

# Mental Health Services 2014

## Inspection of 24-Hour Community Staffed Residences

<b>EXECUTIVE CATCHMENT AREA/INTEGRATED SERVICE AREA</b>	Dun Laoghaire, Dublin South East and Wicklow
<b>HSE AREA</b>	Dublin Mid Leinster
<b>MENTAL HEALTH SERVICE</b>	Dublin South East
<b>RESIDENCE</b>	Cois Ceim, Clonskeagh Hospital
<b>TOTAL NUMBER OF BEDS</b>	15
<b>TOTAL NUMBER OF RESIDENTS</b>	14
<b>NUMBER OF RESPITE BEDS</b>	3 plus 1 transitional bed
<b>TEAM RESPONSIBLE</b>	Psychiatry of Old Age
<b>TYPE OF INSPECTION</b>	Unannounced
<b>DATE OF INSPECTION</b>	27 February 2014

### **Summary**

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- Cois Ceim was a residence for elderly people with mental illness located in Clonskeagh Hospital complex.
- While there were some good therapeutic activities, the amount of time allocated was insufficient for the needs of the residents.
- There were good nursing care plans but individual multidisciplinary care plans were not in place. A multidisciplinary group had been put in place to introduce individual care plans.
- An occupational therapist had been appointed to provide extra activities.

## Description

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### Service description

Cois Ceim opened in October 2012 following the closure of its original location in Dun Laoighre as it was unsuitable. The current unit was located in the Clonskeagh Hospital complex. It had 15 beds with 14 residents. Three beds were respite beds and there was one transitional bed for residents waiting for nursing home care following discharge from Elm Mount acute unit in St. Vincent's Hospital.

Cois Ceim was a single storey residence and had previously been part of a nursing home. Its function was to provide long term care to elderly residents and to offer short-term respite care.

### Profile of residents

All residents were over the age of 65 years and the age range was from 71 to 96 years. The residents had a diagnosis of either dementia or enduring mental illness. All residents were mobile to the extent that they could get around the unit by themselves. A small number of residents had challenging behaviour.

There was one Ward of Court. All residents were under the care of the Psychiatry of Old Age (POA) team.

### Quality initiatives and improvements in 2013-2014

- The residence took part in a documentation audit.
- There was positive feedback from families about the transitional bed where residents are accommodated while a nursing home place was sought.

## Care standards

### Individual care and treatment plan

The care plans were nursing care plans. There were no multidisciplinary care plans. However, a multidisciplinary group had been set up to introduce individual care plans. There was a meeting with the consultant psychiatrist and non consultant hospital doctor (NCHD) once a week in the unit and sometimes multidisciplinary team members would attend. The clinical file had evidence of regular reviews of the residents' mental health.

Each resident had a key worker.

Six-monthly physical reviews were carried out by the NCHD. These were all up to date and there was a system in place to ensure this.

A general practitioner (GP) attended the unit daily and physical care was excellent.

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

An activities nurse attended one day a week and provided games, exercise, cognitive stimulation exercises, relaxation, films and outings. However, one day a week of activities was insufficient for the needs of the residents. The Irish Therapy Dogs provided pet therapy. There was a library of books which was well stocked and newspapers were delivered to the unit. There were music sessions twice a week.

### How are residents facilitated in being actively involved in their own community, based on individual needs

The unit was in a hospital complex and approximately 0.5 km from the nearest community facilities. As residents were elderly and some had mobility problems and/or dementia, their use of community facilities was limited. Outings did take place when staff and a minibus were available.

### Facilities

Cois Ceim was a locked unit with a secure garden and alarmed gates and doors. The facilities consisted of one large day room which doubled as a dining room and a place where activities took place. Two corridors led off the dayroom with single bedrooms along their lengths. All bedrooms were single. There was also a small sitting room with a TV. The kitchen was very clean. There was a menu and a healthy range of options at mealtimes. Toilets and bathrooms were clean and were wheelchair accessible. There were two Parker baths. Efforts had been made to make the unit homely.

**Staffing levels**

STAFF DISCIPLINE	DAY WTE	NIGHT WTE
ADON	1 shared	0
CNM3	1 shared	1 shared
CNM2	1	0
CNM1	1	0
RPN & RGN	3	1
HCA	2	1

*Clinical Nurse Manager (CNM), Registered Psychiatric Nurse (RPN), Registered General Nurse (RGN), Health Care Assistant (HCA).*

**Team input**

DISCIPLINE	NUMBER	NUMBER OF SESSIONS
Consultant psychiatrist	1	1
NCHD	1	Access if required
Occupational therapist	1	Access if required
Social worker	1	Access if required
Clinical psychologist	1	Access if required

There was always at least one registered psychiatric nurse on duty. A physiotherapist attended three days a week and a dietician once a month. A chiropodist and hairdresser also attended the unit on a weekly basis.

## **Medication**

Medication was prescribed in excellent medication booklets. These were colour-coded and easy to navigate. Medication prescriptions and administrations of medication were legible and completed correctly. The medication was prescribed by the consultant psychiatrist and the GP. No resident was self-medicating.

## **Tenancy**

The building was owned by the HSE. The residents paid a minimum charge of €175 per week depending on their means. This included food and utilities.

There was no complaints procedure displayed. Community meetings took place on an irregular basis.

## **Financial arrangements**

There was no policy on management of residents' money at the time of inspection. However, a policy was provided at a later date. Some residents' money was collected by the CNM2 from the administration office and given to the residents as they needed it. A record was kept and the money stored safely. Other residents' families managed their money. There was no kitty system and all residents' money was kept for their own use.

## **Service user interviews**

The inspector spoke with two residents. Both said they preferred the current location of Cois Ceim to its previous location. They also said that they preferred the current facility. They spoke warmly of staff and praised their care. They both said that they saw the consultant psychiatrist and the GP regularly.

## **Conclusion**

Cois Ceim moved to its present location in 2012. Best use had been made of the rather limited space in the day area and sections had been identified for different uses such as a library and visiting area. All residents had single bedrooms. There was a good respite and transitional bed system in operation which decreased the need for in-patient care in an acute unit.

There was evidence of good care and there were efforts to maintain the independence of residents as much as possible. There were excellent activities but this was only for one day a week which was not sufficient. Nursing care plans were good but there were no multidisciplinary individual care plans.

**Recommendations and areas for development**

- 1. There should be an increase in the amount of therapeutic activities available for residents.*
- 2. Each resident should have a multidisciplinary individual care plan.*