Mental Health Services 2011

Inspection of 24-Hour Community Staffed Residences

EXECUTIVE CATCHMENT AREA	Carlow, Kilkenny, South Tipperary
HSE AREA	South
MENTAL HEALTH SERVICE INSPECTED	Carlow, Kilkenny
RESIDENCE INSPECTED	Lismore
TOTAL NUMBER OF BEDS	10
TOTAL NUMBER OF RESIDENTS	10
NUMBER OF RESPITE BEDS (IF APPLICABLE)	0
TEAM RESPONSIBLE	Rehabilitation
DATE OF INSPECTION	26 October 2011

Description

Service description

Lismore, a 24-hour staffed residence provided high support accommodation to 10 individuals. It had previously been a medical residence and was converted into a community residence in 1991. Located approximately one mile from Kilkenny city, and with no public transport serving the locality, residents relied on personally funded taxis or the staff driven car allocated to Lismore to travel to and from the residence. The gardens surrounding the residence were attractive and well kept and this was largely attributable to the interest and endeavours of one resident.

Profile of residents

There were six men and four women resident in Lismore, ranging in age from 48 to 69 years, with most residents having an average of 50 years. Many residents had moved into the residence when St. Canice's Hospital had closed. One person had been resident in the mental health services since 14 years of age. Several residents had physical conditions, including traumatic brain injury, and required a high level of support across self-care, rehabilitation and leisure areas and physical nursing care.

Quality initiatives and improvements in the last year

- The garden had been tidied up.
- A new multi-person carrier vehicle had been purchased for the residence.
- Fresh fish was delivered once a week and was a popular meal choice with residents.
- The Camberwell Assessment of Need had been implemented for all residents.
- A bio-psychosocial profile had been completed for each resident and was used to support individualised rehabilitation.
- Nursing students came to Lismore on clinical placement.
- A residents' community meeting had been introduced.

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

All residents had an individual care plan which was reviewed and updated every three months. Residents were actively involved in their own care plans and the rehabilitation process. Families were also involved in care planning and attended the care plan meeting as appropriate and with a resident's consent. Individual care planning was informed in part by the Camberwell Assessment of Need. Psychiatric reviews and care planning meetings took place in the day hospital. Each resident had their own general practitioner.

The registrar attended the residence on a weekly basis. Residents had access to occupational therapy, clinical psychology and social work.

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

Residents attended various rehabilitation activities outside the residence on a daily basis: four residents attended Tus Nua rehabilitation centre in the city; one resident attended the Wheelchair Association day centre; three residents attended the St. Canice's Industrial Therapy Unit. Recently appointed management in the Industrial Therapy Unit had vocational training experience and activities on offer included computer skills, literacy skills, library visits, yoga, art, exercise and woodwork. Activities were also provided within Lismore, including gardening, relaxation, activities of daily living, social outings to the city and cooking in the well-fitted out kitchen. Residents were supported in cooking some meals and snacks if they wished. Residents were encouraged to go to town and keep in touch with family and friends.

Residents moved on to low support accommodation if suitable to their needs. Two women were due to move, one to Altamount and one to Mount Lacken residences and had been spending overnights in these residences in preparation for their transfer.

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

Residents were encouraged to participate in community activities and several residents went to local shops, the coffee shop, the library, banks and credit union. There was no public transport convenient to Lismore and therefore, residents relied on taxis or being driven by staff in the residence's car.

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

The residence was dated and somewhat institutional in appearance, owing to the lino floor covering throughout, some narrow corridors and doorways and the decor of the hallway. The paintwork and decor was in good order. Furnishings were modern and there had been an evident effort made to make the residence comfortable, welcoming and homely. There was a smoking room, two sitting rooms and a dining room. Daily newspapers were available. There were TVs, an exercise bike, table games and a music centre in the sitting rooms. Outside a barbeque and garden furniture were provided and barbeques were held during the summer. Interaction between residents and staff evidenced easy, respectful communications. There were nine bedrooms in all, which meant that not residents had individual bedrooms. Bedrooms had adequate furnishings and large wardrobes for storage. Several residents had televisions in their bedrooms and the majority of bedrooms had been personalised with pictures and belongings. There was one shower room and lavatory downstairs and a shower, a bathroom and lavatory upstairs. The building was not wheelchair accessible. Staff stated that four hours housekeeping provision five days per week was not sufficient to maintain the residence in good order given the physical profile of

residents. Staff reported that the fire-exit lighting and smoke detectors were being replaced to render the house fully fire safety compliant.

Staffing levels

STAFF DISCIPLINE	DAY WTE	NIGHT WTE
CNM 2	1	0
RPN	2	2
Housekeeping	4 hours per day Monday to Friday	0

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

Team input (sessional)

DISCIPLINE	NUMBER OF SESSIONS
Consultant psychiatrist	As required
Non Consultant Hospital Doctor	As required
Occupational therapist	As required
Social worker	As required
Clinical psychologist	As required

Describe team input

The nursing staff attended the multidisciplinary team (MDT) meeting. The MDT reviewed individual care plans on a three-monthly basis and this meeting was held in the day hospital and attended by the resident and family if required. The registrar visited weekly and reviewed individuals if required.

Residents had access to clinical psychology, social work and occupational therapy, however not all teams were fully resourced. There was no occupational therapist on the rehabilitation team. One individual file inspected recorded a referral on the 11 June 2009 for occupational therapy (OT) assessment in the activities of daily living. The assessment was required to inform and support the rehabilitation and recovery pathway. Approximately three years later there was no evidence that the individual resident had been provided with this assessment and the clinical file contained repeat notes which stated that the OT assessment report remained outstanding.

Medication

No resident was self-medicating. Medication was prescribed by the rehabilitation team and the prescription was brought to the general practitioner who prescribed it on the medical card form. The prescription was then collected from the pharmacy by the resident. Each person's medication was kept separately in a box for ease of administration. The residence had an excellent medication policy. Medication was prescribed in a booklet format. Prescriptions were legible and Medical Council Numbers (MCN) were entered by the prescribing doctors on a sheet at the back of the drug kardex. Some prescriptions were out of date, having been written in 2009. Only one resident was prescribed regular benzodiazepines and one resident was taking a hypnotic regularly. Most residents were prescribed antipsychotic medication. Blood tests for clozapine medication were provided at St. Luke's Hospital and the medication was administered in the day hospital.

MEDICATION

NUMBER OF PRESCRIPTIONS:	10	%
Number on regular benzodiazepines	1	10%
Number on more than one benzodiazepine	0	0
Number on PRN benzodiazepines	4	40%
Number on benzodiazepine hypnotics	1	10%
Number on Non benzodiazepine hypnotics	0	0
Number on PRN hypnotics	2	20%
Number on antipsychotic medication	8	80%
Number on high dose antipsychotic medication	0	0
Number on more than one antipsychotic medication	2	20%
Number on PRN antipsychotic medication	3	30%
Number on Depot medication	1	10%
Number on antidepressant medication	3	30%
Number on more than one antidepressant	1	10%
Number on antiepileptic medication	8	80%
Number on lithium	2	20%

Tenancy rights

The building was HSE owned. There were no tenancy agreements in place. All residents were in receipt of Disability Allowance and paid a weekly rent of €40.00 and a “kitty” subscription of €35 which covered bed and board. One resident received a fuel allowance. A residents’ community meeting had recently been introduced and this meeting addressed any issues or preferences of residents and house rules if required. The suggestion of fresh fish being added to the weekly menu had emanated from this meeting. An advocate for the residents visited the house regularly. The HSE procedure for the making of complaints was posted on the notice-board in the hallway. A complaints log was maintained in the house and examination showed that complaints were responded to in a timely manner.

Financial arrangements

All residents had bank or credit union accounts. Most residents managed their own finances. One resident was a Ward of Court and in one instance, the family managed a resident’s monies. A petty cash book was held for each resident within Lismore and this was signed by a staff member and the resident and was audited monthly by the ADON (assistant director of nursing). An account of residents’ savings was kept in the residence which they could refer to at any time. There was a money management policy specifically for the residence.

Leisure/recreational opportunities provided

A number of outings were arranged during the year for the residents. There were two sitting rooms with DVD players. The residents were free to come and go during the day. The day centre and industrial therapy unit arranged various recreational activities during the day.

Service user interviews

Several residents were greeted by the inspector during the course of the inspection. All expressed satisfaction with their care and accommodation and commented positively on their communication and relationship with staff. All stated that the catering and meals were of a good standard and that their preferences were taken into consideration. Residents were aware and informed about their individual rehabilitation plan.

Conclusion

Lismore provided excellent rehabilitation care in a high support setting. Residents were all engaged in activities outside of the residence as ability allowed and there was an active rehabilitation pathway. The interaction between residents and staff impressed as being easy, relaxed and positive. It was encouraging to see that residents were able to access the kitchen to cook and keep ADL (activities of daily living) skills alive. The staff were very supportive in this regard. A number of residents had significant physical care needs, however, the building was not wheelchair accessible. The standard of record keeping was excellent, all resident had individual care plans. Single room accommodation was not available to all residents, however, the service stated that their plan was to reduce the bed numbers in hostels and this would facilitate the provision of single room accommodation in Lismore in the future.

Recommendations and areas for development

1. Out- of-date prescriptions should be reviewed.

2. Single room accommodation should be available for all residents.

3. Occupational therapy input should be sufficient to support rehabilitation and recovery needs.