Ivernia House

ID Number: RES0051

24-Hour Residence – 2019 Inspection Report

Ivernia House
Skagh
Croom
Co. Limerick
V35 CK68

Community Healthcare Organisation:
CHO 3

Team Responsible:
Rehabilitation

Total Number of Beds:
12

Total Number of Residents:
11

Inspection Team:
Marianne Griffiths, Lead Inspector

Inspection Date:
5 September 2019

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

Ivernia House was a 24-hour staffed residence located at the entrance to the Midwestern Orthopaedic Hospital, close to the village of Croom, Co. Limerick. The residence provided nursing supervision to 11 long term residents in a two storey building. The kitchen of the orthopaedic hospital provided cooked meals to the residence twice a day. The residence was located in a rural setting surrounded by large gardens, however it was accessible to Croom village and the residents made good use of local facilities. Ivernia House was owned by Limerick Mental Health Services. The residents of Ivernia House were each under the care of the Limerick Rehabilitation team.

Residence facilities and maintenance

The residence had been renovated 15 years ago and had recently been painted. However, it presented as aging and in need of further modernisation. There were two sitting rooms downstairs, each were bright and spacious with newly refurbished couches. The kitchen and dining areas were located off one of the sitting rooms. The dining room was small and cramped and the kitchen, although clean, was old in appearance. There was a courtyard in the centre of the house and this was predominantly used as a smoking area despite the best efforts of the nursing staff to remind residents of the no-smoking policy. The back of the house contained a bright conservatory, two two-bedded female rooms, a toilet, and a main shower room. Two large blood pressure monitors were stored in the corridor, due to the absence of alternative storage spaces.

The upstairs area contained four two-bedded male rooms. Three of these bedrooms were occupied by two residents in each, whereas one resident currently had a double room to himself. There were two toilets and one bathroom located on the first floor.

All shared rooms contained privacy screenings between the beds. Despite its aging appearance, the premises were well maintained internally and externally. An outside contractor was tasked with managing the plants and gardens, which were attractive in appearance.

Resident profile

Ivernia House was home to 11 residents: four female and seven male. The youngest was aged 55 and the oldest resident was 77. The length of stay ranged from 5 years to 23 years. All residents were voluntary and one person was a ward of court. Four residents had a diagnosis of an intellectual disability. Despite some frailty issues amongst the residents, no one had a physical disability.

Care and treatment

The approved centre had a policy in place on care planning and all of the residents had an Individual Care Plan (ICP). The ICPs were updated on a six-monthly basis following a documented psychiatric assessment.

The Client Assessment of Strengths, Interests and Goals (CASIG – 1) was completed every two years; in part by the resident themselves (with staff support) and also by the nursing staff providing their day-to-day care. This assessment provided the basis for Individual Care Plan reviews, with specific focus upon the residents' goals. The residents had input into their ICP reviews and were consistently invited to attend their review meetings.

The ICP reviews were attended by the multi-disciplinary team, including medical staff, nurses, a social worker, occupational therapist, and psychologist. However, the individual care plans themselves were predominantly focused upon medical and nursing aspects of recovery mostly pertaining to the residents' physical and mental health goals. Ivernia House had a key worker system in place to support residents.

Physical care

The residence had a policy on physical healthcare, which was last reviewed in October 2018. All of the residents attended a General Practitioner (GP) in nearby Adare. This GP scheduled annual physical health checks, including: 24-hour blood pressure monitoring, an electrocardiogram, routine blood tests, and weight checks. The residents regularly attended the GP for other health issues. All residents were accompanied to the dentist at least once a year. Nursing staff at the residence provided information about screening programmes and residents were accommodated to attend the relevant services for their screening checks. In addition, residents were referred to general hospital services pertaining to their individual health needs. A chiropodist attended the residence on a six-weekly basis. One resident attended an audiology clinic. The residents were not routinely reviewed by a dietician; however, access to a dietician could be organised if required.

Therapeutic services and programmes

The approved centre had a policy on therapeutic programmes. An occupational therapy gardening programme was in place over the summer, though it had come to an end by the time of the inspection. One resident attended the local Vocational Training College on a weekly basis. There was no regular social work or psychology input into the residence in terms of therapeutic groups. Referrals to allied health professionals could be made through the multi-disciplinary team and one-to-one appointments could be accommodated if required.

Recreational activities

Staff encouraged residents to make full use of the grounds, including the basketball net. Books, magazines, and television were all available to the residents. Outings to Croom village were the main focus in terms of recreational activities undertaken by the residents.

Medication

The approved centre had a policy on medication management. Every resident had a Medication Prescription Administration Record (MPAR). The Consultant Psychiatrist, the Senior House Officer and the General Practitioner each wrote prescriptions in the residents' MPAR. Each prescription contained the required Medical Council Registration Number. No residents were self-medicating at the time of the inspection. All medications were stored safely and legally and medication was supplied by a local pharmacy in Croom.

Community engagement

The residents took advantage of the community facilities offered by Croom village, including a weekly afternoon tea dance at the Community centre, local Men's Shed groups, coffee shops, walks, the hairdressers, and access to the park in the Civic centre. Staff facilitated mini bus outings and residents went out of dinner each week. Residents were encouraged to take public transport into Limerick city; however, this service was not regular and did not suit the needs of all residents.

Autonomy

Residents had free access to the kitchen, although the frequency of the meals meant that they rarely chose to make themselves tea and coffee during the day. Residents were free to determine their own bed times and could receive visitors at any time. Residents did not have keys to their own bedrooms. They were free to leave the residence as they wished. Residents assisted with some domestic activities including emptying the dishwasher and setting the table.

Staffing

Staff Discipline	Day whole-time equivalent (WTE)	Night WTE
Clinical Nurse Manager	1*	0
Registered Psychiatric Nurse	1: 0730h-2030h* 1: 0900h-1700h*	2: 0800h-2000h
Health Care Assistant	0	0
Domestic Staff	2	0

*When the CNM1 was on duty, they covered the role of one of the 2 RPNs

Team input (Sessional)

Discipline	Number of sessions
Occupational Therapist	0
Social Worker	0
Clinical Psychologist	0

Medical Staff	Frequency of attendance at residence
Consultant Psychiatrist	Minimum 2 monthly
Non-Consultant Hospital Doctor	Minimum 2 monthly

Complaints

The residence referred to the Health Service Executive complaints' policy, *'Your Service, Your Say'*. There was a suggestion box, but nursing staff were unsure as to the process of emptying the box and addressing the complaints. Although the 'Your Service Your Say' policy was in place within the residence, it was not well publicised throughout Ivernia House. There was a complaints' log; however, this did not address complaints made by the residents and was instead used for another purpose. Community meetings took place each evening on a Monday and this allowed the staff to ascertain the choices of the residents in terms of their plans for the week and to accommodate any preferences that they may have in terms of outings and activities.

Risk management and incidents

The residence had a risk management policy in place. The risk assessments carried out for residents included: the Functional Analysis Screening Tool, a Falls Risk Assessment, the Glasgow anti-psychotic side effect sheet, and the Waterlow Pressure Sore Prevention Score. Incidents were reported using the National Incident Management System. The walkabout inspection of the premises indicated that it was physically safe with a fire escape easily accessible to residents whose bedrooms were upstairs. The fire extinguishers were in date. There was a first aid kit available to the staff and residents of Ivernia House.

Financial arrangements

The residence had a policy on managing residents' finances. In terms of rent, the amount charged was means tested on the basis of residents' incomes and allowances. Residents paid €21.50 each week for housekeeping items such as cleaning products and snacks. The weekly charge for the dinners and teas delivered to Ivernia House from the Orthopaedic Hospital was €10.50 per week. Each resident had their own bank account.

Two staff signed the resident accounts and these were audited each week. Residents did not contribute to a social fund or kitty, each using their own money on outings.

Service user experience

Two residents spoke with the inspector. Both were complimentary of the care that they were receiving in Ivernia House.

Areas of good practice

1. Residents were well connected to their community and made good use of community amenities.

2. Residents received a high standard of healthcare from the nursing staff, the multi-disciplinary team and the local General Practitioner.

Areas for improvement

1. The clinical room doubled as a nursing office and was cramped, with little space for storage. It was busy in the mornings with staff dispensing medication were frequently interrupted should a resident require his or her assistance. Potential risks posed by the unsuitability of the clinical room were documented in the risk register.

2. The impact of the lack of staff facilities had been highlighted during the snowfall in 2018 when staff worked long shifts in order to provide cover in Ivernia House.

3. There was only one nurse on duty between 1700h and 2000h. This meant that residents had limited support in terms of activities in the evenings.

4. The process in place for giving residents their money should be reviewed in terms of safety and choice.