

Mental Health Services 2011

Inspection of 24-Hour Community Staffed Residences

EXECUTIVE CATCHMENT AREA	South Lee, West Cork
HSE AREA	South
MENTAL HEALTH SERVICE INSPECTED	West Cork
RESIDENCE INSPECTED	Ardrealt, Bantry
TOTAL NUMBER OF BEDS	10
TOTAL NUMBER OF RESIDENTS	8
NUMBER OF RESPITE BEDS (IF APPLICABLE)	1
TEAM RESPONSIBLE	General Adult
DATE OF INSPECTION	31 May 2011

Description

Service description

The West Cork Mental Health Service had a catchment population of 55,000 people and had the highest percentage of older persons in the HSE South. The population served was largely rural and spread over a wide geographical area.

Ardrealt, a 24 hour staffed community residence, opened in 2002, and provided accommodation and care for nine individuals with medium support needs. There was one respite bed also and this was reported to be in high demand. Ardrealt was located just outside the Bantry General Hospital campus, overlooking the town of Bantry, which was a short walk away. The residence provided supported accommodation, and a programme of activities aimed at supporting psychosocial functioning and physical well-being. Several residents were supported in participating in community based social and vocational rehabilitation programmes. One of the sector General Adult teams provided multidisciplinary care.

Profile of residents

The age range of residents was from 37 years to 70 years of age, and the average age was 55 years. There was one female and seven males resident at the time of inspection.

Quality initiatives and improvements in the last year

- A social functioning profile had been completed for all residents so as to inform and support optimal social functioning, self esteem and community integration.
- A baking session was run weekly by a qualified teacher. This was popular with residents and provided home-baked goods for the weekend.
- The enclosed garden space was attractive and a gardening project was run by residents.
- Residents had access to a computer to learn computer skills and to access information.
- Residents participated in the Reflecting Through Art project which was supported by Cork Mental Health Association.

Care standards (based on Mental Health Commission- Quality Framework for Mental Health Services in Ireland 2007 and the 2008 inspection self-assessments)

Individual care and treatment plan

Each person had an individual care plan and was at the centre of the planning process. Each person signed their own care plan and kept a copy if they wished. The goals and interventions were clear and specific. The focus and scope of care was recovery oriented and this was captured in the distinct individual character of each care plan.

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

Residents had medium support needs and this was reflected in the programmes provided. All residents had a multidisciplinary individual care plan and access to a reasonable range of therapeutic programmes. The care planning process was informed by a standardised social functioning assessment which was completed for each resident and then reviewed at appropriate intervals. An excellent risk assessment policy was also in place.

Within Ardreal there was an activity programme comprising relaxation training, newspaper review and discussion, walks in the environs, listening to music and the popular home baking class on a Saturday. Residents were encouraged to make the living space their own and to prepare drinks and snacks as they wished. Individuals were supported to achieve optimal independence in everyday living.

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

The West Cork Mental Health Service had chosen a whole service approach which was delivered in line with recovery principles. This was reflected in the seamless pathway and array of options offered across the in-patient unit, in resource centres, in community groups and mainstream community activities. Residents in Ardreal could access all activities and were supported individually to do so. The West Cork Rural Transport minibus was available.

Residents participated in community based support, rehabilitation and training programmes. Residents variously went to programmes in Droumleigh Resource Centre, Bantry Rehab Care Centre, the National Learning Network Training Centre, and CoAction activities (an intellectual disabilities organisation). Residents participated in activities in the local community resource centre, such as GROW, SHINE, Aware, AA, Cork Mental Health Association and in the local library.

The West Cork Mental Health Forum (WCMHF) was formed in 2006 and was a network of service users, service providers and community representatives. The WCMHF ran a number of events and advertised these via a bi-monthly newsletter and in the Signposting booklet, a directory of mental health resource activities. Events included a MAD Pride Family Day, walking events, gardening, music sessions, film, theatre and expressive arts.

Do residents receive care and treatment in settings that are safe, well maintained and that respect right to dignity and privacy

The entrance to Ardreal was welcoming and adorned with flowering planters. The building was not purpose built as a community residence and the interior layout was somewhat institutional. The majority of bedrooms were double rooms and did not provide sufficient privacy for residents. The respite accommodation was in a single room. The communal sitting rooms were comfortable and homely and furnished appropriately with couches. Art work was displayed throughout and there was evident effort to make the house relaxed and friendly, including, having a resident cat. The well tended garden plot was integral to life in the house and was furnished with wrought iron garden furniture. Residents were able to make drinks and snacks as they wished and there was flexibility in meals and mealtimes.

Staffing levels

STAFF DISCIPLINE	DAY WTE	NIGHT WTE
RPN	1	1
Housekeeping	0.5	0

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

Team input

DISCIPLINE	NUMBER OF SESSIONS
Consultant psychiatrist	On request
Non Consultant Hospital Doctor	1
Occupational therapist	On request
Social worker	On request
Clinical psychologist	On request

Describe team input

The multidisciplinary team met weekly in the Droumleigh resource centre next door. The NCHD came weekly to Ardreal but was available, if needed, throughout the week. Six-monthly psychiatric reviews were carried out by the consultant psychiatrist and six-monthly physical reviews were carried out by the two GPs who provided input to Ardreal and there were up-to-date reports in the individual clinical files. There was a clear and concise record of all multidisciplinary team contact recorded at the beginning of each individual clinical file.

Each resident had their own out-patient appointment record and card and these detailed all appointments, including chiropody, medical specialist, dentist and optician.

Medication

Information was readily available to residents on medications. Residents were supported in being self-medicating where possible. Residents signed consent to medication.

Prescriptions were legible but Medical Council Numbers (MCN) were not used by prescribing doctors. There was a low rate of prescription of benzodiazepines with only one resident prescribed a benzodiazepine regularly; all residents were prescribed antipsychotic medication. One prescription kardex had not been re-written since May 2009.

Medication was prescribed by the consultant or NCHD. All residents had their own GP in the community who prescribed medication also.

MEDICATION

NUMBER OF PRESCRIPTIONS:	8	%
Number on regular benzodiazepines	1	12.5%
Number on more than one benzodiazepine	0	0
Number on PRN benzodiazepines	4	50%
Number on benzodiazepine hypnotics	0	0
Number on Non benzodiazepine hypnotics	1	12.5%
Number on PRN hypnotics	4	50%
Number on antipsychotic medication	8	100%
Number on high dose antipsychotic medication	3	37.5%
Number on more than one antipsychotic medication	5	62.5%
Number on PRN antipsychotic medication	4	50%
Number on Depot Medication	5	62.5%
Number on antidepressant medication	3	37.5%
Number on more than one antidepressant	0	0
Number on antiepileptic medication	1	12.5%
Number on lithium	0	0

Tenancy rights

The residence was HSE owned and tenancy agreements were not used. Rent of €75.00 was paid weekly by residents. A community meeting was held fortnightly and minuted in a notebook. The meeting dealt with issues related to the upkeep of the house, chores and rotas, meals and provisions. A representative from the Irish Advocacy Network attended monthly.

If a resident had a complaint this was dealt with in the first instance by the nurse manager. The complaints procedure was clearly displayed and a log of complaints was kept, however, staff reported that complaints were rare. The community meeting also provided a forum for addressing complaints. Residents greeted by the inspectors stated that they were satisfied with their care and living arrangements in Ardreal and did not have any concerns.

Financial arrangements

Residents had their own post office account or bank account. All residents had the capacity to manage their own monies. Staff handled petty cash and kept a cash account book which was counter signed by the resident. This account book was overseen in the first instance by the CNM2 and then by an off-site HSE administration office. There were clear policies and protocols in place in relation to monies.

Leisure/recreational opportunities provided

Residents were supported in pursuing recreational and leisure interests both within the community residence and in the larger community as detailed above under community involvement.

Service user interviews

Three residents were on-site at the time of inspection and chatted with inspectors. Residents expressed views that they were actively involved in their own care plans, had direct access to all staff and were encouraged to take part in community activities. The weekly baking session was warmly praised and valued.

Conclusion

Ardreal community residence was located in the vicinity of other healthcare and rehabilitation centres and was ten minutes walk from Bantry town. Ardreal grounds were well kept and also provided a recreational gardening opportunity for residents and a pleasant place to sit. There was attractive wrought iron garden furniture and a resident cat which gave a homely air to the residence. Other recreational needs of residents were well met also both by activities run within Ardreal and the support provided in accessing community activities.

Recommendations and areas for development

- 1. Accommodation should be in single bedrooms.*
- 2. The prescription kardex should be reviewed and updated every six months. MCN should be entered on all prescriptions.*