

Glenmalure House

ID Number: RES0070

24-Hour Residence – 2018 Inspection Report

Glenmalure House
Blackrock Road
Cork

Community Healthcare Organisation:
CHO 4

Teams Responsible:
Continuing Care and Community Mental Health

Total Number of Beds:
17

Total Number of Residents:
16

Inspection Team:
Mary Connellan, Lead Inspector

Inspection Date:
30 January 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

Glenmalure House was a 17-bed, 24-hour, nurse-staffed residence in an urban location, 4 km from Cork city. The three-storey residence was an amalgamation of two redbrick, semi-detached houses and was owned by the HSE. It opened in 1974 originally as a men-only hostel. It had been operating as a 24 hour staffed residence since 1992. At the time of inspection, Glenmalure House was providing rehabilitation and continuing care for 16 residents.

Residence facilities and maintenance

Residents in Glenmalure House were accommodated in five single and six double bedrooms with shared bathroom facilities. In shared bedrooms, screens were in place between the beds, but these were too small to ensure complete privacy.

The residence was a large three-storey house, with two sitting rooms downstairs, a small dining room with seating for 14 people, and two kitchens, a main, commercial-style kitchen and a smaller, activity-type kitchen. There was also a laundry room and external smoking shelter. There was one residents' toilet on the ground floor and it was extremely cold on the day of inspection.

Two staircases led up to separate areas of the first floor, where there was no direct access between the original two houses. In one house, there were two toilets, one of which was broken; a separate shower room; a small single bedroom; and a return with two double rooms and another single room. Six residents were accommodated in this area. The first floor of the second house accommodated a nurses' office, one single bedroom, and one double bedroom, as well as separate resident and staff toilets. There was no shower facility in this part of the house. The second floor contained three double and two single rooms, a bathroom with a toilet, and a corridor connecting the two houses. One of the double rooms on this floor had significant mould under the windows as well as a cracked cornice.

The exterior of the residence was very well maintained. There was a large back garden with manicured lawns, a shrubbery, and mature trees. It contained a smoking shelter, garden sheds, and two outbuildings, which housed an activity/therapy room that was used for art therapy and an exercise room with a treadmill and exercise bike. In 2014, the residence was rewired, had new flooring fitted, and was painted. Gas heating had been installed, and the therapy and exercise room in the back garden were added.

Resident profile

At the time of the inspection, Glenmalure House was providing accommodation for eight female and nine male residents. They were aged between 24 and 72, and the duration of their stay ranged from 2½ to 28 years. Some of the residents had physical limitations, and appropriate accommodation was made available to them. It was recognised that in the future the accommodation may not be suitable for those residents.

Care and treatment

Glenmalure House had a one-page policy statement in relation to individual care planning. All of the residents had an individual care plan (ICP), which had been developed in conjunction with nursing staff. The ICPs were not drawn up by the multi-disciplinary team (MDT). Residents had good input into their ICPs and had signed them, as had their designated key workers, who were nurses from the residence. Residents and key workers reviewed the ICPs approximately every three months.

The MDT did not meet in the residence, and neither nursing staff nor residents attended MDT meetings. Nursing staff stated that they liaised with the MDT on an as-required basis and vice versa.

Physical care

Glenmalure had a policy statement in relation to physical care and general health and a separate medical emergency response policy. All residents had access to a local GP, who completed their six-monthly general physical examinations. Documentation relating to physicals was retained by the GPs.

Information in relation to national screening programmes was not provided in the residence. Residents were receiving appropriate screening. Residents were referred by their GP to other health care services, as required, and they attended their own dentist.

Therapeutic services and programmes

Glenmalure had a policy statement in relation to therapeutic programmes. Art therapy was provided in the residence by an art therapy student under the supervision of staff from University College Cork and the clinical nurse manager 2.

A number of residents also accessed therapeutic programmes outside of the residence, in the Brook centre, Brandon House, and Links mental health service. Some attended National Learning Network programmes. They could also access a gardening group in the Bessborough Centre.

Recreational activities

Residents in Glenmalure House had access to a variety of recreational activities. These included boat building in the Meitheal Mara community boatyard in Cork, Irish-language classes, a men's group in Blackrock, cookery, gardening, furniture painting, knitting, TV, and card playing. Some were involved in a choir in Togher community centre, one bowled competitively, and one went swimming weekly.

Medication

The residence had a policy in relation to medication management. Medication was prescribed by the consultant psychiatrist or GP. A Medication Administration Record (MAR) was used in the residence rather than a Medication Prescription and Administration Record. Prescriptions were faxed to the pharmacy, which issued the MAR. Staff signed the MAR when administering the medication. All routine medications were supplied in blister packs.

At the time of the inspection, seven residents were self-medicating. Six of these were classed as Level 3 and received their medication on a weekly basis, locked it in a cabinet in their rooms, and took it independently. Nursing staff checked their medication weekly. The seventh resident was categorised as Level 2 in relation to self-medication. The individual in question retained their own medication in a locked cupboard in their room and were supervised when taking it. All of the other residents were classed as Level 1. Their medication was supplied in blister packs and was administered by nursing staff.

Medicines were provided by a local pharmacy, which delivered the supplies directly to the residence. All medication was stored legally and securely within the residence.

Community engagement

The urban location of Glenmalure House facilitated community engagement. Residents were involved in a range of activities in the community, including swimming, bowling, boat building, gardening, Irish classes, and theatre and arts and cultural events. They could also go to mass or to the library.

The residence was ideally located on a main bus route. It had its own six-seater bus, which could be used to bring residents to community activities if necessary. Generally, residents travelled by public transport. There was community in-reach into the residence from a Catholic priest who visited monthly and a Presbyterian minister who visited regularly.

Autonomy

Residents had full and free access to both of the kitchens in the house to prepare meals or snacks. Residents were free to determine their own bedtimes, but none of them had a key to their own bedrooms.

Residents helped with household chores apart from the shopping, which was generally ordered from a local supermarket. Residents could come and go as they wished and could receive visitors at any time.

Staffing

Staff Discipline	Day whole-time equivalent (WTE)	Night WTE
Clinical Nurse Manager 2	1 (Monday – Friday)	
Registered Psychiatric Nurse	1-2	1
Multi-Task Attendant	1	1

Team input (Sessional)

Discipline	Number of sessions
Occupational Therapist	As required
Social Worker	As required
Clinical Psychologist	As required

Medical Staff	Frequency of attendance at residence
Consultant Psychiatrist	As required
Non-Consultant Hospital Doctor	0

Staff had received training in Basic Life Support, fire safety, and the management of aggression and violence. They did not have training in recovery techniques. Training was ongoing.

Complaints

Glenmalure House had a policy statement in relation to complaints. Residents were aware of how to make a complaint although details of the HSE's *Your Service Your Say* complaints procedure were not publicly displayed. Complaints were addressed in the first instance by the clinical nurse manager 2 and then by the assistant director of nursing, where complaints required escalation. Staff were not sure of the identity of the nominated complaints officer in the wider service. A complaints log was not maintained, but staff initiated one on the day of the inspection. There was a suggestion box in the house where residents could leave complaints and suggestions anonymously.

Community meetings were held monthly in the house, and residents were encouraged to voice any issues or complaints at this time.

Risk management and incidents

Glenmalure House had a risk management policy, which was being implemented in the residence. Risk assessments were undertaken for residents only where there was an identified risk. Routine risk assessments were not completed for each resident. Incidents were reported and documented using a National Incident Management System form. The forms were processed in Cork University Hospital and a copy was retained in the residence.

The inspector had concerns about the physical safety of the residence because it was a three-storey building without a fire escape from the upper floors, other than the staircases. There were two sets of stairs, reflecting the building's origins as two separate houses, but there was no access between these on the first floor. Currently, the resident cohort was deemed suitable for the residence. However, the number of stairs and half-landings/returns in the building would make it unsuitable for residents with limited mobility.

There was a fire panel and fire alarm in the house, which were serviced regularly. Fire extinguishers were serviced and in date. There was a first aid kit on the premises.

Financial arrangements

Glenmalure House did not have a policy in relation to the management of residents' finances. Staff reported that they did not handle any resident monies. There was a set charge for residents which included food and utilities and was paid by direct debit to the HSE. Residents had post office or bank accounts and handled their finances independently.

Residents contributed €5 a week to a social fund, which they managed themselves. It was used to pay for activities such as parties, outings, and dinners out. Staff were not involved in any way with the fund and were not aware of whether residents had provided written consent to contribute.

Service user experience

The inspector met with a number of residents throughout the course of the day. All the residents were complimentary of both their care and treatment, and the staff. Residents praised the food in particular. The interactions and positive ambience between the residents themselves was noted by the inspector.

Areas of good practice

1. A number of residents were self-medicating with support from nursing staff.
2. There was a variety of recreational and social activities available that encompassed links with the wider community.

Areas for improvement

1. No bedroom had en suite facilities and there was limited bathroom facilities for the number of residents. The shower facility for those on the first floor in one house was located upstairs on the second floor landing. There was one toilet for residents on the ground floor and it was particularly cold on the day of inspection.
2. Each resident should have their own bedroom. In the meantime, privacy screens should be used where there are shared bedrooms. While there was screening in the double bedrooms, these were small and relatively ineffectual. Space was also limited in these shared rooms.
3. One single bedroom was exceptionally small, to the extent that a headboard would not fit for the bed.
4. One double bedroom had significant mould under the window and overall required renovation.