

Mental Health Services 2015

Inspection of 24-Hour Community Staffed Residences

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| COMMUNITY HEALTHCARE ORGANISATION | Area 5 |
| MENTAL HEALTH SERVICE | Wexford |
| RESIDENCE | Ardamine House, Courtown. |
| TOTAL NUMBER OF BEDS | 9 |
| TOTAL NUMBER OF RESIDENTS | 9 |
| TEAM RESPONSIBLE | Rehabilitation and Recovery |
| TYPE OF INSPECTION | Unannounced |
| DATE OF INSPECTION | 6 February 2015 |
| INSPECTED BY | Patricia Doherty, Assistant Inspector of Mental Health Services |
| ACTING INSPECTOR OF MENTAL HEALTH SERVICES | Dr. Susan Finnerty, MCN009711 |

Summary

- Ardamine House was a supervised community residence which provided long-term care to people with enduring mental illness.
- The house was somewhat neglected looking on the outside, but comfortable and pleasantly decorated inside.
- All residents had individual care plans which were regularly reviewed.
- Staff were proactive and there was a good range of therapeutic activities available to residents.

Description

Service description

Ardamine House community residence was a two-storey building consisting of two adjoining and interconnecting four-bedroom houses. It was located near Riverchapel, about six kilometres from Gorey, Co. Wexford. The house was set back from the main road and had a sizeable, if underdeveloped, front garden. From the front, the house had a run-down appearance and looked neglected. It was opened 26 years ago to facilitate the discharge of residents from institutional care. To the back of the house there was a substantial garden. A stand-alone activities area had been constructed along with a garden tunnel. Staff reported this was valued by residents, some of whom were very interested in gardening. There was evidence of planting work having been done on the day of inspection.

Inside, the house was warm and comfortable. There were nine bedrooms, two of which were twin-bed rooms. These were single occupancy and staff reported the intention was to maintain them as such. Screens were available in the event of a second resident being admitted to the rooms. All rooms had wash-hand basins and access to an assisted shower. One bedroom was on the ground floor. Paint was peeling on the ceiling of the shower area and the wooden skirting board was rotten. Staff reported they had requested that it be repaired on several occasions.

There was a high standard of decor in the upstairs bedrooms. The rooms were colour coordinated and the decor had been chosen by both residents and staff. Some of this was paid for by the residents. On the day of inspection a wooden floor was being installed in one bedroom and paid for by the resident.

There was an infrequent bus service into Gorey and residents could use this. However, the residence had the use or loan of a Health Service Executive (HSE) people carrier at other times. Staff reported this came from St. Senan's Hospital, Enniscorthy and they were hoping they would soon have dedicated transport for the residence.

Profile of residents

There were five male and four female residents on the day of inspection. They were aged 65 to 85 years and all were mobile. Stair lifts had been fitted to facilitate some residents in climbing the stairs, but staff reported this was used only occasionally. Some had been there since the house opened. All were voluntary. There were no Wards of Court. Residents were under the care of the Rehabilitation and Recovery Team.

Quality initiatives and improvements in 2014-2015

- Improvement in the decor was ongoing.
- A new individual care plan (ICP) template had recently been introduced.

Care standards

Individual care and treatment plan

Individual care plans (ICPs) were used, and were reviewed every six months in the residence. All residents had an ICP, developed by a multidisciplinary team (MDT) and by the residents, who attended the meeting. Staff reported that psychology and occupational therapy staff did not attend these meetings but were available as needed. The ICPs addressed areas of concern in various dimensions i.e. mental and physical health, social wellbeing and activities. There was evidence that staff proactively addressed the needs of residents in a holistic way. ICPs were periodically evaluated by nursing staff and this was documented in the clinical files. The 'outcomes' column of the ICPs contained the dates of the next review but did not include an evaluation of the previous ICP.

In addition to the ICP reviews which took place in the house, a staff member attended the wider community mental health team meeting which took place weekly in the day centre and any issues which arose in the residence could be discussed there.

A risk assessment was included in the admissions template. A keyworker system was used.

Sequential notes were used in the clinical files. This was not done consistently by all disciplines as some used their own discipline specific sections in the clinical files, leading to some inconsistency. It was sometimes difficult to identify entries from individual disciplines.

Physical Care

All residents had a medical card and attended their own GP for physical care. Six-monthly physical reviews by the non consultant hospital doctors (NCHDs) were documented in the clinical files for all residents. In some instances, the most recent reviews were not signed or dated. Staff reported that residents had access to national screening programmes and out-patient departments in Wexford General Hospital. They had access to a dietician from the hospital if required.

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

Within the house, residents could access the kitchen at any time and make tea or coffee. They were encouraged to help with cooking under supervision. Two newspapers were delivered to the residence each day. Gym equipment was available in the house, which staff reported was well used by some residents.

Staff reported most residents attended St. Aidan's locally-run community day centre during the day. They were brought there by staff in a people carrier which travelled each day from St. Senan's Hospital to do this. Activities there included painting, creative story-telling and bingo. A purpose-built activities room was available to the back of the house which was not open on the day of inspection.

Staff reported residents enjoyed using the garden tunnel in the large garden. Residents helped grow vegetables and strawberries which were used in the house.

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

As well as attending the day centre, residents were able to walk to, and use the shops, in the local village. They could go to Gorey by public bus, or in the people carrier used by the service on four days per week. Some residents attended social activities and joined with local community groups in the village. Some pursued particular interests with the help of their family or friends. Staff reported on a recent group outing to a restaurant for dinner. Periodic day trips were organised to local areas of interest, e.g. Arklow or the Wicklow mountains. The service was awaiting delivery of its own dedicated transport.

Facilities

All residents had their own rooms. Staff reported that, although there were two double bedrooms, it was envisaged that these rooms would remain single. All rooms had curtains. Residents had their own lockers and wardrobes. The bedrooms were bright and well decorated.

The exterior of the building looked unfinished and neglected. Staff reported some difficulty in having maintenance issues addressed promptly. Problems with peeling paint in the shower and rotting wood were reported in October 2014 and had not been addressed.

Laundry was done in the utility room by the multi-task assistant (MTA), or by the residents themselves. Because of the advanced age of some of the residents, staff reported concern that, in the event of a fire at night, it would be hard to evacuate the building in a timely manner.

Meals

Groceries came from central stores and from the local shop. A cook was employed in the residence and all meals were cooked on site. On the day of inspection, home-made apple tarts were available. Residents had a choice of menu and they could use the kitchen, which was always open, for tea or coffee making at any time. Some residents were encouraged to help with cooking and staff reported they enjoyed doing so. However, there was no cooking programme for residents. Staff reported this might be possible and useful.

Staffing levels

| STAFF DISCIPLINE | DAY WTE | NIGHT WTE |
|------------------|--|-----------|
| CNM2 | 3-4 days per week | 0 |
| Staff Nurse | 1 | 1 |
| MTA | 2 (one of these for 2-3 days per week) | 0 |

Clinical Nurse Manager (CNM), Registered Psychiatric Nurse (RPN), Multi-task attendant (MTA)

Team input

| DISCIPLINE | NUMBER | NUMBER OF SESSIONS |
|-------------------------|--------|--------------------|
| Consultant psychiatrist | 1 | 3-4 monthly |
| NCHD | 1 | As needed |
| Occupational therapist | 1 | As needed |
| Social worker | 1 | As needed |
| Clinical psychologist | 1 | As needed |

NCHD (non-consultant hospital doctor)

An assistant director of nursing (ADON) was on call at night. Staff reported extra personnel were available if needed e.g. for transport to the general hospital out-patient department.

Complaints

There was a complaints and suggestion box in the living room. Staff reported residents rarely used these but were likely to discuss issues with the staff nurse on duty and issues were resolved that way. A complaints log was kept and examined on the day of inspection. The last entry was in 2013. The complaints log did not document how issues were resolved. Information on how to make a complaint was not on display. The name of the complaints officer was not on display.

Community meetings were held irregularly in the residence. Minutes were not kept of these meetings.

Medication

The residents' own GPs prescribed medication for physical conditions and the psychiatric staff prescribed for psychiatric conditions. Depot injections were administered by nursing staff in the residence. Medication was collected from the local pharmacy by staff and administered by them to the residents. There were no self-medication programmes.

The Residence

The residence was owned by the HSE. Each resident paid €70 per week as charges to the HSE. This money covered maintenance, heating oil, electricity and most groceries for the residence. Twenty euro was kept for housekeeping. This included the remaining groceries and some communal activities. Residents had not given written permission for the latter.

Financial arrangements

Sixty euro was kept by the residents for their own use and the balance of their €219 social welfare payment was put into their own bank or post office savings account. Where residents wanted extra funding, this was taken from their bank accounts. This was done by staff for some residents and permission was documented and reviewed by the inspector. Residents' money was kept in individual pouches in a locked cabinet. Withdrawals were signed for by a staff member and resident or by two staff members when the resident could not sign. Receipts were kept for household items.

The HSE policy on Money Management in Community Residences was in place.

Service user interviews

A number of service users were greeted during the course of the inspection. All said they were happy with the residence. Some said they liked the food. They also liked that they had their own rooms. They liked the bedroom decor.

Conclusion

This supervised community residence was situated at the edge of a village near Courtown. It was spacious and comfortable inside but the exterior was shabby and looked neglected. As a result, it was potentially stigmatising for the residents. It had no identifying signage. It served a population of elderly residents on a long term basis.

Staff were proactive and caring and the atmosphere in the house was good. Decor was pleasant and was being updated on an ongoing basis. All residents had individual care plans which were regularly reviewed. There was a range of good therapeutic activities available to the elderly residents. Six-monthly physical reviews were conducted on all residents, whose files were examined, but some were not signed or dated.

Staff expressed concern that, in the event of a fire at night, they would not be able to evacuate the house in a timely manner. Following the inspection, the service had undertaken a Fire Risk Assessment inspection and report. A number of issues were identified in this report and the HSE was engaged in remedying them.

General financial management arrangements were good. However, the service used a kitty system for some communal activities, contrary to HSE policy.

Recommendations and areas for development

1. *The exterior of the house should be upgraded and signage should be improved.*
2. *Physical examination reports should always be signed and dated.*
3. *Issues identified in the Fire Risk Assessment report should be remedied.*
4. *The complaints log should include information on how the complaint was resolved.*
5. *A copy of 'Your Service Your Say' should be available. A complaints officer should be identified.*
6. *Discipline specific stamps or markings in the clinical files, should be considered.*
7. *Use of a 'kitty' system for group activities, should be discontinued.*
8. *Communal meetings should be held on a regular basis and minutes should be kept.*