

Orchard Grove

ID Number: RES0053

24-Hour Residence – 2018 Inspection Report

Orchard Grove
Ennis
Co. Clare

Community Healthcare Organisation:
CHO 3

Team Responsible:
Rehabilitation

Total Number of Beds:
9

Total Number of Residents:
9

Inspection Team:
Siobhán Dinan, Lead Inspector

Inspection Date:
08 February 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

Orchard Grove was a nine-bed, 24-hour, nurse-staffed residence in Ennis, Co. Clare. The bungalow was an amalgamation of three separate houses. It was owned by the Respond Housing Association and operated by the HSE, and it opened as a community residence in 2002. At the time of inspection, the house was providing high-support, continuing care and rehabilitation services for nine residents. The service was engaged in the promotion of health and the prevention and treatment of illness. It aimed to be sensitive and responsive to the needs of residents.

Residence facilities and maintenance

Residents in Orchard Grove were accommodated in nine single bedrooms, with shared bathroom facilities. There were two spacious sitting rooms, a games room, an activities/therapy room, a clinical room, a large dining room, a laundry, a store, and a nursing office.

The exterior of the residence was well maintained. The garden included a smoking area, but the ground was slippery and a potential hazard. Recent renovations to the house included the installation of new windows, painting and decorating, and the addition of a new Parker bath. At the time of inspection, there were plans to renovate a bathroom and to add an extra female toilet.

Resident profile

At the time of the inspection, Orchard Grove was providing accommodation for eight male and one female residents. They were aged between 40 and 76, and the duration of their stay ranged from 6 months to 16 years. One resident had a primary diagnosis of intellectual disability. All residents were mobile.

Care and treatment

Orchard Grove had a policy in relation to individual care planning, which was dated March 2016. All of the residents had a multi-disciplinary individual care plan (ICP), which was reviewed every three months, or more often if necessary. The clinical files indicated that residents received a psychiatric evaluation at least six-monthly. Loose pages were observed in the clinical files.

Weekly MDT meetings were held in the house, and residents and the clinical nurse manager 2 attended. Residents were assigned key workers, who were consistent named individuals.

Physical care

Orchard Grove had a policy in relation to physical care and general health, which was dated March 2017. All residents had access to a GP, who completed their general physical examinations every six months. Written information on national screening programmes was not available in the house but could be acquired if necessary. Residents were receiving appropriate screening. Residents also had access to other health services as required, including dentistry, dietetics, chiropody, speech and language therapy, physiotherapy, and general hospital services.

Therapeutic services and programmes

The residence had a policy in relation to therapeutic programmes, which was dated March 2017. Therapeutic programmes were not delivered in Orchard Grove. Residents attended therapeutic programmes in other locations, including Shannon Rehab Centre, Ennis Day Centre, and the Dulick Centre in Ennis. The programmes accessed included mindfulness, art therapy, and wellness groups.

Recreational activities

Residents in Orchard Grove had access to a range of recreational activities. They went on regular outings for dinner or coffee, to parks, and for shopping. They went on daily walks and drives, and they had access to a newspaper group, TV, radio, and books. Residents had also attended the agricultural show in Ballinasloe.

Medication

Orchard Grove had a policy in relation to medication management, which was dated June 2016. Medication was prescribed by the GP, consultant psychiatrist, or non-consultant hospital doctor. A Medication and Prescription Administration Record (MPAR) system was in use in the house, and residents' MPARs contained valid prescriptions and administration details. At the time of inspection, no residents were self-medicating. Medication was supplied on a monthly basis by a local pharmacy, and it was stored appropriately and legally in a locked cabinet in the clinical room.

Community engagement

The location of the residence, which was within walking distance of Ennis, facilitated community engagement. Residents had access to a church, shops, cafés, the library, and the day centre. Four residents went on a trip to Lourdes every year. The residence did not have access to a local bus service, but residents could walk into town in 15 minutes. They also had access to a taxi service. The residence had its own vehicle, which was used for outings or to bring residents to appointments and activities. There was in-reach into the house from St. Vincent de Paul, which visited every two months, and from a priest who visited at Christmas time.

Autonomy

Residents did not have free access to the kitchen to prepare meals or snacks. Residents were free to determine their bedtime, but none of them had a key to their own bedrooms. The bedrooms were locked until the afternoon and could be opened by request. Residents were involved in household chores such as cleaning up after meals, cleaning and tidying, and keeping the outside of the house tidy. Visitors were welcome in the residence at any time, and residents could come and go as they wished and usually checked in with staff.

Staffing

Staff Discipline	Day whole-time equivalent (WTE)	Night WTE
Clinical Nurse Manager 2	1	0
Registered Psychiatric Nurse	1	2
Attendant	2	0

Team input (Sessional)

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

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

Staff had received up-to-date training in Basic Life Support, fire safety, recovery, and the management of aggression and violence. The clinical nurse manger (CNM) 2 had been trained in advanced cardiac life support.

Complaints

The residence did not have a complaints policy. Residents were aware of how to make a complaint, but no information on the complaints process was displayed in the house. Complaints were addressed in the first instance by the staff nurse. Where a complaint required escalation, it was progressed to the CNM 2 and then to the complaints officer. A complaints log was not being maintained in the house. Community meetings were held in the house on a monthly basis but were not documented. There was no suggestion box in the residence.

Risk management and incidents

Orchard Grove had a risk management policy, which was dated August 2017. It had an up-to-date safety statement and a risk register. Residents were assessed for risk at admission and on an ongoing basis, as necessary. Incidents were reported and documented using the National Incident Management System. The residence was physically safe, and fire extinguishers were serviced and in date. There was a first aid kit in the clinical room.

Financial arrangements

Orchard Grove had a policy in relation to the management of residents' finances, which was dated February 2014. Residents paid a weekly charge, depending on their means, and this included food and utilities. Residents had post office or bank accounts, and one was managing their own financial affairs. The finances of the other residents were managed centrally. Appropriate procedures were in place in relation to staff handling residents' money, with all transactions signed for by a member of staff and the residents. Residents did not contribute to a kitty or social fund. Their finances were audited monthly by the CNM 2.

Service user experience

At the time of inspection no resident wished to meet with the inspector.

Areas of good practice

1. There was an emphasis on social and recreational activities in the residence.
2. The consultant psychiatrist attended the residence frequently.
3. The house was warm and comfortable and a homely environment for residents.

Areas for improvement

1. Details of the complaints process should be displayed publicly.
2. A minor complaints log should be maintained.
3. The service should consider the introduction of a suggestion box.
4. Menus could be displayed in the dining room.
5. Resident meetings should be documented.
6. Loose pages were identified in four clinical files.