St. Elizabeth's Court

ID Number: RES0106

24-Hour Residence – 2020 Inspection Report

St. Elizabeth's Court
North Circular Road
D07 FR88

Community Healthcare Organisation:
CHO 9

Team Responsible:
Rehabilitation

Total Number of Beds:
17

Total Number of Residents:
15

Inspection Team:
Marianne Griffiths, Lead Inspector

Inspection Date:
9 September 2020

Inspection Type:
Announced Inspection

The Inspector of Mental Health Services:
Dr Susan Finnerty MCRN009711

Date of Publication:
Wednesday 14 April 2021

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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

St. Elizabeth's Court was a two storey residence located on the North Circular Road in Dublin. The residence contained 17 bedrooms, 15 of which were in use and all residents had their own bedroom. When the residence first opened more than 20 years previously, over 30 residents had been accommodated in St. Elizabeth's Court. The number of beds provided had reduced over the years in order to provide single room accommodation and increased space to those who lived there.

Staff in St. Elizabeth's Court provided care to residents under the direction of the Rehabilitation team. Many of the residents had come from St. Brendan's Hospital and they considered St. Elizabeth's Court to be their home.

Residence facilities and maintenance

The residence was located in an urban setting within walking distance of the village of Phibsboro. It had originally been divided into separate apartments, however, it now functioned as one large residence. It contained two sitting rooms downstairs and a dining room that could seat 10 people at one time (within appropriate social distancing guidelines). There was a spacious and well supplied occupational therapy room on the first floor, however, the absence of a lift within the residence meant that this room was not accessible to those residents who had mobility issues. There was also an attractive garden with a well maintained patio area. The Health Service Executive owned the residence. At the time of the inspection there were plans in place to build a new purpose built residence on the grounds of St. Elizabeth's Court.

Resident profile

The resident age profile was from 56 to 85 and many of the residents had retired. Nine of the residents were men and six were women. At the time of the inspection, residents who had been cocooning over the course of the pandemic were starting to access community facilities once again. Residents were very conscious of

public health guidance and adhered to public health advice with regards to their activities of choice. The average length of stay was in excess of 20 years. No resident was a ward of court and all residents were voluntary. No resident had an intellectual disability as a primary diagnosis and while six residents had mobility issues, none had a physical disability.

Care and treatment

The residence had a Nursing Care Plan policy and an Integrated Care Planning policy, both reviewed in June 2019. All residents had an individual care plan. The care plans were reviewed on an annual basis and medical and nursing disciplines were predominantly responsible for their implementation. Five care plans were reviewed and while they were not multi-disciplinary in their creation and review, there was evidence of referral to occupational therapy in one case and to psychology in another case. Psychiatric evaluations took place on a six monthly basis and there was a system of key working in place within the residence.

Physical care

The residence did not have a policy on physical care provision or general health. All residents had access to a General Practitioner and general physical examinations were carried out on a six monthly basis. These reviews were documented, and each file contained regular blood tests and an electrocardiogram (ECG) exam. Residents received information about screening programmes and were in receipt of appropriate screening programmes. Residents had access to other health services including: physiotherapy, dental services, speech and language, chiropody, optician and general hospital services.

Therapeutic services and programmes

The residence did not have a policy on therapeutic services. The occupational therapy assistant facilitated some activities onsite such as gardening, accompanied walks, and cooking. Since the recent lockdown, these were mostly delivered on a one to one basis in order to maintain safety. Earlier in the year two residents had attended the nearby ‘Recovery Hub,’. However, they had not chosen to return since the easing of Covid-19 restrictions.

Recreational activities

Residents attended mass on a regular basis. A barber came to the residence and some residents chose to attend a hairdresser in the local area. Many of the residents’ families were involved with their care and often accompanied them on outings. Staff also accompanied residents for meals, coffees and shopping trips out.

The occupational therapy assistant provided residents with recreational activities such as a newspaper group and arts and crafts.

Medication

The residence had a policy in place outlining the processes in place for medication management. Each resident had a Medication Prescription and Administration Records (MPAR) document which contained their prescriptions. The residents' General Practitioner, Consultant Psychiatrist or Non-Consultant Hospital Doctor wrote the prescriptions within the MPAR documents and a copy was sent to the local pharmacy for medication dispensing. Nursing staff administered the medication and no resident was self-medicating at the time of the inspection. All 15 MPARS were examined and all prescriptions were written correctly: in one case medication stop dates were not clearly documented as required. Medication was stored in a locked press within the medication room. There was also a locked medication fridge.

Community engagement

The residents were well connected within their own community. The frequently attended mass in the local church and a priest came to the house on a regular basis to visit. The residents attended coffee shops nearby on their own or accompanied. Staff and residents in St. Elizabeth's Court had access to a minibus and the local area was well connected in terms of transport links.

Autonomy

The residents did not have free access to the kitchen to prepare meals or snacks. They did not have keys to their own bedrooms but could request that staff lock their rooms if they wished. Residents assisted with domestic activities such as gardening and some maintenance of the residence. They were free to determine their own bedtimes. Visitors were welcomed at any time. However, in order to adhere to public health guidelines, they were encouraged to phone in advance of their visit. Residents were free to leave St. Elizabeth's Court as they wished.

Staffing

Staff Discipline	Day whole-time equivalent (WTE)	Night WTE
Clinical Nurse Manager	1	0

Registered Psychiatric Nurse	1	2
Health Care Assistant	2	1
Multi-Task Attendant	1	0

Team input (Sessional)

Discipline	Number of sessions
Occupational Therapist Assistant	1 per week
Occupational Therapist	As required
Clinical Psychologist	As required
Social Worker	As required

Medical Staff	Frequency of attendance at residence
Consultant Psychiatrist	2-3 times per week
Non-Consultant Hospital Doctor	Daily

Complaints

The residence had a complaints' policy that was last reviewed in June 2019. Posters were displayed within the residence in order to communicate the process to residents. The HSE 'Your Service Your Say' process was followed; this involved the escalation and required documenting of all complaints. Minor complaints were documented and followed up. Community meetings were held on a monthly basis and minutes were maintained. The residence had a suggestion box located in the hallway.

Risk management and incidents

The residence had a risk management policy in place. Incident report forms were completed and reviewed by the Assistant Director of Nursing. Risks were escalated further if required and feedback was provided to the staff on risk management as appropriate. Risk assessments were completed for residents and these were stored within their clinical files. A Fire Register was kept up to date and any safety issues that emerged within the residence were reported to the maintenance department. Fire escapes were accessible at all times. There was an AED machine within the residence, but no First Aid kit.

Financial arrangements

The residence had a policy in place detailing the process to be followed for the safeguarding of residents' valuables the weekly charge for residents was means tested and varied from 100Euro to 124Euro. Most residents had a bank account or post office account. One resident paid rent with cash and the remaining 14 had their monies paid into an account within the service. From there they could withdraw cash and lodge this in the safe in St. Elizabeth's Court. When withdrawing funds, the residents' signature was required. Staff also countersigned any cash withdrawals. Residents did not contribute to a kitty or social fund. Resident finances were not audited.

Service user experience

Due to the risk posed by the Covid-19 pandemic at the time of the inspection, it was not possible to elicit the view of residents about their experiences of living in St. Elizabeth's Court.

Areas of good practice

1. Staff provided a high standard of general healthcare to the residents. There were links with the local hospital as well as regular input from optician, dental, physio and chiropody services. The six monthly reviews were thorough and included referrals and blood tests as appropriate.

2. Despite the age of the building, it had been reconfigured in order to maximise the available space. All residents had single rooms and the garden area was an attractive space available to the residents.

Areas for improvement

1. The integrated care plans could benefit from increased multi-disciplinary input.

2. The flooring in three of the bathrooms required replacement as pock marks and cigarette burns gave the appearance that they were dirty and uncared for.