Mental Health Services 2011

Inspection of 24-Hour Community Staffed Residences

EXECUTIVE CATCHMENT AREA	North Lee/North Cork
HSE AREA	HSE South
MENTAL HEALTH SERVICE INSPECTED	North Lee Mental Health Service
RESIDENCE INSPECTED	Gougane Barra House
TOTAL NUMBER OF BEDS	13
TOTAL NUMBER OF RESIDENTS	12
NUMBER OF RESPITE BEDS (IF APPLICABLE)	1
TEAM RESPONSIBLE	City North West Community Mental Health Team
DATE OF INSPECTION	1 September 2011

Description

Service description

This 13-bed detached residence, opened in the 1980s, was situated on a main road in the Cork city suburbs. A former guest house, it had no front garden but a back garden had been recently refurbished to provide a pleasant outdoor area for the residents. It provided supervised accommodation to people discharged from long term in-patient care.

It was situated on three floors. Bedrooms were situated on the first and second floors. There were three single and five double bedrooms. A kitchen/dining room, sitting room and smoking room were situated on the ground floor. An office was on the half-landing. It was next door to a day centre.

Profile of residents

There were five female and seven male residents on the day of inspection aged between 20-72 years. The majority of residents were in the older age group and many had been previously discharged from institutional care. Longest length of stay was fifteen years. Staff reported that because the age profile of residents was increasing, some people were less able to look after their personal needs, e.g. although residents were supposed to make their own beds, some were no longer able to do this and the task fell to nursing staff. At the same time, newer admissions sometimes found it hard to settle and needed more intensive care.

Some older residents had already moved to nursing homes. Staff reported that other residents were well enough to move to less supervised accommodation and although this was available, they were reluctant to move as they were comfortable in the house.

Quality initiatives and improvements in the last year

- Bio dose medication i.e. medication in liquid and solid forms which had been pre-packed by the community pharmacist, had been introduced in the last year.
- The garden had been refurbished with the help of money donated by a pharmaceutical company and local fundraising.
- Quotations had been obtained to refurbish an outside building as a leisure room for younger residents.

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

Multidisciplinary care and treatment plans were not used in the service. The service did not operate a system of integrated clinical notes.

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

Five residents attended Inniscarraig day centre situated adjacent to the residence. Activities there were provided from 0900h -1230h and included cooking, art, bingo, dancing and newspaper reading. Some groups were held in the afternoons and a small number of residents attended. Others who declined to attend, occupied themselves with work around the house and hobbies e.g. knitting, visiting friends or family or shopping in the city. Some residents liked walking or going to football matches.

Staff reported that it was difficult to identify appropriate treatment and care plans for some residents who at times refused to participate in whatever was offered.

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

Staff reported that residents were encouraged to maintain contact with family and friends. They visited the shops, went to films, or into the city on the bus which stopped outside the door. Members of the St. Vincent de Paul Society visited each Monday evening and brought sweets and a small number of cigarettes to residents.

The service had its own bus and staff took the residents on outings to the country park, the garden centre, or for coffee. Staff also accompanied residents who were interested in going to the local bottle bank. This depended on staff availability.

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

The sleeping accommodation was provided in pleasantly decorated rooms most of which had their own wash-hand basins. Single rooms were comfortable. Some residents had their own TVs in their rooms. However, double rooms were too small and cramped and did not provide dignity or privacy for the occupants. The kitchen and dining area was bright and homely and the sitting room was comfortable. However a small room at the front of the house was used as a smoking room and decor was poor. The stairs were steep for residents who were older and whose mobility was diminishing.

Staffing levels

STAFF DISCIPLINE	DAY WTE	NIGHT WTE
CNM	1	0
RPN	2	2
Housekeeping/cook	1	0
Contract cleaner	2 hours per day	0

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

Team input (sessional)

DISCIPLINE	NUMBER OF SESSIONS
Consultant psychiatrist	As needed
NCHD	As needed
Occupational therapist	2-3 per week
Social worker	As needed
Clinical psychologist	0
Other	0

Describe team input

A multidisciplinary team meeting was held in St. Michael's Hospital on a weekly basis. However, nursing staff rarely attended these meetings. No multidisciplinary meetings were held in the residence. The consultant psychiatrist did not attend regularly but could be contacted if there was a problem. All patients were medically reviewed on a six-monthly basis. The occupational therapist came in two-three times per week. Staff reported a lot of contact with the social worker who could be contacted as needed. Multidisciplinary care plans were not in use in the residence.

All residents had their own general practitioner (GP) who looked after their physical care and all had medical cards. A system for identifying when physical reviews were due had recently been initiated by the staff nurse.

Nursing staff reported that they were often on duty alone due to staff shortages and this impacted on the therapeutic services that could be provided.

Medication

Clozapine injections were administered by a visiting clinical nurse specialist.

Psychiatric medication was prescribed by the non consultant hospital doctors (NCHDs). Medication for their physical health was prescribed by the patient's own GP.

No written information on medication, other than that supplied by the pharmacological companies was supplied by the service.

Staff reported just one resident was capable of managing their own medication and was encouraged to do so. For others, medication was administered by nursing staff.

Three medication card indexes had not been rewritten since July 2010 and were out of date. In all but one prescription, initials only were used and doctors did not insert Medical Council Numbers (MCNs).

MEDICATION

NUMBER OF PRESCRIPTIONS:	12	12
Number on regular benzodiazepines	8	67%
Number on more than one benzodiazepine	0	0
Number on PRN benzodiazepines	5	42%
Number on benzodiazepine hypnotics	3	25%
Number on Non benzodiazepine hypnotics	2	17%
Number on PRN Hypnotics	3	25%
Number on antipsychotic medication	11	92%
Number on high dose antipsychotic medication	0	0
Number on more than one antipsychotic medication	10	83%
Number on PRN antipsychotic medication	9	75%
Number on Depot medication	6	50%
Number on antidepressant medication	5	42%
Number on more than one antidepressant	1	8%
Number on antiepileptic medication	2	16%
Number on Lithium	0	0

Tenancy rights

The house was owned by the HSE but administered by the Cork Mental Health Association. No tenancy agreements were in place with residents. Informal house rules applied but these were not in written form i.e. residents should inform nursing staff if they were leaving the house, they should attend the dining room for meals, smoking was only allowed in the smoking room.

Staff reported that residents' meetings were held every few months to discuss specific problems or concerns that arose. However there was no schedule of regular meetings.

Staff also reported that complaints were infrequent and usually concerned issues that could be resolved with their intervention. No written record was kept. A more serious complaint would be reported to the ADON (Assistant Director of Nursing), or complaints officer for North Lee. A copy of the HSE complaints procedure was available on the notice board but this did not document local reporting procedures.

Financial arrangements (policy, procedure, capacity)

A weekly 'all-in' rent of €100 was paid in cash to nursing staff or by direct debit from residents' bank accounts. The latter was sometimes managed by relatives when residents were not able to do so. Staff kept small sums of money for residents' use in a safe and dispersed it on request. Staff reported that records were kept and receipts were given of such transactions.

Leisure/recreational opportunities provided

Residents' outings were arranged by staff depending on availability. Alternatively, residents could be accompanied by relatives or friends on independently arranged outings.

Bingo and quizzes were organised. Residents had access to TV and newspapers.

Service user interviews

No service user asked to speak to the Inspectorate. However, a number of residents were greeted during the inspection and expressed themselves happy with the service. One resident had just returned from a shopping visit to the city.

Conclusion

The staff of this residence provided a service to people who were previously in receipt of long- term in-patient psychiatric care. The residence was comfortable and relationships seemed to be warm between staff and residents. The house was well situated and within easy reach of the city centre by public transport. Residents were encouraged to maintain contact with their families. Some people benefited from attendance at the day centre nearby, although others declined to attend

Accommodation was cramped and privacy was lacking for those in double rooms. Stairs were steep for an ageing population with decreasing mobility.

Staff reported that some residents were well but did not want to move to medium support accommodation which was available. As a result this group were overprovided for in a high support residence. The possible downward effect on psychosocial functioning caused by overprovision of services has been documented by the Mental Health Commission previously (Tedstone Doherty D., Walsh D., Moran R., (2007) *'Happy Living Here...A Survey and Evaluation of Community Residential Mental Health Services in Ireland',* Health Research Board and Mental Health Commission, p.112).

Care for the residents lacked the focus which could be brought by attendance at multidisciplinary team meetings and use of multidisciplinary care plans. Clinical case notes were not integrated.

Recommendations and areas for development

1. *Multidisciplinary team meetings specific to the residents should be introduced.*
2. *Multidisciplinary care plans should be introduced.*
3. *Clinical case notes should be integrated*
4. *The question of over-provision for some residents should be addressed in the context of scarce resources within the mental health services and the need to maximise psychosocial functioning.*
5. *Consideration should be given to introducing a policy of 'one resident per room' as the current accommodation arrangements are unsuitable.*
6. *Staffing numbers and skill mix should be such as to facilitate a recovery approach to patient care.*
7. *A regular schedule of residents' meetings should be considered.*
8. *User friendly written information on medication treatments and Recovery, should be introduced.*
9. *Doctors should use signatures and medical council numbers (MCNs), on prescription card indexes.*