

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	Cois Alla, Kanturk
TOTAL NUMBER OF BEDS	14
TOTAL NUMBER OF RESIDENTS	11
NUMBER OF RESPITE BEDS (IF APPLICABLE)	None
TEAM RESPONSIBLE	Rehabilitation
TYPE OF INSPECTION	Unannounced
DATE OF INSPECTION	20 August 2013

Summary

- The building was a recently constructed, purpose-built residence situated in Kanturk town and provided spacious individual bedrooms for residents.
- All residents had an excellent individual care plan which was reviewed annually.
- Over half of all residents were on a self-medicating programme.
- On the day of inspection staff reported that, due to restrictions by inspectors of the Health and Safety regulators 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.
- Most residents were involved in some therapeutic activities on a regular basis.

Description

Service description

Cois Alla was a newly constructed purpose-built residence situated in Kanturk in Co. Cork. It was opened in 2006 and was owned by the Cork Mental Health Association. Residents in the house were under the care of the Rehabilitation Team.

Profile of residents

There was a wide age range of residents, from 25 to 83 years. Four of the residents had moved into the house when it opened as a community residence and two had come from long-term care in St. Stephen's Hospital in Cork. There were four female and seven male residents in the house and most had originally been from the area. All residents were mobile and physically independent. The most recent resident in the house had been admitted two years ago.

All residents were voluntary and there were no Wards of Court.

Quality initiatives and improvements in 2012/2013

- An audit of benzodiazepine and hypnotic use had been carried out.
- A Keep-Fit programme had been introduced for residents.

Care standards

Individual care and treatment plan

All residents had an individual care plan (ICP) which was reviewed by the rehabilitation team on an annual basis. ICPs were comprehensive and covered a wide range of needs and interventions. The review was attended by members of the team, the resident and family members (with the consent of the resident). Risk assessments were carried out annually at the time of review of the ICP. The consultant psychiatrist also visited the residence every month and the non consultant hospital doctor (NCHD) visited every two weeks and reviewed residents at that time if necessary.

Each resident had their own general practitioner (GP) which happened to be the same GP for all residents except one. Residents attended the GP in the surgery, unless otherwise clinically indicated. The GP carried out a physical examination on each resident every six months, including blood tests; the details of the examination were kept in the GP's surgery but results of the blood tests were forwarded to the residence.

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

Five or six residents attended a day centre in the town for periods of between three to five days each week. Other residents were involved in the Irish Rural Development (IRD) project in near-by Newmarket; transport was provided by the IRD. The project focused on personal development with practical skills such as gardening and upholstery. One resident attended the Industrial Training Centre in Mallow and travelled there by public transport. A further resident was engaged in voluntary work in the community.

The kitchen in the house was well-equipped but on the day of inspection, it was reported by staff on duty that due to restrictions from a health and safety point of view, residents were not permitted to engage in meaningful cooking or preparation of meals in the kitchen. It was subsequently reported that some residents cooked their own meals.

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

The residence was located just at the edge of the town and was easily accessible by walking. All residents went to town regularly and some socialised in the town at night. A few residents attended local matches and some attended Mass on Sundays in the town. Group outings were limited due to the availability of staff to accompany residents on such outings.

Facilities

Facilities were very good in Cois Alla. Each resident had their own en suite bedroom which was spacious. The house was well maintained and was very clean. Household staff included a cleaner who provided two hours of cleaning duties daily. For communal space, there were two sitting rooms equipped with television; the dining room was bright and adequately furnished. The garden area was well maintained with outdoor furniture for eating outdoors.

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	One session each month
NCHD	1	One session each two weeks
Occupational therapist	1	One session weekly
Social worker	0	Can be accessed as required
Clinical psychologist	0.5 WTE	Can be accessed as required

A CNM2 was in charge of the residence The consultant psychiatrist visited the house each month and the NCHD attended every two weeks. The occupational therapist provided one session weekly in the house and was also engaged with residents in the day centre. There was no social worker on the team but staff reported that if necessary, access could be sourced from other teams. There was a 0.5 WTE psychologist on the team.

The peer advocate visited the house from time to time.

Medication

Prescription sheets were written by either the GP or the consultant psychiatrist and medications were obtained from a local pharmacy. All prescriptions were in date but doctors had not written their Medical Council Number (MCN) on the prescriptions. Seven residents were on a self-medicating programme and were given a week's supply of medication each time. Depot medication was administered as necessary.

Tenancy rights

The residence was owned by the Cork Mental Health Association and residents paid rent by direct debit of €74 each week. There were no tenancy agreements in place and residents did not sign a lease. A further charge of €26 weekly was paid to the household account for day to day expenses of groceries, household bills etc. Both the rent and charges for the household account were the same for every resident and were not individually determined.

The shopping for the house was done by the multi task attendants and residents were not involved in this aspect of day to day living.

Community meetings, at which residents could raise issues of concern, were facilitated by the CNM and were held every few months. A suggestion box was also available for voicing complaints.

Financial arrangements

All residents had their own individual bank accounts and some needed no assistance in managing these accounts. A small number of residents handed up money for safe-keeping to the nursing staff and then accessed it as they required.

Service user interviews

The inspector greeted a number of residents and spoke informally with them as the inspection was conducted, but no resident requested to speak directly with the inspector. All residents who spoke with the inspector expressed their satisfaction with the service.

Conclusion

Cois Alla provided care for residents in the community in a very pleasant house which provided spacious individual bedroom accommodation. Most residents were engaged in some form of therapeutic activity on at least some days each week and there was evidence of regular review by the consultant psychiatrist. All residents had an individual care plan which was reviewed annually with all members of the rehabilitation team, resident and family member. It was good to see a high number of residents on a self-medicating programme where they took responsibility for their medication. On the day of inspection staff reported that, due to restrictions by inspectors of the Health and Safety regulators 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. A reduction in staffing levels had resulted in a limited ability to accompany residents on outings.

Recommendations and areas for development

1. Residents should be facilitated to develop activities of daily living such as cooking and meal preparation.