Mental Health Services 2013

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	Linden House
TOTAL NUMBER OF BEDS	12
TOTAL NUMBER OF RESIDENTS	11
NUMBER OF RESPITE BEDS (IF APPLICABLE)	If available
TEAM RESPONSIBLE	General Adult Team and Rehabilitation and Recovery Team
TYPE OF INSPECTION	Unannounced
DATE OF INSPECTION	3 October 2013

Summary

- This supervised residential unit which had been totally refurbished eighteen months previously, provided high quality care to 11 residents aged 60-75 years.
- Residents were encouraged to actively engage with their local community and a Recovery ethos was apparent.
- Written history summaries and risk assessments were not provided by referrers.

Description

Service description

The supervised continuing care unit was a two-storey building, set in its own grounds, on the outskirts of Ballymote, Co. Sligo. Opened 22 years ago, it was refurbished 18 months ago to a high standard. Residents had previously been discharged from the acute mental health service or from other residences which had closed. They had access to the grounds and to a well maintained back garden.

Profile of residents

On the day of inspection, there were eleven residents, three female and eight male, including one Ward of Court. One resident had recently died. They were aged 60-75 years, with most being older. Staff reported all were ambulant but some needed assistance with mobility and some needed prompting regarding personal hygiene.
Some residents were there since the residence was opened. There was one resident receiving respite care. In addition, three people were facilitated in attending for day care only.

Quality initiatives and improvements in 2012/2013

- Information on quality initiatives was not sent to the Inspectorate.

Care standards

Individual care and treatment plan

Residents were under the care of one of two consultant psychiatrists. Two residents were under the care of the Rehabilitation and Recovery consultant, who attended every 2-3 months or as needed, the other monthly or as needed, according to staff.

Nursing care plans were used and reviewed every three months. MDT meetings were not held in the house but in the day centre nearby and a member of staff attended these to discuss any issues that had arisen in the care of residents.

The clinical file of one recently admitted resident was examined. There was no summary of the resident's history in the file and staff reported these were often obtained verbally on the phone.

FACE (Functional Analysis of Care Environments) risk assessments were done by staff following admission. They were sometimes infrequently done after that i.e. in one clinical file examined, the risk assessment was last done in 2011 although risk issues had arisen in the meantime.

Depot injections were administered by nursing staff who also administered medication to residents.

All residents attended two local GPs in their surgeries who did physical health reviews annually. A record of physical examinations due were maintained in diaries by the nursing staff, although whether or not these had been done was not subsequently recorded in the clinical files. Staff reported that if necessary the GP attended patients at night in the residence.

Staff reported clinical incidents were reported to the Director of Nursing (DON) and were documented in the clinical files. However, in one clinical file examined, there was no record in the medical notes of a psychiatrist having interviewed a resident following an incident. Staff reported the interview had taken place and it was recorded in the nursing notes.

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

Three residents attended the mental health day centre in the town.
Activities for those not attending the day centre included walking groups, beauty therapy and shopping.
Community meetings were held for all residents to discuss matters of importance, e.g. the recent death in the house, or at other times, outings to the beach.
Current affairs discussion groups were held in the afternoons, according to residents' interests.

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

Staff reported that residents were able to go to town and buy the paper or have coffee. Those not able to do this were accompanied by staff, who also assisted with clothes shopping for residents if required. In summer, staff hired a bus so that residents could go on outings e.g. to the beach or to restaurants. They attended Bingo on Wednesday nights. Some residents made use of the local cinema and some attended sporting matches in the locality.

Facilities

There were 5 two-bed and two single rooms on the ground floor, the latter used for respite care. One of these had been adapted to facilitate a resident with special physical needs. All rooms were bright and modern. All were ensuite, had curtains, spacious wardrobes and lockers, one drawer of which was lockable. There was a high standard of cleanliness throughout the building. Mirrors were used liberally to facilitate social awareness of residents.

Food was cooked on the premises lending to the homely atmosphere. There was no choice on the menu, but staff reported that they could cater for special needs or preferences.

Staffing levels

STAFF DISCIPLINE	DAY WTE	NIGHT WTE
RPN	2	2
Housekeeper	1	0
Cook	1	0

Clinical Nurse Manager (CNM), Registered Psychiatric Nurse (RPN), Non Consultant Hospital Doctor (NCHD)

Team input

DISCIPLINE	NUMBER	NUMBER OF SESSIONS
Consultant psychiatrist	2	Monthly, or as needed
NCHD	2	As needed from CMHTs
Occupational therapist	2	As needed from CMHTs
Social worker	2	As needed from CMHTs
Clinical psychologist	2	As needed from CMHTs

A CNM2 managed the service, but was off on the day of inspection. In her absence, an ADON *(Assistant Director of Nursing)*, based in Sligo, provided cover.

Staff reported that residents had access to members of the CMHT as required. In practice this was rare.

Medication

Medication reviews were carried out by the GPs for physical conditions and by the consultant psychiatrist for psychiatric conditions.

Tenancy rights

Staff reported there was no tenancy agreement signed by residents
Rent was € 70 or €95 (depending on income) plus €45 housekeeping. Staff reported a common social fund was not maintained.
Staff reported a complaints log was not maintained. The HSE complaints procedure was not displayed in the residence.

Financial arrangements

All residents had their own bank or post office account. Some residents collected their money themselves from the post office. If they could not do this, staff did it. Money collected was kept in a locked box, in a locked safe in the office in individual purses which were labelled with the residents' names. Residents could access this money at any time and withdrawals were recorded and signed for by residents. Staff did a weekly shop for housekeeping items. Special expenditures e.g. outings to the beach or restaurants were decided at communal meetings and residents could opt into these or not, as they wished.

Staff reported that there was a cyclical system of audit by the HSE audit department.

Service user interviews

Residents were greeted on the day of inspection, and professed themselves happy with the service.

Conclusion

Linden House provided high quality continuing care services to its elderly population in a large detached house on the outskirts of Ballymote. It was within walking distance of the town and facilitated the socialisation of residents with accompanied and unaccompanied outings to town and elsewhere. On the day of inspection, the residence was clean and bright. It was clear that staff were proactively engaged with residents to enhance their quality of life. They reported that they needed to balance the need for residents to outreach to the community with the need to maintain adequate staffing in the residence and this sometimes limited their facility for social outreach.

Recommendations and areas for development

1. *Risk assessments should be provided by referrer for all new referrals.*
2. *Written case history summaries should accompany all new referrals.*
3. *A record that physical examinations had been done should be entered into the individual clinical files*
4. *All medical interviews should be recorded in the clinical files.*
5. *A complaints log should be maintained and information on the complaints procedure should be displayed.*