Mental Health Services 2014

Inspection of 24-Hour Community Staffed Residences

EXECUTIVE CATCHMENT AREA/INTEGRATED SERVICE AREA	Cork
HSE AREA	South
MENTAL HEALTH SERVICE	West Cork
RESIDENCE	Perrott House, Community Hospital Skibbereen
TOTAL NUMBER OF BEDS	23
TOTAL NUMBER OF RESIDENTS	18
NUMBER OF RESPITE BEDS	1
TEAM RESPONSIBLE	General Adult
TYPE OF INSPECTION	Unannounced
DATE OF INSPECTION	10 June 2014
INSPECTED BY	Orla O'Neill, Assistant Inspector of Mental Health Services
ACTING INSPECTOR OF MENTAL HEALTH SERVICES	Dr. Susan Finnerty, MCN009711

Summary

- Perrott House was a 24-hour nurse staffed residence, located on the grounds of the Community Hospital in Skibbereen. It comprised 23 beds and had originally been built as an acute psychiatric unit. The bed numbers, dormitory layout and location of Perrott House, all contributed to an institutional rather than a residential community environment. This was despite the good efforts of staff and residents to create an attractive garden and decorate the interior.

- The majority of residents had been in residential mental health services for many years. Palliative care was required on a more frequent basis as the age profile of residents was becoming more elderly. Several residents had limited mobility and used wheelchairs or walking frames. Assistance with self-care and physical health care was a significant part of the daily routine for most residents.

- A weekly schedule of activities, within Perrott House, provided residents with the opportunity to engage in cookery, music, art, poetry, gardening and yoga.

- One general practitioner provided the general medical services for all residents, and attended Perrott House on a weekly basis. The clinical records did not contain an adequate record in relation to physical health, including six-monthly reviews.

- In several instances, the clinical records were not well maintained and updated. Some individual care plans were dated a couple of years previously. Nursing progress notes were not always updated in a timely manner.

Description

Service description

Perrott House had originally been built as a psychiatric in-patient unit to facilitate the transfer of residents from Our Lady's Hospital, Cork. It opened in 1996 as a 24-hour nurse staffed residence and provided continuing care for up to 23 residents. The single story building, located on the grounds of Skibbereen Community Hospital, was institutional in design and layout. Sleeping accommodation was generally in dormitories. Some refurbishment work had been undertaken in 2013 and involved the removal of asbestos. The high bed numbers meant that the unit functioned as a continuing care unit rather than a community residence.

Three general adult teams admitted residents. Once admitted, one general adult team had overall responsibility for Perrott House residents. Residents were mostly elderly and required assistance with self-care and mobility. An increasing number of residents had significant physical health care needs, including palliative care.

Profile of residents

On the day of inspection, there were 18 persons resident in Perrott House. Ages ranged from 52 years to 92 years old. One person was a Ward of Court. Four residents had been in Perrott House since it opened in 1996. The remainder of residents had been admitted since 2000 via three adult sector teams. A few residents had transferred more recently from other mental health services. For example, the now closed community residence Elmwood House, Skibbereen; the Centre for Mental Health Care and Recovery, Bantry General Hospital, and from Saol Nua community residence in Skibbereen.

The deaths of two elderly residents had occurred in 2014 up to the time of inspection. Single room accommodation was provided and there were facilities for families to visit at any time.

Quality initiatives and improvements in 2013-2014

- One sitting room had been refurbished. An attractive coal-effect fire, pictures and new furniture all enhanced the cosiness of the room.
- The garden had been well maintained. This was largely attributable to the hard work and interest of one resident on a daily basis.
- One bedroom was designated for palliative care.
- A new sluice room had been installed.

Care standards

Individual care and treatment

Each resident had an individual care plan. However, a number were dated two years previously. Staff reported that the individual care plans were reviewed annually or more frequently if required. The records did not indicate whether there was resident or family input to the individual care plans. Nursing clinical progress notes were not always recorded in a timely manner and one record had a gap of two months between entries. The Clinical Nurse Manager stated that they were encouraging nursing staff to make at least one entry for each resident before the nurse finished their weekly shift. One GP provided general medical services for all residents. The general practitioner attended Perrott House each Thursday. The individual clinical files did not contain an adequate record in relation to the provision of GP services, including regular physical reviews. The nurse in charge stated that information in relation to GP care was often relayed verbally by the GP to nursing staff, who then made a clinical entry. The Clinical Director subsequently advised that this was not the practice and that the GP made all entries related to general practice visits. The non consultant hospital doctor attended on a weekly basis. The responsible consultant psychiatrist attended on a monthly basis and there was a clear record of this. The healthcare requirements of residents largely comprised nursing and medical continuing care. Access to physiotherapy, clinical speech and language therapy and occupational therapy was via community care services.

One clinical file inspected did not contain an admission assessment or a risk management assessment. The resident concerned was absent for a number of days on one occasion. Overall, the clinical records needed to be better maintained to provide a clear account of the care and treatment provided.

Staff presented as being caring and knowledgeable about each resident's needs and preferences, their family supports and leisure interests.

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

Most residents required continuing care had limited mobility and had been in residential mental health services for a number of years. No residents attended activities in the community other than those arranged specifically for residents of Perrott House. There was a minibus available so that residents could go on outings. A garden party had taken place the week before the inspection. The schedule of activities within Perrott House provided a good range and choice for residents. There was music, art, poetry, baking and gardening on a weekly basis. The activity room looked well used with arts and crafts materials in good supply. The baking session on a Saturday was reported by staff to be very popular and residents told the inspector of their pleasure with the baking session.

There was also Reiki, Indian Head Massage and Yoga provided by a private practitioner. Staff reported that residents paid for these themselves from a communal account. On enquiry by the inspector, the administrative staff in charge of resident monies stated that only those residents, who participated, in the activities were levied for the cost. Staff reported that those residents who participated enjoyed and benefited from the sessions. It would be good practice to record residents' capacity to make informed choices in this regard.

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

No residents participated in activities in the local community. Staff reported that a number of residents went out with family on occasion. There was a nine-seater minibus shared with Saol Nua, another community residence and community mental health services, available to take residents out.

Facilities

There were a number of communal sitting rooms, an attractive garden and an activities room available for residents. Thus, there was sufficient space for residents to relax and to chat with family or friends in privacy.

The building was institutional in character in some areas, for example, the dormitory sleeping accommodation. The dining room was basic in style and layout. The inspector visited the dining room and enquired about the menu, choice and serving arrangements. There was no choice on the menu. On enquiry by the inspector, staff reported that the meals were designed around the needs of residents on restricted or soft diets. In effect, this meant that other residents, including the younger residents, were denied a choice and preference in their meals. Staff had not considered this an issue in relation to personal autonomy and quality of life. One resident had complained about the menu and lack of choice or availability on occasion of preferred foods. The complaint had been logged but the outcome and any action taken to address this complaint had not.

Staffing levels

STAFF DISCIPLINE	DAY WTE	NIGHT WTE
CNM2	1	0
RPN	2	2
HCA	1	0

Clinical Nurse Manager (CNM), Registered Psychiatric Nurse (RPN),Healthcare Assistant (HCA).

Team input

DISCIPLINE	NUMBER	NUMBER OF SESSIONS
Consultant psychiatrist	1	Monthly
NCHD	1	Weekly
Occupational therapist	1	No input
Social worker	1	On request
Clinical psychologist	1	No input

Residents had access to physiotherapy and clinical speech and language therapy via community care teams.

Medication

Two nurses administered medications. No resident was on a self-medicating programme. Medications were dispensed by a local pharmacy and the pharmacist visited Perrott House regularly and reviewed the prescription and administration kardex. Staff reported that the general practitioner prescribed all medications, including psychotropic medication. The consultant psychiatrist reviewed medications on a regular basis.

Tenancy rights

There was no tenancy agreement for residents. The premises were owned by the Health Service Executive (HSE). Residents were charged €175 or €155 weekly for bed and board, depending on whether they were in receipt of a state pension or a disability allowance. €100 was the weekly charge for respite care. Residents did not manage their own monies. A member of the administrative staff collected pensions and allowances from the post office and lodged these monies to a communal account in a local bank. Charges were paid to the HSE from this account. Despite there being a communal bank account, each resident's individual monies and accounts were digitally recorded in Perrott House. Residents accessed their monies via petty cash in Perrott House and a receipt was issued and counter-signed. The petty cash book was balanced and signed off by two nurses on a weekly basis. All accounts and petty cash were audited annually by a HSE administrator from Cork city and also by external auditors.

Community meetings were held infrequently. For example, the meeting minute's book recorded meetings for 03/08/2013, 01/09/2013, 21/09/2013 and the 19/05/2014. Such infrequent meetings pointed to the ineffectiveness of the process and a lack of accountability. For example, one resident had asked for salads to be included on the menu and there was no record as to follow-up or outcome. It was, therefore, not surprising that the complaints log book contained no entries.

Financial arrangements

The HSE policy on patients' private property and monies applied. As detailed previously, staff handled residents' monies. There was a communal bank account, however, digital records of residents' monies were maintained on an individual account basis in Perrott House and these were externally audited on an annual basis. Residents could access their monies in Perrott House.

Service user interviews

Several residents chatted with the inspector during the course of the inspection. One resident stated that the menu was poor with no choice and commented that the weekly baking session on a Saturday was very enjoyable. Other residents expressed pleasure at the newly decorated sitting room and satisfaction in general with their care and treatment.

Conclusion

Perrott House was institutional in design and character. The dormitory sleeping accommodation and lack of choice in meals conveyed an institutional approach to care. The community meetings were infrequent and residents' views were not adequately captured in records. The current residents required continuing care. One resident required a 24 hour supervised residence with a rehabilitation focus. Residents did not participate in activities within the local community. The nursing notes were largely devoted to physical healthcare and many residents required significant input with activities of daily living. There were significant gaps in the clinical entries. For example, in one file there were no entries for approximately three weeks on a couple of occasions. In another file, there was a gap of two months in the nursing record. The staffing roster for Perrott House comprised clinical nurse managers being roistered two months in Perrott House and two months in the approved centre in Bantry. Overall, there was a need for nursing leadership within Perrott House.

Recommendations and areas for development

1. Individual clinical files must be up-to-date and reflect the care and treatment provided.

2. Resident input to community living must be sought and recorded.

3. Each resident should have an up-to-date care plan that incorporates psychiatric, physical and social domains of care.

4. The role of clinical nurse manager must be developed within Perrott House.

5. As vacancies arise, bed numbers should be reduced.

6. There should be a choice in meals provided.