

Mental Health Services 2015

Inspection of 24-Hour Community Staffed Residences

COMMUNITY HEALTHCARE ORGANISATION	Area 1
MENTAL HEALTH SERVICE	Sligo
RESIDENCE	Castlecourt House, Cliffony
TOTAL NUMBER OF BEDS	11
TOTAL NUMBER OF RESIDENTS	11
TEAM RESPONSIBLE	Rehabilitation and Recovery
TYPE OF INSPECTION	Unannounced
DATE OF INSPECTION	04 February 2015
INSPECTED BY	Sean Logue, Assistant Inspector of Mental Health Services
ACTING INSPECTOR OF MENTAL HEALTH SERVICES	Dr. Susan Finnerty, MCN009711

Summary

- Twin bedrooms, one of which was particularly small, afforded no privacy and dignity to the residents using them.
- The prescription sheets need to be updated.
- All residents led relatively independent lives.
- The individual care plans were multidisciplinary in content and recovery orientated and there was evidence of resident involvement.
- There was a good choice of main meal each day and residents had a say in the contents of the menu.

Description

Service description

Castlecourt House was a two-storey former Bed and Breakfast facility built in the late 1970s and acquired by the Health Service Executive (HSE) in 1998 for its present purpose. It was situated on the outskirts of the village of Cliffony on the Sligo end, approximately 24 kilometres from Sligo town.

The philosophy of care was to work in partnership with the resident and their family and facilitate recovery and reintegration through the provision of accessible, comprehensive and community based mental health services.

Profile of residents

There were five female residents and six male residents, all of whom were voluntary. There were no Wards of Court. The age profile of residents was from 47 to 72 years. A number had been residing in the residence since it first opened in 1998. Three residents had been transferred from Benbulbin House in December 2013 following the reconfiguration of that residence for its present purpose. One resident was in respite care. Two residents had mobility issues associated with age and were soon to be transferred to nursing homes under the Fair Deal scheme.

Quality initiatives and improvements in 2014-2015

- A new risk assessment and management tool had been introduced by the service.
- The grounds had been recently applied with tarmacadam to a high standard.
- The cavities in the walls of the residence had been recently pumped with insulation.
- Georgian-style street lamps had been placed in a number of areas around the grounds of the residence.
- The dining room had been recently refurbished.
- The emergency lighting had been upgraded to health and safety standard.
- A new colour-coded training schedule for staff had been introduced by the service.
- The service was actively involved in nursing matrices – an auditing system of nursing practice standards of care.
- Small sachets of sauces, butters and jam pots had been introduced for the purposes of maintaining food safety hygiene standards.

Care standards

Individual care and treatment plan

Each resident had an individual multidisciplinary care plan and risk assessment which comprised a risk management screening tool which, where indicated, fed into a Comprehensive Risk Assessment and Management Plan. Other risk assessment tools such as mobility and falls risk assessment were also used. It was reported that the multidisciplinary team (MDT) usually met every three months. However, it was noted by the inspector that the MDT met twice in 2014: in April and in December. The non consultant hospital doctor (NCHD) visited once per month or when required.

There were excellent clinical governance structures in place and these were led and managed well by the CNM2.

Physical Care

All residents had their own general practitioner (GP). The GP undertook a physical examination annually. The resident visited their GP independently, when necessary. A chiropody service was available in the local health centre. However, it was reported that there was a four to six month waiting list for this service. Residents also availed of national screening programmes, where applicable. Access was also available to a dietician, physiotherapy and speech and language services, where applicable.

Therapeutic services and programmes provided to address the needs of service users

All residents led relatively independent lives. This was very evident to the assistant inspector during this inspection when a number of residents touched base with the CNM2 regarding their pursuits, both completed and about to do.

An occupational therapist (OT) visited twice monthly and helped residents gain independence in preparing light meals and baking.

No resident attended a day hospital, day centre or a training/education facility currently, although it was reported that two residents had just completed a local Vocational Education Committee (VEC) computer skills course. One resident attended a garden centre to carry out light work.

A local hotel swimming pool was accessed regularly by residents. Many residents attended regular bingo session in the local village hall as well as going to the pub for a drink or to the coffee shop for a coffee.

There was an art room and a mini-kitchen located to the rear of the premises in a separate building and an OT facilitated art and cooking skills twice monthly in this facility.

An exercise bike was also located in the premises and this was used regularly by residents.

How are residents facilitated in being actively involved in their own community

Many residents were actively involved in the community and lived relatively independent lives. The Sligo-Bundoran bus passed by the residence five times daily and this was regularly availed of by residents.

One resident was involved in the local church most days. It was reported that all residents were well

known and respected in the local community and were very much part of the community.

It was reported that all residents received a good number of visitors on a regular basis and that family were very much involved in the care of residents.

Facilities

There was only one single bedroom and this was used as a respite bed. There were five twin bedrooms in the residence. All bedrooms were occupied fully. The double bedrooms afforded little privacy and dignity to residents, and one twin bedroom in particular was very small.

There was one separate shower room and three en suite shower rooms in the premises.

Maintenance was described as being good and was facilitated through the maintenance department in the acute hospital in Ballytivnan.

The residence was very clean, comfortable and homely. The exterior of the residence needed attention but it was reported that it was due to be painted. Maintenance and repair was also needed to the fascia and soffit areas of the building near the roof.

Two older residents were due to be transferred to nursing home facilities as the stairs were somewhat steep.

There was one cook and a multi-task attendant also employed in the residence.

There were laundry facilities on site. Each resident had an allocated time to use these facilities but could also use them as required. All sheets and towels were also laundered on site. Duvets were laundered in the acute hospital in Ballytivnan.

Meals

A number of residents could cook meals in the kitchen of the residence and could make tea and coffee freely. There was also a mini-kitchen available to residents in a separate building to the rear of the residence for use by the residents.

There was an excellent choice of menu available to residents and porridge was also made each morning. Residents had input into the menu through the weekly community meeting forum. Food was delivered to the premises by the local supermarket as was meat from the local butchers.

Staffing levels

STAFF DISCIPLINE	DAY WTE	NIGHT WTE
CNM	1	0
RPN	1	2
MTA	1	0
Cook	1	0

Clinical Nurse Manager (CNM), Registered Psychiatric Nurse (RPN), Multi Task Attendant (MTA)

Team input

DISCIPLINE	NUMBER	NUMBER OF SESSIONS
Consultant psychiatrist	1	Four times annually or as required
NCHD	1	Once monthly or as required
Occupational therapist	1	Two times monthly
Social worker	1	Four times annually or as required. Had seen a resident in the residence the day before the inspection
Clinical psychologist	0	Access (when required)

Non Consultant Hospital Doctor (NCHD)

Complaints

The complaints procedure was highlighted in a prominent area of the residence in the form of the HSE's *Your Service Your Say*. There was no log of complaints as there had been no written complaints. The CNM was the complaints officer. Community Meetings were held each week on Mondays. Minutes were kept. A record of incidents was maintained and was inspected and was satisfactory.

Medication

The GP prescribed medication on a General Medical Scheme (GMS) Prescription Card which was brought to the GP practice for completion.

The prescription sheets used by the service for both prescribing and administering medicines were outdated and needed to be updated.

There was no information provided to residents on medication. No resident was managing their own medication. Medication was supplied by the local pharmacy.

The Residence

The HSE owned the residence. Residents paid between €75 and €95 in charges per week, depending on needs assessed by a HSE administration officer. In addition, a sum of €45 was also paid for housekeeping and utilities.

Financial arrangements

The residence had a financial policy. Staff handled residents' monies in relation to rent and housekeeping. All residents had a bank account or post office account. Each resident had an account book, managed by nursing staff. This was audited by external staff in administration. All transactions were receipted and signed by a member of staff and the resident. There was no group kitty or social fund and residents used their money as they wished.

Service user interviews

One resident requested to speak to the inspector and they were happy with their care and treatment. A small number of residents were greeted during the course of the inspection.

Conclusion

Castlecourt House was a two-storey residence built in the late 1970s and acquired by the HSE in 1998 for its present purpose. It was situated approximately 24 kilometres north of Sligo town. It was set at the edge of the village of Cliffony and was close to all the amenities of the village. All residents led independent lives. Two older residents were due to be transferred to nursing home facilities as the stairs were somewhat steep. There were excellent clinical governance structures in place and these were led and managed well by the CNM2. Each resident had an integrated multidisciplinary care plan and risk assessment which comprised a risk management screening tool which, where indicated, fed into a Comprehensive Risk Assessment and Management Plan. There was good use of other supplementary risk assessment tools. All residents led relatively independent lives.

Recommendations and areas for development

- 1. The prescription sheets for prescribing and administering medicines to residents should be updated.*
- 2. A system should be put in place for residents to pay their rent other than the need for staff of the residence to handle it.*
- 4. All bedrooms should be for single occupancy only.*