

Mental Health Services 2013

Inspection of 24-Hour Community Staffed Residences

EXECUTIVE CATCHMENT AREA/INTEGRATED SERVICE AREA	Carlow, Kilkenny, South Tipperary
HSE AREA	South
MENTAL HEALTH SERVICE	Kilkenny
RESIDENCE	Alacantha
TOTAL NUMBER OF BEDS	10
TOTAL NUMBER OF RESIDENTS	10
NUMBER OF RESPITE BEDS (IF APPLICABLE)	0
TEAM RESPONSIBLE	General Adult
TYPE OF INSPECTION	Unannounced
DATE OF INSPECTION	20 August 2013

Summary

- Alacantha was a large house on its own grounds and was located on the outskirts of Kilkenny city.
- All residents had an intellectual disability and a mental illness and had been residents of the Kilkenny mental health services for a long time. Consequently, the residents had little evident contact with disability services and the daily lifestyle of residents was centred around activities within the house and local mental health day centres.
- All residents were under the care of a general adult sector team. Staff reported that the consultant psychiatrist visited annually to complete a psychiatric review. On the day of inspection, annual psychiatric reviews remained outstanding despite repeat requests by nursing staff. There was no Mental Health Intellectual Disability (MHID) team in the catchment area.
- There was a well structured daily routine within the house and the interior was homely and comfortable. Interaction between staff and residents was observed to be warm and open.

Description

Service description

Alacantra had been built as a large two-storey family home and hence, the design and layout were homely and comfortable. The house became a community residence some 15 years previously and provided sleeping accommodation in single and twin-bedded rooms. Alacantra was located two miles outside the city and residents relied on the Health Service Executive multi-person vehicle or paid for a taxi to access the community. The grounds and surrounding environs featured attractive semi-rural green open spaces. Residents had been mental health service users for many years and Alacantra provided a community home for these residents. Most residents had family members within the county and were supported in maintaining family contacts and involvement. There was no MHID team in the catchment area and so care was provided by a general adult sector team. This had the drawback of the Alacantra service not being an integral component of disability services and of not being encultured into disability values.

Profile of residents

There were no respite beds in Alacantra. There were eight male and two female residents ranging in age from 29 to 72 years. All residents had a dual diagnosis and had mild to moderate intellectual disability. Alacantra was very much a home for residents and there was no throughput on care pathways and all residents had been in long term care. The most recent resident had moved in two years previously. All residents were independent in activities of daily living and were mobile.

Quality initiatives and improvements in 2012/2013

- Residents had attended and participated in Kilkenny Arts Festival activities.
- A “Red Box” system of documentation operated in the residence which recorded key information in relation to individual residents’ bio-psycho-social profiles, domestic, therapeutic, medication, emergency procedures and money management. The purpose of this system was to facilitate effective and consistent management of the residence.
- Residents had taken an annual holiday in Dunmore East in June 2013.
- Residents cooked a couple of times a week and shopped for ingredients.

Care standards

Individual care and treatment

Each resident had a key worker and an excellent care plan. The care plans were drawn up by nursing staff and reviewed annually. There was no evidence of multidisciplinary input into the care plans. Nursing staff were unable to say whether there were any health and social care professionals on the general adult team as they had never encountered any, either at review meetings or in the direct provision of services to residents. Management subsequently advised that a 0.33 whole-time equivalent (WTE) occupational therapist, a 1 WTE social worker and 1 WTE family therapist worked as part of the general adult team which had clinical responsibility for residents in Alacantra. A clinical psychologist post was currently in the recruitment process.

Each resident's individual clinical file contained an ICP, personal timetable, an excellent personal bio-psycho-social profile sheet, risk assessment, and details of family and social contacts. Alacantra was essentially a nurse-led service and the records were maintained to a high standard. There was a good system in place for flagging upcoming clinical appointments and reviews. All nursing staff were Registered Psychiatric Nurses.

Therapeutic services and programmes provided to address the needs of service users

Six-monthly physical reviews were completed by a GP. The consultant psychiatrist provided annual psychiatric reviews but these had not been done in over a year. The policy book for Alacantra stated that psychiatric reviews should be completed every six months. Residents had access to chiropody, clinical speech and language therapy, annual dental reviews, bi-annual ophthalmic reviews and national health screening programmes. Residents could access a GP as required and one GP provided care for the residents. Out of hours GP care was provided by Care Doc.

The weekly therapeutic programme crafted for each individual was comprehensive and active for each resident. A domestic science teacher came to Alacantra twice a week and facilitated residents in baking and in cooking a main meal. Staff reported that this arrangement might not continue after the retirement of the current teacher. Residents had progressed to being able to shop independently for ingredients. At the time of inspection residents were actively involved in household tasks such as laundry and ironing and desert had just been baked for the following day. There was a clear and structured routine to both the day within Alacantra and to participation in activities in Brook House. A weekly sum of €150 was provided by the HSE for the purpose of resourcing therapeutic activities for residents.

Brook Day Centre was formerly known as the IT Workshop. It provided person-centred and recovery focused programmes to promote positive health and wellbeing for service users. Yoga classes were run in the Brook Day Centre and were delivered by an external provider under the supervision of HSE staff. Service user participation was discretionary. A monthly sliding scale payment applied depending on the number of participants in the class.

How are residents facilitated in being actively involved in their own community

Cinema, bingo, swimming, visits to the pub, meals out, participation in Special Olympics training and events, shopping, cooking, bowling, attending church services and spending time with family and friends were all regular community based activities for residents. Most residents attended a day centre and also participated in weekly activities provided within Alacantra. These included art classes, music classes, relaxation and cookery. Most residents were in contact with their families and some residents visited family and spent a night out with family on a regular basis. Residents were not integrated into mainstream activities within the community, nonetheless, each resident had an active involvement in activities outside the residence.

Facilities

The residence was well maintained. The premises were spacious and provided sufficient sitting, dining and activity areas for residents' use. Furniture and decor were appropriate to domestic living and were

well kept. There was an arts and crafts building at the back of the premises. Some sleeping accommodation was in twin-bedded rooms and whilst residents were used to and satisfied with this arrangement, it did not afford privacy. Each bedroom was personalised and provided a good living space for residents.

The housekeeping staff looked after general housekeeping, catering and laundry activities. The interaction between the housekeeper and residents was observed to be warm and friendly and residents were very much involved in tasks and encouraged by the housekeeper. The menu reflected residents' preferences and was wholesome and prepared and cooked from fresh ingredients.

Staffing levels

STAFF DISCIPLINE	DAY WTE	NIGHT WTE
Acting CNM2	1	0
RPN	1	1
Housekeeper	1	0

Clinical Nurse Manager (CNM), Registered Psychiatric Nurse (RPN), Non Consultant Hospital Doctor (NCHD).

Team input

DISCIPLINE	NUMBER	NUMBER OF SESSIONS
Consultant psychiatrist	1	Annually
NCHD	1	Six monthly or as required
Occupational therapist	0.33	0
Social worker	1	0
Clinical psychologist	0	0
Family therapist	1	0

Medication

All medication prescriptions were entered on medical card prescription sheets by the general practitioner (GP). The non consultant hospital doctor or consultant psychiatrist prescribed psychotropic medications and these were copied by the GP onto the main prescription sheet. A local pharmacy dispensed medications and delivered on a monthly basis. No resident was self-medicating. Depot injections were administered in Alacantha.

Tenancy rights

The HSE owned Alacantha. Residents paid a flat rate of €75 weekly for bed and board. There was no tenancy agreement in place for residents. A social fund operated for shared activities such as holidays and outings and all residents contributed €50 fortnightly to this fund. All residents participated in social activities and outings and nursing staff endeavoured to provide a balanced selection of social activities to ensure each resident was treated equally in terms of participation and personal interests. Inspection of individual cash account books and individual timetables showed this to be the case.

There were no formal community meetings. Most meal times provided an opportunity to discuss household and community living issues. There was no complaints log available. The HSE "Your Service Your Say" complaints procedure was posted within the residence. The independent advocate did not visit Alacantha, however, the advocate met with several residents periodically off-site in the Brook Centre, a mental health day centre.

Financial arrangements

There was a money management policy in place. There was no written consent by residents available on the day of inspection. All residents were voluntary and no resident was a Ward of Court. Residents were assumed to have capacity, however, the practice was that staff managed all monies.

Nine residents were in receipt of a disability allowance and one resident was in receipt of an old age pension. Staff managed all residents' monies. This involved all allowances being paid directly into the post office and on foot of a letter written by staff, three cheques were issued by the local post master on a fortnightly basis. These cheques comprised the following: a cheque for €1,822 which was lodged to St. Canice's Credit Union which broke down into €176 into the personal savings accounts of those residents on disability allowance and €238 for the resident on the old age pension; a €1,500 cheque which was lodged to the Alacantha household bank account in respect of rent paid by the ten residents; and a €500 cheque lodged to the Alacantha Social bank account. The social account monies were used for holidays and outings.

A small amount of petty cash was retained in the residence. Each resident had a personal purse for pocket money. Residents generally accessed pocket money by request, whilst two residents received a set amount of €20 per week. All residents received "incentive" money of €13 weekly from Brook House which had previously been "industrial therapy". This was a throwback to a bygone era as the current service was very much a day centre service.

Cheque books, credit union books and lodgement books and individual money books were all audited on a regular basis by HSE administration staff from Carlow. Individual money books and receipts were inspected and the records were meticulously maintained.

Service user interviews

The inspector greeted and chatted with most residents during the course of the inspection visit. Residents had personalised bedrooms and expressed pride in their possessions and decor. Residents were proud of personal pursuits and were happy to display and discuss art work, Special Olympics medals, music collections and instruments. Each resident was well informed about their care plan and their weekly schedule and any upcoming social occasions. An information folder was maintained in the house containing information on medications and diagnoses and self help and voluntary agencies but this information was rarely sought. Each resident knew the identity of their key worker.

Conclusion

Alacantra was a high support 24-hour supervised community residence for individuals with a dual diagnosis of a mental illness and intellectual disability. It was a nurse-led service with occasional input from medical staff. There was no input from health and social care professionals. Nursing staff were registered psychiatric nurses. Alacantra was part of the Kilkenny mental health service and did not appear to have active links with disability services.

Each resident had an excellent care plan and a well structured schedule of weekly activities that incorporated activities within and outside the residence. Most residents maintained contact with family and this was actively facilitated by staff and some residents regularly visited and slept over with family members.

The residence was well run and managed. All staff impressed as being enthusiastic and interaction between residents and staff was observed to be warm and open. There was very much a sense of Alacantra being home to the residents.

Recommendations and areas for development

- 1. There should be a psychiatric review at least annually for all residents.*
- 2. The cookery classes should be maintained so as to ensure skill retention in activities of daily living.*
- 3. Bedrooms should be single occupancy.*
- 4. Written consent should be provided by residents in relation to the social fund contributions.*
- 5. A record of complaints, whether verbal or written, response and outcome should be maintained within the residence.*