

Mental Health Services 2015

Inspection of 24-Hour Community Staffed Residences

COMMUNITY HEALTHCARE ORGANISATION	Area 5
MENTAL HEALTH SERVICE	Carlow Kilkenny
RESIDENCE	Altamount House
TOTAL NUMBER OF BEDS	14
TOTAL NUMBER OF RESIDENTS	14
TEAM RESPONSIBLE	Rehabilitation and Recovery
TYPE OF INSPECTION	Unannounced
DATE OF INSPECTION	5 March 2015
INSPECTED BY	Patricia Doherty, Assistant Inspector of Mental Health Services
ACTING INSPECTOR OF MENTAL HEALTH SERVICES	Dr. Susan Finnerty, MCN009711

Summary

- Altamount House provided supervised nursing care to residents with enduring mental health needs. Residents were under the care of the Rehabilitation and Recovery Team.
- The building looked freshly painted on the outside but internally, with some exceptions, the building looked dated and institutionalised.
- On the day of inspection, there was little evidence of continuity in nursing care or rehabilitative activities for most of the residents.
- There was no evidence available to the inspector on the day of inspection that regular physical reviews had been carried out.

Service description

Altamount House was a supervised community residence for the care and rehabilitation of residents with enduring mental illness. It was situated in an urban area, on the outskirts of Kilkenny city. The single storey building was purpose-built and opened in 1993. Services to all except one resident, were provided by the Rehabilitation and Recovery team. In one instance services were provided by the community mental health team.

Profile of residents

On the day of inspection there were 14 residents, six male and eight female. All were voluntary and there was one Ward of Court. There were no residents on leave from the approved centre on the day of inspection. All residents, except one, were ambulant. Staff reported that many residents had been in other community facilities which had closed, prior to admission to Altamount. Staff reported that the mental health status of residents was stable, but, because of advancing age, there was a focus on physical care. The age range was 54 to 78 years and one resident had been there for five years.

Quality initiatives and improvements in 2014-2015

- A new care planning template was introduced to the service. Training in its use was ongoing.
- Staff reported that the Advanced Recovery Initiative (ARI) had been introduced to the service.
- The occupational therapy and nursing staff had facilitated the development of a number of groups elsewhere which were available to residents who attended. These included swimming, social skills, gardening and a 'home produce' group. Two residents participated in an 'operation transformation' group.

Care standards

Individual care and treatment plan

Multi-disciplinary reviews were conducted by the Rehabilitation team on a three to six-monthly basis or as required in the mental health day centre. New individual care plan templates (ICPs) were introduced toward the end of 2014, but, with one exception, these had not been properly completed. Needs, goals and interventions were not completed and care plans were not evaluated. There was no space on the template to allow for evaluation. Attendance was not always documented.

Sainsbury Risk Assessments were used at the point of admission and staff reported they were reviewed as necessary after that.

On the day of inspection, several residents were in bed, some in their clothes. Staff reported they may have been still recovering from flu which had affected several residents the previous week. They acknowledged that for those residents in the house, there was little to do.

On the day of inspection 12 of the 14 residents were in the residence.

Physical Care

All residents had their own GPs and medical cards. Staff reported screening programmes were available to residents and there was evidence of this in the clinical files examined.

There was no evidence in the clinical files that residents were in receipt of regular physical examinations. The assistant inspector was informed subsequent to the inspection, that residents attended their GPs annually for physical examinations, in accordance with the service policy. Staff on the day could not locate any information about whether or not such examinations had been done.

Staff reported residents had access to dietician and speech and language services, although they did not know if this was through the hospital or community care services. A staff member accompanied residents who had to attend the hospital for out-patient appointments.

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

Staff, on the day of inspection reported that two residents attended the mental health day centre. Other residents did not want to attend or take part in training or structured activities. There were no structured activities organised within the residence, for those residents. One resident liked working in the garden.

The assistant inspector was informed subsequent to the inspection that the occupational therapist and rehabilitation nursing staff facilitated a number of groups elsewhere, for those residents willing to participate e.g. swimming, 'home produce project', social skills and gardening. Staff on the ward on the day of inspection, were unaware of these initiatives.

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

The residence was located close to the centre of town and staff reported residents could, and did, walk there for shopping or coffee, or to go to the hairdressers. A small number of residents occasionally went swimming nearby and some went to the local pub. Some went to Sunday Mass together. Residents were not involved in local community groups or activities. Staff reported all residents were supported by their families and were encouraged to visit them.

There was a dedicated people carrier. Staff on the day reported group outings were not arranged.

Facilities

All rooms were single occupancy. All had their own wash-hand basin and wardrobe for storing clothes. Staff reported that the wardrobes were lockable but residents did not use the locks. All windows had curtains. All residents had individual laundry baskets and their washing was done in individual batches on particular weekdays by the housekeeping staff. Shared assisted shower facilities and toilets were situated nearby. These had been renovated in recent years and were generally in good condition. However, the wall covering in one shower area was damaged and the floor tiles around some of the toilets were stained.

Some paintwork was chipped. There was evidence of a leaking ceiling in one bedroom and damage to the wall below it. There were two sitting rooms; one had been renovated and was bright, spacious and modern, the other was small, dark, and in need of renovation. The interior of the building was drab and institutional in appearance.

The inspector was informed subsequent to the inspection that painting and refurbishment work was carried out two years ago.

The house was surrounded by a pleasant garden area. There was limited garden furniture. The only available seating at the back of the house was in the small smoking area.

Staff reported subsequent to the inspection that they were to undertake a gardening project and buy garden furniture during Summer 2015.

Meals

Meals were prepared on site by housekeeping staff. Food was bought in local stores and delivered to the house. Staff reported that residents were encouraged to shop locally for groceries and household items.

There was a varied menu, but no choice was displayed on the day of inspection. Staff reported that, if residents did not like what was offered, housekeeping staff would provide an alternative for them.

Residents could access tea or coffee whenever they wished. This was under supervision, for safety reasons. One resident liked baking and was encouraged to do this. There was no structured cooking program within the residence.

Staffing levels (full time in residence)

STAFF DISCIPLINE	DAY WTE	NIGHT WTE
RPN	2	2
Housekeeping	1 (plus 1 x 3 days)	0

Team input (sessional)

DISCIPLINE	NUMBER	NUMBER OF SESSIONS
Consultant psychiatrist	1	As necessary
NCHD	1	As necessary
Occupational therapist	0.5	As necessary
Social worker	0.5	As necessary
Clinical psychologist	0	0

RPN (Registered Psychiatric Nurse), NCHD (non-consultant hospital doctor)

On the day of inspection, both staff nurses on duty were on temporary rotas to the residence. They did not know the residents well and were unaware of some of the systems involved in running the house. One nurse, on their first day in recent times in the service, was there alone when the inspector called. It was, therefore, more difficult to provide continuity of care for the residents.

The assistant inspectorate was informed subsequent to the inspection that the usual nursing roster consisted of 1 CNM and 1 staff nurse. This was not the case on the day of inspection.

A CNM3 or ADON was on call at night.

Staff on the day reported that the consultant psychiatrist did not visit the residence. The assistant inspector was informed subsequently that the consultant visited as necessary.

Clinical Nurse Manager (CNM), Assistant Director of Nursing (ADON),

Complaints

There was a complaints log which was seen on the day of inspection, but it was blank. There was a complaints procedure displayed on the wall at the entrance to the house. The print on this was so small as to be of minimal use to residents. The complaints officer was not identified. Copies of the HSE complaints leaflets *Your Service Your Say*, were not available.

Community meetings were held, but irregularly. Minutes were kept and seen by the inspector on the day of inspection. Issues of concern to residents were raised there. The outcomes of the issues raised were not recorded.

The incident log was seen and no serious incidents were recorded.

Medication

Psychotropic medication was prescribed by the consultant psychiatrist or NCHD. Medication for general health issues was prescribed by the resident's own GP. All medication was transferred from the medication record in the residence to the general medical services (GMS) script by the GP and was supplied through the community pharmacy. It was delivered to the residence and allocated to individual boxes for different residents.

Medications were administered by the nursing staff as prescribed. No resident was engaged in a self-medication programme.

The Residence

The residence was owned by the Health Service Executive (HSE). A charge of €75 per week was paid in cash by each resident and this, called a 'kitty', covered rent, food and utilities. Staff reported it did not cover group activities.

Financial arrangements

The HSE policy NFR14 'Financial Management in Community Residences' was used in the residence. Residents had their own bank or post office accounts. They withdrew small amounts of cash as needed each week and this was placed in individual purses by staff. A record was kept and seen by the assistant inspector. Withdrawals were signed for by two staff members and the resident. They did not contribute to a social fund. Staff reported there were few social outings.

Service user interviews

A number of service users were greeted during the course of inspection. All, except one professed themselves happy with the service. One resident wanted to talk to their family and the doctor with a view to going home. This was being arranged by staff. A representative of the Irish Advocacy Network visited every eight weeks or more frequently, if required. Contact details were available.

Conclusion

This residence was well situated in Kilkenny city and was close to the city centre. Residents were able to walk or get a taxi into town and could shop there.

On the day of inspection, the rehabilitation focus of the residence was not evident, as several residents were in bed and there were no organised therapeutic activities in place for the 12 residents who were in the house and did not attend the mental health day centre. Nurse rostering arrangements were such that continuity was adversely effected. On the day of inspection, staff knowledge of the residents and the house was limited. Staff reported there were no organised group activities in the residence.

Individual care plan templates were introduced at the end of 2014, but were not being completed. Attendance of the multi-disciplinary team (MDT) was sometimes inconsistently documented.

There was no record available to the assistant inspector on the day that regular physical examinations had been completed for residents.

All residents had their own rooms which were comfortably furnished. The interior of the building was drab and in need of some maintenance and redecoration. There was a leak in the ceiling of one room, the wall underneath was damaged and paint was peeling and chipped in some areas.

Recommendations and areas for development

1. *Multidisciplinary care plans should be properly completed and evaluated.*
2. *Rostering arrangements should ensure continuity of nursing staff in the residence.*
3. *Recovery focussed activities should be developed for all residents including those who decline to attend the mental health day centre.*
4. *Regular physical examinations should be carried out for all residents and records should be maintained recording that this was done.*
5. *The garden area should be furnished.*
6. *Internal decor and maintenance issues should be addressed.*
7. *Stained bathroom tiles should be cleaned or replaced.*
8. *Regular community meeting should be held.*
9. *Records of complaints should be maintained, together with information on complaint resolution. Copies of 'Your Service Your Say' should be displayed together with the name of a dedicated complaints officer.*