Carrigabrick Lodge

ID Number: RES0065

24-Hour Residence – 2018 Inspection Report

Carrigabrick Lodge
Courthouse Road
Fermoy
Co. Cork

Community Healthcare Organisation:
CHO 4

Team Responsible:
Rehabilitation

Total Number of Beds:
14

Total Number of Residents:
12

Inspection Team:
Mary Connellan, Lead Inspector

Inspection Date:
31 January 2018

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

Carrigabrick Lodge was a 14-bed, 24-hour, nurse-staffed residence located approximately 1 km from Fermoy, Co. Cork. The bungalow was owned by Cluid Housing, a non-profit social housing organisation, and staffed by the HSE. The purpose-built property opened as a 24-hour residence in 2008. At the time of inspection, Carrigabrick was providing rehabilitation and continuing care for 12 residents. Plans were in place for the residence to continue as it is, with some residents moving to shared or independent living.

Residence facilities and maintenance

Carrigabrick Lodge contained two bedroom wings, each accommodating seven single bedrooms with en suite bathroom facilities. On one wing, there were two larger bedrooms suitable for wheelchair users. There was a large sitting room, a separate visitors' room, and a seating area in the corridor with a TV and bookcases, which was a pleasant, well-utilised space. There was also a small nursing office and staff room, a locked sluice/storage room, and a laundry room with two washing machines and two dryers.

Although the residence was spacious, there was a lack of storage facilities. All of the en suite bathrooms apart from the two wheelchair assisted facilities had shower curtain rather than glass or plastic screens, which made helping residents to shower more challenging for staff.

The exterior of the residence was well maintained by Cluid Housing. The garden was tended very regularly and included a low-maintenance shrubbery, an extensive lawn, and a polytunnel, which was looked after by the residents.

There was an ongoing programme of maintenance of the premises. In 2017, new flooring had been fitted in communal areas, and in 2016, the interiors had been repainted. There were plans to upgrade the CCTV on the external doors to the residence.

Resident profile

At the time of the inspection, Carrigabrick Lodge was providing accommodation for six female and six male residents. They were aged between 41 and 78. The duration of their stay ranged from three to ten years, with most of the residents living in the house since it opened in 2008.

Care and treatment

Carrigabrick Lodge had a policy in relation to individual care planning, entitled *Multidisciplinary Community ICP.* All of the residents had a multi-disciplinary individual care plan (ICP), which was developed with input from the resident and family, if applicable. The resident and the key worker signed the ICP. The ICPs were reviewed annually, and residents and family members attended care planning meetings. A psychiatric evaluation was documented in residents' clinical files at least six-monthly.

The multi-disciplinary team met monthly, usually in the sector headquarters, and a separate meeting of the rehabilitation team was attended by staff from all of the houses and day centres.

Physical care

Carrigabrick Lodge had a policy in relation to physical care and general health. All residents had access to a local GP practice. A GP visited the residence weekly, and residents attended the surgery as required. The clinical files indicated that each resident attended the GP at least annually and had routine blood analysis. However, there was no formal mechanism for scheduling physicals.

Information on national screening programmes was provided to residents, who were receiving appropriate screening, where applicable. Residents also had access to other health services as required, including dietetics, physiotherapy, speech and language therapy, and general hospital services.

Therapeutic services and programmes

Carrigabrick Lodge had a policy in relation to therapeutic programmes. An art therapist visited the residence twice a month, and an occupational therapist facilitated cookery sessions over a six-week period once a year. A number of residents accessed therapeutic programmes in various locations outside the residence, in the Blackwater Day Centre in Fermoy and the Mitchelstown Day Centre.

Recreational activities

Residents in Carrigabrick Lodge had access to a range of recreational activities. These included music sessions, movie nights, a summer barbecue, TV, a large supply of books, jigsaws, quizzes, cookery, swimming, and walking. Residents also tended vegetables in the polytunnel in the garden, and they attended a gardening group in the locality.

Medication

The residence had a policy in relation to medication management. Medication was prescribed by the consultant psychiatrist, the GP, and occasionally by the non-consultant hospital doctor. Each resident had a Medication and Prescription Administration Record (MPAR), which they took ownership of themselves. The MPARs contained valid prescriptions and administration details.

Medication was supplied by a local pharmacy in individual blister packs. Residents were on different levels of medication management, and some were self-medicating with support from nursing staff. Medication was stored appropriately and legally within the residence.

Community engagement

The location of Carrigabrick House, within walking distance of Fermoy, facilitated community engagement. Residents could walk into town or to the nearby church. They had access to a range of amenities in the locality, including a gardening club, library, cinema, gym, and community centre with a drama group.

The residence had access to a shared bus and car for transporting residents to activities or appointments. Residents could also use public transport. There was community in-reach into the residence from a priest who visited weekly, the Legion of Mary who attended fortnightly, and a podiatrist who attended approximately four times a year.

Autonomy

Residents had full and free access to the kitchen. They were free to determine their own bedtimes, and all had a key to their own bedrooms. Some of the residents helped out with household chores, and they did their own laundry. Residents could come and go as they wished, and they could receive visitors at any time.

Staffing

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

Team input (Sessional)

Discipline	Number of sessions
Occupational Therapist	As required
Social Worker	As required
Clinical Psychologist	As required
Community Mental Health Nurse	One half-day per week

Medical Staff	Frequency of attendance at residence
Consultant Psychiatrist	Monthly
Non-Consultant Hospital Doctor	At least weekly and as required.

Staff had up-to-date training in Basic Life Support, fire safety, and the management of aggression and violence. They had not received training in recovery techniques.

Complaints

Carrigabrick Lodge used the HSE's *Your Service Your Say* complaints policy, and residents were aware of how to make a complaint. There was a named individual who was responsible for addressing all complaints. A complaints log was maintained, and there was a suggestion box on the premises. Community meetings were held approximately four times a year, and outline minutes were maintained.

Risk management and incidents

Carrigabrick Lodge had a risk management policy, which was being implemented in the residence. Risk assessments for residents were completed by the key worker annually or more often if required. Falls risk assessments were completed routinely for residents aged over 65. Incidents were reported and documented using a National Incident Management System form, and the details were inputted by staff in the acute unit in Cork. The residence was physically safe and had seven fire escape. All residents were given a floor plan of the residence. Fire extinguishers were serviced and in date. There was a first aid kit on the premises.

Financial arrangements

Carrigabrick Lodge had a policy in relation to the management of residents' finances, which was under review at the time of inspection. Residents paid a weekly charge to the HSE for food and utilities and to Cluid Housing for rent. Most of the residents looked after their own finances and had their own post office or bank accounts. Appropriate procedures were in place in relation to staff handling residents' money, with two staff signatures recorded for all transactions. Residents did not contribute to a kitty or social fund.

Service user experience

The inspector chatted informally with residents throughout the course of the day. A number of residents were gone on an outing and one was gone on leave. The inspector observed the residents enjoying their main meal and there was a friendly and homely atmosphere. One resident met with the inspector and they were complimentary about their experience in the residence.

Areas of good practice

1. There was a very active and progressive rehabilitation team. Comprehensive and detailed individual care plans were in place that were developed with the resident and their family, if applicable, and the multi-disciplinary team. These gave a very clear account of residents' care and treatment needs along with social and vocational needs.

2. A GP called to the residence once weekly and while residents would generally see the GP in their surgery, there was good links between the staff and the GP. If required a resident could be reviewed in the residence.

3. Medication was stored in the individual bedrooms with varying levels of self-administration were supported for the residents.

4. There was regular involvement with staff from the day and community services who facilitated outings. An Art Therapist facilitated a group in the residence twice a month.

Areas for improvement

1. The community meetings, which had been held approximately four times a year, had sparse minutes and actions.

2. It was reported that there was a significant wait for physiotherapy and speech and language therapy, which was accessed through the mental health service. It was also reported that there was a similar waiting period if accessed through primary care.