

Mental Health Services 2013

Inspection of 24-Hour Community Staffed Residences

EXECUTIVE CATCHMENT AREA/INTEGRATED SERVICE AREA	Carlow, Kilkenny, South Tipperary
HSE AREA	South
MENTAL HEALTH SERVICE	South Tipperary
RESIDENCE	Lorica
TOTAL NUMBER OF BEDS	10
TOTAL NUMBER OF RESIDENTS	8
NUMBER OF RESPITE BEDS (IF APPLICABLE)	2
TEAM RESPONSIBLE	Rehabilitation
TYPE OF INSPECTION	Unannounced
DATE OF INSPECTION	2 September 2013

Summary

- The building was a modern, purpose-built house for ten residents in an excellent location in Cashel.
- There were vacancies due to the recent discharge of two residents to more independent living and staff of the residence were involved in the follow-up of these residents in the community.
- There was an emphasis on encouraging residents to be actively involved in activities of daily living such as shopping and cooking.
- The arrangements for paying rent were somewhat cumbersome.
- Residents known to the service were accepted for respite.

Description

Service description

Lorica was a recently constructed, purpose- built community residence situated in a residential area just off the main street of Cashel. The site was in the grounds of Our Lady's Hospital, which was previously a surgical hospital but now operated as a minor injury clinic. The residence was opened in 2007.

Profile of residents

The age range of residents was from 30 to 66 years and there were four male residents and one female resident in the house at the time of inspection; three other residents were in the process of making the transition to more independent accommodation, but were still regarded as resident as they received support from staff of the residence. Most residents had been in long-term care in St. Luke's Hospital in Clonmel and were transferred to Lorica during the closing down period of that hospital. All residents were voluntary and one was a Ward of Court. Residents were all independently mobile.

The service accepted residents for respite care for periods from a week-end to one week. There was one resident admitted for respite at the time of inspection.

Quality initiatives and improvements in 2012/2013

- The service had drawn up a five year plan for the rehabilitation service, some of which related specifically to the residence.
- A two-weekly audit of medication and review of prescription kardexes had been introduced.
- A community integration/social group had been set up.
- A walking group had been established in January 2013.
- A rehabilitation audit had been conducted.

Care standards

Individual care and treatment plan

All residents had an individual care plan which was reviewed by the multidisciplinary team and the consultant psychiatrist every few months and all were under the care of the rehabilitation team. Residents were involved in the development of their care plans and most were signed by the residents. A risk assessment was carried out by the nursing staff every six months or more frequently if necessary. All residents had a key worker. All residents had the same general practitioner (GP) and attended the GP's surgery as necessary. Physical examinations were carried out by the GP every six to twelve months and a record of this examination was held in the GP's surgery; records of blood tests were kept in the residence.

Incidents were recorded on proforma pages and were maintained in the residence.

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

Two to three residents attended a day facility in Clonmel on three or four days per week where they engaged in craftwork, woodwork and similar activities. Two further residents attended a Training Centre, also in Clonmel. Transport to Clonmel was provided by the hospital in Clonmel.

Once a week, each resident prepared their own lunch in the house, having bought the necessary ingredients. One resident prepared tea in the house each day for all residents and residents took turns to buy the grocery shopping for the house as needed. Newspapers were bought daily.

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

Residents did the grocery shopping in the near-by supermarket. Some residents attended Mass in the town on Sundays. One resident had been involved in an active retirement group in Cashel prior to leaving the house for more independent living.

Facilities

The residence was built in 2004 and was well maintained but was in need of some re-painting. The entrance hall was a spacious two-storey area; the entrance door was kept locked but could be opened by means of a code, which all residents had. There was a comfortable sitting room with TV and a smaller sitting room for residents who preferred a quiet space. The dining room had a communal table and the kitchen was similar to that of any family home. Each resident had their own bedroom, with wash hand basin. Bedrooms were personalised and residents could lock them if they wished. There were two showers in the house, and staff reported that accessing the showers was not a problem for residents. The garden was particularly pleasant and contained several flowering plants and fruit bushes with cabbage and lettuce plants. It was surrounded by the old walls of Our Lady's Hospital.

Staffing levels

STAFF DISCIPLINE	DAY WTE	NIGHT WTE
CNM 1/2	1	0
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	Weekly
NCHD	1	As required
Occupational therapist	1	None scheduled, but visits as required
Social worker	1	None scheduled, but visits as required
Clinical psychologist	1	None scheduled, but visits as required

Medication

Psychotropic medications were prescribed by the consultant psychiatrist, which were then transcribed by the GP onto medical card forms. Medications were sourced in a local pharmacy. All prescriptions were in date and clearly legible. Depot medications were administered on-site by nursing staff. Monitoring of bloods for residents taking Clozapine was done in the Day Hospital near-by.

Tenancy rights

The house was owned by the Health Service Executive (HSE). Residents paid a weekly rent of €60 which covered all food and utilities expenses of the residents. Each resident was charged the same, and payment was not individually determined. One resident paid their rent by direct debit, whilst the remainder of residents paid rent in cash; this was then paid over to an administrative officer, before being lodged to a household account.

Community meetings were held weekly and any issues arising were recorded. Complaints were recorded in the diary but it was reported that complaints were rare; the complaints officer was based in St. Luke's Hospital, Clonmel.

Financial arrangements

All residents had their own bank accounts and most looked after their own financial affairs. Two residents required assistance from staff in handling their money. Financial transactions in the house were recorded and signed for by one nurse and the resident.

When residents purchased groceries etc in the local supermarket, they were given cash which was then reconciled with receipts. In this way, residents were encouraged to manage responsibilities which would assist them if they moved to more independent living.

Service user interviews

A number of residents were greeted and had short conversations with the inspector during the course of the inspection, and all expressed themselves content with the arrangements in the house. No resident directly requested to speak with the inspector.

Conclusion

Lorica provided good accommodation for five residents in a well maintained, spacious, purpose built building in an excellent location in Cashel. Most residents had been admitted from long-term care in St. Luke's Hospital, Clonmel when the residence was opened and some had been discharged from Lorica to more independent living in recent months. Residents were engaged for a large part of the week in therapeutic activities and it was very encouraging to see that residents were actively involved in shopping, food preparation and cooking for themselves, both individually and as a group. There was very regular attendance by the consultant psychiatrists and individual care plans were reviewed a number of times in the year.

Recommendations and areas for development

- 1. Although the residence was well maintained, it required re-painting.*
- 2. Consideration should be given to the provision of additional showers as two showers for ten people would not be considered sufficient.*
- 3. A more streamlined arrangement should be implemented for the payment of rent.*