

Teach an Churaim

ID Number: RES0058

24-Hour Residence – 2017 Inspection Report

Teach an Churaim
Rathmore
Co. Kerry

Community Healthcare Organisation:
CHO 4

Team Responsible:
Rehabilitation

Total Number of Beds:
8

Total Number of Residents:
7

Inspection Team:
Dr David McGuinness, Lead Inspector

Inspection Date:
22 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

Teach an Churaim, a homely eight bed, 24-hour nurse-staffed residence, was located in Rathmore, Co. Kerry. The two-storey residence was owned by the Kerry Mental Health Association and staffed and managed by the HSE, Cork and Kerry Community Healthcare Organisation (CHO 4). The building was a converted doctor's house, which opened as a community residence in 1997. At the time of the inspection, the residence had been recently insulated and re-roofed and single-room accommodation had been provided for the residents. The building was very well maintained, both internally and externally. The garden was well established and well maintained. At the time of inspection, Teach an Churaim provided high support, 24-hour continuing care for seven residents. The future plan for the residence was for it to remain unchanged.

Resident profile

Residents ranged in age from 55 to 89 years. At the time of inspection, one male and six female residents were accommodated in Teach an Churaim. The duration of stay ranged from 1 to 20 years. All residents were of a voluntary status, and there were no wards of court. None of the residents had mobility issues.

Care and treatment

Teach an Churaim had a policy in place in relation to individual care plans (ICPs). All ICPs had multi-disciplinary input. There was a key worker system in place to ensure implementation of the ICP. Residents completed care planning forms prior to the development of the ICP by the multi-disciplinary team (MDT). The ICPs were reviewed every six months in consultation with the residents. The MDT meetings were held in the residence, and residents attended. The residents' clinical files indicated that all residents had received a six-monthly psychiatric evaluation.

All residents were under the care of a rehabilitation team.

Physical care

Teach an Churaim had a policy in place in relation to physical care/general health. All residents had access to a GP. Routine physical examinations were completed annually, and records of appointments, examinations, and tests were maintained. Information about national screening programmes was provided, and residents had access to appropriate screening programmes. Other health care services were available to residents, including chiropody, speech and language therapy, and optical and dental care. Residents could access physiotherapy in St. Columbanus Community Hospital in Killarney.

Three residents were on a textured diet, which was designed by the speech and language therapist. Some of the residents were following a healthy eating plan. There had been a reduction in the number of residents who smoked.

Therapeutic services and programmes

Teach an Churaim had a policy in relation to the provision of therapeutic programmes. All but two residents attended therapeutic programmes in the nearby Teach Mhuire Day Centre, where activities included gardening, aerobics, art and music therapy, and social events.

Medication

The residence had a policy in place in relation to medication management. Medication was prescribed by the residents' GP or the consultant psychiatrist, who attended Teach an Churaim once every two weeks. A Medication Prescription Administration Record (MPAR) system was in operation, and the MPARs contained valid prescription and medication administration details.

Medicines were supplied by a local pharmacist. Medication was delivered in individual blister packs. Medications were appropriately stored, with controlled drugs stored separately. However, the key to the controlled drug cabinet was on the same key ring as the keys for other medication storage areas.

An audit of medication had been completed by the community pharmacist.

Community engagement

The location of Teach an Churaim facilitated community engagement. The residence was close to shops, the local church, and the day centre. Residents went shopping, attended mass, went to the pantomime, and ate out. They also visited the local hairdressers regularly. There was a grotto outside the house and an altar inside. At the request of residents, the parish priest regularly attended to say mass in the house. The residence was close to a bus stop, and some residents regularly took the bus to Killarney. Teach an Churaim also had its own bus, and residents had access to the day centre bus. Three residents went on pilgrimage to Lourdes annually, and one went to Ballybunion for a week, twice a year.

Autonomy

Residents could come and go from Teach an Churaim as they wished. They had full access to the kitchen to make tea/coffee whenever they wanted and were actively encouraged to make tea for other residents while they were doing so. Residents were free to determine their own bedtimes. Residents did not have keys to their own rooms but could request same. Residents assisted with domestic chores that were agreed during community meetings. Residents were free to receive visitors at any time.

Residence facilities and maintenance

Teach an Churaim was a two-storey building in Rathmore, Co. Kerry. It was originally a 12-bed residence, but the patient number was reduced to eight to facilitate single occupancy rooms. There were four bedrooms upstairs and four downstairs, and all were clean and personalised. All rooms were wired for TV and music systems.

The facility was not purpose-built but had been renovated and was very clean and well maintained. The upstairs bathroom was the only room in need of an upgrade. It was small and cramped, and the tiles needed to be replaced.

The old smoking room had been turned into a relaxation room, which doubled up as a visitors' room and a prayer room. The clinical nurse manager 2 and a student nurse had decorated it. The HSE had upgraded the kitchen, and new appliances had been fitted.

Residents had access to a garden area at the rear of the house, with a patio, barbecue, and garden furniture. A number of barbecues were held during the year.

Staffing

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

Team input (Sessional)

Discipline	Number of sessions
Occupational Therapist	0
Social Worker	1
Clinical Psychologist	1

Medical Staff	Frequency of attendance at residence
Consultant Psychiatrist / Senior Registrar	Two-weekly

Not all staff had up-to-date training in Basic Life Support.

Complaints

Teach an Churaim had a complaints policy and a nominated complaints officer. Residents were informed of how to make complaints, and they had access to a suggestion box in the corridor. Minor complaints were addressed locally and the area administrator was responsible for addressing complaints. A complaints log was maintained. Regular community meetings were held in the residence, and minutes of these were maintained.

Risk management and incidents

The residence had a risk management policy, which was implemented throughout the unit. Risk assessments were completed for residents. Incidents were documented and reported using the National Incident Management System. The residence appeared to be physically safe. The fire extinguishers were regularly serviced and in date, and fire escapes were easily accessed. A first aid kit was available in the residence.

Financial arrangements

The residence had a policy in relation to managing residents' finances. The average monthly charge for residents was €138.67. Residents also paid €80 per week for utilities and food. Residents had credit union accounts, and appropriate procedures were in place for staff handling resident money. A cashbook was used to record transactions, which were signed by the nurse and the resident, where appropriate. Where necessary, residents were accompanied by staff when they wanted to withdraw money. Residents contributed €4 per week to a social fund, which was used to buy flowers for the altar, newspapers, or birthday presents or to pay for bingo. Residents had given their signed consent to contribute to the fund.

Residents' finances were not audited on a regular basis.

Service user experience

The residents who spoke to the inspector were very satisfied with the treatment provided to them by the residence.

Areas of good practice

1. Teach an Churaim was a homely residence.
2. The smoking room had been turned into a relaxation/visitors'/prayer room.
3. An audit of medication had been completed by the community pharmacist.
4. Minutes of community meetings were maintained.
5. The parish priest was attending the residence regularly to say mass in response to a request from residents.

Areas for improvement

1. The upstairs bathroom was cramped and old and needs to be upgraded.