

Mental Health Services 2013

Inspection of 24-Hour Community Staffed Residences

EXECUTIVE CATCHMENT AREA/INTEGRATED SERVICE AREA	Sligo, Leitrim, South Donegal, West Cavan
HSE AREA	West
MENTAL HEALTH SERVICE	Sligo
RESIDENCE	Cypress Lodge
TOTAL NUMBER OF BEDS	17
TOTAL NUMBER OF RESIDENTS	15
NUMBER OF RESPITE BEDS (IF APPLICABLE)	5
TEAM RESPONSIBLE	General Adult team Rehabilitation and recovery team
TYPE OF INSPECTION	Unannounced
DATE OF INSPECTION	4 October 2013

Summary

- This two-storey supervised residence was situated in a rural area and was in need of refurbishment. It was opened to facilitate the discharge of residents of the acute service in 22 years ago, some of whom were still there.
- There were few activities for residents who did not attend day services outside the house. Staff reported there had been no organised group outings for residents during the summer of 2013.
- Financial arrangements were not transparent. Considerable amounts of money were used by staff to buy items on a weekly basis for residents without receipts being signed or adequate records kept.
- Communal clothes, including unlabelled underwear, were in use. Staff reported this was for emergencies only.

Description

Service description

The 24 hour nurse staffed community residence was situated in a rural area about 5 km from Sligo town. The two storey detached house was set in its own landscaped grounds with a beautiful surrounding garden. It was opened about 22 years ago and, until recently, provided continuing care for residents discharged from St. Columba's Hospital Sligo, some of whom had been there since it opened. It had 17 beds and on the day of inspection there were 15 residents, including one Ward of Court. Of these, staff reported five residents were there on a temporary or 'respite' basis, as part of their move to community living pending discharge from the in-patient services.

Staff reported it was about 10 minutes from the nearest bus stop. This involved a walk up a reasonably steep hill from the house to the main road, which could be difficult to manage for residents with impaired mobility. Residents paid their own taxi fares to go into town.

Profile of residents

There were six male and nine female residents. The age range was 50-64 years. Staff reported that three residents had been discharged to nursing home care in the previous six months. Staff reported there was a mixture of long-stay, newly admitted short-stay and respite residents.

The emphasis was increasingly being placed on rehabilitation of newly admitted residents, rather than continuing care. All residents were ambulant, although older residents needed help with personal care. A weekend care respite service was provided for residents living in the community.

Quality initiatives and improvements in 2012/2013

- No information on quality improvements was supplied to the Inspectorate.

Care standards

Individual care and treatment plan

Residents were under the care of a general adult or rehabilitation team. Nursing care plans were used for long stay residents. Newly admitted residents from the acute service benefited from multidisciplinary (MDT) input from the community mental health teams, and Individual (Recovery) care plans were used. A member of the nursing staff attended the MDT meetings in the day centre. There was little evidence in the clinical files of MDT input into the care of long-stay residents.

Physical health needs were met by the residents' General Practitioners (GPs) and residents were encouraged to attend local surgeries. Annual physicals were carried out by GPs according to a diary schedule maintained by nursing staff.

Psychiatric reviews were carried out on a six to twelve-monthly basis and depot medication was administered by nursing staff. Psychiatric reviews were not always signed and medical council numbers were often not used. Risk assessments were carried out on all residents whose clinical files were examined, by the referring team.

Staff reported that no one team was responsible for the overall running of the service.

Laundry was done on the premises by housekeeping staff. Although some clothes were labelled with individual names, this was not always done. There was a large supply of communal vests and pyjamas. Underwear was not always labelled.

Staff reported that a representative of the IAN (Irish Advocacy Network) visited, but infrequently.

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

Four residents attended Rehab Care or the Garden Centre in Sligo each for five days per week. Two more residents attended Raheen day centre for three days per week. However, this latter was not available to residents on the day of inspection. It had been temporarily closed as a result of staff member on leave not being replaced.

Staff reported that the services of an art therapist had been discontinued and there was no programme of activities available to other residents within the house. Jigsaws, board games and TV were available. Some residents went for walks locally.

Staff reported on the day of inspection that residents did not have access to kitchen facilities. The Inspectorate was subsequently informed that residents could do this.

Overall, the level of activities available for residents was low.

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

Two residents were able to go to the cinema or shopping in town. Others were dependent on being accompanied by staff. However, this depended on availability and was infrequent. There was no evidence of risk assessments being carried out to assess the feasibility of residents going to town themselves. There was no involvement of voluntary community organisations with the service. Staff reported that residents did not belong to any local organisations. There was little evidence of any involvement or integration of the residents with their community.

Facilities

The dining area and the adjoining sitting room were comfortable and well furnished. However, elsewhere paint work was peeling and grubby in places. There was rust on one bathroom radiator. The carpet and some curtains were dirty. Floor covering was 'bubbling' in a downstairs sitting area. Staff reported they did not know when a programme of refurbishment had last been carried out. There were eight twin bedrooms and one single room. All had privacy curtains, wardrobes and lockers. Rooms had wash hand basins and there was one en suite room. Some residents had to share wardrobes and there was insufficient storage space. Some rooms were too small for sharing. Residents had no lockable facilities. Some rooms were bare and cold. There was a malodorous smell in parts of the house, which staff could not account for. In all, the environment did not provide a comfortable, respectful and optimistic living space for residents. The environment was at odds with the stated recovery ethos of the service.

Staffing levels

STAFF DISCIPLINE	DAY WTE	NIGHT WTE
CNM2	1	0
RPN	2	2
Housekeeping	2	0

Clinical Nurse Manager (CNM), Registered Psychiatric Nurse (RPN)

Team input

DISCIPLINE	NUMBER	NUMBER OF SESSIONS
Consultant psychiatrist	2	As required
NCHD		As needed
Occupational therapist		For short term residents only
Social worker		For short term residents only
Clinical psychologist		For short term residents only

The clinical nurse manager was rostered for 3-4 days each week.

Staff reported the general adult and the rehabilitation team had admission facilities to the residence. There was little evidence of input by the MDT into the care of long stay residents. There was evidence of MDT interventions with recently admitted residents. A GENIO* grant had just been obtained to facilitate one resident's eventual transition to more independent community living.

*(GENIO provides funding from public and philanthropic sources to facilitate initiatives within the mental health field).

Medication

Six-monthly reviews were carried out by the consultant psychiatrists and A/ADON (acting assistant director of nursing). Annual physical reviews were carried out by the patients' GPs.

There was no self-medication programme. Staff reported that when one resident who managed their own medication at home was admitted, their medication was removed and kept in a locked press for safety purposes. It was unclear how this facilitated the resident's recovery plan. Residents who went to a less supervised group home temporarily as part of their recovery plan and who managed their medication there had to surrender it on their return. Staff thought this related to general risk management as residents did not have access to a lockable facility in their rooms.

Depot medication was administered by nursing staff.

Tenancy rights

Staff reported that residents paid €80-€95 rent depending on income, plus €45 housekeeping making a total of €125-€140.

Short term residents were charged €7 per night for 21 nights and then the full charges were applied.

Staff reported a social fund had been discontinued as there were no social outings during the year. They reported that residents had not benefited from any social group outings during the summer of 2013. If staff were available to take residents on outings, staff did not know how they might access funding for such trips.

Staff reported there were no complaints and there was no record or log of complaints kept. The HSE complaints procedure was available in the office, but not displayed in communal areas of the house. Staff thought residents would not know how to make a complaint.

A record of incident reports was kept and available to Inspectorate. The Inspectorate was informed that all incidents were reviewed at senior management level and entered onto the STARSWeb (clinical incident reporting) system.

Financial arrangements

With regard to financial arrangements, two residents collected their own pensions and paid rent to nursing staff. They administered their own post office accounts.

Nursing staff collected the rest of the pensions, deducted rent and paid money into post office savings account for residents. In addition staff reported a bulk 'Saturday shop' was done for some residents at their request, from the remainder of their pensions. There was no written record kept of these requests. The purchases were for some treats, but also, according to receipts seen by the Inspectorate, included items that should have been covered by the housekeeping allowance paid for by residents e.g. biscuits, buns, sausages, potato salad.

Individual amounts contributed by each resident did not vary and ranged from €30-75 per person per week. The total collected was €390 for nine residents. Although total shopping receipts were kept, items once bought were not receipted to individual residents and no record books were kept of these transactions.

The system was not transparent and because of the regularity of the arrangement, there was a danger that it could be regarded as an extended form of housekeeping. It would seem that the arrangements in place were not in keeping with the requirements of the HSE National Financial Regulations (NFR-14), which requires that 'a recorded internal check system is in place and those books and records are reviewed on a regular basis'.

Service user interviews

Service users were greeted during the course of inspection. No one requested to speak to the Inspectorate.

Conclusion

While reasonably clean on the day of Inspection, carpets and some curtains were dirty. Paintwork was grubby and marked and the house had not been repainted for a considerable period of time. The house was malodorous in places. Some bedrooms were too small to accommodate two people adequately. Furnishings in some rooms were inadequate. Residents had no lockable facilities for their personal possessions.

Many of the residents had been in the house since it opened 22 years ago. Some residents attended therapeutic activities elsewhere, but for those that did not, there were few activities of any kind provided within Cypress Lodge. Staff reported that their jobs were mostly 'task oriented' e.g. providing help with personal care and this left them with little time for therapeutic interventions. There had been no social group outings in the year in spite of the residence being close to beaches and scenic areas of note. The house was situated in a rural area, making access to town difficult for residents in the absence of easily accessible public transport.

It was unclear why the house was not managed by the rehabilitation team. The issues identified pointed to a lack of direction and ownership by the clinical teams admitting to the residence, none of whom had overall responsibility for the management of the residence or for ensuring that a therapeutic, recovery oriented milieu pervaded the service.

Financial arrangements were not transparent and residents' personal monies were sometimes used to buy items most appropriate to the general housekeeping budget.

Recommendations and areas for development

- 1. The residence was in need of refurbishment as soon as possible.*
- 2. All residents should be reviewed by their multidisciplinary team and consideration should be given to introducing individual care plans.*
- 3. Medical notes should be signed and legible and MCNs (medical council numbers) should be used.*
- 4. The range of activities available in the residence for those not attending day services elsewhere should be reviewed.*
- 5. Regular social outings should be introduced as soon as possible for all residents.*
- 6. Consideration should be given to allocating management of the residence to the rehabilitation team. All professional practices in the residence should be reviewed to ensure they are in keeping with recovery principles.*
- 7. Financial arrangement should be reviewed so they are more transparent so that they are in keeping with the HSE National Financial Regulations (NFR-14). Residents' monies should not be used to buy items that should be covered by the housekeeping allowance.*
- 8. All individual clothing should be clearly labelled.*