Mental Health Services 2015

Inspection of 24-Hour Community Staffed Residences

COMMUNITY HEALTHCARE ORGANISATION	Area 8
MENTAL HEALTH SERVICE	Laois/Offaly
RESIDENCE	Erkina House, Rathdowney
TOTAL NUMBER OF BEDS	17
TOTAL NUMBER OF RESIDENTS	14
TEAM RESPONSIBLE	Rehabilitation
TYPE OF INSPECTION	Unannounced
DATE OF INSPECTION	3 March 2015
INSPECTED BY	Dr. Enda Dooley, MCN 004155, Assistant Inspector of Mental Health
ACTING INSPECTOR OF MENTAL HEALTH SERVICES	Dr. Susan Finnerty, MCN 009711

Summary

- Erkina House catered for a cohort of residents with a long-standing history of severe and enduring mental illness.
- Support of residents and, in particular, review and oversight of individual care plans (ICPs) should be based on inputs from a full range of multi-disciplinary team (MDT) members. Routine supports were almost exclusively medical and nursing.
- Residents did not have access to kitchen facilities within the residence. The comprehensive use of the extensive garden facilities associated with the residence should be incorporated in therapeutic processes.
- Sleeping accommodation for male residents was in four-bed rooms with limited privacy. Steps should be taken provide single room sleeping accommodation in line with the recommendations of *A Vision for Change.*

Description

Service description

Erkina was a two-storey extended residence located in Rathdowney. It has functioned in its present role since 1996. The building was over 130 years old and functioned as a convent before becoming a community residence. Many vestiges of its previous function continued to be apparent in the physical structure of the building. Day and office accommodation was located on the ground floor and bedroom accommodation was on the first floor. Staff indicated that the ethos and philosophy was to support independence.

Profile of residents

On the day of inspection there were 14 residents in the house. One resident was on leave with family and there were two vacant spaces. Seven residents were male and seven were female. They ranged in age from early 50s to 74 years. The most recent admission was three to four months ago and seven residents had been in the house since it opened in 1996. There were two admissions in 2014 and three discharges (to lower support accommodation). All were mobile.

Quality initiatives and improvements in 2014-2015

- A new bathroom had been developed on the first floor and this had facilitated male residents particularly.
- A waste recycling project had been organised and developed by one of the residents.

Care standards

Individual care and treatment plan

The residence operated a philosophy of supporting independence. All residents had a keyworker. The clinical files all contained an ICP. There was regular input to the residence from the responsible consultant psychiatrist. ICPs were regularly reviewed and it was policy to involve family members (if available) in such reviews. It was apparent that there was no input to the residence, or in the ICP review process, from other members of the MDT. Residents had a risk assessment undertaken as part of the pre-admission assessment and this formed part of their care plan. The risk assessment was reviewed, as required, during the clinical review process. Staff presented as proactive with residents and were well-informed regarding the needs and interests of the residents.

Physical Care

All residents had their own GP and there were good links between staff in the residence and the practice. Residents, because of their increasing age and associated range of physical issues, were regular attenders at their GP. All residents had regular physical examinations done by the GP and any issues arising were reported back to staff in the residence. In addition, residents had monthly records of blood pressure, weight, and urinalysis documented. There was no structured system for recording when a physical review might be due and ensuring this was a responsibility of the key worker.

Residents were encouraged to partake in recommended national screening programmes and this was facilitated by staff. Access to specialist services, e.g. dietician, physiotherapy, was either through primary care or specialist referral by the responsible consultant psychiatrist. A member of staff would generally accompany a resident attending the GP or an out-patient appointment.

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

The residence had an activation room where staff facilitated a variety of activities – health & beauty, bingo, music and art. An external art teacher attended weekly and provided sessional input which a number of residents attended.

Residents attended external therapy sessions, either in the local community mental health centre, or as far away as the Link Centre in St. Fintan's Hospital, Portlaoise. Residents had access to a multi-person vehicle or, alternatively, could use public transport, where available, to attend external therapies.

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

Residents in the house were an integral part of the local community. They attended Mass in the local church and also went out for coffee in the town. The residence was located in the centre of the town and the public library, post office, and supermarket were all within metres of the house.

A number of residents attended local adult dances, including a regular monthly dance in Abbeyleix (some 20km away). Residents funded this from their own means and transport was provided by the residence.

Staff organised regular outings and a yearly holiday for residents. It is noteworthy that one long-term resident had recently enjoyed a foreign holiday . The residence enjoyed a supportive relationship with the local Mental Health Association, who had supported this recent holiday initiative.

Facilities

Erkina House was located in the centre of Rathdowney. The house itself was a two-storey building which, formerly, was a convent. The ground floor area was predominantly a common area, with dining facilities and staff offices, while the upper floor accommodated bedroom and bathroom facilities.

The house was well maintained and clean, notwithstanding its age and the level of demand on facilities.

Male sleeping accommodation was in two four-bed rooms. All beds were separated by curtains and in all cases these curtains facilitated a basic level of privacy. Residents did not have a key to their bedroom door and bedside lockers and wardrobes did not have locks. A bathroom had recently been renovated at first floor level and this greatly facilitated male residents.

Female residents were accommodated in a series of small, single bedrooms along a corridor, which still retained their original fireplaces. These rooms dated from the original function of the building as a convent and were reminiscent of this period. These rooms, while containing a wardrobe and bedside locker, were cramped. Female residents had a separate bathroom on the bedroom corridor.

The house had a number of communal or sitting room areas where residents could congregate or meet with visitors. Residents had access to TV, DVDs and radio. A therapy room facilitated art classes and provided alternative social accommodation for use in the evenings with TV, books, CDs, and an information notice board. Staff hoped to convert a disused chapel into a quiet room but this area required significant renovation. There was a small smoking room adjacent to an external door. This room was very drab and dilapidated.

The residence had a large, enclosed garden which was well maintained and facilitated a variety of garden projects during the summer.

The dining room was comfortably furnished and presented an inviting environment. There was a menu available with up to three daily choices and kitchen staff indicated that residents could be facilitated with any changes or personal needs.

A clinical room adjacent to the staff office was small and cramped, and was used only for storage of medication and the taking of bloods.

There was an information board which contained local information pertinent to the needs and interests of residents and also contact details of the independent advocate who visited the residence on a regular basis. There was a complaints box to facilitate the submission of complaints. Staff indicated that this was an infrequent occurrence. The common areas were decorated with a

variety of photos documenting the involvement of residents in a variety of projects. There was a separate office to facilitate clinical reviews.

Meals

All meals were prepared by a dedicated cook. There was a monthly menu available and this documented a choice for all meals. Neither staff nor residents had access to the kitchen and, as a consequence, residents did not prepare any of their own meals. Food requirements of the residence were supplied by a central store and there was some flexibility to obtain specific requisites. There was ready access to water dispensers.

Staffing levels (full time in residence)

STAFF DISCIPLINE	DAY WTE	NIGHT WTE
CNM 2	1	0
RPN	1	1
HCA	1	0
MTA	1	1
Cook	1	0

Clinical Nurse Manager (CNM), Registered Psychiatric Nurse (RPN), Health Care Assistant (HCA), Multi-Task Assistant (MTA)

Team input (sessional)

DISCIPLINE	NUMBER	NUMBER OF SESSIONS
Consultant psychiatrist	1	One per week
NCHD	0	0
Occupational therapist	0	0
Social worker	0	0
Clinical psychologist	0	0

Non-Consultant Hospital Doctor (NCHD)

Staff indicated that the responsible consultant psychiatrist attended the residence on a weekly basis and undertook a clinical review with nursing staff. Review of the residents' ICPs occurred on a similar basis and might involve family members, with the resident's permission. Staff interviewed indicated that other members of the MDT did not routinely attend the residence.

Complaints

Staff indicated that there was no complaints log held within the house. There was no information available regarding a nominated complaints officer. Staff indicated that complaints were addressed at a local level in the first instance and, if required, any complaint would be forwarded to the Assistant Director of Nursing (ADON) for address by management.

There was a regular monthly community meeting held in the house and this was minuted by staff.

The residence did not have an Incident Report log retained as local practice was for a single copy of any incident to be forwarded to management. Staff in the residence did not appear to have a clear line of feedback as to how such incident reports were definitively addressed.

Medication

No resident was currently self-medicating. Medication was reviewed by the responsible consultant psychiatrist and prescriptions were entered on a kardex system. The particular template used included specific provision for inclusion of prescribers' registration number as required by legislation. The kardex was forwarded to the GP who issued a GMS prescription. Medication was obtained from a local pharmacy.

The Residence

The residence was owned by the Health Service Executive (HSE). All residents were charged a common weekly rental of €60 and this included accommodation and meals. There was no individual assessment of rent charges. Residents were personally responsible for prescription charges. Residents funded outings from their own individual means.

Financial arrangements

All residents had their own post office or similar accounts. Some residents managed their own personal funds. In other cases, due to impaired capacity, staff assisted residents in managing their funds. Weekly charges were collected by staff and forwarded to St. Fintan's Hospital, Portlaoise. Where a resident's money was managed by staff, both staff and resident signed for any withdrawal.

Residents had, apparently, signed an agreement to contribute to a social fund to support shopping trips and take-away meals, A separate log was kept of each resident's contribution to this fund and, depending on their individual use of the fund, each resident's 'credit' within the fund differed.

Service user interviews

A number of residents were greeted during the course of this inspection. No resident requested to meet with the inspector and no complaints were voiced.

Conclusion

Erkina House was a 24-hour nurse-staffed residence located in Rathdowney. It was situated in a former convert building which had undergone some structural renovation to facilitate its current function.

Staff indicated that the resident population was gradually aging and that it had become more difficult to motivate residents towards greater independence and autonomy. While all residents had an ICP, it was apparent that review and oversight did not involve all members of the MDT.

There was adequate day space within the building but the sleeping accommodation for both males and females was cramped. While steps were taken to safeguard privacy and dignity of all residents, the physical structure of this house did not facilitate this.

Staff were engaged with the residents and were well-informed regarding their needs.

Recommendations and areas for development

1. *Residents should have access to support and assistance in maximising their independent functioning from a full Multi-Disciplinary Team. Review of the Individual Care Plan should involve the entire team.*

2. *Residents should have access to suitable kitchen facilities and be facilitated in maximising their independence.*

3. *Steps should be taken to promote and facilitate accommodation in single bedrooms for all residents.*

4. *A clearly documented complaints procedures should be available and clearly notified to residents and families.*

5. *A copy of any incident log forwarded to management should be retained in the residence to ensure that any incidents arising are definitively addressed with satisfactory resolution.*