

St. Elizabeth's Court

ID Number: RES0023

24-Hour Residence – 2017 Inspection Report

St. Elizabeth's Court
Dublin 7

Community Healthcare Organisation:
CHO 9

Team Responsible:
Rehabilitation

Total Number of Beds:
20

Total Number of Residents:
19

Inspection Team:
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Inspection Date:
13 April 2017

Inspection Type:
Unannounced Inspection

The Inspector of Mental Health Services:
Dr Susan Finnerty MCRN009711

Date of Publication:
20 April 2018

Contents

Introduction to the Inspection Process.....	5
Service description.....	5
Care and treatment.....	5
Physical care.....	6
Therapeutic services and programmes.....	6
Medication.....	6
Community engagement.....	6
Autonomy.....	7
Residence facilities and maintenance.....	7
Staffing.....	8
Complaints.....	8
Risk management and incidents.....	8
Financial arrangements.....	9
Service user experience.....	9
Areas of good practice.....	9
Areas for improvement.....	9

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

St. Elizabeth's Court was a two-storey building located off the North Circular Road in Dublin 7. The building was previously a Dublin Corporation housing facility before being taken over by the mental health services in 1999. The residence had a total of 20 beds and had gradually downsized in recent years to allow almost all residents have single-room accommodation. At the time of this inspection, there were two shared rooms and the remaining 16 places were single-room accommodation.

The residence was managed by the north city sector rehabilitation team. Many of the residents had previously been long-term patients of the St. Brendan's Hospital service. While the residence had a rehabilitation ethos, many residents had lived there for a considerable period of time.

Care and treatment

There was no documented policy provided to the inspectors dealing with the development and maintenance of individual care plans (ICPs). Subsequently a policy was provided but this was not in date as it had been scheduled for review in December 2016. All residents had an ICP forming part of their clinical file. The ICPs evidenced input from various members of the multi-disciplinary team (MDT). Each resident was encouraged to attend and partake in the ICP review process. While staff stated that it was practice to seek to review ICPs on at least a six-monthly basis, inspection of a planning schedule (copy provided) indicated otherwise. In many cases, it had been over six months since the relevant ICP had been reviewed and in other cases, it appeared to have been almost two years since plans were reviewed. MDT meetings were held in the residence and residents were encouraged to attend. These meeting were not held to any specific schedule and were dependent on the availability of relevant staff. Staff indicated that meetings could be arranged at short notice. Staff indicated that a designated key-worker system was not in operation within the residence.

Physical care

There was a policy available on general physical care. All residents had a GP in the local community. Routine six-monthly physical examinations were undertaken by the team doctors and were documented, including where a resident might refuse such examination. Residents were encouraged to partake in relevant national screening programmes when notified and a number of residents were engaged in such programmes. Residents attended a dentist and had access to physiotherapy and chiropody services in the local community. Speech and language assessment could be accessed through the Mater Hospital or the local community. Residents requiring specialist hospital assessment were referred to either the Mater or Connolly Hospitals. No information was available in the residence in relation to national screening programmes.

Therapeutic services and programmes

A range of therapeutic activities was organised within the residence, facilitated by the occupational therapist (OT) or nursing staff in the OT room, located on the upper floor of the residence. Details were provided of these regular activities, which included, an art group, book club, relaxation group, cooking group, and music appreciation. In addition, residents could attend the Recovery Hub, which was located next door to the residence and was a resource available to services users across the north city. Details of the Hub programmes available to residents were provided. Some residents attended the Basin Club Resource Centre in Phibsboro.

Medication

The residence had a written policy on medication management. Medication was prescribed either by the psychiatry team or GP. GMS prescriptions were provided to the dispensing pharmacy, which was located some distance away. Medication was supplied on an individualised basis in monthly blister packs stored in a locked cabinet within the clinical room of the residence. Controlled drugs, which were being utilised in a number of cases, were appropriately stored and documented. All residents had an individual Medication Prescription and Administration Record. No current resident was self-medicating.

Community engagement

The residence was centrally located within an urban area. Residents had ready access to bus routes and a number of them used public transport to travel into the city centre and elsewhere. Residents regularly attended local shops and amenities, including the cinema, coffee shop, and hair and nail salons. The residence could book a multi-seat vehicle to facilitate outings, if required. There was community in-reach to the residence from the Befriending Association and the local branch of the Legion of Mary. Notices throughout the residence displayed the contact details of the advocate available to residents.

Autonomy

Residents did not have access to the kitchen area within the residence. Food was delivered from St. Mary's Hospital in the Phoenix Park and residents had a choice of meals. A catering assistant oversaw the operation of the kitchen. Residents were free to determine their own bedtime. They did not have a key to their own room but could request staff to lock the door. A number of residents assisted with domestic chores and minor garden maintenance tasks.

Residence facilities and maintenance

The residence was a somewhat dated two-storey building. The ground floor contained dining and sitting areas together with a staff office and a number of bedrooms. Toilet and bathrooms facilities throughout the residence had been renovated since the last inspection. Improved fire detection systems had been put in place. Bedrooms were of an adequate size and contained adequate personal storage facilities. In a number of cases, residents had personally furnished and decorated their rooms. None of the bedrooms had en suite facilities. The upper floor contained bedroom and bathroom facilities as well as an OT room.

There was a laundry room in the residence where personal laundry was done by a member of staff. The premises were clean and the garden areas were well maintained. There was also a paved outdoor area with seating and a smoking gazebo.

Staffing

Staff Discipline	Day whole-time equivalent (WTE)	Night WTE
Clinical Nurse Manager (CNM) 2	1	0
Registered Psychiatric Nurse	1	2
Health Care Assistant	2	1
Multi-Task Attendant	3 (2 household & 1 kitchen)	

Team input (Sessional)

Discipline	Number of sessions
Occupational Therapist	Approx. 2 per week
Social Worker	As required
Clinical Psychologist	Attends MDT meetings

Medical Staff	Frequency of attendance at residence
Consultant Psychiatrist	Variable
Non-Consultant Hospital Doctor	Weekly and as required

Complaints

The residence used the service policy on complaints management. There was a notice concerning complaint processes in the entrance hall, which outlined the procedure and identified the complaints officer. Minor complaints, when they occurred, were addressed by the CNM 2 in charge. While staff indicated that there was a complaints log, it was not possible to locate this during the course of the inspection. Community meetings were held on a monthly basis in the residence. Minutes of these were recorded, although there were no documented minutes for the period between October 2016 and late March 2017. There was a suggestion box located in the hallway of the residence.

Risk management and incidents

The residence had a risk management policy and a discrete safety statement. Regular fire drills and evacuations were held. Risk assessment of residents was undertaken as required. Incidents were reported using the National Incident Management System.

Financial arrangements

The residence was owned by the HSE. Residents paid a weekly rent of between €90 and €100, which covered food, accommodation, and amenities. Resident payments were means tested.

The residence utilised the service policy on the management of resident finances. All residents had a personal bank or post office account. Some utilised a direct debit to pay bills such as their weekly rent. Where staff maintained custody of resident monies, there was a log book in the residence to account for all cash disbursements. This required the signature of the resident and a staff member, or two staff members, and inspection of the log indicated that this money was appropriately handled in all cases. There was no kitty or social fund in place. Staff indicated that no regular audit process of resident finances was undertaken.

Service user experience

Throughout the course of this inspection, the inspectors engaged casually with a number of residents. All expressed satisfaction with their placement in the residence. One resident requested to meet with the inspectors and was facilitated in doing so. She expressed a variety of complaints, about food, the prohibition on smoking indoors and the safeguarding by staff of post office books.

Areas of good practice

1. St. Elizabeth's Court, while somewhat dated, was conveniently located in the centre of Dublin.
2. The standard of accommodation had improved since the last inspection, in 2014, particularly in relation to bathroom facilities and fire safety processes.

Areas for improvement

1. All residents' individual care plans should be reviewed and updated on a timely basis. Schedules maintained in the residence indicated that, in some cases, it had been almost two years since there had been a documented ICP review.
2. To assist with the development of autonomy, the feasibility of allowing residents to lock their own rooms should be explored.
3. A documentary record of all complaints, including actions arising, should be readily available within the residence. Similarly, all community meetings should be documented.