

Kilrock House

ID Number: RES0109

24-Hour Residence – 2017 Inspection Report

Kilrock House
Co. Dublin

Community Healthcare Organisation:
CHO 9

Team Responsible:
Rehabilitation

Total Number of Beds:
13

Total Number of Residents:
13

Inspection Team:
Siobhán Dinan, Lead Inspector

Inspection Date:
15 August 2017

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

Kilrock House was a large, detached, two-storey, redbrick period house built in 1870 with vast mature gardens. The residence had seascape views of Howth harbour and Ireland's Eye. It was serviced by public transport and was on the main bus route and DART line. Kilrock House had been operating as a 24-hour, nurse-staffed, high-support mental health community residence since 2003. Kilrock House provided accommodation for 13 residents under the care of the community rehabilitation team. The residence had two sitting rooms and an activity room. There were 11 bedrooms in total (two double bedrooms and nine single bedrooms). Renovation on the residence had been undertaken gradually. The renovation consisted of new flooring and a new heating system. There were plans for further work to take place, including more new flooring, updating of décor, and painting work.

The function and philosophy of care was rehabilitation and recovery. Staff aimed to create a homely, warm, and welcoming environment, which facilitated residents in becoming active participants in their own recovery. Kilrock House endeavoured to enable residents with severe and enduring mental illness to reach/maintain their highest possible level of functional independence.

Resident profile

The age range of residents was from 42 to 72 years. There were nine male and four female residents. All residents had a diagnosis of enduring mental illness. Residents had been living in Kilrock House for many years, ranging between 2 and 44 years. One resident was ward of court. All residents were mobile.

Care and treatment

The consultant psychiatrist attended the residence fortnightly to monthly and the non-consultant hospital doctor attended the 24-hour residence weekly. There was a policy on individual care plans (ICPs), which was last reviewed in October 2016. All residents had an ICP. Care plans were reviewed every six months. The resident information booklet detailed the multi-disciplinary team (MDT) members and explained the ICP process. Residents were involved in the care planning process and could attend their care plan review meeting. Residents signed their ICPs and were offered copies. All ICPs inspected showed evidence of MDT input. The clinical files showed evidence of medical and nursing input only. There was little evidence of input from clinical psychology, social work, or occupational therapy. The MDT meetings were held on a monthly

basis in the residence. The clinical nurse manager (CNM) 2 attended the monthly MDT meeting. The clinical progress notes were very well maintained and up to date and provided a clear account of each resident's progress, care, and treatment. A psychiatric evaluation was documented in the file at least six-monthly. The nursing staff on-site functioned as key workers for the residents.

Physical care

There was a policy on physical health care for residents, which was last reviewed in January 2016. All residents had their own GP. The majority of residents attended the surgery themselves and did not necessarily inform or involve staff in this process, and some residents were accompanied on GP visits if required. If a resident was physically ill, the GP would attend the community residence or the D-Doc service would be used in the evenings and during weekends. Physical examinations were undertaken by residents' GPs every six months or more frequently if needed and these were recorded in the clinical files.

Information on national screening programmes was provided to residents by their GPs but unavailable in the residence. At the time of inspection, residents were receiving appropriate screening programmes. Residents had access to other health services such as dental care, dietetics, speech and language, general hospital services, and chiropody. Residents' GPs made referrals for general health services such as physiotherapy, tests and investigations, and specialist consultations. There were two first aid boxes in the residence.

Therapeutic services and programmes

There was a policy on therapeutic programmes, which was last reviewed in January 2016. Daily activities delivered in the residence included board games, daily crosswords and newspapers, TV and music, film groups, arts and crafts, and word wheel. Weekly activities included money management groups, solutions for wellness groups, self-medication programme, mindfulness groups, and smoking cessation workshops. Annual activities included the Christmas party, birthday celebrations, and the residents' holiday. Various day trips were organised each week, including shopping, swimming, bowling, and trips to cafés, theatres, cinema, pitch and putt, and areas of local interest. Residents attended sessional activities off-site in the local day centre. Residents also attended various day centres independently: a Senior Citizens Club and the Suaimhneas Clubhouse.

Medication

There was a policy on medication management, which was last reviewed in January 2014. The consultant psychiatrist and the non-consultant hospital doctor prescribed medication. A local pharmacy supplied all medication. The Medication Prescription Administration Records (MPARs) were inspected and were in order. The MPARs contained valid prescriptions and administration details. One resident was self-medicating. All medications were stored appropriately and legally. Medicines were stored in a locked medicine cabinet, which was located in a locked clinical room.

Community engagement

The location of Kilrock House facilitated community engagement. Residents could access the nearby village and Dublin city centre easily for social outings. Local amenities included a harbour, shops, local castle, library, churches, and restaurants. A hairdresser visited the residence fortnightly. Residents shopped in local grocery shops. Residents regularly attended cafés locally. Some residents attended Mass in the nearby church. Residents had access to DART and bus services. Residents attended an annual summer BBQ held in the local community. A minibus was provided by the residence to facilitate residents in accessing community activities such as bowling or the cinema. At the time of inspection, however, the bus was out of service. Some residents attended a vocational training programme called Suaimhneas. Local transition year students organised an annual Christmas party for residents and their families. An advocacy group was also available to residents.

Autonomy

Residents were free to come and go as they wished. Programmes implemented in Kilrock House to promote independent living included self-care, household management skills, self-catering, and public transport familiarisation programmes. Residents had supervised access to the kitchen to prepare snacks if they wished but they did not cook meals. Tea and coffee making facilities were available at any time in the dining room. Breakfast was served between 8am and 10am, dinner was prepared for 12.30pm, tea was prepared for 5pm, and supper was offered at 8pm. A daily menu was displayed on the noticeboard in the dining room. Residents had input into the weekly shopping, which was delivered to the residence. The kitchen was locked at 11pm, but residents could request snacks from the staff and this was facilitated.

Residents were observed going out to the local shops and amenities. Residents were free to determine their own bedtimes. They did not have a key to their own bedrooms. Residents were responsible for their own laundry, and there was a schedule in the residence to ensure that everyone had time to use the laundry facilities. Residents also had a daily household task schedule. They were free to receive visitors at any time. The residents told the inspection team that the meals were good and that they had input into the menus.

Residence facilities and maintenance

Kilrock House was a large, detached, three-bay, two-storey, redbrick period house with large, mature landscaped gardens. The first floor consisted of two sitting rooms, an activities room, a laundry room, a storeroom, one single bedroom, a large dining room, a kitchen, a large conservatory, and a nurses' office. The second floor contained ten bedrooms (two double bedrooms and eight single bedrooms), a clinical room, a linen room, one bathroom, one shower room, several toilets, and a clinical room/nurses' office. The double bedrooms afforded little privacy to residents who were sharing. All the rooms were homely and residents could personalise their rooms if they wished. Residents' artwork and photographs were displayed throughout Kilrock House.

Renovation on the residence had been undertaken gradually. The renovation consisted of new flooring and a new heating system. There were plans for further work to take place, including additional new flooring, updating of décor, and painting work.

Staffing

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

Team input (Sessional)

Discipline	Number of sessions
Occupational Therapist	As required
Social Worker	As required
Clinical Psychologist	As required
Dietitian	Monthly

Medical Staff	Frequency of attendance at residence
Consultant Psychiatrist	Fortnightly/monthly
Non-Consultant Hospital Doctor	Weekly

Complaints

There was a policy on complaints, which was last reviewed in January 2016. The HSE's *Your Service Your Say* complaints procedure was posted up on the noticeboard in the dining room of the residence. There were copies of the HSE's information sheet *Your Service, Your Say* available to residents. The resident information booklet also provided information on how to make a complaint. Residents interviewed stated that they knew how to make a complaint. The process for making informal complaints within the residence was verbally to any of the staff members. The clinical nurse manager was responsible for responding to all complaints made within Kilrock and for escalating complaints up to the assistant director of nursing (ADON) where indicated.

There was a minor complaints log, which provided an account of the complaint, the actions taken, and the outcome. Community meetings were held once a week and minutes of these meetings were kept. These recorded comments and minor complaints, as well as details of the follow-up to these issues. There were two suggestion boxes for resident use, located in the hall and in the dining area, respectively.

Risk management and incidents

There was a risk management policy, which was last reviewed in October 2016. There was also a safety statement and a risk register. The residence operated in accordance with this policy. Risk assessments were carried out for residents on admission on an ongoing basis, and these had been updated regularly for all residents. Incidents were recorded and managed in accordance with the National Incident Management System protocol. The incident logs were inspected. The residence appeared to be physically safe. All fire extinguishers were in date and fire escapes were easily accessible. There were first aid kits available in the kitchen and in the clinical room.

Financial arrangements

There was a policy on managing residents' finances. All residents had their own bank accounts or post office accounts. Residents were encouraged to manage their own monies and to budget and save regularly. Where a resident required nursing staff assistance with personal finances, this was written in their ICP. Cash records and receipts were retained for expenditures. Every time a resident withdrew money, it was signed out by a staff member and countersigned by the resident. The monies and records maintained in Kilrock House were audited quarterly. The weekly charge for residents was from €95 to €98, based on a means assessment. Food and utilities were included in this charge.

Service user experience

The inspector greeted residents and explained the purpose of the inspection. Three residents spoke individually with the inspector. Each considered the residence warm and comfortable and were satisfied with their care and treatment. The residents told the inspection team that the meals were very good, that they had input into the menus, and that their suggestions were always implemented. Residents were familiar with their individual care plan and the care planning process. Residents were complimentary about the staff and said that they were friendly, supportive, approachable, and kind. One resident expressed a desire to go on more outings.

Areas of good practice

1. The quality of care of residents was excellent.
2. Resident community meetings were held weekly with minutes recorded, including action and follow-up on any issues raised by residents.
3. There was a detailed Information Booklet for residents.
4. New cash log records had been implemented, which required signatures from two staff members and residents.
5. An individual medication information sheet was implemented for each resident.
6. A smoking cessation programme was ongoing.

Areas for improvement

1. Resident should have their own bedrooms. The double bedrooms afforded little privacy to residents sharing.
2. Information sheets should be provided regarding health screening programmes.
3. Family members should be invited to the MDT care planning meetings, with the consent of the resident.