

Cois Mara

ID Number: RES0057

24-Hour Residence – 2018 Inspection Report

Cois Mara
Spanish Point
Co. Clare

Community Healthcare Organisation:
CHO 3

Team Responsible:
General Adult

Total Number of Beds:
11

Total Number of Residents:
11

Inspection Team:
Siobhán Dinan, Lead Inspector

Inspection Date:
09 February 2018

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

Cois Mara was an 11 bed, 24-hour, nurse-staffed residence in Spanish Point, Co. Clare. The bungalow was owned by the HSE and opened as a 24-hour residence in 2002. At the time of inspection, the house was providing continuing care for 11 occupants. The long-term plan for the residence was to reduce bed numbers.

Residence facilities and maintenance

Residents in Cois Mara were accommodated in two double and seven single bedrooms. There was no screening between beds in the double rooms, which was not conducive to residents' privacy. The house comprised nine bedrooms, a kitchen, a bright dining room with three tables and seating for 11 people, a large sitting room with a TV and plenty of seating, a beauty/multi-purpose room, a nursing office/medication room, a clinical room, a Snoezelen room, two visitors' rooms, an activities room, a smoking room, a laundry, a store, a sluice room, toilets, a bathroom, and two shower rooms, including an assisted shower room and toilet.

The exterior of the residence was well maintained. There was a courtyard and large garden, with a patio and seating. At the time of the inspection, the property had been recently renovated. The exterior of the building had been painted, two bathrooms had been upgraded, and new dining room and sitting room furniture had been purchased. A wet room had been added, two bedrooms and the toilets had been refurbished, new flooring had been fitted, and new cupboards had been fitted in the medication room. There were plans to make the toilets more accessible, to repaint bedrooms, and to turn a storeroom into a linen room or new sluice room.

Resident profile

At the time of the inspection, Cois Mara was providing accommodation for seven female and four male residents. They were aged between 56 and 71, and the duration of their stay ranged from 6 to 16 years. Most of the residents had a primary diagnosis of mild-to-severe intellectual disability, and some had a secondary diagnosis of mental illness. A number of residents had mobility issues, and appropriate accommodation was available, including special chairs, walking aids, hoists, and a Parker bath.

Care and treatment

Cois Mara had a policy in relation to individual care planning, which was dated March 2016. All of the residents had an Individual Care Plan (ICP), which evidenced input from nursing and medical staff but not the entire Multi-Disciplinary Team (MDT). The ICPs were reviewed monthly, and residents were invited to attend. The clinical files indicated that not all residents had received a psychiatric evaluation at least every six months.

Weekly MDT meetings were held in Lisdoonvarna, one-and-a-half hours away, and neither residents nor nursing staff attended. Residents were assigned key workers, who were consistent named individuals.

Physical care

Cois Mara had a policy in relation to physical care and general health, which was dated March 2017. All residents had access to their own GP, who completed their general physical examinations every six months, although no formal schedule was in place.

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

Therapeutic services and programmes

Cois Mara had a policy in relation to therapeutic programmes, which was dated March 2017. Therapeutic programmes were delivered in the residence, including weekly art therapy and multi-sensory activities. None of the residents attended therapeutic programmes off-site.

Recreational activities

Residents in Cois Mara had access to a range of recreational activities. They went on regular outings and for walks and they had access to music/sing-songs and to books, puzzles and games, arts and crafts, gardening, hand massage, knitting, exercise equipment, and hairdressing and beauty therapy. Residents also went out for dinner or coffee. Mass was held on the unit periodically.

Medication

The residence had a policy in relation to medication management. Medication was prescribed by the GP, consultant psychiatrist, or non-consultant hospital doctor. A Medication and Prescription Administration Record (MPAR) system was in use in the house, and residents' MPARs contained valid prescriptions and administration details. At the time of inspection, no residents were self-medicating. Medication was supplied on a weekly basis by a local pharmacy in blister packs, and it was stored appropriately and legally within the house. A weekly medication inventory was completed.

Community engagement

The location of the residence, in a rural, seaside location, facilitated community engagement. Residents had access to a church, hotel, shops, and the beach. They attended an annual dinner dance, and they saw an annual drama show. The residence did not have access to local transport and was reliant on a taxi service. At the time of inspection, its own vehicle had been out of service for ten months. There was in-reach into the house from a retired priest who visited the house monthly.

Autonomy

Residents did not have free access to the kitchen to prepare meals or snacks, although some had supervised access at supertime. Residents were free to determine their bedtime, but none of them had a key to their own bedrooms. Residents were encouraged to keep their bedroom's tidy, and they sometimes helped staff to fold laundry and put it away. Visitors were welcome in the residence at any time, and residents could come and go as they wished, although some needed supervision and/or support to leave the house.

Staffing

Staff Discipline	Day whole-time equivalent (WTE)	Night WTE
Clinical Nurse Manager 2	1	0
Registered Psychiatric Nurse	2	2
Health Care Assistant	1	1
Attendant	2	0

Team input (Sessional)

Discipline	Number of sessions
Occupational Therapist	0
Social Worker	0
Clinical Psychologist	0
Chiropodist	Every six weeks
Physiotherapist	As required
Art therapist	Weekly

Medical Staff	Frequency of attendance at residence
Consultant Psychiatrist	Six-monthly
Non-Consultant Hospital Doctor	Monthly

Staff had received up-to-date training in Basic Life Support, fire safety, recovery, and the management of aggression and violence. Staff had also completed additional training in manual handling, working with people with an intellectual disability, individual care planning, and children's first.

Complaints

Cois Mara had a complaints policy. Residents were aware of how to make complaints, and the complaints process was explained at the weekly community meetings, which were minuted. In the first instance, residents brought complaints to staff on duty, who addressed issues on the spot where possible. Where a complaint required escalation, it was progressed to the Clinical Nurse Manager 2 (CNM2) and then to the complaints officer. A complaints log was not being maintained in the residence. There was a suggestion box in one of the visitors' rooms.

Risk management and incidents

Cois Mara had a risk management policy, which was dated August 2017. It had an up-to-date safety statement and site-specific risk register. Residents were assessed for risk at admission and on an ongoing basis, as necessary. Incidents were reported and documented using the National Incident Management System. The residence was physically safe, and fire extinguishers were serviced and in date. There were first aid kits in the kitchen and office and an Automated External Defibrillator in the clinical room.

Financial arrangements

Cois Mara had a policy in relation to the management of residents' finances. Residents paid a weekly charge, depending on their means, and this included food and utilities. Residents had post office accounts, and their finances were managed by the CNM2, who was authorised to do so. Secure facilities were available for the safe-keeping of residents' money, and appropriate procedures were in place in relation to staff handling residents' money, with all transactions receipted.

Residents did not contribute to a kitty or social fund. Residents' finances were audited weekly.

Service user experience

At the time of inspection, no resident wished to meet with the inspector.

Areas of good practice

1. There was strong emphasis on the provision of social and recreational activities for the residents.
2. A new Resident Information Booklet had been implemented.
3. An individual medication information sheet was implemented for each resident.
4. Nursing Quality Care-Metrics were being carried out monthly in the service.

Areas for improvement

1. Resident should have their own bedrooms. The double bedrooms afforded little privacy to residents sharing.
2. A minor complaints log should be maintained.
3. Some bedrooms and communal areas in the service required repainting.

4. Multidisciplinary ICPs should be introduced. ICP development and review should involve the entire clinical team.
5. When any money belonging to the resident is handled by staff, expenditures should be countersigned by the resident or their representative, where possible.