Mental Health Services 2014

Inspection of 24-Hour Community Staffed Residences

EXECUTIVE CATCHMENT AREA/INTEGRATED SERVICE AREA	Sligo, Leitrim, South Donegal, West Cavan
HSE AREA	West
MENTAL HEALTH SERVICE	Sligo
RESIDENCE	Cypress Lodge
TOTAL NUMBER OF BEDS	17
TOTAL NUMBER OF RESIDENTS	13
NUMBER OF RESPITE BEDS	2
TEAM RESPONSIBLE	General Adult
TYPE OF INSPECTION	Unannounced
DATE OF INSPECTION	26 June 2014
INSPECTED BY	Patricia Doherty, Assistant Inspector of Mental Health Services
ACTING INSPECTOR OF MENTAL HEALTH SERVICES	Dr. Susan Finnerty, MCN009711

Summary

- The care of residents of this facility had improved since the inspection of 2013.
- There was greater involvement of the multidisciplinary team in the care of residents.
- All residents whose clinical files were examined had individual care plans which were regularly reviewed.
- The residence was poorly maintained; the facilities were inadequate for a modern health care facility and should be closed or refurbished as soon as possible.

Description

Service description

Cypress Lodge was a high support residence with 24-hour nursing supervision situated in a rural area about 5 kilometres from Sligo town. The house was situated in its own grounds at the bottom of a steep incline, which could be difficult for some elderly residents to negotiate. In recent times, the ethos had changed from one of continuing care to rehabilitation and recovery. The service provided respite for a small number of residents. On the day of inspection there were two residents who were admitted for respite. In addition a service was provided to a resident who came for respite every second weekend.

PROGRESS ON RECOMMENDATIONS IN THE 2013 REPORT OF THE MENTAL HEALTH INSPECTORATE

1. The residence was in need of refurbishment as soon as possible.

Outcome: This had not been done.

2. All residents should be reviewed by their multidisciplinary team and consideration should be given to introducing individual care plans.

Outcome: All residents whose clinical notes were reviewed had individual care plans. All were reviewed regularly by their multidisciplinary teams.

3. Medical notes should be signed and legible and MCNs (medical council numbers) should be used.

Outcome: Medical records contained MCNs.

4. The range of activities available in the residence for those not attending day services elsewhere should be reviewed.

Outcome: The range of activities had been increased for all residents.

5. Regular social outings should be introduced as soon as possible for all residents.

Outcome: Individual and small group outings locally had taken place. Staff reported other outings were planned.

6. Consideration should be given to allocating management of the residence to the rehabilitation team. All professional practices in the residence should be reviewed to ensure they are in keeping with recovery principles.

Outcome: The service was being managed by a general adult psychiatrist. Staff reported all interventions were directed at increasing residents' independence with a view to facilitating more independent living arrangements.

7. Financial arrangement should be reviewed so they are more transparent and are in keeping with the HSE National Financial Regulations (NFR-14). Residents' monies should not be used to buy items that should be covered by the housekeeping allowance

Outcome: Financial arrangements were now more transparent. The system of pooled purchasing of some items had been discontinued.

8. All individual clothing should be clearly labelled.

Outcome: Most clothes were labelled. However, some underwear was not.

Profile of residents

On the day of inspection, there were 13 residents, all of whom were voluntary and there were no Wards of Court. There were six male and seven female residents ranging in age from 32-72 years. One of the residents had been there since the building opened. However, during the last year there were seven discharges, the majority to nursing home care. Staff reported that new admissions had come from the community mental health teams and the special care unit in St. Columba's Hospital. These residents were more acutely ill and more demanding of staffing resources.

Quality initiatives and improvements in 2013-2014

- Financial arrangements were now more transparent.
- Staff reported there was more multidisciplinary involvement in the care of all residents in the year since the last inspection.
- Residents were now facilitated to go to the gym or for coffee.

Care standards

Individual care and treatment plan

All residents whose clinical files were examined had individual care plans which were reviewed at least monthly, but in some cases more frequently by the MDT. The reviews took place in Markievicz House in Sligo and were attended by the CNM2 or a delegated staff nurse. Some staff nurses had never attended an MDT meeting.

The individual care plans were written into a newly introduced template by the key worker. Attendance was documented not in the ICPs, but in the medical notes where decisions taken were entered. The keyworker recorded decisions in the nursing notes. There were therefore three separate recordings of the ICPs some of which duplicated each other.

There was no section for the review of the ICPs. The section on the involvement of the resident was not always completed.

There was evidence of regular risk assessments having been done on all residents. Physical reviews were conducted by the residents' own GPs in their surgeries. Staff reported they were aware when residents attended the surgeries but they did not always have a written record that six-monthly physical examinations had been done. There was evidence of a physical review having been done by the psychiatric NCHD in one instance.

Staff reported social workers and occupational therapists visited the residents frequently. The interventions of the social workers were not always recorded in the clinical files.

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

Staff reported the day centre in Sligo had closed during the year.

An art therapist attended one day per week and samples of the residents work decorated some of the living areas.

A resident's group attended a Community Gym programme on Tuesday afternoons, facilitated by nursing staff.

Three residents attended a garden centre in Sligo, two of these for five days per week. Others attended a user run club house in Sligo.

These facilities closed at weekends and staff reported that when the house was full the management of some residents was challenging.

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

Staff reported that residents regularly went to Sligo for coffee or shopping. In some instances they were accompanied by the social worker or occupational therapist. Some residents were in contact with their families who visited or took them on outings. However, more organised outings were difficult to arrange because of transport difficulties. Residents paid for socialisation expenses, including travel, from their own allowances. Staff were unaware of the provision in the Regulations for this to be reimbursed.

Facilities

There were eight double bedrooms and one single bedroom. Five bedrooms were on the ground floor. These were too small to accommodate two people and did not have privacy curtains. Some rooms were cold and dull and should not be used as sleeping accommodation except for very brief periods. There were curtains on the windows and all residents had their own lockers and chests of drawers.

The kitchen and dining areas were bright, comfortable and well maintained. All food was cooked on the premises and the menu was displayed. There was no choice of menu but staff reported it would be possible to address individual preferences if residents asked.

Residents could access the kitchen for fresh water, or to make tea.

The residence was in need of refurbishment. It had not been painted for many years and there was evidence of peeling paint, and mildew externally and internally. The windows were dirty and many showed signs of mildew. The carpet in the hallway looked dirty. Staff reported it had been recently cleaned, but it had been in place for 24 years. Curtains were dated and some looked dirty. There were cobwebs on the ceiling in one of the bathrooms. Downstairs linoleum was bubbling in the TV room. Windows sometimes looked out on mildewed walls. One chair was worn and in need of replacement. There were signs of dampness on the ceiling in one bedroom. There were signs of mildew in the laundry room.

There was ample garden space and a small pleasant patio area had been developed. To the side of the house there was an extensive green area, which was unused. At the back of the building, a greenhouse was unused.

Staffing levels

STAFF DISCIPLINE	DAY WTE	NIGHT WTE
ADON	1	0
CNM1	On leave	shared
RPN	2	2
Household	2	0

Clinical Nurse Manager (CNM), Registered Psychiatric Nurse (RPN), Non Consultant Hospital Doctor (NCHD), ADON (Assistant Director of Nursing)

Team input

DISCIPLINE	NUMBER	NUMBER OF SESSIONS
Consultant psychiatrist	4	As necessary
NCHD	4	As necessary
Occupational therapist	2	As required, 5 days per week
Social worker	2	Most days
Clinical psychologist	0	Not involved
Other – art therapist	1	1 session per week

Staff reported all community mental health teams could admit to the residence. On the day of inspection residents were under the care of four consultant teams.

Nursing staff reported they were often alone in the residence when the second staff member had to accompany residents elsewhere. They felt they had little time for therapeutic input.

The art therapist did not work every week.

Medication

Staff reported that all residents were reviewed at least monthly by their consultant psychiatrist. There was evidence of these reviews in the clinical files inspected. NCHDs were readily contactable and residents were encouraged to attend their GPs for review of medical conditions. Depot medication was administered by nursing staff.

Tenancy rights

The rent was €80-€95 per week depending on income. In addition, €45 per week was paid for housekeeping which covered food and essential items. A kitty system was not used.

The complaints procedure was not highlighted. A record of complaints was not held in the residence. The inspectors were informed that these records were held in the Administrator's office in Ballytivnan, Sligo.

A member of the Irish Advocacy Network visited six-monthly or on request.

Financial arrangements

Staff reported that two residents managed their own financial affairs and collected their own pensions from the post office. One resident collected their own money from the post office with the help of their family and the social worker. For other residents, nurses collected the pensions and arranged payment of rent. Housekeeping money was set aside and used to buy food and essential household items. Receipts were provided to residents and the remainder kept in individual pouches in a lockable box in the safe. A record of withdrawals was kept and seen by the Inspectorate. These were signed by the resident and a staff member.

Service user interviews

Service users were greeted during the course of the inspection and professed themselves pleased with the service.

A member of the Irish Advocacy Network visited every six months or on request.

Conclusion

Several improvements had been undertaken since the inspection of this residence in 2013. The attitude of the staff was positive and proactive. Financial arrangements had improved and were more transparent. All residents whose clinical files were reviewed had multidisciplinary care plans and there was evidence of greater involvement of the multidisciplinary team in the care of residents. Staff reported an increased level of management difficulties at weekends when all residents were home. Staff reported residents had little to do at weekends. The inspector was subsequently informed that residents used this time to go shopping or visit the hairdresser or go on social outings.

The premises was unsuitable as a modern health facility. The inspector was informed that the residence was scheduled for closure at the beginning of 2015.

Recommendations and areas for development

1. *The premises was not a suitable location from which to provide a modern health service. Plans to close the residence should proceed as soon as possible.*
2. *Some areas, particularly the windows, should be cleaned.*
3. *The bedrooms downstairs should be reviewed as to their suitability as double bedrooms. Some of these were cold and dark and should only be used for short periods.*
4. *Individual care plan documentation should be reviewed to ensure it is complete and to eliminate duplication.*
5. *The complaints procedure should be displayed.*
6. *All disciplines should record their interventions in the clinical files.*
7. *Training in working with people with an intellectual disability and mental illness should be undertaken by staff.*
8. *A record that physical examinations were done by the residents' GPs should be kept in the residence.*
9. *All resident's clothing should be labelled.*
10. *Consideration should be given to recognising and reimbursing socialisation and travel expenses in line with the HSE National Financial Regulation – Financial Management in Community Residences NR-14.*