

Kelvin Court

ID Number: RES0086

24-Hour Residence – 2018 Inspection Report

Kelvin Court
Athy Road
Carlow

Community Healthcare Organisation:
CHO 5

Team Responsible:
Adult Mental Health

Total Number of Beds:
18

Total Number of Residents:
18

Inspection Team:
Carol Brennan-Forsyth

Inspection Date:
29 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

Kelvin Court was a gated community consisting of four modern bungalows arranged around a central, open-plan courtyard. It was situated in the grounds of St. Dymphna's Hospital, which was located in Carlow town. The 18-bed complex was purpose-built and owned by the HSE. It opened in 2009. Three houses in Kelvin Court – Barrow, Burren, and Slaney – each had five bedrooms and the fourth, Lir House, had three bedrooms. Each residence had its own secure back garden and smoking area. The Castle Activation Centre was located just outside the main gate, which allowed easy access for the residents. At the time of the inspection, Kelvin Court was providing medium-to-high support for 17 residents with intellectual disabilities.

Residence facilities and maintenance

Kelvin Court comprised four bungalows arranged around an open courtyard area. The buildings were well maintained, and redecoration had been completed within the past year. A local artist had painted murals on some of the internal walls.

Barrow House: The accommodation in Barrow House comprised a living room, dining room, a modern kitchen, and five single bedrooms with en suite bathrooms. The living room was bright and clean and had seating for six residents, a TV, a selection of jigsaws, and music. Two of the armchairs were in a poor state of repair. The dining room, which was very small, accommodated eight residents because the three residents from Lir House came to Barrow House for their dinner and tea. The kitchen was clean and modern, with a small utility room attached, which contained a washing machine and dryer. There was an accessible bathroom with a Parker bath, shower, and toilet. The flowerbed at the entrance to Barrow House was littered, unsightly, and in need of attention.

Burren House: Four residents with high-support needs were accommodated in single, en suite rooms in Burren House. The accommodation included a sitting room with six seats, a small dining room, and a large, accessible bathroom with a Parker bath and ceiling hoist. There was a hen house in the back garden with one hen. The garden fence was decorated with a country-themed mural.

Lir House: The accommodation in Lir House included three en suite bedrooms; a sitting room with seating for four residents, a TV, CD player, and a good supply of board games; a kitchen where residents ate breakfast; and a gym with a treadmill, exercise bike, boxing bag, and exercise mat. There was also an accessible bathroom with a Parker bath.

Slaney House: Five residents with high-support needs were accommodated in Slaney House. The accommodation included en suite bedrooms; a sensory room, which was used for relaxation; and a warm, homely sitting room, with murals on the walls, bookcases, a TV, and a radio. The garden, which was fitted with artificial grass for safety, had a gazebo and an in-ground trampoline.

Resident profile

At the time of the inspection, Kelvin Court was accommodating seven female and eleven male residents, all of whom had a moderate to severe intellectual disability. They were aged between 34 and 76, and all had been living in the residence since it opened. There had been no new admissions since 2009. A number of residents had physical disabilities, and appropriate accommodation and facilities were provided.

Care and treatment

Kelvin Court had a policy in relation to individual care planning, entitled *Care and Recovery Plan*, which was dated June 2015. All of the residents had individual care plans (ICPs), which were being reviewed at the time of the inspection. The ICPs were not fully multi-disciplinary and evidenced medical and nursing input only. Residents were involved in the care planning process if they were able. The ICPs were reviewed and updated on a six-monthly basis or when a need arose. Of the four ICPs inspected, two indicated that the residents had not received a six-monthly psychiatric assessment.

The multi-disciplinary team (MDT) met weekly in St. Dymphna's Hospital and was attended by nursing staff; most residents were unable to attend. There was no keyworker system in operation in the residence.

Physical care

Kelvin Court had a general health and medical emergency policy, which was dated February 2014. All residents had access to a GP, who reviewed their general health needs annually. This was documented in all of the clinical files examined.

Information in relation to national screening programmes was provided to residents verbally, and residents were receiving appropriate screening, as evidenced in their clinical files. Residents had annual dental checks and accessed other health care services by referral, as required, including physiotherapy, dietetics, dentistry, speech and language therapy, and general hospital services. Residents at risk of developing pressure ulcers did not have access to a tissue-viability nurse.

Therapeutic services and programmes

No policy in relation to therapeutic services and programmes was available in Kelvin Court. Therapeutic programmes were not delivered in the residence. Residents attended the adjacent Castle Activation Centre, where they accessed nurse-led activities. These included gentle exercises, sports, beauty and massage, arts and crafts, newspapers, art therapy, music, and films. The centre had a sensory room, music room, art room, and a garden, where residents could grow their own vegetables. The centre also organised resident outings.

Recreational activities

Residents of Kelvin Court had access to a variety of recreational activities. They went to Mass and on day trips to Courtown and the mountains, watched television and movies, had access to games, and could get involved in gardening activities. Residents could also go on the annual holiday, and were involved in the planning for it.

Medication

Kelvin Court had a medication management policy, which was dated March 2015. Medication was prescribed by the consultant psychiatrist, non-consultant hospital doctor, GP, or out-of-hours doctor service. The residence used the Carlow/Kilkenny and South Tipperary Mental Health Services' Medication Prescription and Administration Record, which contained valid prescriptions and administration details. At the time of the inspection, no residents were self-medicating.

Medications were stored appropriately and legally. A medication management system involving labelled plastic packets was used. Coloured, laminated tablet charts were in place for each medication. Medication was supplied by a pharmacy 60 miles away, in Clonmel, which delivered to the residence. Emergency medication was supplied by a local pharmacy.

Community engagement

Community engagement was difficult for many of the residents. Some visited local shops and could walk into town. Residents went to local festivals, the ploughing championships, pubs, and the cinema. The residence had a minibus, which was used to transport residents to community activities or hospital appointments. No public transport was available. There was generally no in-reach from the community into the residence.

Autonomy

Residents in some of the houses had access to the kitchen but only under supervision, due to safety concerns. Residents were free to determine their own bedtimes, but none of them had a key to their own bedrooms. Some residents helped out with household chores, including shopping. Residents could receive visitors at any time. Most residents were escorted when they left the residence.

Staffing

Team input (Sessional)

Discipline	Number of sessions
Occupational Therapist	By referral
Social Worker	By referral
Clinical Psychologist	By referral
Speech and Language Therapist	By referral
Physiotherapist	By referral

Medical Staff	Frequency of attendance at residence
Consultant Psychiatrist	Infrequently
Non-Consultant Hospital Doctor	On call

Barrow House

Staff Discipline	Day whole-time equivalent (WTE)	Night WTE
Clinical Nurse Manager 2	1	
Registered Psychiatric Nurse	1	1
Housekeeper	1	

Burren House

Staff Discipline	Day whole-time equivalent (WTE)	Night WTE
Clinical Nurse Manager		
Registered Psychiatric Nurse (RPN)	1	1
Health Care Assistant or RPN	1	
Housekeeper	1	

Lir House

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

Slaney House

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

Not all staff had up-to-date training in Basic Life Support, fire safety, recovery techniques, and the management of aggression and violence.

Complaints

Kelvin Court used the HSE *Your Service Your Say* complaints policy. Not all residents were able to understand the complaints process or how to make a complaint. Minor complaints were addressed by the Clinical Nurse Manager 2 or nursing staff. More serious complaints were escalated. The CHO had a dedicated complaints officer. A complaints log was maintained in the residence, but no complaints had been received.

Community meetings were not held in the houses, and there was no suggestion box on the premises.

Risk management and incidents

Kelvin Court used the Community Healthcare Organisation (CHO) 5 area risk management policy, which was dated 2016. The policy was being implemented in the residence, and a risk register was maintained by the risk manager for CHO 5. Sainsbury risk assessments were undertaken for residents. Incidents were reported and documented using the National Incident Management System and subsequently discussed at executive management team and quality and safety committee meetings.

The residence was physically safe; it was a gated community, accessed by key fob. Fire extinguishers were serviced and in date. Emergency exits were locked, and the keys were retained by staff. There was a first aid kit in the nurses' office.

Financial arrangements

No policy in relation to residents' finances was available in Kelvin Court. Staff stated that the residence used the HSE's procedure in relation to residents' property. The weekly charge for residents was between €155 and €175, depending on means, and this included food and utilities.

Residents did not have post office or bank accounts. Residents' pensions were paid to the HSE in Tullamore, where charges were deducted. Money for day-to-day spending was sent to the residence and managed by administrative and nursing staff, who distributed it to residents as required. Secure facilities were available in the residence for storing money. Appropriate procedures were in place in relation to staff handling residents' money. Residents' finances were audited periodically by an external auditor.

Service user experience

The inspector met with two residents informally. Both residents said they were happy living in Kelvin Court.

Areas of good practice

1. Residents could attend the Castle Activation Centre for activities, which was located next to the residence.
2. Ceiling hoists and electric beds were in place to assist in caring for the less mobile residents.
3. When interacting with the residents, staff were seen to be very caring and courteous.
4. The houses and gardens were generally very well maintained.
5. There was access to a gym in Kelvin Court for those who wished to use it.
6. A soft surfaced outdoor amenity has been developed for the resident at the rear of Slaney House.
7. Residents had involvement in planning their annual holiday.

Areas for improvement

1. Where residents are living with an intellectual disability the service should consider review by an appropriately skilled intellectual disability team.
2. All residents receive a psychiatric evaluation within a six-monthly time frame.
3. A larger dining area is needed in Barrow House, which caters for eight residents at meal times. More space is needed to accommodate residents in wheelchairs.
4. Regular community meetings would benefit residents and their families.
5. Staff need access to a tissue viability nurse for residents at risk of pressure ulcers.
6. Regular processes need to be in place to maintain the garden bed at the front of Barrow House.