Caomhnu

ID Number: RES0021

24-Hour Residence – 2019 Inspection Report

Caomhnu
Kilcreene Hospital Campus
Kilkenny City
Co. Kilkenny

Community Healthcare Organisation:
CHO 5

Team Responsible:
General Adult Mental Health Teams (Kilkenny North) and Kilkenny East.

Total Number of Beds:
21

Total Number of Residents:
17

Inspection Team:
Carol Brennan-Forsyth, Lead Inspector

Inspection Date:
28 November 2019

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

Caomhnu was a single storey, purpose-built unit, catering predominantly for residents with some form of intellectual disability. The function of the centre was to provide continuing care. The residence was located within the Kilcreene Hospital campus which was in the western suburbs of Kilkenny city. The facility was opened in 2002 and was purpose built for residents with an intellectual disability. The building was owned and managed by the Health Services Executive.

Residence facilities and maintenance

Caomhnu had a capacity for 21 residents. The facility consisted of central administration offices, a service corridor (street) with an art room, an aromatherapy/multisensory room and a recreation room. There were three houses (Saoirse, Sonas, and Aisling) at the back of the building, which provided accommodation for the residents. The residence was a secure building. Residents from Saoirse and Sonas Houses could move about freely while Aisling House was a secure unit with access via a coded key pad. Each house had its own kitchen, dining room, sitting room, communal showers and toilet facilities, linen room and nurse's office. All three houses had three single bedrooms and two double bedrooms. At the time of inspection each bedroom had a single occupant, as the facility was not at full capacity. The double bedrooms has a partial screen between beds. If the facility was at full capacity this could compromise the resident's privacy and dignity. New dining room chairs and sofas for the sitting rooms had been purchased in the last two years. Residents in Caomhnu had access to an internal laundry, though the laundry was mainly outsourced to the local St Canice's Hospital.

Staff reported a severe lack of linen, mainly sheets and towels. During the inspection a lack of sheets and towels was noted in the linen cupboards in all three houses and in one house a mattress was partially covered by a duvet cover, as there were no sheets available that day. Staff stated that they often had to dry residents with blankets due to a shortage of towels. This had been reported as an ongoing issue and had been escalated to management. At the end of the inspection the assistant inspector was informed that funding had recently been allocated to purchase more linen.

Internally the residence was dull and needed to be painted. It was noted during the inspection that large areas of paint had been chipped off some of the bedroom doors, this had been reported to maintenance. Each house had access to a garden area. The external building and garden areas were well maintained. The residence was found to be very clean at the time of inspection.

Resident profile

There were 17 residents living in the residence at the time of inspection. Thirteen were male and four were female. The residents ranged in age from 52 to 87 years. Seven residents had a diagnosed intellectual disability and ten residents had a mental illness or a dual diagnosis. Residents were under the care of the Adult Mental Health Team for Kilkenny North, one resident was under the care of the Adult Mental Health Team from Kilkenny East. All residents were of voluntary status. A number of residents had mobility assistance needs. At the time of inspection one resident had been transferred to a local hospital for treatment.

Care and treatment

The residence had a policy on individual care planning. All residents had an individual care plan (ICP) which was regularly reviewed and reflected current needs. ICPs were reviewed every three months by the nursing and medical staff. There was no multidisciplinary team (MDT) input and MDT meetings did not take place in the residence. It was indicated that because of the level of disability of the residents their needs and goals did not change dramatically over time. All residents had an allocated keyworker who was generally the member of nursing staff assigned to the resident's particular house.

Staff present in the centre who were interviewed by the inspectors presented as engaged and involved with the residents. Staff were aware and familiar with particular needs of the residents in their care and sought to address these.

Physical care

The residence had a policy on physical care/general health. A General Practitioner visited the residence as requested, most residents attended an external GP surgery. General physical examinations were completed six-monthly or more often if required. Residents and their families had access to information on national screening programmes and residents received appropriate screening where applicable. Speech and Language Therapy, Physiotherapy, Dietetics, and Chiropody services were provided as required, via a referral process.

Therapeutic services and programmes

The residence had a policy on therapeutic services. A range of therapeutic activities suitable to the capabilities of residents was organised within the centre under the guidance of an activities nurse who attended the centre five days per week. A list of available activities was provided and included art therapy, aromatherapy, and music therapy. Activities were provided on a one-to-one or group basis, depending on the resident's needs. Two residents attended an external day centre.

Recreational activities

The Activities Coordinator delivered a programme of recreational activities in the residence on week days and nursing staff provided activities on the weekends. Activities included, television, movies, relaxation, music, and exercise (treadmill and exercise bike). The residence also provided outings in their seven and ten seater buses.

Medication

The residence had a policy on medication management. Medication was prescribed by a consultant psychiatrist or a general practitioner. A Medication and Prescription Administration Record (MPAR) was maintained for each resident and contained valid prescriptions and administration details. No resident was self-medicating at the time of the inspection. Medications were stored appropriately and legally in a locked trolley, as well as in a locked cupboard. A local pharmacy supplied the medication to the residence.

Community engagement

The location of the residence facilitated community engagement, however, at the time of inspection staff reported that many of the residents were unable to engage in the community due to their disabilities. Those that could attended the local library, day centres and local churches for religious services.

Autonomy

Residents determined their own bedtimes, though they did not have a key to their own bedrooms. Residents assisted in gardening and shopping for the residence, but did not have free access to the residence's kitchen due to identified safety issues. Residents could receive visitors at any time and were free to leave the residence, usually accompanied, due to their high care needs.

Staffing

Staff Discipline	Day whole-time equivalent (WTE)	Night WTE
Clinical Nurse Manager 2	1	0
Registered Psychiatric Nurse	3	2
Health Care Assistant	2	2
Household staff	3	0
Activities Nurse	1	0

Team input (Sessional)

Discipline	Number of sessions
Occupational Therapist	By referral
Social Worker	By referral
Clinical Psychologist	By referral
Dietitian/SALT/Chiropodist	By referral

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

Staff had received training in Basic Life Support, fire safety, and the Professional Management of Aggression and Violence.

Complaints

The residence had a complaints policy. Residents and their families were aware of how to make complaints: notice boards in the residence contained information on how to make a complaints and the residents were aware that they could make complaints and discuss issues at the community meetings which took place in Saoirse House. Residents were unable to engage in the other two houses. Minutes were not kept of these meetings. The residence used the HSE procedures 'Your service, your say' to manage complaints. The residence had a complaints log. The Clinical Nurse Manager 2 was responsible for addressing complaints, though no complaints had been made in the residence. There was a complaints escalation process in place. There was no suggestion box available within the residence at the time of inspection.

Risk management and incidents

Caomhnu had a policy on risk management that was implemented in the residence. Risk assessments were carried out for residents and incidents were reported through the National Incident Management System. The residence was physically safe, fire extinguishers were in-date, and fire escapes were easily accessible. There was a first aid kit in the residence. The residence did not have access to an AED.

Financial arrangements

The facility used the HSE's policy on managing resident's finances. Residents had a local credit union account to manage their savings. In the majority of cases staff retained the resident's saving book and organised lodgements and withdrawals. Some residents had their funds maintained by the HSE's Accounts Department. The residence had a safe for holding residents' cash and all residents had an individual purse. Residents had an individual petty cash book to account for disbursement of their funds within the residence. All use of funds on behalf of a resident required the provision of receipts to account for this usage. Two staff members signed for the provision of personal funds to a resident or their representatives. The residence had a petty cash fund for social outings. Staff informed the inspectors that an annual audit of residents' personal finances was undertaken by the HSE and individual balances were checked weekly by the nursing staff.

Residents were charged a weekly amount which varied between €75 and €179, which was means tested for each resident. The weekly charge covered accommodation, meals, and leisure activities.

Service user experience

During the course of the inspection the inspector met informally with a number of residents who were neatly dressed in appropriate day clothes. Residents appeared well cared for and all staff were familiar with the

needs of the residents in their care. Residents expressed their satisfaction with the care and treatment in the residence.

Areas of good practice

1. The residents were offered a wide range of activities both in-house and externally, based on the resident's needs. This was coordinated by an Activities Nurse.

2. Clinical files were comprehensively documented and were up to date.

3. Residents had a communication passport, which described their most effective means of communication and how others can best communicate with and support them.

4. The quality and care of residents was excellent.

Areas for improvement

1. Residents need daily access to fresh linen, especially sheets and towels, this is a matter of urgency.

2. The resident's ICPs should be reviewed by the MDT on a regular basis.

3. During the inspection each double bedroom had a single occupant, however, full privacy screens should be in place to ensure the resident's privacy and dignity, should more residents be admitted to the facility.

4. The residence needs to be painted internally as the building was looking dull and unkempt in places.

5. Minutes of community meetings should be documented in Saoirse House as a way of capturing compliments, minor complaints and issues as they arise.