

Mental Health Services 2014

Inspection of 24-Hour Community Staffed Residences

EXECUTIVE CATCHMENT AREA/INTEGRATED SERVICE AREA	Limerick Clare North Tipperary
HSE AREA	West
MENTAL HEALTH SERVICE	Limerick
RESIDENCE	O'Connell House
TOTAL NUMBER OF BEDS	28
TOTAL NUMBER OF RESIDENTS	20
NUMBER OF RESPITE BEDS	0
TEAM RESPONSIBLE	Rehabilitation
TYPE OF INSPECTION	Unannounced
DATE OF INSPECTION	3 April 2014
INSPECTED BY	Patricia Doherty, Assistant Inspector of Mental Health Services
ACTING INSPECTOR OF MENTAL HEALTH SERVICES	Dr. Susan Finnerty, MCN009711

Summary

- This 24-hour staffed residence provided accommodation to residents under the care of the Rehabilitation and Recovery team. Many residents were long-stay and some had challenging behaviour.
- Considerable effort had been put into improving the physical environment of the residence since the last inspection in 2013. Maintenance work had been initiated and the premises were clean.
- All residents had individual care plans which were reviewed at monthly multidisciplinary team meetings.
- Staff presented as proactive and enthusiastic and plans were ongoing for the further improvement of the service.

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

1. Consideration should be given to the completion of the form used for medical assessment at admission. If this is not to be done, a case summary should accompany the patient. A formal risk assessment should be completed by the referrer prior to admission.

Outcome: There had been no admissions since the date of the last inspection. A colour coded risk indicator form, for the initial assessment of risk, had been introduced for all residents.

2. Standards of cleanliness in the residence and difficulties in the line management of household staff should be addressed.

Outcome: This was done.

3. The interior and exterior of the residence should be painted and the overall decor should be refreshed.

Outcome: The interior of the residence had been painted.

4. While the day centre is very helpful to some residents, the needs of those who do not attend should be addressed by the provision of a range of activities of interest to them.

Outcome: There was a schedule of daily activities for residents within the unit.

5. Consideration should be given to relocating the Snoezelen multisensory facilities to a larger room.

Outcome: This had not been done.

6. Individual care plans (ICP) should be signed by the resident and, if not, this should be recorded. The version of the ICP in use in the residence should be clarified. The activities beneficial to each resident should be specified in the ICPs.

Outcome: This had been done.

7. Consideration should be given to the provision of wheelchair accessible transport to facilitate the participation of the more disabled residents in social activities.

Outcome: Staff reported that all residents were ambulant.

8. Flooding in the garden and on the pathway to the day centre should be addressed and the exposed hosepipes in the garden should be repaired.

Outcome: Plans were at an advanced stage for the redesign of the garden area.

9. Receipting or countersigning lodgements of residents' funds must be recorded in the ledger.

Outcome: This was done.

10. A log of complaints should be kept.

Outcome: A log had been developed. There were no entries prior to the date of inspection.

Description

Service description

O'Connell House was a single storey, purpose built building which opened in 1989 in a suburban area of Newcastle West. Residents were transferred there from the acute services in Limerick for rehabilitation purposes. Many residents had been *in situ* since the facility opened. Five residents had been able to avail of the *Fair Deal* scheme and were transferred to nursing home care. The last admission was more than one year ago.

Profile of residents

Residents ranged in age from 50-78 years. One resident was a Ward of Court. All were ambulant and capable of self-care. The needs of the residents centred on re-establishing social skills having spent a considerable time in St. Joseph's acute services in Limerick. Some had residual symptoms and exhibited challenging behaviour.

Quality initiatives and improvements in 2013-2014

- Extra housekeeping staff had been deployed and the unit was considerably cleaner than last year.
- A review of the functional space available in the unit had been undertaken and a number of initiatives with regard to reordering of space were in the early planning stages e.g. the laundry and the clinical room.
- Unit staff reported they liaised with statutory and voluntary agencies to facilitate attainment of CASIG (client assessment of specified identified goals) in the areas of housing and social engagement.

Care standards

Individual care and treatment plan

Individual care plans (ICPs) were used in conjunction with CASIG nursing care plans. These were used together to address different domains of care. A keyworker system consisting of a primary and secondary nurse for each resident was in operation.

The multidisciplinary team met monthly and ICPs were reviewed every six months for each resident. Individual care plans were completed for each resident whose clinical files were reviewed by the inspectors. In some instances sections had not been fully documented or signed. The ICPs were not formally evaluated. There was evidence of service user involvement in the development of the ICPs.

Due dates for the physical health reviews were noted in a diary and in a prompt sheet at the front of the clinical files. Physical health reviews were carried out by one of two general practitioners (GPs) for the service who noted the completion of the reviews in the clinical files. All residents whose clinical files were reviewed had their physical health reviews completed. Residents were encouraged to attend the GP services, but for those that were not able, the GPs attended the residence.

A chiropodist attended each Monday afternoon.

Colour coded forms for the initial assessment of risk, were completed for each resident.

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

There was a schedule of daily activities which aimed to encourage people who had previously spent long periods in hospital to engage in social activities. The activities were integrated into the individual care plans.

The activities comprised of art classes and the use of board and activity games, light exercise and current affairs groups. A spiritual group was held weekly. A hairdresser attended during the week for those residents who were unable or refused to go out to the community facility.

Staff reported that residents enjoyed local radio and liked to, and were encouraged to, dance to the music. Old films were played on DVD which they enjoyed. The installation of satellite TV had been approved and was awaited at the time of inspection. Several residents had TVs in their rooms.

Some residents attended the day centre which was next door to the residence where there was a wide range of activities. Residents who could not attend the general programme could avail of the kitchen there for baking on two days per week.

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

Residents were encouraged to go to the local shops for personal items, or to buy coffee in local cafes. Independence was encouraged and staff reported that most residents who had been there for some time went into town on their own. On the day of inspection, a Health Service Executive (HSE) bus was being organised to bring residents on a trip locally. Staff accompanied residents on such trips which they said took place several times a week.

Facilities

The building, which was somewhat dated in appearance, had been upgraded during the last year. It was clean and considerably improved in this regard since the previous inspection. It had been repainted, some blinds replaced and new counterpanes and blankets for the beds obtained. The internal courtyard was clean and in good condition. Plans were at an advanced stage to redesign this area and address the flooding problems identified in a previous report. There was a mixture of single, twin and triple rooms. All had wash-hand basins and privacy curtains. All residents had their own wardrobes and chests of drawers which were lockable. Individual names were printed onto personal clothing which was laundered on the premises.

During the course of inspection, one leather chair was seen to be torn. A bed was stained. A radiator in an unused bedroom was rusty. A toilet area was stained displaying signs of leakage. The flooring under the sink in one bedroom was waterstained.

A number of potential ligature points were identified by the Inspectorate during the course of inspection.

Staffing levels

STAFF DISCIPLINE	DAY WTE	NIGHT WTE
ADON		1 Shared
Acting CNM2	1	0
CNM1	2	0
RPN	0	3
Housekeeping	3-4	0

Clinical Nurse Manager (CNM), Registered Psychiatric Nurse (RPN), Assisstant Director of Nursig (ADON)

Team input

DISCIPLINE	NUMBER	NUMBER OF SESSIONS
Consultant psychiatrist	1	Monthly or as needed
NCHD	1	Monthly or as needed
Occupational therapist	1	Monthly or as needed
Social worker	1	Monthly or as needed
Clinical psychologist	1	Monthly or as needed

Non Consultant Hospital Doctor (NCHD).

A physiotherapist was available as needed from community care services. There was a waiting list and some residents engaged a physiotherapist privately.

Medication

Medication for physical conditions was prescribed by the GP and for psychiatric conditions was prescribed by the consultant psychiatrist. Depot medications were administered on site by the nursing staff. The latter reported that most residents would not be capable of undertaking a self-medication programme, but one resident who was being prepared for discharge was being facilitated to do so.

Tenancy rights

Staff reported that residents did not sign a lease agreement. Rent was €80 per week and was the same for everyone. Twenty-five euro was paid to St. Joseph's Hospital in Limerick, as rent. The remainder of the sum paid household bills. There was no common social fund and, if a social event was organised, residents were asked to contribute to that individually.

Staff reported that community meetings took place fortnightly and complaints were aired there among residents and actions decided. A record of complaints was not kept. A complaints book had been developed recently but there were no entries in it. Staff reported that complaints were forwarded to the area Director of Nursing and included in the service complaints register.

Financial arrangements

Residents had their own bank accounts. Three of the 20 residents managed their own finances. For others, staff collected social welfare. When this was done, some money was kept on site for the resident's personal use, some was deducted for rent, and the remainder was lodged to savings accounts for the resident. Their consent was obtained for this. Withdrawals from their on-site accounts were signed for by residents. A record was available to the inspector on the day of inspection.

Service user interviews

Service users were greeted by the inspector during the course of the inspection. All said they were pleased with the service.

Conclusion

It was clear from the inspection that the service had endeavoured to address the deficits identified in the report of 2013. The service was cleaner and funding had been made available for refurbishment, some of which was at an advanced stage. A schedule of activities facilitated was available and social integration was encouraged. Clinical files were in good condition and all residents had individual care plans.

Recommendations and areas for development

- 1. The refurbishment of the garden area should proceed as soon as possible.*
- 2. An audit of ligature points should be conducted.*
- 3. The lack of space in the snoezelen room should be addressed.*
- 4. Problems with the condition of some of the furniture and the condition of the radiators should be addressed.*