

# Park Lodge

ID Number: RES0084

## 24-Hour Residence – 2018 Inspection Report

Park Lodge  
Athy Road  
Carlow

Community Healthcare Organisation:  
CHO 5

Team Responsible:  
Rehabilitation and Recovery

Total Number of Beds:  
9

Total Number of Residents:  
9

**Inspection Team:**  
Carol Brennan-Forsyth

**Inspection Date:**  
06 February 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.....	6
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.....	10



## 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

Park Lodge was a single-storey residence located approximately 2 km from Carlow Town. The house was originally a family residence and was purchased by the HSE 20 years ago. The residence operated under the rehabilitation and recovery team and the South Sector General Mental Health Team for Community Healthcare Organisation (CHO) 5. There were six bedrooms, three single rooms (two with en suite toilets) and three double bedrooms (one with an en suite toilet).

Park Lodge was situated on a very busy road and there was no access to a footpath. For safety reasons, residents were unable to walk to Carlow town and usually had to be driven there by staff.

## Residence facilities and maintenance

The six bedrooms were scattered throughout the L-shaped bungalow. Privacy screening was in place between the beds in shared rooms. The other accommodation included a very small and cramped nurses' office; a spacious, bright sitting room with seating for nine, a fireplace, and a TV; a smoking room; a large dining room with two tables and eight chairs; a clean and tidy kitchen; a laundry room; and two shower rooms.

Residents were smoking in communal areas, and a strong smell of cigarette smoke permeated the house.

The exterior of the residence was well maintained. There was a large garden with raised beds, a bird feeding area and a pond, and residents were very involved in gardening activities in good weather. The garden also included an outdoor smoking hut and a shed.

In 2017, the interior of the house had been painted and floor coverings were replaced. Other recent work included the addition of a new septic tank and the redecoration of one shower room. It was envisaged that the second shower room would be renovated in the near future and that the outside of the house would be painted. There were also plans to install electric gates at the entrance for safety reasons because the roadway outside of the residence was very busy.

## Resident profile

At the time of the inspection, Park Lodge was providing accommodation for nine male residents aged between 35 and 71. The duration of their stay ranged from one to five years. Three residents had physical challenges, and they were provided with appropriate accommodation.

## Care and treatment

Park Lodge used the Carlow/Kilkenny and South Tipperary policy in relation to individual care planning, which was dated June 2015. All of the residents had an individual care plan (ICP), which evidenced input from medical and nursing staff only. Residents were involved in the care planning process and were offered a copy of their ICP. The ICPs were reviewed by medical and nursing staff on a three-monthly basis. Four clinical files were inspected and a psychiatric evaluation was documented at least six-monthly in each.

Multi-disciplinary team (MDT) meetings were held in the residence every three months and were attended by social work, occupational therapy, nursing, and medical staff. Residents and staff attended the meetings. At the time of inspection, the residence was not operating a key worker system but was considering introducing one.

## Physical care

Park Lodge had a general health and medical emergencies policy dated February 2014. All residents had access to a local GP, who completed their general physical examination annually. Information on national screening programmes was provided to residents, who were receiving appropriate screening, where relevant. Residents also had access to other health services by referral, including speech and language therapy, physiotherapy, dentistry, and general hospital services.

## Therapeutic services and programmes

Park Lodge did not have a policy in relation to therapeutic programmes. A number of programmes were delivered on-site, including horticulture and art therapy. Some residents also accessed programmes in the Dolmen Centre in Carlow. Residents did not attend training programmes off-site, but they could access these if they wanted to.

## Recreational activities

Residents in Park Lodge had access to a range of recreational activities. These included TVs, card playing, chess, music, and trips out to coffee shops and the pub. They also went on regular outings and day trips.

## Medication

The residence had a policy in relation to medication management, which was dated March 2015. Medication was prescribed by the consultant psychiatrist, GP, or non-consultant hospital doctor. Residents had Medication and Prescription Administration Records (MPARs), which contained valid prescriptions and administration details. At the time of the inspection, no residents were self-medicating.

Medication was supplied by a local pharmacy and was stored in a secure cabinet in the locked nursing office. There was no medication fridge in the house.

## Community engagement

The location of Park Lodge, next to a dangerous road, did not facilitate community engagement. Staff members had to drop residents into town in the residence's seven-seater van. Residents could visit the library, pubs, and coffee shops, and they went on trips home and attended local festivals. There was no local public transport service nearby. There was community in-reach into residence from a Men's Shed group and carol singers at Christmas.

## Autonomy

Residents had free access to the kitchen to prepare snacks. Some residents required supervision in the kitchen for safety reasons. Main meals were prepared in the Sacred Heart Hospital and delivered to the residence.

Residents were free to determine their own bedtimes, but none of them had a key to their own bedrooms. Those occupying single rooms could request staff to lock their rooms.

Residents helped out with household chores, including shopping, cleaning, and laundry. Residents could come and go as they wished, but did not venture out alone because of the dangerous road. They could receive visitors at any time.

## Staffing

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

### Team input (Sessional)

Discipline	Number of sessions
Occupational Therapist	As required
Social Worker	As required
Clinical Psychologist	0
Physiotherapist & Speech and Language Therapist	By referral

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

At the time of the inspection, not all staff had up-to-date training in Basic Life Support, the professional management of aggression and violence, recovery techniques, and fire safety.

## Complaints

Park Lodge used the HSE's *Your Service, Your Say* complaints policy, and residents were aware of how to make a complaint. Details of the complaints process were displayed on the noticeboard in the residence. Complaints were addressed by the Clinical Nurse Manager (CNM) 2 in the first instance and, where necessary, were escalated to the CNM3 or the Assistant Director of Nursing. A complaints log was maintained, and there was a suggestion box in the corridor in the house. Community meetings were held in the residence every three months, and minutes of these were maintained.

## Risk management and incidents

Park Lodge had a risk management policy dated July 2015, which was being implemented in the residence. There was a local risk register, and the Sainsbury risk assessment tool was used to complete resident assessments. Although residents were observed to be openly smoking in the house, this was not recorded in the risk register.

Incidents were reported and documented using the National Incident Management System. The residence was physically safe. Fire extinguishers were serviced and in date, and fire escapes were accessible. There was a first aid kit in the nurses' office.

## Financial arrangements

Park Lodge used the HSE's policy in relation to the management of residents' finances in community residences. Residents paid the same weekly charge, which included food and utilities. Residents did not have post office or bank accounts, and there were no documented capacity assessments for residents who were unable to manage their own finances. Residents' finances were administered centrally, and procedures were in place in relation to staff handling residents' money. However, transactions involving resident monies were not always signed by the resident and a staff member or the reason why was not documented.

Residents did not contribute to a kitty or social fund. Residents' finances were audited periodically.

## Service user experience

Residents did not request to speak with the inspector at the time of inspection.

## Areas of good practice

1. Park Lodge used the nursing metric to conduct regular audits on medication management, nursing care plans, provision of information, and discharge planning.
2. All residents had their own personalised weekly activity sheet.
3. Staff at Park Lodge conducted regular fire drills with the residents.
4. The residence had a horticulture programme in which residents were involved, particularly in the summer months.

## Areas for improvement

1. As a priority, Park Lodge needs to introduce the HSE's Tobacco Free Campus Policy in-house to protect its residents and staff in terms of health and safety and fire safety.
2. A capacity assessment is recommended for residents to verify that they are unable to manage their own finances. Plans need to be in place to encourage residents to become independent with regard to their finances in line with a rehabilitation and recovery ethos.
3. All bedrooms should be single occupancy to ensure privacy and dignity for the residents.