

# St. Colman's House

ID Number: RES0062

## 24-Hour Residence – 2018 Inspection Report

St. Colman's House  
Macroon  
Co. Cork

Community Healthcare Organisation:  
CHO 4

Team Responsible:  
Community

Total Number of Beds:  
13

Total Number of Residents:  
13

**Inspection Team:**  
Dr Enda Dooley, Lead Inspector

**Inspection Date:**  
16 January 2018

**Inspection Type:**  
Unannounced Inspection

**The Inspector of Mental Health Services:**  
Dr Susan Finnerty MCRN009711

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## Contents

Introduction to the Inspection Process.....	5
Service description .....	5
Residence facilities and maintenance.....	5
Resident profile.....	6
Care and treatment.....	6
Physical care.....	6
Therapeutic services and programmes.....	7
Recreational activities.....	7
Medication .....	7
Community engagement .....	8
Autonomy .....	8
Staffing .....	9
Complaints .....	9
Risk management and incidents .....	10
Financial arrangements.....	10
Service user experience .....	10
Areas of good practice .....	10
Areas for improvement.....	11



## 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

St. Colman's House, a 13-bed, 24-hour nurse-staffed residence, was located close to the centre of Macroom, Co. Cork. The two-storey residence was owned by the HSE. It was formerly a religious residence, which had undergone various phases of renovation. It opened as a community residence in 1996. At the time of inspection, St. Colman's House was providing a rehabilitation service for 13 residents, including two respite cases. Residents were encouraged to maximise their independent living skills. The future plan for the residence was for it to remain unchanged.

## Residence facilities and maintenance

St. Colman's House accommodated residents in eight bedrooms. Three bedrooms were occupied by two residents, one accommodated three residents, and there were four single rooms. There were no privacy screens between the beds in shared rooms, which did not ensure residents' personal privacy or dignity.

The residence was homely and reasonably well maintained. Accommodation was laid out over two floors, with all of the bedrooms on the first floor. A stair lift had been installed to assist residents with mobility challenges. Some of the bedrooms were cramped, and paint was peeling from the wall in one of the single rooms. There were two toilets upstairs and two downstairs. There was also a shower room.

The ground floor included a quiet room, a smoking area, an oratory that was used as a sitting room, and a cosy sitting room with a TV, newspapers, and books. There was a dining room with three tables and seating for 16 people. The kitchen was institutional in appearance and function.

Residents had access to a large garden with a polytunnel, where residents could participate in gardening projects. There was also a storage annex outside, with a cold and frozen food store, a laundry room, and a general store.

St. Colman's House was a "listed" building, which limited the type and extent of renovations that could be undertaken.

## Resident profile

At the time of the inspection, St. Colman's House was accommodating six male and seven female residents, including two respite residents. The occupants were aged between their late 30s and late 60s, and the duration of stay ranged from 4 to 17 years, not including respite residents. Two residents were wards of court, and one resident had mobility issues.

## Care and treatment

St. Colman's House had a policy in relation to individual care planning. Individual care plans (ICPs) had been developed over the past year by the multi-disciplinary team (MDT), and all of the residents had a multi-disciplinary ICP. An examination of the clinical files indicated that residents' ICPs were reviewed on a four-monthly basis, or more frequently for respite residents. Reviews involved the consultant psychiatrist, non-consultant hospital doctor, nursing staff, the occupational therapist, the social worker, and the team psychologist, if indicated. Residents attended ICP reviews and had input into care planning, and family members could attend. A psychiatric evaluation was documented for each resident as part of the ICP review process.

No MDT meetings were held in the residence; they took place monthly in the nearby Cunamh day hospital. Residents could attend the meetings, and were accompanied by a nurse. A key worker system was in operation.

## Physical care

St. Colman's House had a policy in relation to physical care/general health, which covered physical and mental health care and was constantly under review. All residents had access to GP practices in the locality. Routine physical examinations were completed on a six-monthly basis and were documented by the GPs, who communicated any required information to the residence. Residents had access to national health screening programmes, and a number were actively participating in screening at the time of the inspection. Nursing staff provided information on available national screening programmes verbally, but no information leaflets were in evidence on the unit.

Residents could be referred to other health care services in Cork, and they had access to dentistry, physiotherapy, and speech and language therapy locally. They did not have access to a dietitian.

## Therapeutic services and programmes

A policy in relation to therapeutic programmes was not available in St. Colman's House. Group programmes were generally not delivered in the residence. An art therapist attended in the summer months, baking sessions were facilitated by the multi-task attendant, and the occupational therapist saw residents on an individual basis.

Residents attended a variety of programmes off-site, including adult learning in Macroom, programmes in the Cunamh day hospital next door, and other therapeutic programmes that required them to travel independently as far as Cork.

## Recreational activities

Residents in St. Colman's House had access to a range of recreational activities, including TV, radio, art, games, newspapers, and music. In summer, barbecues were held in the garden. Residents also went into Macroom to visit the library, attend shows, and go for coffee or to the pub. They went to the cinema in Cork or Ballincollig. The residence had a seven-seater bus, which could be used for outings and day trips.

## Medication

St. Colman's House had a policy in relation to medication. Medication was prescribed by the residents' GPs or the consultant psychiatrist. A Medication Prescription Administration Record (MPAR) system was in operation, and each resident had an MPAR. These contained comprehensive prescription and medication administration details. The MPAR format could benefit from being updated.

At the time of inspection, no residents were self-medicating, but plans were in place to begin a self-medication programme. Suitable lockers for the storage of personal medication had been installed and the policy was being updated to take account of a self-medication programme.

Medicines were provided by local pharmacies, and residents were encouraged to collect their own medication, which was supplied in individual blister packs. Medication was stored appropriately and legally in the nursing office.

## Community engagement

The location of St. Colman's House, close to the centre of Macroom, facilitated community engagement. It was reported that residents liked the location because they could easily access the centre of town and local amenities. In the main, residents organised their own activities. They visited shops, the library, the theatre, clubs, and local exhibitions. Residents could also take a bus to Cork, which ran every hour, and a number of them travelled independently.

The residence had a seven-seater vehicle, which was used for outings and appointments and to facilitate resident engagement in the community. There was in-reach into the residence from the community. St. Vincent de Paul visited regularly, a musician attended monthly, youth groups attended occasionally, and priests visited. In addition, the placement of student health care assistants for work experience was facilitated.

## Autonomy

Residents had full access to the kitchen to prepare meals, and they cooked with staff supervision. Residents were free to determine their bedtimes, but no resident had a key to their own bedroom or a means for locking the door.

Some residents worked in the garden and some helped with domestic chores. Residents could come and go from St. Coleman's House as they wished. They were free to receive visitors at any time.

## 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	On request
Social Worker	On request
Clinical Psychologist	On request

Medical Staff	Frequency of attendance at residence
Consultant Psychiatrist/Non-Consultant Hospital Doctor	Weekly and as required

Staff had received training in Basic Life Support, fire safety, and recovery techniques. They had not been trained in the professional management of aggression and violence, and this was documented in the risk register.

## Complaints

St. Colman's House used the HSE complaints policy *Your Service, Your Say*. The complaints officer was based in North Lee Mental Health Services, but the clinical nurse manager (CNM) 2 could not identify the individual in question. Residents were not provided with information on how to make complaints, there was no complaints log, and no complaints had been received in recent years. Minor complaints were dealt with on an ad hoc basis by the CNM 2, but there was no structured complaints management process in place.

Monthly community meetings were held in the residence, and minutes of these were maintained. These indicated that the topics for discussion included food, outings, and access to art. There was no suggestion box in the house.

## Risk management and incidents

St. Colman's House had a risk management policy and maintained a risk register. The risk management policy was implemented in the residence, and a process had been introduced to review risks and maintain the register.

There was no evidence that risk assessments were completed routinely for residents. Respite residents were risk-assessed prior to admission. Incidents were documented and reported using the National Incident Management System, and incidents were reviewed by the Risk Management Committee. However, there was no feedback process in place.

The residence appeared to be physically safe, and fire exits were easily accessible. There was also an internal fire escape staircase from the first floor, separate to the main staircase. The fire extinguishers were regularly serviced and in date. A first aid kit was kept in the nurses' office.

## Financial arrangements

St. Colman's House had a policy in relation to managing residents' finances. The charge for residents was €100 per week, which included food and utilities. This was paid weekly to the HSE by direct debit. Most of the residents were responsible for their own money and managed their own banking. Residents who required assistance with their finances were supported by staff. Appropriate procedures were in place for staff handling resident money, with staff and residents signing for any transactions.

Residents did not contribute to a kitty or social fund, and residents' finances had not been audited.

## Service user experience

A number of residents were spoken with during the course of the inspection. No resident specifically requested to meet privately with the inspector. All residents expressed satisfaction with their facilities within the residence and spoke positively regarding their relationship with staff.

## Areas of good practice

1. A self-medication programme is being developed and is in the process of inauguration.
2. Residents were facilitated and encouraged to function autonomously and independently within the residence and the local community.

## Areas for improvement

1. Each resident should have their own bedroom. In the meantime, privacy screens should be used where there are shared bedrooms.
2. Bathroom facilities (currently one shower for 13 residents) were inadequate to meet the reasonable needs of the resident population. Toilet facilities were inadequately partitioned to ensure the dignity and privacy of all residents.
3. Given the overall health status and needs of the resident group (a number had a history of diabetes) access to the support and clinical oversight of a dietitian on the same basis as other citizens of similar need in the surrounding community should be ensured.
4. Information regarding complaints procedures, including contact details of the nominated complaints officer, should be readily available with the residence. Documentary record of the response to any complaint arising should be kept.