Mental Health Services 2014

Inspection of 24-Hour Community Staffed Residences

EXECUTIVE CATCHMENT AREA/INTEGRATED SERVICE AREA	Dublin North
HSE AREA	Dublin North East
MENTAL HEALTH SERVICE	Dublin North
RESIDENCE	Inch Community Residence
TOTAL NUMBER OF BEDS	9
TOTAL NUMBER OF RESIDENTS	9
NUMBER OF RESPITE BEDS (IF APPLICABLE)	0
TEAM RESPONSIBLE	Rehabilitation
TYPE OF INSPECTION	Unannounced
DATE OF INSPECTION	6 February 2014
INSPECTED BY	Patricia Doherty, Assistant Inspector of Mental Health Services
ACTING INSPECTOR OF MENTAL HEALTH SERVICES	Dr. Susan Finnerty, MCN009711

Summary

- The supervised residential unit, opened for approximately ten years, provided a high standard of rehabilitation and recovery services for residents.
- Needs, goals and outcomes were identified in individual care plans.
- The staff were proactively involved in meeting the needs of residents and made good use of available resources.
- The premises suffered from dampness and poor decor in places and some furniture should be replaced.

Description

Service description

This two-storey detached residence in its own grounds was situated in a rural area of north County Dublin on the outskirts of Balbriggan. This was originally a private residence and was opened about 10 years ago. At that time the HSE purchased it to facilitate the development of accommodation for people being discharged from St. Ita's Hospital, which was in the process of being closed. It was a supervised facility and residents were under the care of the Rehabilitation and Recovery team. A bus stop was located close by and the service had a minibus which was also used for transporting people into town.

Profile of residents

Staff reported that the facility accommodated both male and female residents but on the day of inspection, all residents were male. Length of stay varied, from two weeks to ten years. The age range was from the 20-40 years. There were no Wards of Court. All residents were mobile and the focus of interventions was on the development of social skills and community integration.

Quality initiatives and improvements in 2013/2014

Staff reported the following quality initiatives had taken place.

- Individual recovery folders which included personal daily exercise programmes, cooking groups and budgeting plans were introduced.
- A self medication management programme was in use, depending on service users needs.
- Social Skills groups were held.
- Individual anxiety management training was provided.
- Education regarding diabetes and diet relating to same
- Welcome packs were developed for new residents
- A gardening programme included a
  - Summer potting and an herb garden.
  - Fences/ benches and garden furniture painted by residents.
- An old smoking room was transformed into a reading/relaxation room.
- A gym area was updated.
- There were ongoing social outings to assist with social skills and community integration

- A hearing voices educational group was being introduced by staff.

Care standards

Individual care and treatment plan

Individual Care Plans (ICPs) were used and the multidisciplinary team (MDT) met fortnightly in the residence. Attendance at the meetings was documented in the ICPs and it was clear that there was meaningful involvement of the residents in their development. Individual needs, goals, interventions and outcomes were documented and there was evidence of regular reviews. Staff reported that MDT meetings were held fortnightly and each ICP was reviewed on a rotational basis, about every six weeks. Risk assessments were carried out on each resident at point of entry to the service. Review dates for ICPs, annual physical assessments and risk assessments were displayed on a notice board in the nursing office.

A keyworker system was used.

Each resident had their own general practitioner (GP) and attended the GP surgeries as required. They were accompanied by a member of the nursing staff when attending for their annual physical review and any issues identified were noted in their clinical files and discussed at team meetings. There was evidence in the clinical files, of contact between individual residents and general hospital services.

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

Residents were encouraged to look after their personal hygiene and laundry. All residents were expected to participate in the running of the house and a rota of responsibilities was displayed in the kitchen. Staff reported that residents cooked at least once per week. The kitchen was always available for the use of residents, e.g. for making tea.

All residents except one attended the DELVIN and REACH services run by the National Learning Network. There they availed of adult education, computer and art courses. Day trips were also facilitated by staff there. Three residents attended further education courses and one resident had recently applied for employment under a community employment (CE) scheme.

Photographs of various activities with residents were on display throughout the building as were recovery stories of previous residents, adding to the personalized atmosphere.

The clinical files were maintained in a box file which also contained a separate social work folder and laboratory results from the general hospital. There was evidence of meaningful input from the social worker on the team to the care of residents.

Staff reported that the occupational therapist conducted activities of daily living (ADL) assessments on all residents and there was evidence of this in the development the ICPs. Staff reported the occupational therapy input was valued by the team. However, there was little evaluation of their interventions by the occupational therapists in the clinical files.

There was no psychology service. The service had access to a nurse psychotherapist, but there was no documentation from them in the clinical files.

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

Staff reported most residents were in contact with their families and some went home at weekends. For those not in contact with their families, the North Dublin Befriending Society facilitated 1:1 meetings with residents either over a game of cards in the residence or in cafes in town.

Residents could get the bus into either Balbriggan or Swords for shopping, coffee outings or to go to the cinema or bowling. Staff reported they organised outings every weekend for residents and in 2013 the destinations were decided by the residents. There was documentary evidence of trips to Carlingford, Avoca, and Balbriggan for shopping. The nearest swimming pool was 15 miles away in Drogheda and staff reported they took small groups of residents there 2-3 times a month. Staff reported going on picnics to the beach during the summer.

Facilities

The general standard of decor was reasonably good and bright colours had been used throughout to counteract the natural darkness of some of the rooms. The large kitchen was functional and homely. The dining area was spacious but somewhat cluttered by the presence of a large freezer beside the dining table. Staff reported they did not have anywhere else to put it. There was a comfortable, well decorated sitting area which staff reported was overcrowded when all residents were there. A conservatory had been built at the back of the house, divided into two rooms. Both were cold on the day of inspection. While staff pointed out that this was better when the heat was on in the evenings, it was clear that the Perspex roof which had recently been replaced did not facilitate good regulation of heat in either winter or summer.

The second room was also cold. It was cluttered with filing cabinets and educational material and was being used as a storage space for a resident's personal belongings. Staff reported they did not have any other storage space. A couch was worn. A student nurse notice board hung on the wall.

There were four two-bed rooms and one single room. The two-bed rooms were en suite. All rooms had curtains and privacy screens. Each resident had a chest of drawers with one lockable drawer and a wardrobe. The wardrobes, in some instances seemed too small, with clothes accumulating at the bases. One two-bed room seemed particularly cramped. There was considerable dampness in the en suites, with all except one showing evidence of mildew on the walls. Staff reported this was a recurring problem, in spite of periodic redecoration and the installation of extractor fans.

The decor in the single bedroom was poor.

A gym had been developed in a large shed at the back of the house. This also housed a pool table and the utility room.

There was a large back garden which was poorly maintained. Staff reported work done on underlying pipes last year was responsible for its condition and that this would be addressed later in 2014.

Staffing levels

STAFF DISCIPLINE	DAY WTE	NIGHT WTE
CNM3	0	1 (shared)
CNM2	1	0
RPN	2	1
HCA	1	1

Clinical Nurse Manager (CNM), Registered Psychiatric Nurse (RPN),Health Care Assistant (HCA)

Team input

DISCIPLINE	NUMBER	NUMBER OF SESSIONS
Consultant psychiatrist	1	Weekly or as needed
NCHD	2	Weekly or as needed
Occupational therapist	1	Fortnightly or as needed
Social worker	1	Fortnightly or as needed
Clinical psychologist	0	Not available
Access to psychotherapy services		As needed

Medication

The GP prescribed general health medications and the psychiatric staff prescribed psychotropic medications. All except Clozapine were supplied by the community pharmacy in weekly medication packs. Clozapine was supplied by St. Mary's Hospital, Phoenix Park and dispensed by nursing staff on site who also administered depot injections. A gradual programme of self-medication was being introduced for two residents.

Information was given in written and verbal form. Staff reported that the former was based on that supplied by the pharmacological companies. Independent user-friendly information sources were not available.

Tenancy rights

Residents had their own bank or post office accounts into which their social welfare payments were made.

Rent of €98 per week included a contribution of €50 toward food. Appropriate receipts were provided to residents. Plans had been developed for electronic payments to be made directly from patient accounts but these had not materialised to the date of inspection.

There had been a rent reduction of €2 during 2013. This money was kept in individual envelopes as a social fund. Any resident who did not wish to or was unable to go on a planned outing was reimbursed the €2.

Community meetings took place on a monthly basis to discuss issues of concern to the residents. Records were kept.

The complaints procedure was in place, and staff reported the procedure for making complaints was discussed at the monthly community meetings. The HSE complaints procedure *Your Service Your Say* was displayed. A record of complaints made was seen by the Inspectorate.

Financial arrangements

Residents had their own bank or post office accounts. They managed their own money but, if requested, staff reported they kept the balance of their weekly income for them in the safe. This was kept in individual envelopes. Withdrawals were signed for by either the resident or a nurse.

Service user interviews

No service user requested to speak to the inspector on the day of inspection.

Conclusion

This was a well run Rehabilitation and Recovery focussed service. A good standard of care was in evidence on the day of inspection and it was clear that staff were proactively engaged with the residents in facilitating planned interventions in accordance with their individual needs. Photographic records and individual life stories on display throughout the residence highlighted the progress made by previous residents thus encouraging those currently in situ to invest in their Recovery.

There were difficulties with the decor and dampness in some areas and these should be addressed as soon as possible. Problems relating to lack of storage were evident and gave rise to clutter in some rooms.

Recommendations and areas for development

1. *The multidisciplinary team should be completed in line with the recommendations of 'A Vision for Change'.*
2. *Withdrawals of money from their accounts by residents should be countersigned by both resident and staff.*
3. *All staff should record their interventions in the clinical files.*
4. *All members of the multidisciplinary team should work to one set of documentation.*
5. *Consideration should be given to developing links with local organisations to further facilitate social integration.*
6. *An effort should be made to rationalise the storage arrangements in the house.*
7. *The back garden area should be landscaped.*
8. *The dampness in the bathroom areas of the house should be addressed.*
9. *The single bedroom should be repainted.*
10. *Consideration should be given to reducing the total occupancy by one, because of the cramped conditions in one of the double bedrooms.*
11. *The student nurse notice board should be removed from the conservatory wall.*