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	Carlow
RESIDENCE	Kelvin Court
TOTAL NUMBER OF BEDS	18
TOTAL NUMBER OF RESIDENTS	18
NUMBER OF RESPITE BEDS (IF APPLICABLE)	None
TEAM RESPONSIBLE	General Adult Team
TYPE OF INSPECTION	Unannounced
DATE OF INSPECTION	8 August 2013

Summary

- The premises were bright, modern and clean. All residents had their own bedroom and so privacy and dignity were maintained.
- Multidisciplinary care plans were used and were regularly reviewed and updated and were recovery oriented. In many instances, the resident had signed their own care plan.
- There was an excellent programme of therapeutic activities which were individualised to suit the needs of all residents.
- The financial arrangements involving residents' monies were outdated and were in need of updating.

PROGRESS ON RECOMMENDATIONS IN THE 2009 INSPECTION REPORT

1. A consultant psychiatrist in mental health of intellectual disability should be appointed.

Outcome: A consultant psychiatrist with special interest in intellectual disability had been appointed but the post was not specific to intellectual disability and mental health.

2. Residents should be reviewed regularly by the psychiatric team and multidisciplinary care plans should be completed for each resident.

Outcome: This had been achieved.

Description

Service description

Kelvin Court, opened in 2009, consisted of four modern individual single-storey bungalows in a housing estate-type setting that catered for 18 residents. The complex was situated on the campus of St. Dympna's Hospital, Carlow which was located in the centre of Carlow Town. The houses in Kelvin Court: Barrow, Burren and Slaney each had five bedrooms and Lir had three bedrooms. The houses catered for the specific individual needs of residents with mild and severe intellectual disabilities combined with varying degrees of challenging behaviour. Five of the residents had profound to severe intellectual disabilities, ten had moderate intellectual disabilities and three residents had mild intellectual disabilities, coupled with behavioural disorders and challenging behaviour. The houses were located around a central enclosed courtyard. Each house had its own secure garden to the rear with smoking gazebos for use by residents. Entrance to the complex was via a large, locked, wrought iron electronic gate. Although at first glance, one might think the houses were built for purpose, the doorways only offered just about adequate space for wheelchair users to pass through. The Castle Activation Centre was located just outside the main gate of the complex.

The philosophy of Kelvin Court was to assist each person in developing his or her own special and unique personality. The basis of the programme was to lessen the dependence of each person, helping them to become more self-reliant and increasing their ability to cope with their environment.

Profile of residents

The residents varied in age from 36 to 75 years. There were nine male and nine female residents. There were no respite beds. All residents, bar one, had been accommodated in the original Kelvin Court ward and had been transferred to the newly constructed Kelvin Court in 2009. One resident had been transferred from Park Lodge in 2012. There was one resident who was a Ward of Court. All residents were voluntary. The range of needs varied from low dependency to full dependency.

Quality initiatives and improvements in 2012/2013

- Multidisciplinary team care planning had been introduced in 2012.

Care standards

Individual care and treatment plan

A sample of clinical files was examined. The residence used multidisciplinary (MDT) care plans which were regularly reviewed and updated. The team meeting, including MDT review of the residents of Kelvin Court took place each Tuesday and the consultant psychiatrist ran a clinic every second Thursday. There was regular medical, nursing and occupational input into these files. Care plans were Recovery oriented and in many instances, the resident had signed their own care plan. There was evidence of psychiatric review by the consultant psychiatrist for each resident at least every six months and often, more regularly. There was no key worker system in place but it was hoped that this would progress as staff had identified a need to introduce such a system.

Physical health reviews were carried out by a general practitioner (GP). One GP provided this care and treatment to all of the residents. All residents had a full physical examination every six months or sooner based on need. The service did not come under the care of a specialist rehabilitation team but under a General Adult Team (Carlow North). All residents were risk assessed and these risk assessments were reviewed and updated depending on need. Staff presented as positive and proactive.

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

A number of residents attended the Castle Activation Centre. One resident attended a behavioural programme at the Dolmen Centre which was situated on the campus of St. Dympna's Hospital. A timetable outlined the structure of day for various groups of residents, which included leisure and recreation activities such as bus rides for social outings, picnics, outdoor walks and one-to-one communication, involving interests of the residents and topical events. A standard routine for all residents included daily personal hygiene, household skills, social skills, care of personal effects, communication and speech and gesture.

Care of individual personal effects was also encouraged such as the use of personal memorabilia/personal effects and maintaining responsibility for own property and the property of others. Some of the residents communicated well verbally; others used gestures to indicate their wishes.

Activities such as baking, gardening, Sonas (a therapeutic activity for people who have significant communication impairment involving cognitive, sensory and social stimulation), beauty therapy, bingo, cinema, shopping, Cognitive Arts and Crafts, sports and bowling took place for residents. There was music entertainment every Friday evening.

The occupational therapist had great involvement with the above therapeutic programmes and this was evidenced by regular entries into the residents' individual clinical files.

The speech and language therapist had just completed a review of the swallow reflex of seven residents and following this review, the community dietician was about to review the diet of all residents.

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

A number of residents went for coffee with a member of staff most mornings. The majority of residents lacked the capacity to be facilitated in being actively involved in their own community.

Facilities

The premises were bright, modern and clean. All residents had their own bedroom and so privacy and dignity were maintained. The dining areas and the sitting room areas were rather small in each house. The design of all four bungalows was a dormer style such that the high-pitched roofs in each house contained many square footage of unused space. There were no stairs leading to these attic spaces, although a fitted attic ladder was insitu in all four houses to allow storage of certain items such as Christmas decorations. The houses had not been interiorly decorated since they opened in 2009 and had stood up well to the passage of four years. The build quality of all four houses was excellent. Doorways only just about allowed for access by wheel chair. Some of the Parker baths had been installed in the bathrooms in unusual positions e.g. the side door to one bath was opposite the bathroom door rather than being on the same side and another Parker bath was installed in a sideways position. It led the inspector to conclude that the Parker baths had been installed as an afterthought.

Staffing levels

STAFF DISCIPLINE	DAY WTE	NIGHT WTE
CNM2	1	0
RPN	2	2
Fourth Year Nursing Intern	1	0
Health care assistant	1	2
Housekeeping	3	0

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

Team input

DISCIPLINE	NUMBER	NUMBER OF SESSIONS
Consultant psychiatrist	1	Once per week and when required
NCHD	1	When required
Occupational therapist	1	Sessional
Social worker	1	When required
Clinical psychologist	1	When required
Other – Speech and language therapist	1	Sessional
Community dietician	1	Sessional

Medication

The standard of prescribing medication was excellent as was the documentation of the administration of medication. Medication was delivered to the residence in pre-packed format by a local pharmacy. The prescriber of medication was the consultant psychiatrist, the NCHD and the GP. Depot injections were administered by nursing staff of the residence.

Tenancy rights

The Health Service Executive (HSE) owned the building. Residents paid rent every week. The rent was means tested and varied per resident between €155 and €175 per week. This charge included all food and utilities. There was no kitty or social fund. The complaint procedure was highlighted in a prominent area of the residence.

Financial arrangements

Residents did not have a bank, post office or credit union account. All monies attributed to residents were held in individual accounts maintained by a HSE officer in the General Office in St. Dympna's Hospital, Carlow. Information in relation to this arrangement was sought by the Inspectorate following the inspection and was received in writing from the service as follows:

The residents' pensions/allowances etc. were paid directly from the Department of Social and Family Affairs to the Patients Private Property Account, Central Unit, H.S.E., Tullamore, Co. Offaly. However, the monies of the two Wards of Courts were managed directly through the Wards of Court Office. There were also three residents whose families managed their financial affairs and dealt directly with the Accounts Officer in St. Dympna's Hospital, Carlow.

St. Dympna's Hospital, Carlow operated a local Patients Private Property Account. Residents' monies were lodged via the pension run operated by the Central Unit in Tullamore on a fortnightly basis to the local account operated in St. Dympna's Hospital, Carlow. In addition, the Wards of Court Offices and the families as mentioned above lodged directly into the same local account.

There was no formal arrangement in place in the issuing of account statements to the residents in question. However, the Accounts Officer in St. Dympna's Hospital Carlow dealt with all queries made by a resident or the residents' families.

The same applied to the residents who were Wards of Court. However, the Wards of Court Office transferred monies to the residents' local Patients Private Property Accounts twice yearly or more frequently if requested.

All residents had not consented to these arrangements and in many cases did not have the capacity to manage their affairs. However, it was reported that all of the residents' families were aware of and were happy with the current arrangements in place.

The Patients Private Property Account was operated in accordance with the National Patients Private Property Guidelines.

Service user interviews

One resident requested to speak with the inspector in relation to a number of matters but then declined to speak about these matters when met by the inspector.

Conclusion

Kelvin Court was situated on the campus of St. Dympna's Hospital, Carlow which was located in the centre of Carlow Town. Each house catered for the specific individual needs of residents with varying degrees of intellectual disability. Entry to the complex was via a large, locked, wrought iron electronic gate. The premises were bright, modern and clean. All residents had their own bedroom and so privacy and dignity was maintained. MDT care plans were used and were regularly reviewed and updated and were recovery oriented. In many instances, the resident had signed their own care plan. There was an excellent programme of therapeutic activities which were individualised to suit the needs of all residents. The financial arrangements involving residents' monies were outdated and were in need of updating.

Recommendations and areas for development

1. Residents with capacity should be encouraged to have their own individual bank accounts.

2. A key worker system should be introduced.