

Mental Health Services 2010

Inspection of 24-Hour Community Staffed Residences

EXECUTIVE CATCHMENT AREA	Donegal, Sligo, Leitrim, West Cavan
HSE AREA	West
CATCHMENT AREA	Sligo/Leitrim
MENTAL HEALTH SERVICE INSPECTED	Adult Mental Health Service
RESIDENCE INSPECTED	Ashbrook House, Mohill, Co. Leitrim
TOTAL NUMBER OF BEDS	19
TOTAL NUMBER OF RESIDENTS	12
NUMBER OF RESPITE BEDS (IF APPLICABLE)	4
TEAM RESPONSIBLE	Rehabilitation and Recovery Team, Sector Team South Leitrim
DATE OF INSPECTION	14 October 2010

Description

Service description

Ashbrook House opened as a 24-hour community staffed residence in 1992. It was built in the 1840s, had originated as a poor house and had a plaque dedicated to the memory of those who died in the Famine. The building had been home to a hospital at a later stage and some of the rooms had floor to ceiling windows to provide maximum light for surgery. Despite being an old building with the attendant high cost problems of dampness, plumbing and heating and ongoing need for repair and maintenance, the house was reasonably well maintained and decorated. The house did not have a lift and this made it unsuitable for those with limited mobility. The high cost of maintaining the building and its design and layout, meant that it was not suitable for use as a community residence. The entrance hall was welcoming and on the day of inspection was festooned with Halloween decorations and lights. The building had an attractive stone façade with blazing Virginia creeper and was located on a large site with well tended gardens and was within walking distance of the town of Mohill.

The rehabilitation and recovery team, based in Sligo, had responsibility for the care of most residents. Each resident had been assessed by a multidisciplinary team and an individual care plan and an identified care pathway was in place for each person. Residents' needs varied between continuing care and rehabilitation and the identified care pathways reflected this, with the team actively pursuing appropriate alternative accommodation. There was a strong rehabilitation and recovery ethos and evidence of social inclusion in the local community. Family ties were fostered and supported. The sector team for South Leitrim had responsibility for the respite beds. There had been ten admissions to the respite beds in 2010 up to the date of inspection.

The Ashbrook House staff also supervised the group home and independent living flat located next door.

There were plans to relocate Ashbrook House to more suitable accommodation in Carrick-on-Shannon, comprising ten medium dependency beds, and an attached five bedded group home and an independent living apartment.

Profile of residents

The twelve residents on the day of inspection ranged in age from 41 to 75 years, with the majority being male and in the 55 to 65 age group. The average length of stay was seven to eight years. All residents had enduring mental illness. Approximately 75% of residents had a diagnosis of schizophrenia. Other diagnoses included bipolar affective disorder, depression and dementia. Fifty per cent of residents required medium level support. The other residents had high dependency needs or required dual physical and mental health care or care of the elderly services.

Quality initiatives and improvements in the last year

- Each resident had an integrated individual clinical file. This file accompanied a resident if they were transferred for care within the catchment mental health services so as to ensure continuity of care.
- The rehabilitation and recovery team had completed multidisciplinary assessment for each individual resident to evaluate clinical and social care needs with a view to ensuring most appropriate community placement. This did not include those individuals in respite care.
- Residents were assessed for suitability to self-medicate. Staff provided an education and compliance support programme entitled "Concordance Therapy" to residents prior to self medicating. Medications were provided in blister packs.
- Residents had participated in a mainstream South Leitrim men's group which was run under the Leader Community Rural Development Programme.
- A residents' forum was set up and bi-monthly meetings were held.

- Mohill Community Network used the gardening resources at Ashbrook to grow flowers for the Tidy Towns Competition. Residents were involved in this project.

Care standards (based on Mental Health Commission- Quality Framework for Mental Health Services in Ireland 2007 and the 2008 inspection self-assessments)

Individual care and treatment plan

The service used integrated clinical case notes and all residents had individual care plans (ICP). The rehabilitation team used the “recovery care plan” developed by the Sligo/Leitrim Mental Health service and residents signed and had a copy of their care plan if they wished. The rehabilitation team held a monthly multidisciplinary review of each resident’s care. The sector team used the Roper Logan Tierney model of care. In the individual clinical files inspected there was evidence of detailed psychosocial individual care planning, including risk assessment, family liaison and the specification of therapeutic interventions. Several residents had significant physical health needs and these were incorporated in the ICP. Nursing staff had a “can-do” attitude and were flexible and proactive in supporting and enabling residents to be active and to pursue activities and social contacts that were personally meaningful.

A resident’s individual clinical file accompanied a resident whenever he/she received care or treatment in another unit or clinic within the catchment area and clinical notes were recorded in the integrated file. Staff reported that this initiative supported communication and seamless care.

The rehabilitation team had carried out a comprehensive assessment of 13 residents to determine the dependency level of care setting needed for each patient. The assessment battery included but was not limited to: the Camberwell Assessment of Need - Short Appraisal Schedule (CANSAS); the Clifton Assessment Procedures for the Elderly (CAPE); and the Community Placement Questionnaire (CPQ). Each individual resident had an identified care path way.

Primary care was provided by a local general practitioner and residents were seen either at the practice surgery or in Ashbrook House. The general practitioner carried out the six monthly blood tests and an annual physical health review. Physical reviews were carried out more frequently if clinically indicated and the general practitioner recorded examinations in the individual clinical file. Those residents in receipt of respite care retained their own general practitioner in the community and Ashbrook House nursing staff facilitated general practitioner visits.

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

Ashbrook House had an activities/group room and a kitchen for residents to engage in activities of daily living (ADL). Nursing staff ran a variety of activities that were flexible and responsive to residents’ interests and needs. These included music, keeping abreast of local news via weekly newspapers, baking, massage and manicure, relaxation, healthy living, bingo and gardening. Student nurses came to Ashbrook House on clinical placements and were usually involved in providing activities. The rehabilitation team occupational therapist and social worker ran a weekly personal development group. Nursing staff supported residents’ involvement in mainstream activities locally, such as a prayer group, activities in the Canon Douglas Hall community resource centre, attendance at National Learning Network programmes, coffee shop, personal shopping. There was a day centre at Drumsna but no resident was currently attending. One resident attended the Ballinamore rehabilitation day centre and was collected daily by bus. A local voluntary group Breffni Mental Health group supported Ashbrook House through fundraising and supporting social activities. These included an annual barbeque and Christmas party for residents and family, including the families of deceased residents. The Breffni group were purchasing a computer for one resident so he might pursue an educational programme. Staff expressed concern about the lack of vocational rehabilitation pathways available for mental health service users. Staff cited the example of one resident who had participated in a National Learning Network project for four years, and had completed a FETAC qualification, and now funding was withdrawn and there was no follow up pathway or support available.

How are residents facilitated in being actively involved in their own community, based on individual needs?

Ashbrook House was located on the outskirts of Mohill town. Residents might walk the short distance to town to go shopping, to the hairdresser, for coffee, to the local pub, to the local community resource centre, to church. If a resident required support, staff would accompany or drive to the destination. Family and friends were actively encouraged to visit by the service. Where a resident could not access transport to visit in their own locality, nursing staff facilitated this. A popular session within the house was the weekly review of local newspapers which gave an opportunity to catch up on local people and events.

Do residents receive care and treatment in settings that are safe, well maintained and that respect right to dignity and privacy?

Ashbrook House was a 19th century building and all except one bedroom were located up two flights of stairs. Residents were accommodated in two bedded-rooms and a single room. There were two shower rooms, a bathroom and two lavatories on the first floor, all were clean and in reasonable order. The ground floor had one twin-bedded room, one shower room and a lavatory. There were one large sitting room, a small sitting room, a smoking room and a visitors' room/quiet room. The decor reflected staff's efforts to make the place welcoming and homely, however, the age of the building presented significant costs and limitations and it was not suitable for community living. There were damp patches on the upstairs corridor ceiling and the corridors were narrow. The activities room was located in an attached annex and it was cold and dark and décor was drab.

A fire drill was carried out twice yearly.

The dining room was comfortable for the number of persons in residence on the day of inspection but would have been cramped had 19 residents been present. There were two housekeeping staff, one person took responsibility for cooking and the other person looked after cleaning and laundry. Housekeeping staff had been with the service for some time and knew the residents well and were responsive to individual needs. Meat was delivered daily and other foodstuffs were purchased in the town. The menu reflected residents' preferences and were of home-cooked quality. On the day of inspection scones and Irish stew were being prepared. Individual dietary needs were catered for. Several residents had diabetes and one resident required liquidised food.

Maintenance was provided from Ballytivnan in Sligo or sub-contracted locally. Staff reported that the response to requests for maintenance was good.

Ashbrook House was situated on a large site with facilities for gardening such as a green-house and poly-tunnel and there was outside seating for residents.

Staffing levels (full time in residence)

STAFF DISCIPLINE	DAY WTE	NIGHT WTE
Nursing	1 CNM 2 1 RPN	2 RPN's
Cook	1	0
Housekeeping	1	0

Team input (sessional)

DISCIPLINE	NUMBER OF SESSIONS
Consultant psychiatrist (Rehabilitation) Consultant Psychiatrist (Sector)	One per month and as required As required
Non consultant hospital doctor	One per month and as required
Occupational therapist	One session per week
Social worker	One session per week
Clinical psychologist	.12 by arrangement

Team Input

The rehabilitation and recovery team held a multidisciplinary review in Ashbrook once a month. The team coordinator/Assistant Director of Nursing was based in Carrick-on-Shannon.

The sector team with responsibility for the respite beds attended as required.

Medication

Psychotropic medication was prescribed by the treating consultant psychiatrist. The general practitioner prescribed all other medications. All medications, with the exception of clozapine, were supplied by a local pharmacist. Clozapine was provided from the approved centre at Ballytivnan, Sligo and delivered to St. Patrick's Hospital in Carrick-on-Shannon. There was a clinical room with a refrigerator for medication. The general practitioner made entries directly into the resident's individual clinical file. A monthly psychiatric review was held by the multidisciplinary team. Several residents were self medicating.

Tenancy rights

The property was owned by the Health Service Executive and residents paid a weekly rent and a housekeeping allowance. The rent was individually assessed and in line with Health Service Executive policy and all residents paid €45 for housekeeping. Smoking was only permitted in a smoking room or outdoors. Other rules and codes of behaviour were negotiated at the bi-monthly residents' community meeting. Residents were informed of the complaints procedure and a notice was posted. Staff kept a record of complaints, and reported that there had been no complaints in 2010 up to the date of inspection.

A member of the Leitrim Advocacy Service visited several times a year and was available if requested. Information on advocacy was available to residents.

Financial arrangements

The CNM2 had responsibility for the management and administration of rent and monies within Ashbrook House and made returns to the Health Service Executive at St. John's Hospital, Sligo. Each resident was issued with a receipt from the rent receipt book and then this was acknowledged in writing by Health Service Executive administration. On the day of inspection all residents had the capacity to decide their own affairs and five residents managed their finances independently. Residents all had their own bank or post office accounts. The service had a financial policy and the financial arrangements were examined and were satisfactory.

Leisure/recreational opportunities provided

Residents had the opportunity to engage in leisure activities within the house and also within the local community. There were board games, reading material, DVD's and gardening on-site and satisfactory space to find a quiet space to carry out activities. Several residents had their own routine for personal shopping, having coffee, religious and community activities within the town. For those residents who were not independently mobile, staff drove the residents the short distance to town or to see family/friends.

Service user interviews

All service users were greeted by the Inspectorate. No resident sought to speak to the Inspectorate.

Conclusion

Ashbrook House provided care and accommodation for individuals who required either continuing care or rehabilitation in a high or medium support setting. Most residents were accommodated in twin bedded rooms and this was not suitable for long term living. The building was not accessible throughout for wheelchair users or anyone with limited mobility. The fabric of the building was not fit for purpose.

It was evident that staff had good knowledge of residents' needs and preferences. Interaction between staff and residents was observed to be warm and lively and there was a relaxed yet structured individualised daily routine. Separate community residences for those who required high dependency support and those who required medium support might have allowed for more targeted and active rehabilitation. The service's proposed plans for the reconfiguration of the community residential services was to be welcomed.

Recommendations and areas for development

1. Ashbrook House building was not suitable as a community residence and should be closed.
2. The service should immediately progress its plans to reconfigure community residential care to meet the differing needs of those requiring rehabilitation, continuing care, care of the elderly and those with dual physical and mental healthcare needs.