Mental Health Services 2013

Inspection of 24-Hour Community Staffed Residences

EXECUTIVE CATCHMENT AREA/INTEGRATED SERVICE AREA	Cork
HSE AREA	South
MENTAL HEALTH SERVICE	North Cork
RESIDENCE	Carrigabrick Lodge, Fermoy, Co. Cork
TOTAL NUMBER OF BEDS	14
TOTAL NUMBER OF RESIDENTS	12
NUMBER OF RESPITE BEDS (IF APPLICABLE)	None
TEAM RESPONSIBLE	Rehabilitation
TYPE OF INSPECTION	Unannounced
DATE OF INSPECTION	21 August 2013

Summary

- The residence at Carrigabrick Lodge offered a very pleasant purpose-built home for 12 residents with enduring mental illness.
- All residents had an individual care plan which was reviewed annually and most residents participated in activities in day centres locally.
- All but two residents had been admitted to the residence following transfer from long-term care in St. Stephen's Hospital, Cork.
- On the day of inspection staff reported that, due to health and safety restrictions on the use of the kitchen, residents could not participate in activities such as preparing and cooking meals. It was subsequently reported that some residents cooked their own meals.

Description

Service description

The residence at Carrigabrick, Fermoy was a recently constructed purpose-built house situated in the grounds of the Community Hospital on the outskirts of Fermoy; it was built in 2008. The surrounding grounds were very pleasant and well maintained. Most of the residents had transferred to the house from long-term care in St. Stephen's Hospital, Cork in order to provide more individually focused care in the community. Residents in Carrigabrick were under the care of the rehabilitation team. It was a non-smoking house.

Profile of residents

The age range of residents was from 38 to 88 years and all but two residents had been admitted from long-term care in St. Stephen's Hospital. There were seven male and five female residents living in the house. All residents were independently mobile but some elderly residents required some assistance with physical care.

Quality initiatives and improvements in 2012/2013

- The house was due to be re-painted in the coming months.
- An audit on the use of benzodiazepine and hypnotics had been carried out.
- A Horticultural project in conjunction with a local community group had been set up.

Care standards

Individual care and treatment plan

All residents had an individual care plan which was reviewed by the team, resident and family member (with the consent of the resident) on an annual basis. Risk assessment was also carried out at that time. In addition, the consultant psychiatrist attended the residence monthly or as required to review residents and the non consultant hospital doctor (NCHD) visited every four weeks. Each resident had a key worker.

All residents were on the list of one general practitioner (GP) practice in Fermoy and a GP from the practice attended the house weekly. In addition, residents attended the GP's surgery as necessary where six- monthly physical examinations were carried out on most residents. Prescriptions were written by the consultant, NCHD or the GP.

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

Six residents attended Day Centres either in Fermoy or in Mitchelstown for between three to five days per week. On Wednesdays, staff from the day centre in Fermoy attended the house to hold groups and engage residents who did not otherwise attend the day centre. None of the residents attended a Training Centre.

Newspapers were delivered daily and the local priest visited weekly and said prayers with the residents.

Incidents were recorded and a copy of the incident report was reported to be maintained in the back of each clinical file. However, no actual log of incidents was maintained and in the case of two incidents noted by the inspector in two clinical files, no incident record was filed in the clinical files.

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

Most residents could visit the town either by walking or taxi and enjoyed shopping or coffee. A few residents socialised regularly in the town in the evenings. Some residents attended the local church on Sundays for Mass. There was usually an outing on Sundays in the people carrier belonging to the residence as there was an additional member of nursing staff on duty on Sundays. Residents funded themselves on such outings.

Facilities

The building was of recent construction and was purpose-built. Each resident had their own en suite bedroom which they could lock. Bedrooms were spacious and the house was clean and well maintained. There were two sitting rooms, an open sitting area, a dining room, kitchen and laundry room. The gardens were particularly pleasant and very well maintained. There was a public phone in the hallway. Two of the bedrooms were vacant at the time of inspection.

Staffing levels

STAFF DISCIPLINE	DAY WTE	NIGHT WTE
RPN	1	1
Multi Task Attendant	1	1

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

Team input

DISCIPLINE	NUMBER	NUMBER OF SESSIONS
Consultant psychiatrist	1	Monthly
NCHD	1	Six weekly
Occupational therapist	1	Currently on extended leave
Social worker	0	None
Clinical psychologist	0.5 WTE	As required

A CNM2 was in overall charge and visited the residence regularly; the CNM was rostered for seven days each fortnight. At night, senior cover was provided by a CNM2 who provided cover for the North Cork area. The consultant psychiatrist attended the house every month when a review of each resident was undertaken. In the interim, the NCHD attended every six weeks and more often if required. The occupational therapist usually attended every week, but this was not happening at present owing to leave. Staff reported that there were no social workers or psychologists on the team but it was subsequently reported that the team had a psychologist on a 0.5 WTE basis. Arrangements could be made for residents to access a social worker if required.

Medication

Medications were prescribed by the GP, consultant psychiatrist or the NCHD. Medication kardexes were clearly written and up to date. However, doctors rarely used their Medical Council Registration Numbers (MCN) when writing prescriptions. Two residents were on a self-medicating programme at Level 2 (daily dispensing). No resident required administration of a depot medication. The medications were sourced from a local pharmacy.

Tenancy rights

The residence was owned by Cluid, a social housing organisation. Residents all received rent allowance and paid €90 rent; each resident paid the same amount. In addition, residents paid €30 to an account in the name of the residence for all other expenses, including food and household bills; this account was managed by one CNM 2. The sums above were mainly paid by direct debit. There was no social fund and residents participated in decisions such as what groceries to buy and where to go for outings.

Community meetings were held every few months and these were recorded. A complaints record was also maintained but on the day on inspection, this record was in a locked press to which the staff member on duty did not have access.

Financial arrangements

Many of the residents managed their own finances but a few required assistance from staff. Small amounts of money were handled by staff for a few residents but sums did not accumulate in the residence. An audit on the financial arrangements of the residents was conducted earlier in 2013. All residents were deemed to have full capacity to manage their finances.

Service user interviews

A number of residents engaged in brief conversations as the inspection was conducted but none requested to speak directly with the inspector. All of those who spoke expressed themselves happy with the service. The service user advocate visited the residence from time to time.

Conclusion

Carrigabrick was a very comfortable and well maintained residence situated in very pleasant surroundings on the outskirts on Fermoy. All residents had a comprehensive individual care plan which was reviewed annually and psychiatric reviews were also conducted every few months. Physical health care was provided by a GP practice in the town. Most residents looked after their own financial affairs. At the time of inspection it was reported that finances for grocery and household bills for the residence were managed by only one CNM; however, it was subsequently reported that finances for the running of the residence was managed by all staff. There was no incident log in the residence, instead, each incident was recorded separately, and stored in the individual's clinical file; however, this had not occurred in the case of two incidents noted by the inspector. One incident log would enable staff to easily see whether an incident had occurred without having to check each individual clinical file. On the day of inspection staff reported that, due to health and safety restrictions on use of the kitchen, residents could not participate in activities such as preparing and cooking meals. It was subsequently reported that some residents cooked their own meals.

Recommendations and areas for development

1. An incident log should be maintained in the residence.

2. Staff on duty should have access to all areas of the office.