

Mental Health Services 2011

Inspection of 24-Hour Community Staffed Residences

EXECUTIVE CATCHMENT AREA	Independent Sector
HSE AREA	Independent Sector
MENTAL HEALTH SERVICE INSPECTED	Cluain Mhuire
RESIDENCE INSPECTED	Oropesa House
TOTAL NUMBER OF BEDS	21
TOTAL NUMBER OF RESIDENTS	21
NUMBER OF RESPITE BEDS (IF APPLICABLE)	1
TEAM RESPONSIBLE	3 General Adult teams from Cluain Mhuire Service
DATE OF INSPECTION	12 May 2011

Description

Service description

This 24-hour residence was situated within a complex of purpose built services developed by St. John of God Brothers in Stillorgan. The complex included a supported housing apartment block. It was opened 12 years ago and housed 13 males and eight females on the day of inspection. The building was clean and well maintained and was surrounded by an extensive, although underdeveloped garden area. A walk-in shower area on the ground floor had been identified and was to be built in the near future to facilitate people with a physical disability. The staff reported that the ethos was one of rehabilitation and the purpose was to move residents to more independent accommodation and educate them for this.

Profile of residents

There were eight females and 13 males in residence on the day of inspection. The youngest was in his 30s and the oldest was 56. The average age was 45. The length of stay was generally two to four years, although two residents had lived there for 10 years. Some of the residents had previously spent long periods in hospital.

Quality initiatives and improvements in the last year

- A service user research group had completed a satisfaction study.
- An audit of medication management had identified processes that needed to change.
- The Client Assessment of Specified Identified Goals (CASIG) and Staff Observation and Client Information (SOSIG) assessment tools were introduced two years ago.
- The SOURCE (Source of User Research Collaboration and Expertise) service user group had carried out a patient satisfaction survey.

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

The CASIG and Staff Observation and Client Information (SOSI) Assessment tools were being introduced for all new referrals to the service. This latter was given to family members to complete and both tools informed the individual care plans. An initial Contract of Care was signed by the resident and key worker.

The individual care plans were subsequently developed with the multidisciplinary team and reviewed on a rotational basis every three months. In clinical files examined, these were completed by staff, but responsibility for individual tasks was not specified on them. Individual care plans for those not on CASIG were kept electronically on the Mental Health Information System (MHIS) developed by the St. John of God Service. Clinical notes, laboratory results and referral data were also maintained on this password protected system. Residents did not sign these care plans.

All residents had a general practitioner (GP) and attended their GP surgery on an out-patient basis. The GP reviewed their physical status and prescribed medication for their general health needs. However, staff at the residence had no record of the physical examinations having taken place. Staff reported that the consultant psychiatrist and registrar attended the service at least monthly or more frequently on request, to conduct mental health reviews.

The Short-Term Assessment of Risk and Treatability (START) tool was used and was done by the referring team.

There was no specialist Rehabilitation team attached to the service, although staff reported they have sought one. Staff reported that the service actively promoted independent living for those residents who could benefit from it. Such residents were encouraged to move into the adjacent supported apartments when vacancies arose. Staff had developed contacts with the RESPOND social housing organisation, as a result of which a number of their apartments had become available to the service. They hoped that this would create movement in the system enabling some residents to move from the adjacent apartments and create vacancies for residents of Oropesa House who were ready to move on.

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

The daily program of activities was displayed on a notice board. This showed that a Cooking Skills group and Education and Wellness group were to be held on the day of inspection. Residents could attend the Day Hospital in Cluain Mhuire and avail of support and psychotherapy services. They could also attend the National Rehabilitation Service in Roslyn Park, or a drop in centre in Burton Hall which provided a members club.

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

This house was situated near a main bus route and near Stillorgan Shopping Centre and there was access to public transport nearby. Staff reported that residents were encouraged to go to shops or for walks. They had liaised with a local gym which facilitated resident membership. Although fees were supplemented by the service, staff reported that membership was too expensive for people on social welfare benefits.

Residents could attend the drop in centre and club at Burton Hall. The REFRESH programme there facilitated attendance at joint classes between service users and student nurses through a link which had been established with University College Dublin.

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

The building was purpose built, relatively new and was well maintained. All residents had their own bedrooms. Bathrooms and showers were in good condition. Residents had access to two sitting rooms. There was a large green area to the rear of the building. Staff reported they were trying to access funding to landscape this area. A copy of a fire equipment servicing report was available to the Inspectorate. A safety statement was available.

Staffing levels (full time in residence)

STAFF DISCIPLINE	DAY WTE	NIGHT WTE
Nursing	CNM1+2 RPN	1RPN (CNM3 on call)
Social Care	1	1

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

Team input (sessional)

DISCIPLINE	NUMBER OF SESSIONS
Consultant psychiatrist	Monthly or as required
NCHD	As required
Occupational therapist	0
Social worker	As required
Clinical psychologist	As required
Catering	0.5+ contract service at week-ends

Describe team input

Staff reported that all team members attended the monthly team meetings which were held on the premises.

Medication

Staff reported that psychotropic medications were prescribed by the non-consultant hospital doctor (NCHD) or the consultant psychiatrist. The GP prescribed medications for general health. Residents attended the clinic for administration of their depot injections. Staff reported that residents participated in their own medication management in accordance with their care plan.

Tenancy rights

Tenancy agreements were made with residents on admission. These outlined the rules of the hostel, which staff reported had to do with drug or alcohol misuse, and damage to property.

The complaints procedure was displayed on the wall. A box was available for residents to make complaints. Staff reported that this required residents to make a complaint to the CNM3 or Director of Nursing. A policy was available but no written record of complaints made, was available.

Financial arrangements

Residents had their own bank accounts and managed their financial affairs themselves. Rent of 75 euro per week was payable. The service was examining the possibility of introducing a system of direct debit payments to facilitate the payment of rent but to date this had not been possible for administrative reasons.

Leisure/recreational opportunities provided

Staff reported that residents availed of an Out and About club, involving basketball, walking and going to the local swimming pool. This was linked to the care plans by the CASIG and SOSI systems. One nurse was trained by the Sports Council of Ireland as a sports coach. Some residents attended the local branch of Weight Watchers. Nineteen residents had participated in a variety of clubs run by the Mental Health Association.

TV, DVD and board games were available. There was an information folder on activities available in the local community. One resident interviewed by the Inspectorate had just been for a walk.

Service user interviews

Three residents were interviewed. All expressed satisfaction with the service.

Conclusion

Oropesa House provided continuing care and rehabilitation services for people with enduring mental illness. The service was situated in a purpose built and well maintained complex operated by the St. John of God services. Staff were enthusiastic about the introduction of the CASIG and SOSI assessment tools and efficient use of resources was evident in use of the electronic Mental Health Information System. There was evidence that effort had been put into developing links to the local community and this effort had resulted in additional housing facilities being made available to the service, which it was hoped would result in increased independence for some residents.

Staff reported that policies relating to the service were on the Mental Health Information System, but they were unable to access these on the day of inspection.

Recommendations and areas for development

- 1. The service should consider the introduction of a schedule of physical examinations performed by the GPs.*
- 2. Individual care plans should specify responsibility for interventions.*
- 3. Individual care plans should facilitate patient signatures or state why this was not possible.*
- 4. Up to date service policies should be available to staff.*