

Mental Health Services 2012

Inspection of 24-Hour Community Staffed Residences

EXECUTIVE CATCHMENT AREA/INTEGRATED SERVICE AREA	Cork
HSE AREA	South
MENTAL HEALTH SERVICE	North Cork
RESIDENCE	Solas Nua, Mallow
TOTAL NUMBER OF BEDS	14
TOTAL NUMBER OF RESIDENTS	14
NUMBER OF RESPITE BEDS (IF APPLICABLE)	0
TEAM RESPONSIBLE	Rehabilitation
TYPE OF INSPECTION	Unannounced
DATE OF INSPECTION	20 August 2012

Summary

- Solas Nua, a social housing residence owned by the Cork Mental Health Association was run by the North Cork Mental Health Services as a 24-hour nurse staffed community residence. The residence had been in operation for 13 years.
- The residence was located in an attractive residential area on the outskirts of Mallow town. The purpose built house provided an excellent living environment for up to 14 residents and was homely, accessible and welcoming.
- Each resident had an individual care plan (ICP) and signed his/her own ICP. Each resident was actively engaged in a daily routine and activities that reflected their individual functional capacity, values and interests. Most residents were involved in community activities. Family were actively encouraged to be involved in care and planning.

Description

Service description

Solas Nua, a 24 hour nurse staffed residence, was a social housing project and was located in an attractive residential area at Spa Glen, some 10 minutes walk from the centre of Mallow town. The building was owned by the Cork Mental Health Association and was staffed by the Health Service Executive (HSE). Solas Nua had been in operation for 13 years and was developed to facilitate and support people who had spent some of their lives in hospital, to reintegrate into the community. The North Cork Rehabilitation team, which served a population of 80,975, had responsibility for the care and treatment of residents in Solas Nua.

The building was a single-story purpose built residence on a half acre of landscaped gardens. The entrance hallway was a large space with rooms and corridors opening onto the hallway. The residence was well decorated and welcoming. There were fourteen en suite single bedrooms situated in two wings and a third wing comprised the dining room and kitchen. The house was wheelchair accessible, however, at the time of inspection none of the residents were wheelchair users.

Profile of residents

Residents ranged in age from 34 to 70 years of age and there were ten female and four male residents on the day of inspection. One resident was on extended leave at home. All residents were voluntary and there were no Wards of Court. Approximately a third of the residents had been living in Solas Nua since it opened some thirteen years ago. Residents' functional needs ranged from those who were fully independent in mobility and activities of daily living to those who required assistance and physical care owing to physical illness.

Quality initiatives and improvements in 2011/2012

- Plans were at an advanced stage to build a sun-room and it was intended to run Yoga sessions there for residents.
- All service users were given the option of completing a self-report questionnaire regarding their experience of the service. This form was drafted by the Irish Advocacy Network. The advocate met with nurse management on a monthly basis and visited units and community residences on a regular basis.
- A number of audits had been completed, including, demographic profile of residents, acute admissions from community residences, multidisciplinary care planning.
- Dance movement therapy classes were due to commence within the residence.

Care standards

Individual care and treatment

The Rehabilitation team met on the first Wednesday of each month and reviewed residents' care and wellbeing. The non consultant hospital doctor visited the residence as required.

Each resident had their own general practitioner in the Primary Care Health Centre. Staff reported that the general practitioner carried out six-monthly physical health reviews. One resident, who had been discharged for a period and readmitted, did not have any record of a physical examination on readmission to the service. In a couple of the individual clinical files the last recorded physical examinations were dated 1995 and 2009, however, nursing staff maintained a GP visit recording sheet in Solas Nua. Residents attended the GP surgery on a regular basis and had access to national health screening programmes.

The clinical files were not integrated and the medical and nursing records were kept separately. In the clinical files inspected, the individual care plans (ICPs) were recovery oriented and generally signed by the resident. Most of the ICPs were dated 2011 and staff reported that they were reviewed annually. A keyworker system operated. There was good case formulation and assessment, including risk, social functioning, functional assessment of care environment and an excellent resident psychosocial profile sheet located at the front of the file. Family and carers were included in review meetings and this was well recorded.

The records in the clinical files and the interaction observed by the inspector between residents and nursing and housekeeping staff evidenced a culture of respect for individual autonomy and an enthusiasm and commitment to supporting individual recovery pathways. The daily routine within Solas Nua was a normal domestic and daily living routine and reflected domestic living rather than living in an institution within the community.

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

The residents ranged considerably in their functional capacity in terms of independent living and social integration. Several residents required daily nursing care for physical illnesses. Each resident's routine reflected their functional capacity and staff and family evidently facilitated residents to achieve optimal daily routines incorporating valued activities and interests.

There was a community meeting held regularly and daily meal times were used as a convenient gathering to discuss housekeeping and communal living issues. The menu planning and shopping were done by housekeeping staff and residents with support from nursing staff. This involved going to a local supermarket and shops, shopping and unpacking groceries, money management and budgeting. Household accounts were maintained by nursing staff and accounts were held in local shops and paid monthly. The menu reflected residents' choices and health needs and at the time of inspection predominantly featured low fat and low sugar meals and vegetarian options. The housekeeping staff provided excellent rehabilitation support to residents and rhubarb tarts had been baked earlier by residents. Whilst meals were cooked by the housekeeping staff residents were encouraged to cook and make hot drinks and snacks.

A HSE attendant was provided for ten hours of housekeeping per week, however, residents were encouraged to take care of their own living space. The residence was clean and tidy. There was a laundry room and residents were assisted in doing personal laundry and household laundry was done by staff.

As already stated residents' daily routines reflected functional status. Residents were variously involved in: pottering around the house, attending the National Learning Network (NLN), attending the local library, attending Norwood Day Centre, attending classes in Davis Vocational Educational

College, working on family farm, visiting and spending time with family, gardening, shopping, volunteering in local charity shop and meals on wheels, attending church and visiting coffee shops.

Staff reported that there had been a 30% reduction in staffing in Solas Nua since April 2012, one CNM, one RPN and 0.6 attendant staff posts had been taken away and that this hindered the delivery and scope of services for residents.

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

Mallow town was an active community partnership area and had established the Avondhu Development Group in 1996 and the Mallow Community Network in 1998, both aimed at promoting social inclusion and partnership. A Mallow Directory of Community & Voluntary Services had been published and Solas Nua residents were active participants in a number of activities.

A number of Solas Nua residents participated in the group programme of activities run by the local library. This programme included knitting, an art group, a chess club, a writers group, surfing the net, lace making and a crafts group.

The NLN local centre ran programmes in home management, communications, assertiveness, independent living skills, work experience, healthy lifestyle and residents could attend these also.

Solas Nua was not located on a public transport route and residents either walked to town or paid for a taxi. A multi-person vehicle was available for use by Solas Nua but this depended on staffing resources and availability. A retired nurse from the North Cork Mental Health services organised community trips on a voluntary basis, and this included attending football matches which was popular with residents. Solas Nua residents had recently travelled by train to watch a match in Croke Park.

Family, carers and friends were welcome and encouraged to be actively involved in the lives of residents. Birthdays and life events were celebrated. A recent birthday party in Solas Nua had featured banners and cards, gifts chosen and bought by residents and a tea party shared by residents and family. There were photographs throughout the residence capturing such events.

The Cork Mental Health Association maintained an active presence in the running of the house. The gardens were maintained and volunteers had painted and decorated the rooms. Whilst this had produced a patchwork paint effect in some of the rooms, the practice did keep Solas Nua firmly within the local community embrace. Staff reported that local neighbours were particularly supportive and hospitable.

Facilities

Solas Nua was purpose built and this enhanced daily living within the residence.

The 14 bedrooms were all single and en suite. Each bedroom was well fitted out and there were curtains on all windows. Staff knocked on bedroom doors and awaited a response before entering. Each bedroom had been personalised by the resident. There was storage for personal belongings and leisure equipment.

The dining room was homely and featured table cloths and flowers on each table. The kitchen was fitted out with attractive wooden cupboards and was clean and suited to purpose. Walls throughout the house featured pictures and photographs. Soft furnishings were modern and featured an attractive colour palette. There were two sitting rooms, each with television and couches; one for smokers and one for non-smokers. This arrangement had been decided upon by residents. There was a public telephone for use by residents.

Maintenance was provided by the Cork Mental Health Association was actively involved also. The house and gardens were well maintained at the time of inspection.

Staffing levels within Solas Nua

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

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

Team input from the Rehabilitation Team

DISCIPLINE	NUMBER	NUMBER OF SESSIONS
Consultant psychiatrist	1	Monthly review meeting
NCHD	1	As required
Occupational therapist	1	As required
Social worker	0	As required
Clinical psychologist	0.5	As required
Assistant Director of Nursing	0.33	Administrative role
Community Psychiatric Nurse	3	As required
Behaviour Therapist	0	As required

Medication

Medication prescription sheets were typed and very legible. Photographic identification was maintained in the clinical file. All prescriptions were in date but the prescribing doctor did not use their Medical Council Number (MCN) as recommended by the Medical Council. Almost all prescriptions were written using trade names instead of generic names. Six of the residents were prescribed PRN (as required) benzodiazepines and in addition, four residents used a benzodiazepine hypnotic. Seventy-nine per cent of residents were prescribed an antipsychotic medication.

Thirteen persons were resident on the day of inspection. 12 persons had a medical card and one person paid for their own medications. The local pharmacy dispensed medications in blister pack form. Solas Nua operated a three-tiered self-medicating programme and each resident was reviewed by the multidisciplinary team in relation to self medication and this was written up in the individual clinical file. Medications given by injection were given by either the nurse within Solas Nua or the Clozaril Clinic nurse who visited Solas Nua for this purpose.

MEDICATION

NUMBER OF PRESCRIPTIONS:	14	%
Number on benzodiazepines	2	14%
Number on more than one benzodiazepine	0	0
Number on PRN benzodiazepines	6	43%
Number on benzodiazepine hypnotic	4	29%
Number on Non benzodiazepine hypnotic	2	14%
Number on PRN hypnotic	1	7%
Number on antipsychotic medication	11	79%
Number on high dose antipsychotic medication	0	0
Number on more than one antipsychotic medication	2	14%
Number on PRN antipsychotic medication	5	36%
Number on Depot medication	2	14%
Number on antidepressant medication	2	14%
Number on more than one antidepressant	0	0
Number on antiepileptic medication	8	57%
Number on lithium	3	21%

Tenancy

Each resident had a tenancy agreement with the Mental Health Association and the HSE. There was a Solas Nua mission statement posted in the hallway and the list of rent and charges was displayed also.

Community meetings were held regularly, however, staff reported that meal times, when residents were together on a daily basis was usually the forum where issues were raised and addressed. A complaints log was maintained, however, this was not available at the time of inspection. Staff reported that only one complaint had been made and recorded and that this had been responded to by the consultant psychiatrist who had met with the resident and the issue resolved. Information about how to make a complaint was displayed.

Financial

The residence was owned by the Mental Health Association and staffed and managed by the Health Service Executive, North Cork Mental Health Service. Residents paid €96.00 a week and this was accounted for as €24.00 rent, €50.00 on food and meals, €19.50 on utilities, and €2.50 for social activities.

Each resident had their own bank account and card. A small amount of petty cash was maintained and used for social outings and incidental items. Each resident had their own monies for incidentals and the cash book and transactions were counter signed by the resident and nursing staff. Large sums of money were not kept on the premises.

Nursing staff maintained the housekeeping accounts and these were audited by the line manager and subject to external HSE audit.

Service user interviews

Service users were greeted by the inspector and all expressed satisfaction with their care and treatment and with their accommodation. All spoke positively about their relationship with nursing and household staff.

One of the residents had written a poem about Solas Nua and it was framed and posted in the entrance hallway *"An Solas Nua, A redbrick house, Housing Several Lights, Bodies housing Lights, Sad ones, Bright ones, Sad to Bright, Bright to Sad, Flickering, Going out of the house, Returning for food and bed, For a dark night, Waiting for the dawning New Light"*.

The ethos of an Solas Nua was recovery focused and there was good information available for residents on mental health, diagnoses, medications, voluntary groups and treatments. Several residents attended the local National learning Network which ran groups on "The Pathways Programme" which included a focus on understanding and maintaining health. The individual care plan documentation made provision to record the resident's input and signature and most residents had signed their own care plan.

The independent advocacy service was well advertised via posters in the residence and the advocate visited monthly.

Conclusion

The culture and ethos in Solas Nua was recovery oriented. Residents were facilitated in pursuing routines and activities that were personally valued and meaningful. The residence impressed as being homely and relaxed, accessible, well managed and with enthusiasm and optimism evident in staff and residents.

Staff reported that the nursing allocation had been reduced by 25% in recent months and that this had impacted on the services ability to facilitate activities in the community. Also, with a number of residents requiring nursing care for physical illness, the single-handed nurse in Solas Nua was required to prioritise care and therefore the time for optional recovery oriented activities with residents had been reduced. It was stated that an additional nurse was due to recommence in September and this would give a staffing level of two nurses each day, however, management subsequently stated that there would be no additional staffing resources.

The clinical files recorded comprehensive care and treatment. Each resident had an individual care plan. The clinical files recorded significant collaboration and liaison with family members. The excellent assessments completed for each resident, meant that community based participation and rehabilitation was based on assessed need and thus provided a meaningful care pathway.

Recommendations and areas for development

- *The number of nursing staff allocated to an Solas Nua should be at a level commensurate with providing rehabilitation and recovery programmes to meet the assessed needs of residents.*