

# Gougane Barra House

ID Number: RES0063

## 24-Hour Residence – 2018 Inspection Report

Gougane Barra House  
Western Road  
Cork

Community Healthcare Organisation:  
CHO 4

Team Responsible:  
Rehabilitation and Continuing Care

Total Number of Beds:  
13

Total Number of Residents:  
12

**Inspection Team:**  
Noeleen Byrne, Lead Inspector

**Inspection Date:**  
07 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

Gougane Barra House was a 13-bed, 24-hour, nurse-staffed residence on Western Road, located on the outskirts of Cork city. The three-storey, detached property was a converted guest house, which opened as a 24-hour residence in the 1980s. It was owned by Cork Mental Health Association. At the time of inspection, Gougane Barra House was providing rehabilitation and continuing care for 12 occupants. Plans were in place to redecorate the house, fit a new carpet in the visitors' room, and fit new headboards to the beds.

## Residence facilities and maintenance

Residents in the house were accommodated in five double and three single bedrooms. Three of the double rooms were cramped, which was not conducive to residents' privacy. Additionally, there was no privacy screening between beds in the shared rooms.

The accommodation included a quiet room with four armchairs, a sitting room with a TV, and a dining room with a coffee dock equipped with a fridge, hot water boiler, and microwave. There was a commercial-style kitchen, which was used by staff only and was spotless. There were separate male and female toilet facilities on the ground floor and toilets and shower rooms on the upper floors.

There was a separate building in the garden, which contained a leisure room, with nine armchairs, a TV, DVDs, an exercise bike, dart board, and an en suite toilet. A second building contained a laundry and dry store and a visitors' room. There was an attractive, well-maintained garden, with a gazebo and three seating areas, including a large picnic bench. Lottery funding had been secured to pay for the addition of a shrubbery in the garden. The car park had been resurfaced. The exterior of the residence was clean, but the house was in need of repainting.

At the time of the inspection, plans were in place to repaint the exterior of the house, to fit new carpet in the visitors' room, to paint the interior, and to fit new headboards to the beds.

## Resident profile

At the time of the inspection, Gougane Barra House was providing accommodation for two female and ten male residents. They were aged between 27 and 73, and the duration of their stay was between 6 months and more than 30 years. All of the residents were mobile.

## Care and treatment

The residence had a policy in relation to individual care planning. All of the residents had a multi-disciplinary individual care plan (ICP). The residents had full input into their ICPs and were involved at all stages of the care planning process. The ICPs were reviewed by the multi-disciplinary team (MDT) approximately every two months. The MDT met in the house on a monthly basis, and residents attended their ICP reviews. Residents were assigned key workers, who were consistent named individuals. All residents received a psychiatric evaluation at least six-monthly.

## Physical care

Gougane Barra House had a policy in relation to physical and mental health care. All residents had access to a local GP practice, and their physical examinations were completed on a six-monthly basis.

Information on national screening programmes was provided to residents, who were receiving appropriate screening. Residents also had access to other health services as required, by referral from the GP or the MDT, including dentistry, dietetics, physiotherapy, and general hospital services.

## Therapeutic services and programmes

The residence had a policy in relation to therapeutic programmes. The occupational therapist attended twice a week to work with residents on skills relating to activities of daily living. The social worker also attended twice weekly. In addition, residents accessed therapeutic programmes outside the residence. One attended the Inniscarrig Centre on Western Road, which provided cookery training, cognitive behavioural therapy, relaxation, and courses in medication management and literacy. Two residents attended RehabCare on Bachelor's Quay, and three were involved in the Next Step Arts Group on Princes Street, which delivered courses in creative writing and money management.

## Recreational activities

Residents in Gougane Barra House had access to a range of recreational activities. These included TVs, DVDs, CDs, board games, darts, and exercise equipment.

## Medication

The residence had a policy in relation to medication management dated 2014 and a self-medication policy dated 2017. Medication was prescribed by the consultant psychiatrist, the GP, and the non-consultant hospital doctor. Residents' Medication and Prescription Administration Records (MPARs) were well maintained and contained valid prescriptions and administration details. Four residents were self-medicating at the time of the inspection, and all of them retained their own medicines in a locked box in their bedroom. Other medication was stored appropriately and legally in the office in a locked cabinet. Medication was supplied by a local pharmacy.

## Community engagement

The location of Gougane Barra House, within walking distance of the city, facilitated community engagement. Residents could go to mass, visit the library, and go swimming or to the gym. One resident was taking German lessons. The residence was close to a bus route, and it had its own seven-seater car, which could be used to transport residents to activities or to appointments, where necessary. There was community in-reach into the residence from St. Vincent de Paul, which visited on a weekly basis and donated clothes and vouchers at Christmas.

## Autonomy

Residents did not have free access to the commercial-style kitchen to prepare meals. They could use the coffee dock in the sitting room to prepare snacks, which included a fridge, hot water boiler, and storage cupboards.

Residents were free to determine their own bedtimes, but they did not have a key to their own room. Residents helped with domestic chores, and a roster of activities was in operation. Visitors were welcomed at any time in the house, and residents were free to come and go as they wanted.

## Staffing

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

### Team input (Sessional)

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

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

Staff had up-to-date training in Basic Life Support, fire safety, recovery, and the management of aggression and violence.

## Complaints

Gougane Barra House had a complaints policy, and residents were aware of how to make a complaint. Complaints were discussed at the monthly community meetings, which were minuted, or brought to the nurse on duty on an individual basis. Complaints were addressed in the first instance by the nurse on duty. Where a complaint required escalation, it was progressed to the clinical nurse manager 2, the assistant director of nursing, or the complaints officer for the service. A complaints log was not maintained. There was a suggestion box in the house.

## Risk management and incidents

Gougane Barra House used the HSE's risk management policy, which was being implemented in the residence. Risk assessments for residents were completed at admission and recorded in their individual care plans. However, risk assessments were not reviewed or updated regularly.

Incidents were reported and documented using the National Incident Management System. The residence was physically safe, and the fire escape at the back of the house was checked daily. Fire extinguishers were serviced and in date. There was a first aid kit and a burns kit on the premises.

## Financial arrangements

Gougane Barra House had a policy in relation to managing residents' finances. Residents paid the same weekly charge, which included food and utilities. Residents had bank or post office accounts, and they managed their own financial affairs. They had access to secure facilities in the residence for the safe-keeping of small sums of money. Appropriate procedures were in place in relation to staff handling residents' money. Residents did not contribute to a kitty or social fund, and their finances had not been audited.

## Service user experience

Residents chatted informally with the inspector throughout the inspection. They said they were happy living in Gougane Barra and pleased to have the coffee dock where they could make tea and coffee at any time. Residents said the food was very good and some helped with the daily chores. Two residents met the inspector in the leisure room where they were relaxing having returned from their daily activities. Residents were very complimentary of the staff and said they were very helpful.

## Areas of good practice

1. The Policy Standardisation Review Group was reviewing all of the policies relating to hostels and 24-hour community residences.

## Areas for improvement

1. Residents' risk assessments had not been reviewed or updated regularly.
2. There were no privacy screens between the beds in shared bedrooms, and three of the double rooms were very cramped. Each resident should have their own bedroom. In the meantime, privacy screens should be used where there are shared bedrooms.
3. A complaints log was not being maintained in the house.