

Mental Health Services 2011

Inspection of 24-Hour Community Staffed Residences

EXECUTIVE CATCHMENT AREA	South Lee, West Cork
HSE AREA	South
MENTAL HEALTH SERVICE INSPECTED	West Cork
RESIDENCE INSPECTED	Saol Nua, Skibbereen
TOTAL NUMBER OF BEDS	8
TOTAL NUMBER OF RESIDENTS	7
NUMBER OF RESPITE BEDS (IF APPLICABLE)	1
TEAM RESPONSIBLE	General Adult
DATE OF INSPECTION	31 May 2011

Description

Service description

Saol Nua, a 24 hour staffed community residence, provided both a continuing care and a respite service based on recovery principles. It was located on the general hospital campus and was a good walking distance from Skibbereen town centre.

It was evident that Saol Nua had a clear sense of identity and purpose. Its information poster and leaflet stated “there is an individual/personal recovery ethos, which is user led, has a proactive, positive approach which focuses on resident’s strengths, abilities and skills. In continuing care residents will become empowered to manage their lives in a way that allows them to achieve a personal meaningful life and a positive sense of belonging in the community as they progress towards living independently”.

Profile of residents

The age range of residents was from 52 to 70 years of age, with an average age of 63 years. There were five male and two female residents on the day of inspection. The residence had opened in 2009 and most individuals had been resident since that time.

Quality initiatives and improvements in the last year

- An excellent self medication management programme had been introduced. This incorporated a staged approach and was well supported with document templates to record learning and goal attainment in self medicating.
- The kitchen was HACCP (Hazard Analysis and Critical Control Point) compliant and residents cooked meals and were fully involved in menu planning. There was a sense of a shared community at mealtimes owing to individual roles and responsibilities.
- Nursing staff had completed training in the principles of recovery and a two-day WRAP (Wellness and Recovery Action Plan) Workshop.
- Saol Nua had developed a philosophy statement which was posted at the entrance. This announced that Saol Nua structured its focus around core recovery themes, namely, managing mental health, self-care, social networking, responsibilities, identity and self-esteem, trust and hope.
- Residents managed their own finances and accounts.
- Transition year students on work-placement were welcomed into the residence.

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

Each resident had an individual care plan, was at the centre of the care planning process and signed their individual care plan. The Camberwell Assessment of Need and the Sainsbury Risk Assessment tools were used to support the needs assessment process. The Recovery STAR had been identified as a useful support to individual recovery planning and there were plans to use this with individuals in their care planning and outcome review. The Recovery Star had been tried out with a few residents and their feedback was positive and identified the tool as meaningful and making sense.

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

Saol Nua supported a dynamic programme of activities for all residents. Each individual's rehabilitation and recovery process was underpinned by the judicious use of the assessment tools mentioned above. Each resident had an individual recovery plan which incorporated clearly specified goals and this was documented in the clinical file and reviewed monthly. Residents were variously involved in the Active Elderly programme, in Rehab Care programme, in the Droumleigh Resource Centre activities, and in the VEC supported gardening and cooking within Saol Nua residence, and in music, keep-fit and art sessions. Residents accessed programmes and community activities by number of means: the mini-bus available to Saol Nua, one resident had their own car and other residents travelled independently or by taxi.

The ethos of Saol Nua was to promote resident choice and control over their individual lives. Realising this ethos required informed risk taking and this involved a shift in staff perception and behaviour. It also involved a bolstering of residents' independent living skills and ability to personalise a recovery plan. To this end, a change process was facilitated in collaboration with relevant partners. The VEC and Cork Mental Health Foundation provided social skills training, gardening, cookery and art classes to promote service user voice and participation. A vibrant community meeting operated in Saol Nua and addressed issues related to community living and quality of life.

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

The West Cork Mental Health Service was uniquely embedded in mainstream community social and voluntary activities. This supported the participation by Saol Nua residents in any community activities they wished to participate in. Residents variously went to a local prayer group meeting, to the local cattle mart, shopping, walking either alone or as part of an organised group, eating out, to Mass in the local church and to the post office. The West Cork Mental Health Service participated in the Co-operative Learning and Leadership Programme (a Dublin City University, Irish Advocacy Network, National Service User Executive and Health Service Executive collaboration) and Saol Nua residents could participate in the Dialogues. The West Cork Mental Health Forum had organised community events in Spring-time 2011 and a Mad Pride family fun day in June 2011 and some residents had participated.

Family and friends were welcome to visit and residents were supported in spending time out and at home, including weekends.

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

Saol Nua was a well-maintained, clean and bright building. The sitting rooms and bedrooms conveyed a personal sense of the individuals who were in residence. Residents were relaxing and enjoying the communal spaces at the time of the inspection. The printed aluminium door plaques, for example, “sluice room”, conveyed a clinical rather than a step-down residential environment. Accommodation was in single rooms and there was ample room for storing personal belongings, including bedroom furniture with individual key locks. The fact of being situated on a healthcare campus and being some good distance outside the town centre was offset to some extent by the care and attention given to create an attractive out-door space and garden which was used by residents.

Staffing levels

STAFF DISCIPLINE	DAY WTE	NIGHT WTE
RPN	1	1
HCA	1	0

Clinical Nurse Manager (CNM), Registered Psychiatric Nurse (RPN), Non Consultant Hospital Doctor (NCHD), Healthcare Assistant (HCA)

Team input

DISCIPLINE	NUMBER OF SESSIONS
Consultant psychiatrist	On request
Non Consultant Hospital Doctor	On request
Occupational therapist	None
Social worker	On request
Clinical psychologist	None
Other – VEC instructors in Art & Home Economics	3 sessions per week

Describe team input

The multidisciplinary team (MDT) met monthly in Perrott House, Skibbereen, to review individual care and this was recorded in the individual clinical file. Residents signed their own individual care plans which were reviewed on a six monthly basis or more frequently if required. Residents met with the treating consultant every six months and with the NCHD on a monthly basis.

The NCHD attended Saol Nua to see individual residents. All residents had their own general medical practitioner. Physical reviews were carried out by the general practitioner and a record was kept in the individual clinical file.

Medication

Not all signatures were legible on the prescriptions. Prescribing doctors did not use Medical Council Numbers (MCN). In the case of four residents, the prescribing doctor had not signed the kardex for each individual medication prescribed. Drug charts were rewritten every six months.

Saol Nua operated a staged programme in self-medicating. Written and verbal information on various medications was provided to residents by nursing staff. Leaflets on medications were available in folders in one of the sitting rooms. Three residents were on depot medications.

MEDICATION

NUMBER OF PRESCRIPTIONS:	7	%
Number on regular benzodiazepines	3	42%
Number on more than one benzodiazepine	1	14%
Number on PRN benzodiazepines	5	71%
Number on benzodiazepine hypnotics	2	28%
Number on non benzodiazepine hypnotics	0	0
Number on PRN hypnotics	3	42%
Number on antipsychotic medication	7	100%
Number on high dose antipsychotic medication	2	28%
Number on more than one antipsychotic medication	4	57%
Number on PRN antipsychotic medication	3	42%
Number on Depot Medication	3	42%
Number on antidepressant medication	1	14%
Number on more than one antidepressant	1	14%
Number on antiepileptic medication	4	57%
Number on lithium	0	0

Tenancy

Residents did not sign tenancy agreements. Saol Nua was owned by the HSE and located on a healthcare campus. Residents paid €120 per week for rent and keep. This money was paid by direct debit from resident accounts into the Saol Nua current account, which was managed by nursing staff.

Residents were actively involved in discussing and negotiating the ground rules for community living via a monthly residents' meeting. Residents were aware of the procedure for making complaints, most of which were satisfactorily resolved at the community meeting. The complaints log was inspected and was satisfactory.

Financial arrangements

Most residents managed their own monies. The family of one resident managed the resident's money. Three residents required support in using Automatic Teller Machines. Residents had bank, post office or credit union accounts. Allowances were paid directly into their personal accounts. There was a policy on the management of resident monies. A small amount of petty cash was maintained in Saol Nua. Nursing staff handled monies and kept meticulous records. Financial statements and correspondence was kept in the individual clinical file and filed chronologically amidst clinical records.

All residents purchased their own clothes, toiletries and recreational materials.

Leisure/recreational opportunities provided

Recreational opportunities within Saol Nua included, gardening, either outdoors or in the polytunnel, television or radio, reading daily newspapers or magazines, and board games. Periodic structured recreational activities included, annual holiday, picnics and barbeques, bus outings to local beaches or woodlands, trips to garden centres, participation in the sports fest and sponsored walks. Residents enjoyed having meals out or coffee in pubs or coffee shops. Those residents attending services elsewhere, such as the National Learning Network, Rehab Care, the Active Elderly, and participated in any social activities associated with these organisations also.

Service user interviews

Several residents spoke informally with the inspectors during the course of the inspection visit. All expressed satisfaction with their care and living conditions. It was evident that residents were positively engaged in managing their environment, such as cooking some meals and snacks, laundry, gardening, actively following programmes on radio and television, managing personal belongings and bedroom space and enjoying listening to music.

These residents were all aware of their personal recovery plan and said that they felt supported by staff. A representative from the Irish Advocacy Network visited as required and was well known to residents. The procedure for making complaints was signposted in the hall-way, however, staff reported that issues were generally dealt with satisfactorily during the community meeting.

Conclusion

Saol Nua provided care and accommodation with a strong recovery ethos in a bright and welcoming environment. Despite the fact that the building was not purpose built, and was located on a hospital campus, efforts made to create an open and relaxed milieu made for a homely environment. Saol Nua was a good walking distance from the town, however, flexible transport arrangements were in place. Residents were all actively involved in a diverse range of daily activities and linked in with local

community organisations. Being able to make some meals and contributing to menu planning was key to promoting a sense of ownership and recovery. Nursing staff knew the residents well. The process of individual care planning was used to promote optimal functioning and individually meaningful lives for residents.

Recommendations and areas for development

- 1. The prescribing doctor should write legibly, include their Medical Council Number and sign the kardex for each medication prescribed.*
- 2. Residents' individual financial records should be kept in individual files separate from their clinical records.*

The Bungalows, Skibbereen

The Inspectorate also paid a courtesy visit to the Bungalows in Skibbereen, a supported living development on the grounds of a HSE run Nursing Home. The residents rented the accommodation individually and as this was their private living space an inspection was not deemed appropriate. Residents invited the inspectors in to each of their three bungalows and offered refreshments. Four of the five persons living in the Bungalows were at home and all stated their satisfaction with their living arrangements and the support and access to care provided by the WCMHS via a registered psychiatric nurse who provided on-site support during office hours five days per week. In the event of a crisis outside of office hours, the bungalows were linked to the adjacent nursing home by phone and assistance was provided from there. The individuals living in The Bungalows were supported in pursuing their personal leisure interests, spending time with family and friends and going to town. The Bungalows were modern, well decorated and fitted out and it was evident that the residents enjoyed their living space and had made it home, including having a pet dog. It was encouraging to see this supported living arrangement where each of the residents had expressly chosen with whom they would like to share rental accommodation.