

# Rosalie Unit

ID Number: RES0047

## 24-Hour Residence – 2017 Inspection Report

Rosalie Unit  
Co. Roscommon

Community Healthcare Organisation:  
CHO 2

Team Responsible:  
Psychiatry of Later Life

Total Number of Beds:  
15

Total Number of Residents:  
15

**Inspection Team:**  
Donal O’Gorman, Lead Inspector

**Inspection Date:**  
19 July 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

Rosalie Unit, a 15-bed, 24-hour, nurse-staffed residence was located in a residential area on the periphery of Castlerea town. The residence was owned and managed by the HSE, Community Healthcare Organisation (CHO) 2. The residence was a large, single-storey, detached building, located in a private, well maintained area, with ample parking and space surrounding the building. The residence was originally built and established as a hotel and had been managed by the HSE since 1996. It was a supervised, continuing mental health care and Psychiatry of Later Life service. The area was served by public transport and was within easy walking distance of Castlerea town and all its amenities.

## Resident profile

Residents ranged in age from 59 to 88 years. At the time of inspection, 4 residents were female and 11 were male. The most recent admission was in 2016, and one resident had been living in Rosalie since 1996. Two residents were wards of court and all remaining residents were of a voluntary status. Ten residents required full nursing assistance with their activities of daily living, including mobility, and one resident had an intellectual disability.

## Care and treatment

The treating consultant psychiatrist attended the residence weekly. Each resident had been comprehensively assessed in relation to physical and psychiatric needs, cognitive functioning, risk assessment, and metabolic screening. Rosalie Unit did not have a policy with regard to individual care plans (ICPs), but all residents had an up-to-date ICP in place. Each resident had a designated key worker who was responsible for updating the ICPs on a six-monthly basis or as the need arose in conjunction with the residents. A sample of ICPs was inspected. These were a composite set of documents and were up to date. Input into the ICPs was primarily nursing and medical, with some input from psychology, occupational therapy, and social work. There was also good evidence of the involvement of residents' family/representatives in the ICP process. Psychiatric evaluations were documented at least six monthly.

Multi-disciplinary team (MDT) meetings occurred weekly within the building, which also served as a day service training centre and a base for administrative/clerical staff and community mental health teams. Residents did not attend the MDT meetings. Staff had good knowledge of each resident's goals and current programme of care. An art teacher provided sessional art and crafts sessions.

## Physical care

There was a policy entitled general health needs of patients and responding to medical emergencies. All residents had access to a GP. All residents had a six-monthly physical review completed by their GP. The clinical files inspected showed comprehensive physical/medical reviews of the residents, with all residents having, at a minimum, vital signs' monitoring, weight charts, mini-mental state examinations, regular blood tests, and GP visits. On inspection, nursing staff reported that residents were reviewed regularly by their GP. No information about screening programmes was displayed in the residence. Three clinical files were inspected and one of these indicated that a resident had attended diabetic retinopathy screening. The residents' GP referred them to the dentist and optician. The MDT referred residents to primary care services, including occupational therapy, physiotherapy, dietetics, and speech and language therapy. Residents were supported to attend specialist medical and clinic appointments. Nursing staff had up-to-date training in Basic Life Support. The automatic external defibrillator, which was located in the nurses' station, was checked weekly.

## Therapeutic services and programmes

There was a policy on therapeutic services and programmes. A Rosalie Unit "Weekly Activity Programme", which was displayed and posted up in the residence. Activities supported within the residence included movement to music, musical DVD, hand massage, aromatherapy, television, and news. The timetable reflected reminiscence therapy, health promotion, self-awareness, and pet therapy. Nursing staff facilitated these groups, but they reported that activities were dependent on staff resources and time. Also, there was little evidence in the clinical files that residents participated in these programmes. Records were maintained of a Residents' Focus Group, which outlined each resident's participation in a group activity or discussion of a topic and any comments or suggestions made by the residents. Nursing staff had access to a HSE people carrier/bus and facilitated outings for the residents. A music therapist provided a music therapy group once weekly, and arts and crafts were facilitated once weekly. Staff had good knowledge of each resident's social and family supports, and residents were actively supported to maintain interaction and involvement with family. One resident attended the adjacent training centre on a daily basis.

## Medication

Medication was prescribed by either the GP or the treating mental health team. A Medication Prescription Administration Record (MPAR) system was in operation. Ten MPARs were inspected. All MPARs contained

the medical council registration numbers of prescribers, recorded start/stop dates for medication, and included an as-needed/as-required section. The allergy section was not completed in four MPARs, and the use of a minimum of two resident identifiers, which included name, date of birth, and medical record number, was evident on all MPARs; the generic names of medication was not included in one MPAR inspected. All the MPARs examined were well written and legible.

Medicines were supplied by a local community pharmacy, were held in a locked trolley, and locked cabinet within the locked nurses' stations. Residents did not manage their own medication, and there was no resident in the residence who was self-medicating. During the inspection, nursing staff reported that they would provide residents with information on their medication, if required, but there was no medication-related information available in a user-friendly format. Nursing staff had up-to-date training in Basic Life Support.

## Community engagement

Castlerea town was a short distance away, and residents could avail of local amenities. A small number of residents enjoyed family support and went out with family members. There was community in-reach to the residence from the Legion of Mary. Due to the long-standing nature of their illness and increasing dependency, many residents did not involve themselves in community activities.

## Autonomy

Residents did not have free and full access to the kitchen area within the residence. All meals were cooked by catering staff. Staff facilitated residents' access to hot/cold drinks and snacks. Residents did not have keys to their own bedrooms. Residents were free to determine their own bedtimes. Due to the ageing population, residents did not participate in or assist with household or domestic duties. Residents were free to receive visitors at any time. The residence had ample visiting areas. Residents could come and go from the facility as they wished.

## Residence facilities and maintenance

The residence was a single-storey facility. At the time of this inspection, it provided accommodation for up to 15 residents. Resident accommodation was a mixture of single, twin, and four-bed rooms. Each resident had an individual wardrobe, cupboard, and bedside locker. Twin and four-bed rooms had privacy curtains in place between both bed spaces. A number of residents had personalised their bedrooms with photographs and paintings. The overall standard of the bedroom accommodation was satisfactory.

The residence was located on the outskirts of Castlerea town, situated just off the main Knock Road. It was surrounded by a private garden that was not overlooked and had ample parking spaces at the front of the

building. Within Rosalie Unit, there was an outdoor patio area to facilitate recreation when weather conditions allowed.

The entrance led to a hall/reception area, which was decorated with personal effects and pictures. There was a nursing office with secure facilities for file and medication storage. The entrance reception area also led to a large kitchen and dining room area, which had adequate seating for the residents. There was a large, comfortably furnished sitting room located off the central hallway. Residents had access to TV, DVD, radio, books, and games. The sitting room also opened to the external garden area. There was an additional smaller and very comfortable sitting room available to residents and their visitors.

Residents' accommodation was adequate, and some bedrooms were personally furnished and decorated, particularly in the case of long-term residents. There were inadequate bathroom and toilet facilities in the residence. Many of the bathrooms were communal and in need of updating and refurbishment. The inspection team was informed that capital funding had been secured to improve and upgrade the bathroom facilities. There was a laundry facility that residents could use under supervision. Residents' bed linen was laundered externally.

Maintenance issues were quickly addressed by the maintenance department based on-site. Each bedroom had window restrictors in place. The unit contained a large storeroom where many assistive devices were stored, including hoists and walking aids.

## Staffing

Staff Discipline	Day whole-time equivalent (WTE)	Night WTE
Clinical Nurse Manager	1	0
Registered Psychiatric Nurse/Clinical Nurse Manager (CNM)	2 (or 1 CNM2 & 1 RPN)	1
Health Care Assistant	2	1
Multi-Task Attendant	2	0

### Team input (Sessional)

Discipline	Number of sessions
Occupational Therapist	2
Social Worker	0
Clinical Psychologist	0

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

Staff had up-to-date training in Basic Life Support and fire safety.

## Complaints

The residence used the HSE's complaints procedure *Your Service Your Say*. There was a notice concerning the complaints process in the entrance hall, which outlined the procedure. Minor complaints, when they arose, were addressed by the CNM2. There was no evidence of a complaints log in the residence at the time of inspection. Major complaints were escalated by the CNM2 to the assistant director of nursing and/or CHO 2 complaints officer. No community meetings were held in the residence.

## Risk management and incidents

There was a risk management policy. The residence used the clinical and non-clinical risk management strategy and health and safety policies for Roscommon Mental Health Services. Each resident was risk assessed and had a risk management plan. Incidents were reported using the National Incident Management System. The residence was physically and therapeutically safe. Fire extinguishers were in date and fire escapes were easily accessible. The assistant director of nursing monitored all incidents and, where necessary, identified any outstanding risks on the risk register.

## Financial arrangements

The residence did not have a specific policy on managing residents' finances. Residents' held their own monies either in the post office or personal bank accounts or in the Central Accounts Office. Disability payments were made/paid directly into either the post office, residents' bank accounts, or the Central Accounts Office. Residents kept small amounts of money in safekeeping in the residence. This money was checked daily by two members of the nursing staff, and money signed in/signed out was checked and countersigned by nursing staff. All residents were charged a bed and board fee of between €25 and €175 per week. This covered accommodation, food, and utilities. There was no communal social fund or charge.

## Service user experience

The inspection team greeted residents and explained the purpose of the inspection. No service user expressed a desire to meet with the inspection team on an individual basis.

## Areas of good practice

1. Regular attendance by the responsible consultant psychiatrist at the weekly multi-disciplinary team review.
2. Rosalie Unit provided a comfortable home environment for a number of long-term service users. Staff were well engaged with residents and the environment was warm and relaxed.
3. Medication Prescription and Administration Records currently in use within the unit were of a high standard.
4. There was good evidence that physical reviews and health checks were completed by both the GP and treating mental health team.

## Areas for improvement

1. There was lack of supported community outings for long-term residents who do not engage with the community by choice.
2. Refurbishment of the premises is required, particularly the toilet and bathroom facilities.
3. A review of therapeutic opportunities for residents should take place to maintain basic living skills.

4. There was a lack of therapeutic programmes for the residents who did not attend the training centre. Further steps should be taken to ensure that there is increased occupational therapy programmes in relation to the provision of therapeutic programmes and services to the resident profile.
5. Each resident should have his or her own bedroom.