Mental Health Services 2013

Inspection of 24-Hour Community Staffed Residences

EXECUTIVE CATCHMENT AREA/INTEGRATED SERVICE AREA	Carlow/Kilkenny/South Tipperary
HSE AREA	HSE South
MENTAL HEALTH SERVICE	South Tipperary
RESIDENCE	Garryshane House, Clonmel
TOTAL NUMBER OF BEDS	12
TOTAL NUMBER OF RESIDENTS	12
NUMBER OF RESPITE BEDS (IF APPLICABLE)	0
TEAM RESPONSIBLE	Rehabilitation and Recovery
TYPE OF INSPECTION	Unannounced
DATE OF INSPECTION	14 March 2013

Summary

- Garryshane House was a modern newly opened high support facility for residents of St. Luke's Hospital which had been closed.
- There was a strong Rehabilitation and Recovery ethos attached to the service.
- There was evidence of multidisciplinary working and all residents had individual care plans.
- There was no social worker the Rehabilitation and Recovery Team.

Description

Service description

Garryshane House which was opened in August 2012, was a purpose built high support facility supported by the Rehabilitation and Recovery team. It was a two-storey building, located in a suburban area of Clonmel. It accommodated residents on the ground floor, while the upper floor contained office accommodation. An Outreach team worked with the staff of the residential service to ease eventual transition from the residential service to more independent living accommodation in the community.

Profile of residents

There were two female and ten male residents on the day of Inspection. There were no Wards of Court. The age range of resident was from 28-64 years and all were ambulant. As many of the residents had previously been institutionalised, their identified needs centred on maximising their independence and re-engagement with their community.

Quality initiatives and improvements in 2012/2013

- Staff reported residents who had come from St. Teresa's Ward, St. Luke's Hospital, had successfully made the transition from institutional care to the staffed community residence.
- Prior to their admission, residents had been informed of the prospective move and had been given the opportunity to visit the facility and pick out their rooms. Families had been involved in the planning. Risk assessments had been completed.
- In the new facility residents were encouraged to be as independent as possible. They were encouraged to do their own laundry, cook a meal for themselves at least once a week.
- Self medication was encouraged.
- Residents were encouraged to collect their own medication from the community pharmacy.

Care standards

Individual care and treatment plan

The residential service worked alongside the Outreach service of the Rehabilitation and Recovery team.

Staff reported that multidisciplinary teams met weekly. There was evidence in the clinical files inspected that individual care plans (ICPs) were used in the residence. There was good identification of residents' needs and required goals. Named staff had responsibility for goals identified. Outcomes were often, but not always, recorded. Residents signed their individual care plan or where a resident refused to do so, this was recorded.

ICP reviews were conducted on a rotational basis and a record was kept of when they were due. While staff reported that members of the Multidisciplinary Team (MDT) attended the weekly reviews their names and disciplines were not always recorded.

An integrated, sequential method of recording clinical notes was used in accordance with best practice. However, sometimes the contributions of different disciplines were hard to identify.

All residents had their own general medical practitioners (GPs), who carried out physical reviews which were completed annually. Consultations generally took place in the surgeries. The service had recently instituted a system of recording that these took place. Staff reported that a recently introduced system for accessing laboratory results from GPs was working very well.

Psychiatric reviews were completed by the consultant psychiatrist or registrar. The psychiatric staff attended the residence for weekly mental health reviews and the registrar attended more frequently if required.

Standardised risk assessments were completed at time of admission, reviewed at ICP meetings and as needed thereafter.

Clinical incident forms were available. Incidents were reviewed by the MDT and recommendations made before being forwarded to the Clinical Risk Manager in St. Luke's Hospital. Staff informed the inspectorate that no serious incidents had occurred in the residence in 2013 to the date of Inspection.

Staff were enthusiastic in their pursuit of a Recovery model of care and there were a number of examples of their implementation of this model.

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

There was a small kitchen for use by residents, which was equipped with cooker, fridge, tea-making facilities. All residents were given the choice of availing of meals from the main kitchen in St. Luke's Hospital or cooking their own meals. All residents were encouraged to cook at least one meal for themselves weekly. Ingredients were available from the main kitchen in the residence. Staff reported that residents could avail of cold meals, sandwiches at any time, if they wished.

A recreational therapy service was provided by the occupational therapist and Clinical Nurse Manager 2 (CNM2) in the grounds of the nearby hospital on a daily or sessional basis as identified in the residents' care plans.

The Studio day services provide a range of therapeutic and recreational programmes on a daily or sessional basis as identified in the residents care plans. Staff reported some residents attended Cluain Training and Enterprise centre nearby. This centre was established by the South Tipperary Mental Health & Voluntary Housing Association in 1993.

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

In addition to the HSE day service, residents were encouraged to avail of services in the community. The Mental Health Association provided funding for three-month local gym membership and some residents had availed of this. Some had joined a local swimming club and a staff member employed by the VEC provided cookery classes. Residents were encouraged to join a local drop in centre for arts and crafts classes and staff reported that where they were initially reluctant or lacked confidence, they were accompanied by a staff member who facilitated their participation in the downtown service.

A schedule of community activities was given to each resident and kept in their rooms.

Facilities

The residence was newly built, bright and modern, infused with natural light. Furnishings were of a high standard. All residents had their own en suite rooms which were spacious and were furnished with lockable wardrobes and chests of drawers. Doors could be locked by residents, but locks could be overridden by staff for safety reasons. There were two courtyard areas around the building. Some bedrooms looked out on these and some had exits to the courtyards. All windows had curtains. However they did not have blinds and were therefore somewhat exposed and lacking in privacy.

Staffing levels

STAFF DISCIPLINE	DAY WTE	NIGHT WTE
CNM 1/CNM2	1	1 (CNM2 shared)
RPN	1	1
Housekeeping	2	0

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

Team input (sessional)

DISCIPLINE	NUMBER	NUMBER OF SESSIONS
Consultant psychiatrist	1	1 and as needed
NCHD	1	1 and as needed
Occupational therapist	1	As needed
Social worker	0	0
Clinical psychologist	1	As needed
ADON	1	1and as needed
CNM3	1	1and as needed

Members of the Outreach team contributed to the staffing rota, an arrangement which resulted in a diminution of the community based team.

The service operated a core staffing policy. However, on the day of Inspection, several members of staff were on sick leave and this policy was not operational.

The Rehabilitation and Recovery team had no dedicated social work service.

Medication

Depot injections were administered by nursing staff. Self medication was encouraged. A system whereby residents collected the medication from the community pharmacy rather than having this delivered from the hospital pharmacy was being piloted and was recorded in the ICPs.

Tenancy rights

Staff reported that the service was rehabilitative and residents were actively engaged in planning for discharge from date of admission. A flat rate of €75 was charged to each resident and put into a 'kitty'. This was inclusive of food and utilities. Most residents were in receipt of Disability Allowance of €188. There were no other charges made on residents' finances.

There was no arrangement for claiming allowances to meet needs identified in ICPs as per HSE National Financial Regulation (NFR-14). This regulation allowed residents to claim 'socialisation/care plan expenses ...incurred as a result of greater independence and integration into the community'. Staff reported this system was under review in order to ensure standardisation of financial arrangements within the wider catchment area.

Staff reported community meetings took place every morning to discuss general issues related to the running of the house.

The Inspectorate was informed on the day of inspection that a member of the Irish Advocacy Network did not visit. Staff subsequently informed the Inspectorate that the Advocate visited monthly.

The complaints procedure was not highlighted. Staff informed the Inspectorate that there had been no complaints in 2013 to the date of inspection

Financial arrangements

Staff reported that all residents had their own bank or post office accounts. They collected their own allowances. Where residents needed help with budgeting this was identified in their ICPs. However, the ICPs did not specify that residents' monies were to be looked after by staff.

Where this happened, a separate record was kept. Withdrawal of their money was signed for by the resident and countersigned by a member of the nursing staff.

Residents were expected to pay their own rent in the designated HSE office. Where problems with rent arose residents were encouraged with staff support, to negotiate themselves about this.

Service user interviews

Service users were greeted during the course of the inspection. No resident expressed a wish to speak to the inspector. Some residents made a general comment that they were happy with the service.

Conclusion

Garryshane residence was a newly built facility in the community which replaced a ward in St. Luke's Hospital, which had been closed. It was modern and bright and comfortably furnished throughout. Residents were under the care of the Rehabilitation and Recovery team who were enthusiastic in their approach to the service and provided a good quality standard of care. Residents were encouraged to plan for discharge to more independent accommodation from the date of admission. There was evidence in the clinical files examined of the emphasis placed on increasing the independence of residents through their participation in local community activities. Individual care planning was used to good advantage.

Recommendations and areas for development

1. *The staffing of the Rehabilitation and Recovery team should be completed in line with A Vision for Change.*

2. *Consideration should be given to increasing the privacy on bedroom windows.*

3. *Members of the MDT attending meetings should be clearly identified.*

4. *Residents should give their permission in writing in the event that their money is looked after by staff.*

5. *The complaints procedure should be highlighted.*