

Mental Health Services 2014

Inspection of 24-Hour Community Staffed Residences

EXECUTIVE CATCHMENT AREA/INTEGRATED SERVICE AREA	Waterford/Wexford
HSE AREA	South
MENTAL HEALTH SERVICE	Wexford
RESIDENCE	Tus Nua, St. John's Community Hospital, Enniscorthy
TOTAL NUMBER OF BEDS	12
TOTAL NUMBER OF RESIDENTS	11
NUMBER OF RESPITE BEDS	0
TEAM RESPONSIBLE	Rehabilitation
TYPE OF INSPECTION	Unannounced
DATE OF INSPECTION	05/03/2014
INSPECTED BY	Orla O'Neill , Assistant Inspector of Mental Health Services
ACTING INSPECTOR OF MENTAL HEALTH SERVICES	Dr. Susan Finnerty, MCN009711

Summary

- Tus Nua opened as a high support community residence in 2011. Located in a purpose-built premises, the residence was modern and bright, and had an open aspect with feature windows throughout.
- Care and treatment was provided by the rehabilitation team. Each resident had an excellent multidisciplinary individual care plan (ICP). ICPs were well crafted, highly individualistic and reviewed on a weekly basis. Clear and dynamic care pathways were notable and there was good evidence of family input.
- Nursing staff had good knowledge of each resident's clinical and psychosocial needs. There was regular and focussed input from occupational therapy, clinical psychology and social work.
- There was good collaboration between clinical and management staff and a proactive approach to both the operation and development of services.

Description

Service description

Tus Nua, which opened in 2011, was located in modern, purpose-built premises on a raised site overlooking the river Slaney. The site comprised the St. John's Community Hospital campus which contained a mix of old and modern buildings, including several community residences.

The lay-out of the Tus Nua residence featured a central corridor with dining area, sitting rooms, utilities and services, with garden courtyards on either side and surrounded by two semi-circular, curved, bedroom corridors. All accommodation was on one floor and all was wheelchair accessible. However, the premises were built into a sloping site and so windows were variously at first floor or ground level height. The design ensured an attractive outlook from all rooms.

The rehabilitation team were responsible for the care of all residents. The stated unit philosophy was to emphasise the development of interpersonal skills, self-esteem and the ability to cope with the pressures of everyday life. Tus Nua provided an open, sociable and homely environment and residents were accommodated in eight single bedrooms and four self-contained apartments. The furnishings and fitments were modern and of a good standard and provided a homely and non-institutional environment.

Profile of residents

The ratio of male to female residents was one to two. Residents ranged in age from 19 years to 82 years. Residents had an enduring mental illness and a small number had medical conditions which required ongoing treatment. One resident was a wheelchair user, otherwise, residents were mobile. The majority of residents had been living in Tus Nua for a number of months or weeks. There were clear rehabilitation pathways identified for each resident.

Quality initiatives and improvements in 2013-2014

No quality initiatives were provided by the service.

Care standards

Individual care and treatment plan

There was an individual care plan (ICP) for each resident. The ICPs were reviewed regularly by the multidisciplinary team which met each Tuesday morning. The consultant psychiatrist and the non consultant hospital doctor visited Tus Nua twice weekly or as required. Each ICP identified a clear and dynamic care pathway for each resident with graded steps to optimal independent living and community integration. Family involvement in care was encouraged, with a resident's consent. The care plans were recovery oriented and contained focussed goals with clear outcomes and were recorded in user friendly language. Meaningful psychoeducation was integral to the ICP process.

Each resident had their own general practitioner (GP) and attended the GP's surgery. In some instances where a resident required support, a community mental health nurse would accompany the resident on their GP visit and record the outcome in the clinical record in Tus Nua. Physical reviews had been completed by the NCHD for those who were resident for a period in excess of six months. GPs prescribed medication in relation to general health. The consultant psychiatrist or NCHD prescribed psychotropic medication for Tus Nua residents and this was dispensed in the pharmacy in Wexford General Hospital.

Residents were referred to Tus Nua from the Department of Psychiatry, Waterford Regional Hospital as a step down facility. Other residents were referred from supported living accommodation or from home where a period of stabilization, assessment or respite care was required. An admission assessment had been completed for each resident. Various assessment tools were used to evaluate mood, anxiety and rehabilitation needs so as to establish a baseline and to evaluate treatment outcomes. Staff impressed as being proactive and recovery oriented in their approach.

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

Residents generally participated in activities in the community and in community based mental health services such as Kilagooley Training and Activity Centre (KTAC), or Skillbase, a day centre on the St. Senan's campus site or Links, a community organisation providing social and vocational activities. The occupational therapist (OT) facilitated participation in physical recreation in a local sports centre. Within Tus Nua activities such as cookery, art, music and social outings were facilitated by OT and nursing staff. There were excellent facilities for such activities within Tus Nua, including laundry facilities. There was a flexible but structured approach to the daily routine and residents were encouraged to maintain a routine of activities of daily living. Tus Nua facilitated visitors throughout the day and there was evidence of good communication with families, including support and advice. The individual clinical files showed input from OT, clinical psychology and social work. Nursing personnel coordinated the daily operation of Tus Nua and community mental health nurses maintained contact and support with residents during their stay.

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

Tus Nua was located on the grounds of St. John's Community Hospital on an elevated site in Enniscorthy town. Residents could walk to town and there were shops and a coffee shop located close by. The town had a library, community centre, social, educational and vocational centres and sports facilities. The culture in Tus Nua was outward looking and recovery focused with the stated aim of equipping service users with a range of skills and supports which would enable successful discharge and integration within the community. Information on local community activities was posted within Tus Nua and staff had established links with community organisations, including the Mental Health Association who supported activities. Discussion with

staff showed that staff had good knowledge of each resident's needs and preferences and the planned rehabilitation pathway.

Facilities

The physical environment was modern, clean and attractive in design and décor. Each resident had a single room. There was a policy on the management of clinical records and records were stored and accessed in a way that ensured confidentiality and privacy. The dining area was small and open in style and the catering staff were knowledgeable about individual residents' dietary preferences and strove to accommodate these in so far as practicable. Residents could access hot and cold drinks and snacks throughout the day.

Staffing levels

STAFF DISCIPLINE	DAY WTE	NIGHT WTE
CNM1	1	0
RPN	2	2

Clinical Nurse Manager (CNM), Registered Psychiatric Nurse (RPN).

Team input

DISCIPLINE	NUMBER	NUMBER OF SESSIONS
Consultant psychiatrist	1	Twice weekly
NCHD	1	Twice weekly
Occupational therapist	1	Sessional
Social worker	1	As required
Clinical psychologist	1	As required
Eating Disorder Clinical Nurse Specialist	1	As required
Addiction Counsellor	0	As required

The rehabilitation and recovery team had responsibility for the care and treatment of all residents in Tus Nua. Admissions were planned and there was a clear focus to care including the planned care pathway. Thus, the majority of residents were short term and the team liaised actively with families and with other health providers such as GPs and vocational training groups. A notable feature of the Wexford mental health services was the “can do” culture and the individual clinical files showed collaboration across the service to provide care tailored to individual needs.

Medication

Medication was prescribed as appropriate by a resident's GP and the consultant psychiatrist or NCHD. Whilst a person was resident in Tus Nua, the prescriptions were dispensed by the pharmacy in Wexford General Hospital. There was information available for residents on medications and this was in user friendly format. A number of residents managed their own medication.

Tenancy rights

The rent charged was a flat rate of €70 per week and this included meals and utilities. Residents were not charged for the first month of residency as this was regarded as acute care. There was no communal social fund, however, residents contributed to social outings and discretionary items as they wished. The Mental Health Association supported social activities also.

The complaints procedure was well posted and there was a record of issues and suggestions raised by residents.

Financial arrangements

All residents had capacity and managed their own monies. Each resident had their own bank, credit union or post office account.

Service user interviews

No resident wished to meet with the inspector on an individual basis but those individuals greeted and encountered expressed their satisfaction with the care, environment and meals in Tus Nua. There was information posted to advise residents of the availability of an independent advocacy service.

Conclusion

The care and treatment, environment and culture of Tus Nua provided residents with a recovery pathway that was respectful and collaborative. Each resident had an individual care plan and these were outcome focussed and reviewed on a regular basis. Community integration and coping skills were regarded as key to ensuring successful discharge and many activities took place outside the residence. The four self-contained apartments provided the opportunity for a phased programme to independent living. There was good multidisciplinary input to care and the clinical records were of a good standard. Overall the service provided showed that there was a positive, optimistic and proactive approach to care and strong leadership provided by clinical and administrative management.

Recommendations and areas for development

There were no recommendations for Tus Nua.