Castlecourt

ID Number: RES0011

24-Hour Residence – 2018 Inspection Report

Castlecourt House
Cliffoney
Co. Sligo

Community Healthcare Organisation:
CHO 1

Team Responsible:
Rehabilitation and Recovery

Total Number of Beds:
11

Total Number of Residents:
10

Inspection Team:
Mary Connellan, Lead Inspector

Inspection Date:
15 January 2018

Inspection Type:
Unannounced Inspection

The Inspector of Mental Health Services:
Dr Susan Finnerty MCRN009711

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Contents

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

Castlecourt House, an 11-bed, 24-hour, nurse-staffed residence, was located in the village of Cliffoney, about 25 km from Sligo town. The two-storey residence was owned by the HSE. It opened as a community residence in 1997 or 1998. At the time of inspection, Castlecourt House was providing a rehabilitation and recovery service for ten residents. The future plan for the residence was for it to remain unchanged.

Residence facilities and maintenance

Castlecourt House accommodated residents in six bedrooms, five twin rooms and one single room. There were no privacy screens between the beds in shared rooms, which did not ensure residents' personal privacy or dignity. All of the bedrooms were located on the first floor. The single bedroom and three of the double bedrooms had en suite bathroom facilities, one double room had no en suite, and the other double room had a sink. There was a shower room and a separate toilet, which did not have a sink for hand washing. The blinds in the single room were in need of repair. The ground-floor accommodation included a sitting room, sunroom, kitchen, dining room, bathroom, laundry room, and the nurses' office. There was also a separate kitchenette and an art room in an adjacent building.

New furniture had been recently purchased for the bedrooms and the sitting room. The residence was set back from the road and had a large front garden and a back garden looking out to sea and the Mullaghmore peninsula. The grounds were very well maintained, with lawns and a shrubbery. There was a polytunnel in the back garden.

Resident profile

At the time of the inspection, Castlecourt House was accommodating five male and five female residents. The occupants were aged between 50 and 69, and the duration of stay ranged from 3 to 20 years. Appropriate accommodation was available for residents with a physical illness. The residence also had links with three individuals who were living independently nearby.

Care and treatment

Castlecourt House had a policy in relation to individual care planning. All residents had individual care plans (ICPs), but these did not have full input from the multi-disciplinary team (MDT). Two ICPs reviewed had been completed by nursing staff. Some clinical files contained evidence of input from allied health professionals.

Residents had full input into their ICPs and worked closely with the primary nurse/key worker with responsibility for developing the plan. Residents' ICPs were reviewed on a six-monthly basis or more frequently if necessary. A six-monthly psychiatric evaluation was not documented for each resident.

Six-monthly MDT meetings were scheduled in another location, and residents could attend if they wished.

Physical care

Castlecourt House had a policy in relation to physical care/general health. All residents had access to GP practices in the locality. Three clinical files were inspected, and these did not indicate that routine six-monthly physical examinations took place. However, there was evidence of the involvement of residents' GPs. Staff stated that physical examinations would be documented in the files maintained by the GPs.

Residents had access to and were participating in appropriate national health screening programmes, but no information leaflets on these programmes were in evidenced in the residence.

A chiropodist visited the house, and residents could be referred to other health care services, including dentistry, in Sligo or Ballyshannon.

Therapeutic services and programmes

A policy in relation to therapeutic programmes was available. Group programmes were generally not delivered in the residence. Relaxation therapy had previously been offered but had been discontinued due to a lack of resident uptake. A number of residents attended therapeutic activities and programmes off-site. The occupational therapist or occupational therapy assistant attended the residence approximately four times per year to facilitate cooking and baking activities. On the day of inspection, the occupational therapist was present to work with one of the individuals who was living independently. The respective clinical file was retained in the residence.

Recreational activities

Residents in Castlecourt House had access to a range of recreational activities, including TV, DVDs, art, a word wheel, and newspapers. Gardening activities led by a horticulturalist took place in the polytunnel seasonally. Residents could also go for walks or out for coffee.

Medication

Castlecourt House had a policy on medication management. Medication was prescribed by residents' GPs, the consultant psychiatrist, or the non- consultant hospital doctor. A Medication Prescription Administration Record (MPAR) system was in operation, and each resident had an MPAR. These contained comprehensive prescription and medication administration details. At the time of inspection, no residents were self-medicating.

Medicines were supplied by a local pharmacy or by Sligo General Hospital. Medication was stored appropriately in a locked cabinet within a locked room. There was also a medication fridge.

Community engagement

The location of Castlecourt House, in a rural village, facilitated community engagement. Residents went out to the local post office, shop, and church. One resident attended regular art classes, and another attended a nearby club house weekly. Residents had access to public transport, and most full-time staff were insured to drive residents in their own cars. The residence did not have its own car or minibus.

Autonomy

Residents did not have full access to the kitchen but could use the kitchenette to prepare snacks. They were free to determine their own bedtimes, but no resident had a key to their bedroom. Residents helped with domestic activities, including buying staples in the local shop. The main food shopping was ordered from a supermarket and delivered to the residence.

Residents could come and go as they wished. 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	2
Multi-Task Attendant/ housekeeping staff	2	

Team input (Sessional)

Discipline	Number of sessions
Occupational Therapist	Three times a year (approx.)
Social Worker	As required
Clinical Psychologist	0
Area Director of Nursing - Rehabilitation	As required

Medical Staff	Frequency of attendance at residence
Consultant Psychiatrist	Once a year (approx.)
Non-Consultant Hospital Doctor	At least every three months and as required

Staff had received training in Basic Life Support, fire safety, and the professional management of aggression and violence. They had not been trained in recovery techniques.

The clinical nurse manager position had not been filled following retirement in 2017. Neither staff nurse on duty on the day of the inspection worked in a permanent capacity in the house, although they were very familiar to the residents and knowledgeable with their care needs.

Complaints

Castlecourt House had a complaints policy, and all residents were aware of how to make a complaint. The complaints officer was based in Sligo. Minor complaints were dealt with locally by the staff nurse on duty. There was no complaints log or suggestion box. Regular community meetings were held, minutes of which were available. Residents could volunteer suggestions and make complaints during these meetings.

Risk management and incidents

Castlecourt House had a risk management policy, which had been reviewed in June 2017. Risk assessments were recorded in residents' clinical files. Incidents were documented and reported using the National Incident Management System.

The residence appeared to be physically safe, and the fire exits, four downstairs and one upstairs, were easily accessible. Fire extinguishers were regularly serviced and in date. There was a first aid kit in the residence, and an Automated External Defibrillator for community use was positioned outside the front door.

Financial arrangements

Castlecourt House had a policy in relation to the management of residents' finances. There was a set charge for housekeeping and a scale for rent, based on means. Residents had post office accounts, and they had access to secure facilities within the residence for keeping their money. Appropriate procedures were in place for staff handling resident money, with the resident and one staff nurse signing for any transactions.

Residents did not contribute to a kitty or social fund. Residents' finances were checked weekly by two staff members.

Service user experience

The inspector greeted residents and explained the purpose of the inspection. Residents spoke informally with the inspector. The residents told the inspection team that the meals were very good and that they had input into their care and treatment. Residents were complimentary about the staff.

Areas of good practice

1. Staff although not permanent to this residence knew the residents well and it was evident that their care and treatment in a homely setting was excellent.

Areas for improvement

1. No nursing staff member was identified as the person in charge. Neither staff nurse was a member of the permanent staff for the residence on the day of the inspection.

2. There were two consultant psychiatrist teams associated with the residence. It was reported that one did not visit the residence on a regular basis. A psychiatric evaluation had not been documented at least six-monthly for each resident.

3. Each resident should have their own bedroom. In the meantime, privacy screens should be used where there are shared bedrooms.

4. One single toilet room had no wash hand basin.