

Mental Health Services 2013

Inspection of 24-Hour Community Staffed Residences

EXECUTIVE CATCHMENT AREA/INTEGRATED SERVICE AREA	Galway, Roscommon
HSE AREA	West
MENTAL HEALTH SERVICE	West Galway
RESIDENCE	Sycamore House, Clifden
TOTAL NUMBER OF BEDS	10
TOTAL NUMBER OF RESIDENTS	9
NUMBER OF RESPITE BEDS (IF APPLICABLE)	1
TEAM RESPONSIBLE	Sector Teams
TYPE OF INSPECTION	Unannounced
DATE OF INSPECTION	8 March 2013

Summary

- Sycamore House was built and owned by the Connemara Sheltered Housing Association. Residents had a tenancy agreement with this voluntary group. The Health Service Executive staffed and managed the hostel. All residents had lived in the community residence since it opened in 2005.
- Sycamore House was closely involved with the adjacent Elm Tree Day Care Centre. Residents participated in Elm Tree activities on a daily basis and staff split their time between the two facilities. Elm Tree was awarded a National Service User's Executive award in 2012 for being an innovative service. A Recovery ethos and culture was notable on entering the hostel and meeting residents and staff.
- Being the only high support hostel in Connemara meant that some residents were a long distance from home and this made it more difficult to integrate back into one's own locality.

Description

Service description

Sycamore House opened in June 2005 and was a purpose built hostel. The house was built and owned by the Connemara Sheltered Housing Association and residents had a tenancy agreement with the voluntary group. The local Mental Health Association was also active in its support of life in the hostel. The hostel was on Hospital Road in Clifden town and was adjacent to the Elm Tree Day Centre which was located just down the road and close to the amenities of the town. The two story house was bright, airy and modern and set in a large garden which featured a Poly tunnel and vegetable garden. The garden also featured a beautifully landscaped seating area with wooden sculpture, water pool and large granite rocks. This garden had been provided by a benefactor. Some residents had been in Sycamore House since it opened. There was one respite bed which had just become vacant two days previously. Staff said that as appropriate and according to individual assessed needs, some residents would likely move to nursing home accommodation. Staff stated that the ethos of the hostel was to rehabilitate residents and to integrate into their local community and anticipated more through put of residents in the future. The role of the Elm Tree Centre and the programme within the hostel were pivotal to this.

Profile of residents

On the day of inspection there were nine residents, comprising four males and five females, ranging in age from 37 to 74 years. One resident was of detained status and was on approved leave from the Department of Psychiatry, Galway University Hospital. All other residents were voluntary and in charge of their own affairs. Residents were mobile and actively contributed to life in the house.

Quality initiatives and improvements in 2012/2013

- Sycamore House was re-decorated and re-furnished. This included the repainting internally and externally, and the provision of new office furniture and a new oven. The gardens were landscaped.
- Two residents attended an organic gardening course and one resident attended a dance course.

Care standards

Individual care and treatment plan

Each resident had an individual care plan (ICP) with a weekly schedule laid out. The care plans were client centred with the residents' values, preferences and aspirations to the fore. The individual care plans were reviewed at least six monthly or more frequently if needed. The ICPs recorded in the individual clinical files were very much personalised and not generic in nature. The residents all participated on a daily basis in the programmes and activities in Elm Tree Centre. The non consultant hospital doctor or the consultant psychiatrist held an outpatient clinic in Elm Tree Centre six-weekly for the North Connemara sector and every quarter for the Oughterard, Moycullen sector and residents met with their doctors at these clinics. The non consultant hospital doctor would attend Sycamore House as required. Day to day medical care was charged to the resident's general practitioner. Each resident had a six monthly general health examination completed by their GP and a log of these examinations and any other tests or medical appointments were maintained by nursing staff in Sycamore House.

The clinical files were well maintained and it was easy to track residents' physical and psychiatric health status. Each resident had been needs assessed, including functional assessment and risk assessment. Discussion with staff indicated that staff knew the residents well and were in a position to provide appropriate support with just the right challenge to support each resident in achieving optimal health and wellbeing. Staff impressed as being optimistic about what residents might personally achieve, and were committed to providing support in relation to behavioural programmes also.

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

At the time of inspection, some residents had just arrived back from completing the weekly shop with the help of the multi-task attendant. Groceries were being unpacked and put away in cupboards and in the fridge-freezer. Fresh brown bread which had been baked that afternoon in Elm Tree Centre by some residents was being cut into and fruit and yogurts were being snacked upon. The kitchen was a homely affair with domestic style wooden furnishings and it was evident that residents had a well established activities of daily living routine and there was a bustle and energy to the activities of putting away foodstuffs, wiping down surfaces and sweeping the floor. Residents each had a personal laundry basket and did their own laundry. Each resident cleaned their own bedroom. The main meal each day was cooked and served by a cook in Elm Tree and then residents prepared and ate their own tea in Sycamore House. Residents generally ate out at the weekend in a pub or restaurant in the town with each resident paying for their own meal.

All residents participated in the Elm Tree Centre each day. This centre provided a good range of arts, crafts, educational and recreational activities and also psychotherapy and counselling. Local artists and vocational educational committee (VEC) teachers had input to the centre and this meant that a good standard was achieved by residents in their endeavours. Practical activities in Elm Tree included literacy, reading group, computer skills, cooking and baking, upholstery, pottery, arts and crafts, horticulture, knitting and sewing. There was access to local National Learning Network facilities also if required.

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

Sycamore House was well located and there was ready access to all the amenities on offer in Clifden. Residents did the grocery shopping for the house. Each resident had a post office account and some residents had a bank account. Residents accessed the local library, cinema, churches, coffee shop, shops, bingo hall, music sessions in pubs, Cluid Housing Association social events and a gym and swimming pool at a local hotel. There was a multi-person carrier available and group trips could be organised at the weekends. The Galway races and Kylemore Abbey had been popular outings. Several residents also used public transport to visit home and sometimes residents stayed overnight at home or went on holidays with family. There was €100 three-monthly social fund provided by the HSE to facilitate social and recreational activities in the community. A daily newspaper and a weekly local paper were provided in the house.

Facilities

Sleeping accommodation comprised six single rooms and two twin-bed rooms. The shared bedrooms did not provide adequate privacy. These two rooms featured an ugly room divider of approximately four to five feet height. Whilst these dividers provided some privacy when lying in bed asleep, residents had to go to the bathroom to undress and change clothes. Otherwise the house was homely and spacious. The sitting room featured abundant healthy looking indoor plants, television, music centre, personal photographs, an open fireplace, and attractive soft furnishings and couches. There was an exercise bike for residents' use. The hallway had a public telephone and a fish tank. The house was maintained to a good standard and the surrounding gardens were well kept and a well used resource, both for growing plants and vegetables and for sitting out.

Staffing levels

STAFF DISCIPLINE	DAY WTE	NIGHT WTE
CNM2	1 shared with Elm Tree	0
RPN	1	1
MTA	1	1

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

Team input (Clifden team)

DISCIPLINE	NUMBER	NUMBER OF SESSIONS
Consultant psychiatrist	1	Six weekly
NCHD	2	Fortnightly
Occupational therapist	1	As required
Social worker	1	Weekly/more if required
Clinical psychologist	1	1.5 days per week

Team input (Oughterard. Moycullen team)

DISCIPLINE	NUMBER	NUMBER OF SESSIONS
Consultant psychiatrist	1	Three monthly
NCHD	2	Three monthly
Occupational therapist	1	Occasional only as required
Social worker	1	Weekly
Clinical psychologist	1	On day per week

Sector teams were based in Galway city and visited the mental health services in Clifden as detailed above.

Medication

The non consultant hospital doctor or consultant wrote up prescriptions at the outpatient clinic. The resident brought the prescription to their own GP who rewrote the prescription on a medical care prescription form if applicable. The local pharmacy dispensed medications in blister packs. Most residents were self medicating. Depot injections were administered in the residence. Two residents were on Clozaril medication and this was administered in the Clozaril Clinic at the Department of Psychiatry, Galway University Hospital. Blood tests were done locally either by the GP or in Clifden Community Hospital. One resident was on PRN (as required) sleeping medication but rarely required to take this medication.

Tenancy rights

Each resident paid a flat rate of €70 for bed and board. Residents had a tenancy agreement with the voluntary housing association. A social fund was provided by the HSE and used to support social and recreational activities in the community. Residents did not make a regular contribution to a household social fund but instead contributed for special occasions such as a birthday celebration, and paid for themselves for most outings or events in the community.

There was a monthly community meeting and a record of proceedings was maintained. The community meeting log was inspected and showed that issues were openly discussed and resolved. The complaints procedure was well advertised within the house and a complaints book was kept. This was inspected and there were no complaints reported.

Financial arrangements

Each resident paid a weekly sum of €70 for bed and board. The CNM2 oversaw the management of this money. Each resident had their own post office book or bank account and residents managed their own monies. Residents could keep a small amount of pocket money in safekeeping in the house and a counter-signed receipt log was maintained and was available for inspection. Most residents were in receipt of a social welfare allowance and rent supplement.

Service user interviews

The inspector spoke briefly with some residents and all expressed their satisfaction with living in Sycamore House and with the care provided and relationships with staff both there and in Elm Tree. Each resident was aware of their individual care plan. A member of the National Service User Executive was actively involved in the Clifden mental health services and residents were aware of this. There was a notice board in the hallway which provided information about relevant self-help and voluntary groups.

Conclusion

Sycamore House was well situated in Clifden town and provided 24-hour nursing support to residents and facilitated community integration. Residents all left the house during the day and were involved in a range of pursuits both within the mental health service system such as Elm Tree Centre and within the community. There was an evident Recovery ethos within the residence and residents expressed satisfaction with living there. Each resident had an individual care plan which was crafted to facilitate optimal functioning and rehabilitation. The involvement of the Connemara Sheltered Housing Association and the local Mental Health Association helped keep the residence firmly anchored within the local community. Staff had also taken part in national and local fundraising events and this contributed to the profile of Sycamore House and Elm Tree Centre within the local community.

Recommendations and areas for development

- 1. All accommodation should be in single rooms.*