

The Moorings

ID Number: RES0095

24-Hour Residence – 2018 Inspection Report

The Moorings
Red Barns Road
Dundalk
Co. Louth

Community Healthcare Organisation:
CHO 8

Team Responsible:
Rehabilitation

Total Number of Beds:
7

Total Number of Residents:
7

Inspection Team:
Dr Enda Dooley, Lead Inspector

Inspection Date:
24 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.....	7
Recreational activities.....	7
Medication.....	7
Community engagement.....	7
Autonomy.....	8
Staffing.....	8
Complaints.....	8
Risk management and incidents.....	9
Financial arrangements.....	9
Service user experience.....	10
Areas of good practice.....	10
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

The Moorings was a seven-bed, 24-hour, nurse-staffed residence in Dundalk, Co. Louth, located in an urban setting. The two-storey residence was originally a house set in extensive grounds. It was acquired by the HSE in 1991 and had undergone various structural renovations over the years. At the time of inspection, the residence was providing a rehabilitation and continuing care service for seven residents, all of whom were accommodated in single rooms. The future plan for the residence was for it to remain unchanged.

Residence facilities and maintenance

Communal rooms, service areas, and one bedroom were located on the ground floor, along with one bathroom. There was a spacious sitting room with a TV, games, music, and a radio. A smaller TV room had seating for four residents. The dining room had two tables, with adequate resident seating. There was a large, domestic-style kitchen and a utility room with a fridge, freezer, and dishwasher. There was a large conservatory, which was suitable for visits, and a smaller conservatory, where the residence noticeboard was located.

The ground floor also accommodated a staff office, a toilet, and a shower, which needed renovation. A separate garage conversion housed laundry facilities and a pool table. There were six bedrooms, including one respite room, a bathroom, two toilets, and a store room on the first floor. One of the toilets required significant renovation and evidence of this was recorded.

Residents had access to a large, private garden, with a smoking gazebo. The exterior of the residence was well maintained.

Resident profile

At the time of the inspection, the Moorings was providing accommodation for two female and five male residents, including one respite resident. Residents were aged between their late 30s and late 50s, and the duration of stay ranged from 1 to 22 years. All residents were mobile. There were no involuntary residents in the house.

Care and treatment

The Moorings used the Louth/Meath Mental Health Services policy in relation to individual care planning, and the rehabilitation team was in the process of reviewing the policy for its relevance to community residences. All of the residents had a multi-disciplinary individual care plan (ICP). In conjunction with their key worker, residents had input into their ICPs. Family members were involved in the care planning process, with resident agreement.

An examination of the clinical files indicated that residents' ICPs were reviewed every six months. Plans were in place to move to three-monthly reviews. Frequent psychiatric reviews – weekly, if required – were documented in residents' clinical files.

No multi-disciplinary team (MDT) meetings were held in the residence. The MDT met monthly in An Solasan, another community residence in Dundalk. These meetings were attended by nursing staff but not residents.

Physical care

The Moorings used the Louth/Meath Mental Health Services policy in relation to physical care/general health, and the rehabilitation team was in the process of reviewing the policy for its relevance to community residences. All residents had access to GP practices in the locality and could attend appointments independently. Routine physical examinations of residents were completed every six months by the GP, who provided feedback to the residence. Residents had access to national screening programmes, and this was documented in their clinical files. Staff indicated that residents were encouraged and supported to engage in these programmes. Information was available in the residence in relation to screening programmes.

Residents could be referred to other health care services in Louth County Hospital in Dundalk or Our Lady of Lourdes Hospital in Drogheda. They had access to dental, physiotherapy, and speech and language therapy locally, by referral or through primary care. The overall mental health service had contracted a dietetic service and it was planned that this service would have input into residents' care.

Therapeutic services and programmes

The Moorings used the Louth/Meath Mental Health Services policy in relation to therapeutic programmes. An occupational therapist attended weekly to see clients individually for particular needs. Nursing staff delivered a range of programmes on-site, including coping skills and stress- and anxiety-management techniques. Scheduling of these programmes was on an ad hoc basis.

All residents attended the Ladywell Daycare Centre in Dundalk on three days per week, and two attended National Learning Network programmes locally. The rehabilitation team's activation lead had recently been appointed and was developing links with local and voluntary organisations to support resident engagement.

Recreational activities

Residents in the Moorings had access to a range of recreational activities, including TV, radio, DVDs, books, games, a pool table, exercise classes, and gardening (seasonally).

Medication

The Moorings used the Louth/Meath Mental Health Services policy in relation to medication. Medication was prescribed by the residents' GPs or the consultant psychiatrist. A Medication Prescription Administration Record (MPAR) system was in operation, and each resident had an MPAR. These contained comprehensive prescription and medication administration details and were in good order. Photo identification was used.

At the time of inspection, one resident was self-medicating under supervision. Medicines were supplied by a local community pharmacy, which delivered weekly, and medication was reviewed monthly by the pharmacist. Medication was appropriately and legally stored in the residence, in a locked drug cabinet.

Community engagement

The Mooring's location, on the outskirts of Dundalk, within 20 minutes' walk of the town centre and close to a bus route, facilitated community engagement. Residents went to mass and accessed local shops, pubs, restaurants, cafés, sporting events, and the cinema. The residence had a multi-purpose vehicle to facilitate outings and hospital appointments in Dublin.

There was no in-reach into the residence from the local community.

Autonomy

Residents had access to the large, domestic-style kitchen and could prepare meals and snacks. Residents were free to determine their bedtimes, but they did not have a key to their own bedrooms.

A household rota was in operation in the Moorings, and residents participated in domestic chores and helped with the weekly shop. Residents could come and go as they wished, and they were free to receive visitors at any time.

Staffing

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

Team input (Sessional)

Discipline	Number of sessions
Occupational Therapist	Weekly
Social Worker	As required
Clinical Psychologist	0

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

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

Complaints

The Moorings used the HSE complaints policy, *Your Service Your Say*. Leaflets explaining the process were available in the residence, and a notice outlining the complaints procedure and identifying the complaints officer was displayed on the noticeboard. Complaints were addressed either by the nurse in charge or the complaints officer. A complaints log was maintained, but no complaints had been documented.

Community meetings were held in the residence on a monthly basis, and minutes of these were maintained. There was a suggestion box in the house.

Risk management and incidents

The Moorings used the Louth/Meath Mental Health Services policy in relation to risk management. It also had a residence-specific safety statement. No site-specific risk register was being maintained. The risk management policy was implemented throughout the residence. Risk assessments were completed annually for residents, and the assessment procedure was being reviewed by the rehabilitation team at the time of the inspection.

Incidents were documented and reported using the National Incident Management System. The residence appeared to be physically safe, and there was an adequate number of easily accessible fire exits. The fire extinguishers were serviced regularly and in date. There was a first aid kit in the residence.

Financial arrangements

The Moorings used the Louth/Meath Mental Health Services policy in relation to residents' finances, and the rehabilitation team was in the process of reviewing the policy for its relevance to community residences. Residents were individually means tested, and the weekly, per-person charge was between €80 and €110, which included food and utilities.

All residents had bank, post office, or credit union accounts, and all were managing their money independently. Appropriate procedures were in place for staff handling residents' money, and a transaction log was maintained.

Residents did not contribute to a kitty or social fund. Residents' finances were audited locally, on a weekly basis.

Service user experience

A number of residents engaged with the inspection process on an informal basis. All expressed satisfaction with their placement in the residence. There was good engagement between staff and residence and the overall impression was on a well-supported domestic environment.

Areas of good practice

1. The service had initiated a rehabilitation activation lead role with the aim of facilitating integration and resident engagement with local and voluntary organisations supporting rehabilitation.
2. In common with other community residences, the service was in the process of reviewing relevant policies utilised to ensure consistency and relevance to the needs of residents.

Areas for improvement

1. Bathroom facilities, particularly on the ground floor, require refurbishment and renovation.
2. All staff should have up to date training in the areas deemed necessary by service policy.