

Mental Health Services 2015

Inspection of 24-Hour Community Staffed Residences

COMMUNITY HEALTHCARE ORGANISATION	Area 9
MENTAL HEALTH SERVICE	Dublin North
RESIDENCE	Carriage House
TOTAL NUMBER OF BEDS	8
TOTAL NUMBER OF RESIDENTS	8
TEAM RESPONSIBLE	Rehabilitation
TYPE OF INSPECTION	Unannounced
DATE OF INSPECTION	17 February 2015
INSPECTED BY	Dr. Fionnuala O'Loughlin MCN 08108, Assistant Inspector of Mental Health Services
ACTING INSPECTOR OF MENTAL HEALTH SERVICES	Dr. Susan Finnerty, MCN009711

Summary

- Carriage House was a recently refurbished house, located in a rural area of north county Dublin, close to the village of Lusk. It provided 24-hour nurse-supervised residential care for eight former residents of St. Ita's Hospital, Portrane.
- The building was well maintained and provided single-room, en suite accommodation for all residents.
- Residents participated in therapies in the adjoining house which functioned as a Therapy House for all residents of three community residences in the Dublin North area. Therapies were facilitated by the nursing staff, the occupational therapist, a social worker and an art teacher.
- All residents had an individual care plan (ICP) which was regularly reviewed by the rehabilitation team.
- There was no psychologist on the rehabilitation team.

Description

Service description

Carriage House was a single-storey house situated on a site of approximately one acre in a rural area of north county Dublin, close to the village of Lusk. It was located on the main Dublin road, in close proximity to neighbouring houses.

It was formerly a bed and breakfast facility but was completely refurbished before opening as a Health Service Executive (HSE) community residence in 2014.

There were two buildings on the site; one was the community residence and a second one, used as a Therapy House. Residents from other community residents in the north Dublin area attended the Therapy House during the day, and participated in activities. Residents were under the care of the Rehabilitation team and some multidisciplinary team (MDT) members facilitated weekly sessions in the unit.

Profile of residents

All eight residents were male, and ranged in age from 29 to 64 years, with the majority in their 50s. Most residents had been transferred from St. Ita's Hospital which closed in early 2014 and some had been resident in the hospital for several years. Two residents required assistance with bathing/showering.

All residents were voluntary patients and none was a Ward of Court.

Quality initiatives and improvements in 2014-2015

- The Clinical Nurse Manager 2 (CNM) had instituted an Exercise Programme for residents.
- A new greenhouse had been purchased and staff and residents had planted vegetables and herbs from seed.
- A "Life Without Limits" task group had been set up.
- A Positive Mental Health group which involved learning about the local community had been established.
- A group entitled "Connecting with the Community" had been set up.

Care standards

Individual care and treatment plan

Residents were under the care of the rehabilitation team. All residents, whose clinical files were inspected, had an MDT individual care plan (ICP). These ICPs were reviewed by the team, in consultation with the resident, every six months. There was evidence in the ICPs of input from the medical, nursing, social worker and occupational therapist and the clinical files contained entries from all these disciplines.

Risk assessments were carried out at the time of ICP reviews, or more frequently, if indicated.

A therapeutic programme was operated within the community residence and in the Therapy House. This included a weekly session, run by the social worker and occupational therapist on life skills; an artist conducted a painting session each week; and nursing staff ran newspaper reading, board games and baking.

Physical Care

All residents were under the care of one general practice which had two general practitioners (GP). This practice was located in the near-by village. Residents had an annual physical examination, conducted by the GP and staff generally accompanied the resident to consultations.

Access to a physiotherapist, if required, was through the GP. A number of residents had been seen by a dietician and this was accessed through the dietician contracted on a sessional basis to the service.

A chiropodist visited the house on request and residents paid €20 per consultation.

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

Adjacent to the residence, on the same site, was a unit which was used as the 'Therapy House'. The occupational therapist and social worker jointly conducted a session in Life Skills in this house and this was attended by residents from other community residences in the area, as well as residents from Carriage House.

An artist facilitated a weekly painting session and nursing staff held newspaper reading, word wheel and cookery sessions with the residents.

The main therapy room in the Therapy House was comfortably furnished with couches, an exercise bicycle and a large work table.

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

Several residents visited the local village and also travelled to Swords, a large town accessed by the public bus route. One resident attended Sunday Mass in the nearby village.

The residence was located in a rural area and, although there were neighbours on either side of the residence, the main community centre was in Lusk village.

There was a multi-person vehicle for transporting residents and for outings.

Facilities

The residence was a single-storey house which was a former bed and breakfast house. It had been significantly re-furnished when taken over by the Health Service Executive (HSE).

There was no signpost indicating the name of the residence and the electric gates at the entrance were broken. The gate was left open by day as a result. Staff reported that there was no light at the entrance gate and it could be difficult to navigate at night. There were CCTV cameras in operation at the gate.

Each resident had their own single, en suite bedroom. Bedrooms had a TV.

There were two comfortable sitting rooms, one quite large. The dining room/kitchen was a warm, welcoming room. Residents could make tea and coffee as they wished. There were adequate facilities for laundry and some of the residents did their own laundry.

The house was on a large site, with a patio area to the back. Much of the site was not landscaped, but the service had recently purchased a small greenhouse. There was also a section of the garden for growing herbs and vegetables.

Meals

Meals were cooked on site by the Health Care Assistant (HCA) and/or nursing staff. Residents were encouraged to participate in cooking and some regularly made sandwiches or small snacks. Residents were invited to make suggestions for the choice of meals and indicate their preferences.

Staffing levels

STAFF DISCIPLINE	DAY WTE	NIGHT WTE
CNM2	1	0
RPN	2	2
HCA	1	0

Clinical Nurse Manager (CNM), Registered Psychiatric Nurse (RPN), Health Care Assistant (HCA)

Team input

DISCIPLINE	NUMBER	NUMBER OF SESSIONS
Consultant psychiatrist	1	Three monthly
NCHD	1	Weekly
Occupational therapist	1	Weekly
Social worker	1	Weekly
Clinical psychologist	0	None

Non Consultant Hospital Doctor (NCHD)

At night, the CNM3 on duty in Ashlin Unit, Beaumont Hospital was available if required. In addition, there was an Assistant Director of Nursing (ADON) available.

The NCHD visited the residence weekly or more frequently, if necessary.

Multidisciplinary team meetings were held every three months, and the resident was invited to participate in the reviews at that time.

The consultant psychiatrist visited every three months or more frequently, as required.

There was no psychologist on the Rehabilitation team.

Complaints

No complaints had been received by the staff since the house opened but there was a Complaints Box in the hall, should residents wish to make a complaint. The HSE policy on making complaints, *Your Service, Your Say* was displayed in the entrance hall, together with some information leaflets.

The patient advocate had made one visit to the house, and details and the contact number were displayed.

An Incident Report book was maintained in the house.

Medication

None of the residents were on a self-medicating programme. However, staff had instituted an educational programme to enable residents to identify their medications.

Medications were dispensed weekly from a local pharmacy and collected by staff. Medications were individually packed for each resident.

The Residence

The house was owned by the HSE.

A weekly charge of €98 was paid by each resident. All residents paid the same and there was no system of individualising the charges as each resident was allocated the same socialisation allowance of €90 per week.

One resident spent two nights away from the house weekly and there was an adjustment in charges for these nights.

Financial arrangements

Seven of the residents maintained their money in a HSE account. They did not have a bank or post office account. Seven residents had consented to payment of their weekly Disability Benefit to be made directly to the HSE General Account in Tullamore, and the charge for the residence was paid by standing order to the HSE from these accounts.

Residents, then, received various amounts of the balance of their weekly allowance and the remainder was deposited in a HSE account. During the course of the inspection, the inspector spoke with a member of the administrative staff in St. Ita's Hospital who confirmed that the residents had signed consent for this process.

One resident had arranged for a family member to collect their allowance.

Residents did not contribute to a social fund and each resident only paid for outings in which they participated.

Staff had a budget of €400 for weekly expenditure for groceries and nursing staff did a weekly shop sometimes accompanied by one or two residents.

The HSE paid a weekly sum of €50 to contribute to the activities in the Therapy House.

Service user interviews

Several residents engaged in brief conversations with the assistant inspector during the course of the inspection; all expressed themselves very happy with the staff and the environment. One resident highlighted a personal concern which was addressed by the assistant inspector to the responsible consultant psychiatrist.

Conclusion

Carriage House provided care and treatment in a community setting for eight male residents, many of whom had been resident in the mental health services for several years.

The physical environment was very comfortable and there was evidence of a good relationship between residents and staff.

Each resident had a multidisciplinary ICP, which was reviewed regularly by the team. The ICPs were of excellent quality. Of note, however, was that the team did not have a psychologist, which was a significant deficit on a Rehabilitation team. The service provided a varied therapeutic programme and most residents were free to come and go as they wished. One resident reported to that this was not the case and this matter was taken up in correspondence by the assistant inspector with the relevant consultant psychiatrist.

Each resident paid the same charge of €98 per week, and there did not appear to be any allowances in respect of individual requirements, as each resident was allocated the maximum socialisation allowance of €90 per week.

Recommendations and areas for development

- 1. Residents should pay a weekly charge to the HSE based on individual circumstances.*
- 2. The Rehabilitation team should include a psychologist.*
- 3. An appropriate system for providing money to residents should be developed.*