

# Solas Nua

ID Number: RES0067

## 24-Hour Residence – 2018 Inspection Report

Solas Nua  
Spa Glen  
Mallow  
Co. Cork

Community Healthcare Organisation:  
CHO 4

Team Responsible:  
Rehabilitation and Recovery

Total Number of Beds:  
14

Total Number of Residents:  
14

**Inspection Team:**  
Mary Connellan, Lead Inspector

**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

Solas Nua was a 14-bed, 24-hour, nurse-staffed residence located next door to a nursing home, approximately 1 km from Mallow, Co. Cork. The purpose-built bungalow was owned by Cork Mental Health Association and staffed by the HSE. It opened as a 24-hour residence in 2000. At the time of inspection, Solas Nua was providing a rehabilitation and recovery service for 14 residents. The immediate plan for the residence was for it to continue as it is and to provide rehabilitation and support to residents.

## Residence facilities and maintenance

All of the residents in Solas Nua were accommodated in single bedrooms with en suite bathroom facilities. The house had three wings/corridors off a central foyer with an adjacent nursing station and nursing office. One corridor housed six bedrooms and two sitting rooms, both of which had TVs and one of which had been recently refurbished. The second corridor housed eight bedrooms and had a conservatory at the end, which had been added to the residence since the last inspection and was used for group and recreational activities. The third corridor contained the dining room and a spacious adjoining kitchen. There was also a larder room and a utility room, with a washing machine and tumble dryer. The house was extremely homely and spotlessly clean, but it was showing its age and was in need of some overall renovation and updating.

The exterior of the residence was very well maintained. There was an expansive shrubbery and lawn at the back, which was maintained regularly by a gardener from Cork Mental Health Association. Decorative work was ongoing at the residence, and staff reported that the kitchen would be the next area to be redecorated.

Due to the age of the building, the residence would benefit from a general refurbishment.

## Resident profile

At the time of the inspection, Solas Nua was accommodating eight female and six male residents. They were aged between 36 and 75, and the duration of their stay ranged from 2 to 18 years. The residence was wheelchair accessible and had one assisted en suite bathroom.

## Care and treatment

Solas Nua had a policy in relation to individual care planning, which was entitled *Multi-disciplinary Community ICP*. All of the residents had multi-disciplinary individual care plans (ICPs), and they had full input into the care planning process. The ICPs were developed and reviewed annually by the entire multi-disciplinary team (MDT) in conjunction with the resident and the relevant key worker, who was always a nurse from the residence. The MDT also met monthly and reviewed ICPs as necessary. The ICP meetings took place in the residence and the resident and family members, where applicable, could attend.

The clinical files inspected indicated that the consultant psychiatrist on the rehabilitation team completed a psychiatric evaluation of residents every six months and more often, if required.

Monthly MDT meetings were held either in the residence or in Mallow Primary Health Care Centre. Nursing staff from the residence attended these meetings; residents did not.

## Physical care

Solas Nua had a policy in relation to physical care and general health. All residents had access to a GP in the locality. Residents received six-monthly general physical examinations, which included full blood tests and a GP review. Monthly blood tests were completed for residents with particular medication needs. A very good system was in place in relation to the monitoring of physical examinations. Documentation relating to physicals was retained by the GPs.

Information in relation to national screening programmes was provided in the residence, and residents were receiving appropriate screening. Additionally, a log was maintained of residents' attendance at screening appointments. Residents had access to other health care services, as required, including physiotherapy, dietetics, dentistry, speech and language therapy, and general hospital services.

## Therapeutic services and programmes

Solas Nua had a policy in relation to therapeutic services and programmes. Art therapy was provided in the residence every second week by an art therapist and was very popular among residents. Pet therapy was provided by Irish Therapy Dogs, and yoga was facilitated by a member of staff.

Residents also engaged in therapeutic programmes outside of the residence, in the Norwood Day Centre in Mallow.

## Recreational activities

Residents in Solas Nua had access to a variety of recreational activities. An activity book was maintained, and activities were planned daily for those residents who wanted to participate. These included TV, including sports channels; walks in the grounds of the local GAA club, of which the residence was a member; card playing; and pampering sessions. Residents also attended music sessions, particularly in Kilmallock, and they could go to mass daily.

## Medication

Solas Nua had a policy in relation to medication management. Medication was prescribed by the consultant psychiatrist, the GP, or the non-consultant hospital doctor. A residence-specific prescription sheet was used, listing current medications and recording the prescribing doctor's signature. All of the regular medication was dispensed in blister packs, and a picture of each resident's current medication accompanied all of the prescription sheets.

A separate medication administration record sheet was in use, which was signed by nursing staff, as applicable. This was a copy of the relevant section of the Medication Prescription and Administration Record (MPAR) from St. Stephen's Hospital. This was not deemed to be the best practice.

At the time of inspection, all residents were self-medicating to some extent. Residents were categorised as either Level 1 or Level 3 in relation to self-medication. Those categorised as Level 1 had their own medication locked in a drawer in their rooms. Nursing staff retained a key to the drawer and monitored and documented the residents' medication regime. Residents classed as Level 3 received their medication on a weekly basis, locked it in a drawer in their rooms, and took it independently. These residents retained the keys to their medication drawers, and nursing staff checked on them regularly.

Medicines were provided by a local pharmacy, which delivered the supplies directly to the residence. All medication was stored legally and securely in locked drawers in residents' rooms.

## Community engagement

The location of Solas Nua, within walking distance of Mallow town centre, facilitated community engagement. Residents could go to mass daily, and some volunteered with the local branches of the St. Vincent De Paul and Meals on Wheels and were involved in church-gate collections. Two residents went swimming weekly, and all residents had access to a walking track in the local GAA club. A number of residents also attended National Learning Network courses in the Q Centre in Mallow.

The residence had a seven-seater vehicle, which was used to transport residents to community activities or hospital appointments. One resident had a private car. There was in-reach from the community into the residence from the Legion of Mary and Irish Therapy Dogs.

A local mental health engagement forum had been attended by a number of the residents. This Forum was held monthly for four months in Mallow in 2017. This was a place to contribute if you had an opinion or experience of the mental health services in your area. The forum also provided a space and opportunity for people to voice their experience and present their views to improve outcomes for all.

## Autonomy

Residents had full and free access to the kitchen. A number of them helped out with meal preparation and associated tasks. The health care assistant was largely responsible for the cooking and shopping. Residents were free to determine their own bedtimes, and all of them had a key to their own bedrooms.

There was a household rota for residents who wanted to get involved in domestic chores. Residents also helped each other with these activities, which included personal shopping and laundry. 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	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

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

Staff had received training in Basic Life Support, fire safety, and the management of aggression and violence. They did not have formal training in recovery techniques but many had attended workshops. Mandatory training was ongoing.

## Complaints

Solas Nua had a complaints policy. Residents were aware of how to make a complaint. Details of the *Your Service Your Say* complaints procedure were displayed. Residents brought minor complaints to nursing staff, who dealt with them on the spot where possible. When a complaint required escalation, it was addressed by the nominated complaints officer for the region. A complaints log was maintained in the residence, and there was a suggestion box in the house.

There had been a decision not to hold community meetings in the residence, which was run very much like a home. Any issues or concerns were dealt with on a one-to-one basis.

## Risk management and incidents

Solas Nua had a risk management policy, which was being implemented in the residence. Risk assessments were undertaken for residents on an annual basis or more often where required. Incidents were reported and documented using a National Incident Management System form. The forms were processed in St. Stephen's Hospital, and a report log was maintained in the residence.

The residence appeared to be physically safe. A fire safety technician was visiting during the inspection to service the fire panel. Fire extinguishers were serviced and in date, and there were five identified fire escapes: one at each end of the house, two in the conservatory area, and the front door. There was a first aid kit on the premises.

## Financial arrangements

Solas Nua had a policy in relation to the management of residents' finances. Entitled *Resident Property in 24-hour Staffed Community Residences*, it was undergoing review at the time of the inspection.

There was a set charge to residents for rent, food, utilities, and a small payment into a social fund for outings that were paid for by staff. Rent was paid directly to Cork Mental Health Association.

Residents had post office or bank accounts and handled their finances independently. Staff did not handle money on behalf of residents. Residents contributed €2.50 a week to a social fund, which was used to pay for expenses such as trips to the cinema or to concerts. If residents did not want to participate in a given activity, money was set aside from the fund to pay for an activity of their choosing. Residents consented to contribute to the fund.

## Service user experience

The inspector met with residents informally throughout the inspection process. Residents were complimentary about their care and in particular the food and accommodation. Residents praised the staff and spoke very positively about the ambiance and atmosphere in the home.

## Areas of good practice

1. An active self-medication practice was operating in the residence.
2. All residents managed their own finances.
3. Residents were very well integrated in the local community.
4. 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.
5. The resident booklet had been updated in the months prior to the inspection.

## Areas for improvement

1. Although the residence was homely and spotlessly clean, it could do with overall refurbishment and upgrading because it was starting to show its age.
2. The administration record section of the MPAR was a photocopied template in part from another service. This template had been in circulation for some time and the quality was poor. It was also not specific to the medication practices in the residence.