Mental Health Services 2015

Inspection of 24-Hour Community Staffed Residences

COMMUNITY HEALTHCARE ORGANISATION	Area 7
MENTAL HEALTH SERVICE	Dublin South Central
RESIDENCE	An Teach Bán, Newcastle
TOTAL NUMBER OF BEDS	6
TOTAL NUMBER OF RESIDENTS	6
TEAM RESPONSIBLE	Rehabilitation
TYPE OF INSPECTION	Unannounced
DATE OF INSPECTION	26 February 2015
INSPECTED BY	Dr. Enda Dooley, MCN 004155, Assistant Inspector of Mental Health Services
ACTING INSPECTOR OF MENTAL HEALTH SERVICES	Dr. Susan Finnerty, MCN 009711

Summary

- An Teach Bán was a six-bed intensive support residence located on the outskirts of Newcastle, Co. Dublin.
- The residence was well-maintained and provided a homely environment. A supportive relationship between staff and residents was apparent. The supports provided assisted in addressing challenging behaviours and facilitating a move to more independent accommodation.
- There was limited multidisciplinary team (MDT) input to the residence and this merited review.
- Drafting and review of individual care plans (ICP) should involve all members of the MDT.

Description

Service description

An Teach Bán was a 24-hour nurse-staffed intensive support community residence located on the outskirts of the village of Newcastle, Co. Dublin. The residence was a dormer bungalow located in its own extensive grounds and surrounded by mature trees. It was opened originally in 2006 and underwent a major reconfiguration in 2011. The ethos was focussed on intensive rehabilitation of a population with a history of long-term challenging behaviour and aimed to facilitate a move to less intensive support.

Profile of residents

The residence had provision for six residents and was fully occupied on the day of inspection. There were two female and four male residents aged from late 40s to mid-60s. All had a history of severe and enduring mental illness with challenging behaviour. All residents were voluntary and one was a Ward of Court. The most recent admission was in mid-2014 (a re-admission) and the longest had been resident since 2010. All residents were fully mobile (one resident was currently temporarily disabled because of recent surgery).

Quality initiatives and improvements in 2014-2015

- During 2014, all residents had been facilitated in opening post office or bank accounts.
- Residents had registered with the local library to facilitate access to books and CDs of interest.
- Staff had undertaken a public transport programme with residents to familiarise them with processes involved is using public transport. This programme was repeated as necessary.

Care standards

Individual care and treatment plan

The therapeutic focus within the residence was on maximising rehabilitation and recovery. The staffing, both in numbers and consistency, of the residence facilitated a keyworker system. It was apparent that staff were supportive and engaged with the residents. This served to minimise risk of confrontation or relapse. All residents had an ICP in their clinical file and this was reviewed frequently. While the ICP was generally well maintained it appeared that it was not routine for all members of the MDT to attend reviews. On a number of ICPs reviewed there was no record that the resident had been provided with a copy of the review proceedings or had been offered a copy.

The responsible consultant psychiatrist held regular clinical reviews in the residence.

All new admissions had a structured risk assessment undertaken and this was reviewed as required. In addition, an individual risk assessment plan was developed for all residents. Staff indicated that this was very helpful in deciding what level of intervention was appropriate in any particular situation arising.

Physical Care

All residents had their own GP and six-monthly physical reviews were undertaken by the GP. Each individual clinical file had a report of the most recent reviews and a schedule sheet for pending review. There was no overall schedule for physical reviews to alert staff when the next review was scheduled.

Residents were encouraged to partake in recommended screening programmes through their general practice. Access to specialist services was through primary care. Speech and Language therapy was available through Cherry Orchard Hospital, if required.

Residents attending out-patient appointments would generally be accompanied by a member of staff.

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

The residence had an activities room where a variety of therapeutic activities were undertaken, facilitated by staff. Residents had access to computers and this included internet access. In addition to a range of programmes run within the house, a number of residents regularly attended external day centres (Crumlin, Rainbow Clubhouse in Cherry Orchard Hospital).

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

All residents had regular family contact. This consisted of family visits to the residence or, alternatively, of external visits, including overnight, by the resident. Residents used local shops, church, and post office. In addition, a number of residents had recently joined the public library in Lucan. On their own initiative, residents went out to a local coffee shop and cinema visits were organised on a regular basis.

Facilities

An Teach Bán was a converted domestic residence surrounded by extensive gardens. The house and fittings were well maintained. All residents had their own bedroom. Three of the six bedrooms were en suite. One bedroom was downstairs and the remaining five were upstairs. While residents did not have a key to their bedroom door, all rooms had adequate wardrobe and storage facilities and residents could lock their wardrobes. Residents had personalised their own rooms to varying degrees and a number had TVs and radios.

The entrance area was somewhat dark and might benefit from repainting. The main downstairs corridor was rather narrow and claustrophobic.

The common areas (sitting room, dining room, and activities room) were spacious and comfortably furnished. There were a number of TVs in common areas and residents also had access to DVDs, books, computers, and radios. The kitchen was roomy and contained two separate cookers so that a resident could use a cooker to prepare a personal meal while the main meal was being prepared elsewhere. The main bathroom was well ventilated and bright. The bathroom and en suite facilities were normal domestic fixtures and, in the event of future renovation, consideration should be given to minimising ligature potential.

Staff indicated that the interior of the residence was scheduled to be re-painted in the near future and the laundry facilities were to be upgraded. Residents had a roster for access to laundry facilities. While residents were encouraged to partake in the cleaning and maintenance of the house this task primarily fell to the health care attendant (HCA).

The residence was surrounded by a bank of mature shrubs. These had become overgrown, significantly impairing access to light, and would benefit from pruning.

Meals

Residents prepared their own breakfast and tea, while the main lunchtime meal was prepared by staff. While there was not a routine choice of individual meals, residents could suggest preferred options. Residents had free access to the kitchen at any time. Staff and residents engaged in a regular weekly food shopping and residents could request specific items be purchased.

Staffing levels

STAFF DISCIPLINE	DAY WTE	NIGHT WTE
CNM2	1	0
CNM1	1	0
RPN	1	1
HCA	1	1
Domestic staff	1	0

Clinical Nurse Manager (CNM), Registered Psychiatric Nurse (RPN), Health Care Assistant (HCA)

Team input (sessional)

DISCIPLINE	NUMBER	NUMBER OF SESSIONS
Consultant psychiatrist	1	0.5 per week
NCHD	1	1 per week & on request
Occupational therapist	1	By request
Social worker	1	By request
Clinical psychologist	1	1 per week

Non-Consultant Hospital Doctor (NCHD)

The responsible consultant psychiatrist provided a session to the house every two weeks. There was a regular weekly input from the NCHD and also on request. While the rehabilitation team was fully resourced there was no regular input to the residents from the OT or social work service.

Complaints

The residence contained documentation available to residents about the HSE complaints policy, *Your Service, Your Say.* There was a complaints log and the most recent item was some considerable time ago and had been initiated by a member of the public. The log recorded how the matter was addressed. There was a nominated complaints officer in Cherry Orchard Hospital.

Community meetings previously occurred every month in the residence but due to lack of demand and the ready availability of keyworkers to deal with issues arising, it now took place every two months. Minutes of this meeting were not kept.

There was an incident log kept in the house and this was in order with documentation of incidents and the response undertaken.

Medication

Medication was reviewed by the consultant psychiatrist or registrar and any amendments were documented on a kardex system and incorporated in a medical card script by the GP. Medications were obtained from a local pharmacy. Medication kardexes were reviewed by the inspector and were in order apart from one instance where a prescriber had omitted to include his/her Medical Council Registration Number as required by law.

At the time of inspection, no resident was self-medicating but staff were engaged in a training programme with one of the residents to facilitate level two (one day) self-medication and hopeful progression to level three (three day) self-medication.

The Residence

An Teach Bán was a former private residence which was purchased by the Health Service Executive (HSE) in 2006 for use as a supervised residence. Charges were paid directly from the residents' accounts to the HSE and staff were not involved in this process. Staff were not aware of the weekly charge and had to verify this figure (€90 per week) when requested by the inspector. All residents were charged the same which covered bed and board but not prescription charges in the pharmacy. For residents who required assistance with finances, staff managed weekly cash withdrawals.

Cash was kept in separate envelopes in the office safe and where a resident requested to withdraw cash this was signed for by both the resident and staff. The residence had a monthly allowance for food and fuel which was paid for by HSE procurement card with bills and matching receipts being submitted to Cherry Orchard Hospital. This procedure minimised the amount of cash for which staff were responsible.

Financial arrangements

All residents had either post office or bank accounts. Those who were capable managed their own funds. In other cases, where residents required assistance with the management of their funds, they could withdraw money as they wished from the office in the residence. All transactions were documented and signed by both resident and staff.

There was no communal kitty or social fund.

Service user interviews

A number of residents were greeted and informed of the purpose of the inspection. No resident expressed a wish to meet with the assistant inspector and no complaints were expressed.

There was no notification within the residence about access to an advocate and staff reported that there was no input to the residence from advocacy services.

Conclusion

An Teach Bán was a high support 24-hour nurse-staffed residence located in Newcastle, Co. Dublin. It was purchased by the HSE in 2006 and was located within its own extensive grounds. It currently provided for six residents with a history of severe and enduring mental illness complicated by challenging behaviour. The house was well maintained and provided a comfortable and homely environment.

There was a high staff to resident ratio within the house and this facilitated both the provision of support to residents and staff familiarity with issues pertinent to the well-being of residents.

Residents had ICPs which were regularly reviewed. A number of care plans were reviewed by the inspector and it appeared that the review was not multi-disciplinary as it involved mainly the medical and nursing staff. There was no evidence in care plans reviewed that other members of the MDT attended reviews in the house. While residents attended their care plan reviews, it was not clear that they were routinely offered a copy of the review proceedings or, if so, whether they agreed to forego a copy of the proceedings.

Staff were engaged with residents and residents were encouraged to maximise their independence and involvement with family and local community.

Recommendations and areas for development

1. *In view of the strategic importance of the Individual Care Plan in the organisation of treatment and care, it is recommended that all members of the Multi-Disciplinary Team responsible for the resident should attend Individual Care Plan reviews and that their participation and responsibilities should be documented.*
2. *A structured procedure should be developed to ensure that pending six-monthly physical reviews are scheduled and that this information is readily available to staff.*
3. *All prescribers must include their Medical Council Registration Number in all prescriptions as required by law.*
4. *Staff should continue to encourage and facilitate residents to maximise their independence and autonomy.*