge.

Community engagement

The location of Lismore, within a 25-minute walk of Kilkenny city, facilitated community engagement. Some of the residents were involved in horse care and went horse riding. Others attended an art group and took guitar lessons in the community. Residents also visited friends and went to the gym, pub, swimming pool, and hairdresser.

The residence had a seven-seater people carrier, which was used to transport residents to community activities or hospital appointments. There was no local public transport service. There was no in-reach from the community into the residence.

Autonomy

Residents did not have full and free access to the kitchen because of a risk of burns. They could use the kitchen under supervision but were generally discouraged from doing so. Residents were free to determine their own bedtimes. They did not have a key to their bedrooms and could not lock their rooms from the inside. There was no reason given for this. Residents could lock the top drawer of their bedroom lockers.

Residents helped with domestic chores, made their own beds and kept their rooms tidy, took care of the hens, and kept the patio and garden tidy. They were not permitted to do their own laundry; a clear rationale for this was not provided. Residents could come and go from the residence as they wished and were free to receive visitors at any time.

Staffing

Staff Discipline	Day whole-time equivalent (WTE)	Night WTE
Clinical Nurse Manager (8-4 Mon-Fri, doesn't work weekends)	1	0
Registered Psychiatric Nurse	2	2
Multi-Task Attendant	2	0

Team input (Sessional)

Discipline	Number of sessions
Occupational Therapist	3 per week and as required
Social Worker	As required
Clinical Psychologist	0

Medical Staff	Frequency of attendance at residence
Consultant Psychiatrist	Three-monthly and as required
Non-Consultant Hospital Doctor	As required

Staff reported that they had received training in Children First, Basic Life Support, fire safety, recovery techniques, the prevention of violence and aggression, psychosocial intervention, and the imagination gym. After 4pm each day and on weekends, there were two registered psychiatric nurses on duty. There was a one-to-one special for a resident, which staff reported was difficult to implement at times when just two

registered psychiatric nurses (RPNs) were on duty. It was difficult to see how outings could occur on days when there was just two RPNs on duty.

Complaints

Lismore used the CHO5 complaints policy. Residents interviewed were aware of how to make a complaint. Details of the complaints procedure were displayed in the hall, and *Your Service, Your Say* leaflets were available in the sitting room. Residents brought minor complaints to staff, who reported that they addressed them on the spot where possible or at the community meeting. Where a complaint required escalation, staff reported it would be dealt with by the nominated complaints officer, who was based in the Department of Psychiatry in St. Luke's Hospital.

A complaints log was not maintained in the residence, and there was no suggestion box in the house. Community meetings were held approximately monthly, and minutes of these were maintained.

Risk management and incidents

Lismore used the CHO5 risk management policy, but it was not being fully implemented in the residence as hazard risk assessment forms did not include risk ratings.

Clinical risk assessments were undertaken for residents on an annual basis. Incidents were reported and documented using the National Incident Management System. Incident forms had been completed by staff in relation to times when there was staffing shortages. There was cigarette burns on bedroom furniture indicating that residents continued to smoke indoors despite this being discouraged by staff, and not in line with their polices. Smoking indoors presented as a fire risk.

Monthly "theoretical" fire drills, where residents discussed what they would do in the event of a fire, were held, but actual fire drills did not take place. Fire extinguishers were serviced and in date, and fire escapes were accessible. There was a first aid kit in the clinical room and in the residence's vehicle.

Financial arrangements

Lismore had a policy in relation to managing residents' finances. Residents were all charged the same amount to live in Lismore, which was not in line with the HSE Residential Support Services Maintenance and Accommodation Contribution guidelines. Residents were paid 'incentive' money each week for doing household chores.

Residents had credit union accounts, and some residents managed their finances independently. Other residents' money was managed by family members or the clinical nurse manager. Staff signed for all financial transactions involving residents' monies. Staff assumed that certain residents were not capable to manage their finances. There was no formal assessment of the residents capacity to manage their own money or for

their capacity to consent to staff managing their money. Residents did not contribute to a kitty or social fund. Residents' finances were audited periodically.

Service user experience

Residents spoke to the assistant inspector during the inspection. They reported enjoying the leisure time afforded to them in Lismore as meals and laundry were taken care of by staff. They reported there was enough recreational activities available to them and had no negative complaints of the service provided.

Areas of good practice

1. An annual summary of residents' progress and needs had been completed by nursing staff.
2. A walk through review had been completed in January 2017.
3. Nursing Metrics on medication had been introduced.
4. There were new floor coverings for three bedrooms in 2017.
5. A staff member had been trained in smoking cessation and had made significant improvements in smoking cessation in the residence.
6. A men's "workshop" had been developed.
7. Hens had been purchased and were cared for by the residents.
8. There was a new library in the TV room.
9. A self-drive lawnmower had been purchased for the residence.
10. Nursing staff had commenced one-to-one psychoeducational sessions with the residents.
11. Careful consideration had been given to the accommodation of residents with physical disabilities.
12. There was evidence of systematic monitoring of national screening programmes.
13. Each resident had a personalised activity schedule.

Areas for improvement

1. The observation panels on the doors of three of the downstairs bedrooms were not screened which did not provide residents with adequate privacy.

2. There was no psychologist on the rehabilitation team, which meant there was no psychology input into ICP development and therapeutic services.

3. Records of physical examinations were retained by the GP and were not in residents clinical files.

4. A temperature log should be maintained for the medication fridge. Blanks in administration records should be reviewed and preventative measure put in place.

5. There was no review of restrictions on residents' autonomy.

6. Nursing staff numbers should be reviewed to ensure they meet the identified needs of the residents.

7. A complaints log should be maintained in the residence, and the service may consider introducing a suggestion box.

8. It should not be assumed that residents do not have capacity to manage their own finances. This is not in line with best practice guidelines, e.g. MHC Quality Framework for Mental Health Services in Ireland (2007), Standard 3.2. Capacity assessments to assess whether a resident is capable of managing their own finances should be undertaken.