Cois Ceim

ID Number: RES0028

24-Hour Residence - 2017 Inspection Report

Cois Ceim
Dublin 6

Community Healthcare Organisation:
CHO 6

Team Responsible:
Psychiatry of Later Life

Total Number of Beds:
15

Total Number of Residents:
10

Inspection Team:
Dr Susan Finnerty, Lead Inspector
Marianne Griffiths

Inspection Date:
11 April 2017

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

Cois Ceim was a 15-bed community residence that accommodated ten residents at the time of the inspection. It was located on the Clonskeagh Hospital campus and was a standalone unit. The external appearance was pleasant and looked well kept. It was a locked unit to ensure the safety of the current residents. The residence had opened in 2008 following closure of another community residence. The residence was not purpose built but was suitable for its function as a residence for elderly people. It was a single-storey building with single bedrooms.

There were long-term plans to transfer the residents to elderly care facilities and to use the residence as a rehabilitation and recovery unit.

The residence catered for elderly residents and was under the care of the Psychiatry of Later Life team. Seven residents were in continuing care, and the remainder of the beds were respite and transitional beds. Transitional beds offered a placement for elderly residents who were waiting further placement in a nursing home. The residence was part of the care pathway for elderly residents under the care of the Psychiatry of Later Life team. All residents were over age 65, and there were six male residents and four female residents. The length of stay ranged from long-stay to two weeks (respite care).

Care and treatment

There was no policy on individual care planning in the residence; however, each resident had an individual care plan. This was developed and reviewed by the consultant psychiatrist and the nursing staff. There was no multi-disciplinary input. The care plans were up to date and detailed residents' needs, goals, and required interventions and they were reviewed at least every six months. There was a key worker system in place. The consultant psychiatrist attended the residence weekly and reviewed residents. There was also a weekly multi-disciplinary meeting in the team's headquarters, where all service users of the Psychiatry of Later Life Team were discussed.

Physical care

There was no policy on general health. Each resident had a GP. Excellent six-monthly physical and psychiatric reviews were documented. Blood screening was performed at this review. There was a physiotherapist attached to the service and there was access to a speech and language therapist. There was access to dentistry if required.

Therapeutic services and programmes

There was no policy on therapeutic services and programmes. An activity nurse attended the residence once a week and provided age-appropriate activities. The activity nurse had a budget to provide equipment. Nursing staff provided activities at other times, such as mindfulness, colour therapy, beauty therapy, newspaper reading, and reminiscence. A hairdresser came once a week. There was dog therapy once a week and a musician came twice a week for a sing-along and dancing. No resident attended activities off-site. Regular outings were organised and residents chose where to go.

There was an orientation board on the wall, which was up-to-date. A budgie and an aquarium were looked after by staff and residents.

Medication

Medication was prescribed by the GP and the consultant psychiatrist and non-consultant hospital doctor. The Medication Prescription and Administration Records were of a very high standard. Medication came from the main hospital and very little stock was kept on-site, apart from medication prescribed for residents. No resident was self-medicating.

Community engagement

Cois Ceim was near a main road and on a bus route. However, due to level of disability, residents did not independently use community facilities. Members of the community came to the residence to provide music sessions, and one person brought in her dog for pet therapy. There were regular outings to places of interest, chosen by the residents. There was a minibus and people carrier available to take residents on trips. Some residents attended local church services.

Autonomy

Residents had free access to the kitchen to prepare snacks and drinks as they wished. Residents were free to determine their own bedtime. Residents did not have keys to their bedroom doors. Staff supported residents to assist in domestic activities where appropriate.

Residence facilities and maintenance

The residence had a pleasant entrance through a courtyard, which was well kept and where residents could sit. The main living area was open-plan and encompassed the dining room and sitting room. The living area had a fireplace, TV, and comfortable sofas and chairs. There was an alcove used as a visiting area and another which served as a reading area and had plenty of books. The dining area became an activity space during activity programmes. Apart from a small TV room, there was nowhere else for the residents to go. This gave the impression of an institution rather than a community residence. Having said that, every effort was made to make the room as homely as possible. The kitchen was clean and well equipped. Only kitchen staff were allowed in the kitchen.

All residents had single rooms, which had wardrobes and a sink. They were not en suite. There were only two showers, which was inadequate.

Staffing

Staff Discipline	Day whole-time equivalent (WTE)	Night WTE
Clinical Nurse Manager 2	1	0
Clinical Nurse Manager 1	1	0
Registered Psychiatric Nurse	1	2
Health Care Assistant	1 or 2	0
Multi Task Attendant	2	0

Team input (Sessional)

Discipline	Number of sessions
Occupational Therapist	0
Social Worker	0
Clinical Psychologist	0
Activity Nurse	1 day
Physiotherapist	2

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

Complaints

The residence used the HSE policy *Your Service, Your Say*. There were notices of the complaints procedure on display and there was a nominated complaints officer. There was a complaints book, but no complaints had been made by residents or families. Community meetings were held with the residents. Minutes of these meetings were not kept, but it was anticipated that the process of recording the minutes of community meetings would commence in the near future. There was no suggestion box.

Risk management and incidents

There was no risk management policy but staff were aware of risks. Risk assessments were carried out for residents that were appropriate to the age group. Incidents were reported using the National Incident Management System.

Financial arrangement

The residence was owned by the HSE. The residents paid a long-stay contribution of a maximum of €175 a week for accommodation, food, and utilities. All residents received pensions, which were paid to the administration department of the hospital. The long-term contribution was taken from the pensions. Two residents received their remaining money directly. If other residents required their money, there was a system in place where, following a request in writing, the nursing staff would sign and collect the money from the administration department. Money was not kept in the residence.

Service user experience

The inspectors met with four of the residents. There was general satisfaction with the residence and no complaints were made to the inspectors. The long-stay residents compared the residence favourably with their previous residence and said that it was more comfortable and easier to get around. They liked the food and could get drinks whenever they wished. They also liked their single bedrooms.

During the inspection, staff were observed interacting with residents and reading the paper with them. A number of families visited during the inspection and they were welcomed by staff. One resident was observed enjoying pet therapy.

Areas of good practice

1. The residence was an integral part of the Psychiatry of Later Life service.

2. The care and treatment of residents regarding their physical and psychiatric needs was excellent.

Areas for improvement

1. There was an activity nurse who provided activities once a week. This was not sufficient to provide therapeutic activities for residents based on their needs.

2. The open plan layout made good use of the space within the building for the current number and profile of residents, but it would not be suitable if there was an increase in numbers or change of resident profile. It was reminiscent of a more institutional setting rather than a community residence and consideration could be given to separating the dining area and sitting area into two rooms.