



NEWRY

**An Evaluation of the Residential Care Home (RCH)
& Flat Cluster (FC) Complex at the
Newry Accommodation & Support Scheme**

March 2000

Praxis is committed to the evaluation and monitoring of all its services. This report is one of a series of evaluations of various Praxis services.

Praxis currently provides a range of services to individuals with mental health problems, including:

- Befriending Schemes
- Accommodation and Support Schemes
- Home Response Schemes
- Training and Action Employment Project
- Drop-In Facilities

The Accommodation and Support Schemes have been developed from several different accommodation models, including Flat Cluster (FC), Dispersed Intensively Supported Housing (DISH), Residential Care Homes and combinations of these.

This is an evaluation of two of these models - A Residential Care Home (RCH) and Flat Cluster (FC) complex.

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CONTENTS**CHAPTER ONE*****Introduction***

	Page
1.1. The Accommodation & Support Scheme	2
1.2. Praxis Mental Health Service Principles	2
1.3. Aims & Objectives of the Scheme	3
1.4. Background	3
1.5. Service-User Demographic Information	5

CHAPTER TWO***Methodology***

2.1. The Evaluation	9
2.2. Residents'/Tenants' Views on the Service	9
2.3. Views of Professionals	9
2.4. Views on Service Delivery	10
2.5. Impact of the Scheme on Service-Users	10
2.6. Consent	10

CHAPTER THREE***Service-Users' Views***

3.1. Respondents	12
3.2. Semi-Structured Interviews	12
3.3. The Short-Term Care Flat	22

CHAPTER FOUR***The Views of Statutory Key-Workers***

4.1. Participants	25
4.2. The Questionnaire	25
4.3. Statutory Key-Workers' Views	25

CHAPTER FIVE*The Views of Statutory Management*

5.1.	Senior Management Views	34
5.2.	The Admission Procedure	34
5.3.	Communication	34
5.4.	Praxis Staff	34
5.5.	Views on Service Provision	35
5.6.	Complementary Roles	36
5.7.	Community Issues	36
5.8.	Strengths and Weaknesses	36
5.9.	Future Developments	37
5.10.	New Directions	38

CHAPTER SIX*Praxis Staff Views*

6.1.	The Interviews	40
6.2.	Training and Support	40
6.3.	Staffing at the Scheme	42
6.4.	Role in the Scheme	43
6.5.	Working Relationships	44
6.6.	The Short-Term Care Flat	45
6.7.	General Issues	45

CHAPTER SEVEN*Discussion*

7.1.	The Evaluation	48
7.2.	Individual Rights	48
7.3.	Support Received from Staff	51
7.4.	Service-User Outcome	51
7.5.	Staffing Issues	52
7.6.	The Short-Term Care Flat	53
7.7.	Conclusion	54

CHAPTER EIGHT

Recommendations

56

CHAPTER NINE

References

60

CHAPTER ONE

INTRODUCTION

1.1. The Accommodation & Support Scheme

The Newry Accommodation and Support Scheme was set up in November 1995 by Praxis and the Newry and Mourne Health and Social Services Trust. It was developed in response to an identified need for supported accommodation for individuals suffering from mental health problems in the area.

The scheme comprises 2 types of accommodation models:

- **Residential Care Home (RCH)**

The Residential Care Home, 'Kilmorey House', provides 24 hour supported accommodation to 7 residents. Facilities in the care home include a communal lounge, kitchen, dining room, smoking room, 2 communal bathrooms, an additional W.C. and laundry facilities. Each resident has his/her own bedroom.

- **Flat Cluster Units (FC)**

6 single occupancy flat units are adjoined to the care home complex. Each flat is self-contained, with tenants having their own keys and a separate entrance to the care home.

5 of these flats offer long term tenancy agreements. The sixth flat is used for short-term stays and will be discussed later in this section.

In addition to providing accommodation, the scheme also operates a '**Home Response**' service. This service provides practical and social support to individuals who have experienced mental ill health, enabling them to remain in their own homes.

1.2. Praxis Mental Health Service Principles

Praxis aims to improve the quality of life of people who experience, or who are vulnerable to experiencing, mental ill health by promoting the independence of such individuals and encouraging their integration into the community.

The Newry Accommodation and Support Scheme is based upon the Praxis service principles outlined below:

- Individuals are to be afforded opportunities, choices and rights of self-determination which accord with those available to other citizens.
- Individuals are to be given the opportunity to live within local communities and be provided with a standard of housing and local facilities which accord with those available to other members of the community.
- The quality of life for individuals is to be consistent with what other citizens are entitled to expect in terms of individual choice, standards of privacy and rights to risk taking in daily living.
- Individuals are to be encouraged to achieve their optimum level of independence through receiving practical help and support in dealing with everyday situations.

1.3. Aims & Objectives of the Scheme

The key aims of the Newry Accommodation and Support Scheme are:

- To provide secure long term accommodation of a high standard to individuals who experience enduring mental ill health living within the Newry and Mourne area.
- To reduce the incidence of residents and tenants becoming part of the 'revolving door' pattern of readmission to hospital.
- To maximise the independence of those individuals living in the scheme.

To meet these aims, the following objectives were identified:

- To provide accommodation for 13 individuals.
- To encourage the reintegration into the community of those individuals with enduring mental health problems.
- To ensure that the resident's/tenant's emotional, social and physical needs are met with individually tailored support packages. This package is renewed regularly by key people involved with the resident/tenant.
- To encourage residents' and tenants' participation in structured activities which help to promote their independence.

- To maximise resident/tenant participation in the day to day running of the scheme.
- To foster good relationships with the local community through liaison with neighbours and local residents groups as appropriate.

1.4. Background

The accommodation scheme was purpose built for Praxis and the premises owned by CHOICE (Church of Ireland Housing Association). The scheme provides long term accommodation and support to 12 individuals – 7 in the Residential Care Home, and 5 in the Flat Cluster. An additional flat provides short stay accommodation.

• Operational Policy

A comprehensive Operational Policy was drawn up to provide clear guidance for the management of the scheme. The following areas are addressed:

- Praxis Service Principles
- Aims and Objectives of the Scheme
- Referral, Selection and Admission Procedures
- Management and Staffing
- The Review Process
- Service-User Rights
- Complaints Procedure
- Finance
- Health and Safety
- Service-User Discharge Process
- Activities and Therapies
- Procedures for Running the Care Home

- **The Client Group**

Individuals admitted to the accommodation scheme should be aged between 20 and 65 years of age and have a history of mental illness. However, the scheme's registration enables it to accommodate individuals who are over the age of 65, providing they do not suffer from dementia. This allows people to remain at the scheme after they have reached their 65th birthday.

Potential residents and tenants should have basic domestic and self-care skills and show an indication of the ability to improve such skills to enable them to live semi-independently. They should also display the potential to participate in regular structured daily activities. Required level of ability is dependent on whether the individual is admitted to the Residential Care Home or the Flat Cluster.

- **Referrals**

Referrals are made to the scheme by the Newry and Mourne Health and Social Services Trust. An initial selection meeting is held to discuss the referral application. This meeting is attended by the accommodation scheme manager, the Praxis assistant director, and relevant personnel from the Trust.

- **Staffing at the Scheme**

The staff team consists of a full time scheme manager, 2 full-time senior project workers (qualified), 4 grade I project workers (unqualified), who each work 31 hours per week, and a part-time assistant project officer. The scheme also has a number of relief staff to cover periods of annual leave and/or sick leave.

The Residential Care Home operates a 24-hour rota schedule, providing support night and day to its residents. The number of staff on duty varies depending on the rota period. 1 member of staff provides sleeping night duty. Residents have 24-hour access to staff. Tenants can either visit staff in the scheme office, situated in the Residential Care Home, or can receive visits in their flat during office hours. Staff are also on-site to deal with emergencies.

- **The Local Community**

The scheme is located in a residential area in Newry, not far from the town centre. It maintains a good relationship with the local community. 'Friends of Kilmorey House' is a fundraising venture that was set up when the scheme opened. Local people help with fundraising and periodic events are held to raise 'social cash'. This money is then used to take residents and tenants on excursions and to provide entertainment.

- **The Short-Term Care Flat**

The short-term care flat is situated in the flat cluster complex and is pre-booked for 2-week stays, although emergency referrals are sometimes made. Similar to other scheme referrals, applications are made from the Trust. The potential tenant's statutory key-worker would determine whether the flat is available and then book a place. An application is then filled out and discussed at the staff team meeting. A risk assessment is made and a support plan set out for the tenant's stay.

The short-term care flat is designed to help vulnerable individuals maintain good mental health. It is used for a variety of reasons:

- As temporary accommodation if someone has maintenance problems in community housing (for example, burst pipes) and has nowhere else to go.
- As respite if an individual living at home needs a break from his/her family or if they need a break from him/her.
- If someone needs additional support from time to time. Although the flat is not an alternative to hospital.
- To prepare individuals currently living in the Residential Care Home to move into the Flat Cluster or other accommodation by helping them become accustomed to living independently.
- To enable early discharge from hospital and to assess suitability for supported living.

Although the flat is initially booked for 2-week stays, these stays can be increased if needed. For example, if an individual wishes to stay for an additional 2 weeks, their suitability is reviewed and, if no one else has booked the flat, this can be arranged. Tenancy is then reviewed on a weekly basis.

1.5. Service-User Demographic Information

At the time of the evaluation, the Newry Accommodation and Support Scheme was at full occupancy, accommodating 7 residents in the Residential Care Home and 5 tenants in the Flat Cluster. An additional tenant was

occupying the Short Term Care Flat during this time. This individual and the Short Term Care Flat will be discussed in Section 3.3.

1.5.1. Gender, Age, Marital Status & Diagnosis

7 service-users were male and 5 were female. The distribution of male and female service-users across the two types of accommodation is shown in Table 1.

Table 1. Gender and Type of Scheme

	RCH	FC	Total
Male	4	3	7
Female	3	2	5
Total	7	5	12

The mean age of the total number of service-users was 48.2 years, with a range of 31 to 62 years. Residents had a mean age of 51.6 years, which ranged from 32 to 62 years. The tenants' mean age was 43.4 years, ranging from 31 to 53 years. This indicates that the Residential Flat Cluster accommodates an older age group than the Flat Cluster complex.

8 service-users were single and 3 were separated or divorced. One service-user was married. All lived in single occupancy rooms/flats at the scheme.

66% of service-users (N=8) were diagnosed as suffering from schizophrenia. Other mental health problems included depression, social phobia and Korsakoffs Syndrome.

1.5.2. Tenancy/Residency

The mean length of tenancy/residency at the scheme was 30 months, ranging from 2 months to 43 months.

Service-users lived in a variety of accommodation types before becoming tenants/residents of the scheme. This information is summarised in Table 2.

Table 2. Accommodation Lived in Prior to Uptake of Tenancy/Residency

	Frequency	%
Hospital	4	33
With Family	3	25
Independently	2	17
Supported Housing	1	8
Hostel	1	8
Bed & Breakfast	1	8
Total	12	100

The majority of service-users had either been in hospital or lived with family prior to taking up tenancy/residency at the scheme.

1.5.3. Organised Day-Time Activity

Most of the service-users attended some type of daytime activity (N=10). Only 2 individuals did not attend any type of activity. Table 3 summarises the types of activity attended by service-users. Percentages are rounded to the nearest 10.

Table 3. Activities Attended by Service-Users

	No. of Service-Users	%
Day Centre	6	50
Day Hospital	2	17
Action Mental Health*	2	17
None	2	17

[*Action Mental Health is a training and employment service which provides vocational training and personal development programmes to individuals recovering from mental health problems.]

On average, service-users attended organised daytime activities 3-4 times per week, ranging from once a week to 5 times per week.

1.5.4. Hospital Admissions

Information on the number of admissions to hospital prior to and since taking up tenancy/residency at the scheme was collected for each service-user. This information is detailed in Table 4.

Table 4. Admissions to Hospital

Service-User	Number of Admissions Prior to Uptake	Number of Admissions Since Uptake
1	2	0
2	1	1
3	2	0
4	Several	0
5	1 long stay	2
6	1 long stay	3
7	8	0
8	Several	2
9	Not known	0
10	2 long stay	1 long stay
11	6	0
12	5	0

The number of admissions prior to uptake of tenancy/residency ranged from one to eight admissions. Some of these admissions were for an extended period of time (long-stay).

Hospital admission information prior to uptake of tenancy/residency was not available for one service-user.

Since becoming tenants/residents of the scheme, the number of hospital admissions for most individuals were reduced (N=8). Although 2 service-users experienced increased hospital admissions, these admissions were short term as opposed to the long-term stays they had experienced previously (*service-users 5 & 6*).

There was no change in the number of admissions for one service-user.

CHAPTER TWO
METHODOLOGY

2.1. The Evaluation

The evaluation of the Newry Accommodation and Support Scheme was carried out by the Research Department within Praxis and took place over a 2-month period.

A variety of measures were employed in the evaluation, including semi-structured interviews, standardised questionnaires, and document analyses.

The evaluation aimed to:

- Assess resident/tenant satisfaction with the scheme and other aspects of their lives.
- Elicit the views of relevant professionals on various aspects of the service provided to their clients.
- Measure the impact the scheme has had on resident/tenant social, behavioural and mental functioning.
- Capture the development of the scheme and factors that influence its operation.

2.2. Residents'/Tenants' Views on the Service

Residents and tenants (for convenience, residents and tenants will be referred to as 'service-users' for the remainder of the report) were invited to participate in a semi-structured interview to assess their satisfaction with their accommodation and the service they received from Praxis.

Issues covered in the interviews included:

- Views on accommodation;
- Activities and pastimes;
- Work and finance;
- Support received from staff;
- Satisfaction with the service.

Particular emphasis was placed on the degree of choice and decision-making they had in their lives.

At the end of the interview, service-users were asked to complete a short satisfaction questionnaire. This questionnaire consisted of 8 closed questions, with responses ranging from 'delighted' to 'terrible'. Service-users were asked to rate how they felt about various aspects of their lives and the support they received from Praxis.

2.3. Views of Professionals

Service-users' statutory key-workers were invited to complete a standardised postal questionnaire to obtain their views on various aspects of the Praxis service. The questionnaire consisted of both closed questions, where the respondent was required to rate various aspects of the service, and open-ended questions, which allowed the respondent to comment on why s/he gave a particular response.

Topics covered in the questionnaire included:

- Views on accommodation;
- The support their client received from Praxis;
- The responsiveness of the service to their client's needs;

- The Individual Support Plan and review processes;
- Communication with Praxis staff;
- General views on the service.

2.4. Views on Service Delivery

The Praxis scheme manager, Praxis staff and senior managers from the Trust were asked to participate in semi-structured interviews to gather background information on the scheme and to obtain their views on service delivery.

Issues covered in these interviews included:

- Development and operation of the scheme;
- Adequacy of resources;
- Staffing structure;
- Availability of support and training for staff;
- The Individual Support Plan and review processes;
- Suggestions for improving the service.

2.5. Impact of the Scheme on Service-Users

The scheme aims to improve the social skills, practical skills and mental health stability of its service-users, to maximise their independence, and to reduce the incidence of readmission to hospital.

To measure the impact of the scheme on service-user functioning, service-users and statutory staff were asked a number of questions concerning outcome as a result of using the service.

In addition, service-users' admissions to hospital prior to taking up residency/tenancy were obtained, and the number of hospital admissions since taking up residency/tenancy, to the time of the evaluation, were monitored.

2.6. Consent

The scheme manager granted permission to carry out the evaluation. Service-user consent was also obtained.

CHAPTER THREE
SERVICE-USERS' VIEWS

3.1. Respondents

Of the 12 service-users in the accommodation scheme, 9 agreed to participate in the evaluation. 6 respondents were residents, 3 were tenants. The individual temporarily resident in the short-term care flat will be discussed separately in Section 3.3.

6 of the 9 respondents were male and 3 were female. Their distribution according to accommodation type is shown in Table 5.

Table 5. Respondent Gender and Type of Scheme

	RCH	FC	Total
Male	4	2	6
Female	2	1	3
Total	6	3	9

The mean age of respondents was 52.8 years, ranging from 41 years to 62 years. The mean length of tenancy/residency was 29.6 months.

3.1.1. The Interviews

The interviews took place in a private room in the Residential Care Home. Each interview lasted between 20 minutes and 1 hour. 8 interviews were recorded and later transcribed. One respondent declined to have the interview recorded. However detailed notes were taken. Written consent was obtained from both the respondent and the Scheme Manager. Confidentiality was emphasised and service-users were informed that only the interviewer would have access to the data.

3.1.2. The Satisfaction Questionnaire.

7 of the 9 respondents completed the satisfaction questionnaire. Their responses are summarised in Table 6 (overleaf).

Most respondents were either 'Delighted' or 'Pleased' with various aspects of their lives. One respondent, however, rated most aspects as 'Terrible'. This individual wanted to live on his/her own in the community.

The issues covered in the satisfaction questionnaire were explored in greater detail in the semi-structured interviews.

3.2. Semi-Structured Interviews

3.2.1. Accommodation

Respondents were asked a variety of questions concerning their accommodation. This included their feelings about the move to the scheme, their impressions of the Residential Care Home or individual flat, views on the area the scheme was situated in, and what they felt was important about having their own place.

- **The Move**

8 of the 9 respondents felt that the move to the accommodation scheme went '*alright*'. One respondent explained that the move to Praxis had provided him/her with much needed company and support:

I was on my own, I was lonely ... I needed company like ... I couldn't manage until I came here.

Table 6 Respondents' Ratings on the Satisfaction Questionnaire

Feelings about ...	Delighted	Pleased	Mixed Feelings	Unhappy	Terrible
Accommodation	N=3	N=3	–	–	N=1
Area home is in	N=2	N=3	N=1	–	N=1
Support received from Praxis	N=2	N=4	–	–	N=1
Changes in self *	N=2	N=2	N=1	–	–
Social life	N=3	N=2	–	N=1	N=1
Financial situation **	–	N=4	N=1	–	N=1
Service received from Praxis	N=3	N=3	–	–	N=1
Life as a whole ***	N=3	N=3	–	–	–

* 2 respondents were unable to answer this question.

** 1 respondent was unable to answer this question.

*** 1 respondent was unable to answer this question.

One respondent revealed that, although s/he felt the move went 'okay', s/he believed that there was no other accommodation option available to him/her, adding

I'd rather have it than hospital.

Another respondent explained that s/he did not want to move to the accommodation scheme and expressed dislike over the move.

- **Feelings about the Accommodation**

Residents (N=6) were asked how they felt about their own room in the Residential Care Home and about the communal living areas. Overall, residents expressed satisfaction with both aspects of their accommodation. Rooms were described as warm and clean enough,

with 'nice' décor, and residents felt that they had enough privacy. One resident commented:

My room's lovely, I think the world of my room.

2 residents indicated that sometimes, their rooms were not warm enough. When asked if they would like to see any changes made, one replied

Maybe more blankets ... I wouldn't mind it a wee bit warmer.

Another resident felt that, at times, his/her room was too warm.

Residents were also satisfied with the communal areas of the Residential Care Home

(bathroom, kitchen, dining room and living room) and didn't mind sharing facilities with other residents. One resident, however, commented that s/he would like a larger bath in the bathroom.

Tenants (N=3) were asked how they felt about their flats. One tenant was very happy with his/her flat, commenting:

I walked in and thought, this is going to be my home ... more independent and really lovely. I really liked it. I'm so content of myself.

Another tenant remarked:

It's very good, very handy. It's a wee bit small on it. It'll do the job alright.

This tenant added that, although the flat was generally quiet enough, sometimes s/he could hear doors banging. This tenant also stated that, when s/he was ready, s/he would like to increase his/her independence by moving to more independent accommodation.

The third tenant felt that his/her flat was 'alright' and warm enough. However, s/he expressed dislike at living at the scheme and explained that s/he didn't like his/her neighbours.

- **Safety**

Respondents were asked how they felt about fire safety in the accommodation scheme. All felt confident that they could leave the scheme safely in the event of a fire and all were aware of the fire exits. One commented:

I've never thought about that, there's plenty of ways out, if you can't get out one way, you can get out the other way.

All respondents also felt secure with regard to personal safety at the scheme. One explained

I don't feel afraid or nothing. I feel more of myself.

- **Privacy**

Residents were asked whether they had enough privacy when they received visits from family and friends. All the residents (N=5) who received visits felt they had enough privacy during their visits and explained that there was somewhere they could talk privately. Visits usually took place in the resident's own bedroom. Residents also had enough privacy when making private telephone calls.

- **The Area**

Respondents felt that the scheme was situated in an accessible and 'handy' neighbourhood. The scheme was described as being in a 'good area' that was quiet and 'not far to the country'. It was accessible to the shops and to the local pub, and if needed, staff would supply transport. One respondent described the area as

... Lovely, it's great, lovely surroundings, it's nice looking out there in the mornings, you just hear the birds playing about.

Another respondent who was satisfied with the area commented that the road close to the scheme had a very dangerous corner.

1 respondent did not like the area the scheme was situated in, describing it as a 'dump'.

- **Important about Having Own Home**

Some respondents felt that they had a better standard of living in the accommodation scheme than they had previously:

I get my grub here, people's good company. I've more money here than what I had in my own house ... I'm better dressed and all than I was. I had clothes in the other house but I'm better dressed here.

Increased independence was also cited as important:

I've very good independence ... the food's terrific, the accommodation's great, the staff's wonderful

My own independence ... My life's so well now and everything, and the home I have here is so pleasant, and the staff.

- **Changes**

Respondents were asked if they would like to see any changes in their accommodation. Apart from requests for more blankets and a larger bath, respondents did not want to see any changes made to the scheme.

3.2.2. Past-Times and Activities

Respondents were asked what they would do in a typical day and how they felt about the activities they were involved in. 8 of the 9 respondents attended organisations such as the Orchard Centre, Beacon Club and Action Mental Health. Activities included art, quizzes, crosswords and bingo. One individual did not

attend any day centre or club, explaining that s/he was 'too old' to attend them.

Other pastimes involved spending time at the scheme doing activities such as housework, playing games, watching television and listening to the radio. Other interests included going for walks in the evenings and visiting family.

Generally, respondents were satisfied with their daily activities and did not wish to participate in anything else. One individual indicated that s/he enjoyed painting and decorating and expressed a desire to gain employment in that area (c.f. Section 2.3.4.). Another respondent pointed out that s/he did 'not very much' during the day, but added that there was nothing s/he would like to be doing.

- **Praxis Activities**

The staff at the accommodation scheme regularly organise events and activities for residents and tenants. This includes excursions and seasonal dinners. Most of the service-users interviewed (N=7) had attended one or more of the activities organised and found them 'very good'. Comments included:

Oh yes, I'd go on a couple of outings, a day here and a day there, get sandwiches and so.

I like them. We go to Warrenpoint in a wee car.

I like to go to Newcastle and going along the beach ... walk into town, do a bit of shopping, buy ornaments.

2 respondents had not been on any of the activities organised by Praxis. One had only recently taken up residency/tenancy at the scheme and no activities had been arranged during this time. However, this service-user explained that s/he had his/her own things to do. The other respondent explained that s/he did not want to participate in any of the activities and added that nothing would make him/her want to take part.

Most of those who attended the activities organised by Praxis did not want to see any changes in them. However, one respondent suggested that it would be *'nice to do something for a change'* and suggested that something could be organised at weekends that were *'especially for the women'*.

3.2.3. Social Network

Respondents were asked about the amount of contact they had with other residents/tenants of Praxis and with other people outside Praxis, and how satisfied they were with these relationships.

Most respondents (N=8) had contact with other service-users at the accommodation scheme and were happy with this contact. This is reflected in the satisfaction questionnaire where 5 of the 7 respondents were either *'delighted'* or *'pleased'* with their social network.

Residents either enjoyed or *'didn't mind'* sharing with others and one resident commented:

I like working with them.

Other resident responded that s/he liked going for walks with a friend at the scheme. One resident explained that s/he *'doesn't bother'* with other residents, adding that s/he didn't want more contact.

Tenants generally felt that their neighbours in the flat cluster were *'alright'*, although sometimes contact was limited:

I don't have much meeting with them or anything.

One tenant enjoyed going down to the Residential Care Home and chatting to the residents.

Some respondents visited family and received visits from family at the scheme. Apart from contact with other residents and tenants and family members, contact with people outside the scheme was quite limited. However, most respondents felt that they got *'out and about'* enough.

One respondent expressed a strong desire to move home to be with family.

3.2.4. Work and Finance

Respondents were asked about their employment situation, whether they had any plans to work or interest in training, and whether they could manage on the money they had coming in.

7 of the 9 service-users interviewed were unemployed and 2 attended sheltered employment (Action Mental Health).

The 2 individuals who attended Action Mental Health both expressed an interest in taking up permanent employment. One would like to work in a caring role with elderly people, and the other would like '*...a full time job somewhere in a factory*'.

One of the unemployed respondents was also interested in finding a job, possibly in painting and decorating as this was something s/he enjoyed.

Respondents were asked if they would like to participate in any training or educational courses. Most (N=8) were not interested in this. One individual did not comment on training. The 2 individuals who attended Action Mental Health explained that they could get assistance on employment and training from the staff there.

All the respondents maintained that they could manage on the money they had coming in. 4 service-users (2 residents and 2 tenants) managed their own financial affairs. The remaining respondents (N=5) received assistance from staff at the scheme. One respondent pointed out that, if s/he was ever short of money, s/he could get a '*wee loan*' from the scheme, and added that '*that's very nice that I can do that*'.

Another respondent pointed out that living at the scheme was economically beneficial:

For the cost of us living here too, we don't realise ... and the money we have here.

One respondent expressed concern over the future introduction of the new European currency.

3.2.5. Support from Staff

Respondents were generally satisfied with the support they received from Praxis staff. This is reflected in the responses to the satisfaction questionnaire – 6 out of 7 respondents were either 'delighted' or 'pleased' with this support.

Respondents reported having varying amounts of contact with and support from staff. Residents generally had more contact than tenants did, although most of this contact was on an informal basis, such as talking to staff in the common room and other communal areas. Practical support from staff included helping with laundry and other housework, assisting with physical ailments, and providing transport. Residents were generally satisfied with this contact although one resident commented that s/he would like more opportunities '*for a chat*' with staff.

Responses from the 3 tenants who were interviewed indicated that they preferred having less contact with staff. When asked if they would like more contact, one tenant replied that '*I'm not really worried*' while another explained that s/he would only see his/her Praxis key-worker/s if s/he really needed them:

I just like to be in my own privacy, my door shut, and if I need somebody I'll come down [stairs].

The third tenant pointed out that s/he did not have any visits from staff and did not want any more contact, maintaining that *'they don't care what you do'*.

All the respondents found the staff easy to talk to although one respondent felt that they were sometimes *'too bossy'*.

3.2.6. Choice and Decision-Making

Praxis principles maintain that its service-users should be afforded opportunities, choices and rights of self-determination, which accord with those available to other citizens. There are a number of ways in which Praxis residents and tenants can exercise this choice:

- **Service-User Meetings**

Residents' meetings are held weekly in the common room and serve as a forum for residents to raise issues that they feel are important and for staff to keep residents informed.

All the residents who were interviewed (N=6) attended the weekly meetings. Issues discussed at the meetings included the weekly menu, chores and housework, activities and events, and fire safety. All the residents were satisfied with the meetings and many reported that they liked having staff present. One individual commented:

They're good, very good, they ask you how you're getting on, if you've got any complaints, what you'd like for your dinner, what you'd like for your tea.

One resident pointed out that, although s/he found the meetings *'alright'* s/he didn't really

participate in them. None of the residents would like to see any changes in the way the meetings are held.

At the time of the evaluation, there were no tenants' meetings in operation. Tenants were asked whether they would like meetings to take place. 2 tenants responded that they would not like meetings to be held and would not attend if they were held.

The third tenant would like tenants' meetings to be held to enable people to talk about *'ordinary things'*. This tenant would like staff to be present at these meetings to ensure that people attend and to *'encourage'* and *'reassure people'*.

- **Individual Support Plans**

Each service-user of Praxis has an 'Individual Support Plan' that defines the service-user's practical, emotional and physical needs as a resident/tenant of Praxis, and outlines steps to ensuring these needs are met. The Individual Support Plans are drawn up by the Praxis Scheme Manager, Praxis staff member, the service-user's statutory key-worker, and the service-user upon entry to the scheme. The Scheme Manager and Praxis staff member are then responsible for monitoring the support plan.

Residents and tenants were asked a number of questions concerning Individual Support Plans – whether they were aware of their support plan, if they had participated in its planning, and the extent to which it had helped them to develop any skills.

8 of the 9 respondents were not aware of having a support plan and did not want to have one. Comments included:

Not at my age. I don't think I'd be interested in that sort of thing.

I'm fine. If I was stuck for something I would ask now.

The individual who was aware of having a support plan commented that it had helped him/her to improve upon certain skills:

I did one time. I couldn't count money very well and they learned me to count money.

This individual did not have a copy of his/her support plan and did not want to see a copy.

- **Review Meetings**

Review meetings provide an opportunity for service-user progress to be monitored and support plans to be discussed. They are attended by the Praxis Scheme Manager, Praxis staff member, statutory key-worker, and the resident/tenant, if s/he wishes to attend. The first review meeting is held approximately six weeks after the service-user takes up residency/tenancy. Review meetings generally take place every six months for the first year and then annually, or as the need arises.

Respondents were asked whether they attended their review meetings, how they felt about them, and whether they would like to see any changes made to them.

6 of the 9 respondents attended their review meetings. 2 did not attend and one respondent

had only recently taken up residency/tenancy and had not yet had a review meeting.

Those respondents who attended their review meetings were satisfied with them. One individual commented that s/he attended because:

It's nice to know that somebody's going to be talking about you or what's going to be said about you.

Respondents felt that they could speak up at the meetings and felt that their views were listened to:

I like them, if there was anything ... or about me or I didn't like it I would just stand up and tell them,

No changes to review meetings were proposed.

- **Making a Complaint**

Praxis operates a formal complaints procedure which is set out in the Residents'/Tenants' Handbook. 8 of the 9 respondents were not aware of the official complaints procedure. However, 4 stated that they did know how to go about making a complaint. Of the 5 who did not know how to make a complaint, 2 did not want to know.

6 respondents maintained that they would feel okay about speaking to staff if they had a complaint. Comments included:

I would go down to see them if it wasn't right, or if something wasn't being done right about me or something. I'd just speak up for myself now.

I'd talk to staff, they're very understanding the staff here.

The above respondent emphasised that s/he had no complaints to make.

The individual who stated that s/he was aware of the complaints procedure did not know how to make a complaint.

- **Feeling Involved in Decision-Making**

Exercising choice is of particular importance to residents as any decisions that are made need to be compatible with the needs of the other residents.

Respondents were asked whether they felt involved in making decisions about things which were important to them, for example deciding on the type of food served at mealtimes and the time at which meals were held. 3 of the 6 residents interviewed believed that they had a say in making decisions in areas that were important to them. One commented:

My word would come first ... they're so understanding.

Another resident pointed out that if s/he didn't like a particular type of food, s/he would be able to have something else instead.

Of the 3 residents who did not feel involved in making decisions, 2 explained that they did not want to have a greater say in things. The interview with the third resident was terminated at this stage and therefore no further information was available for this individual.

Tenants were also asked whether they felt they exercised enough control over their own lives. One tenant responded that s/he didn't and another commented that it was *'hard to say'*. The third tenant responded that s/he *'would indeed'* have a say in making decisions about matters which were important.

All the respondents were then asked whether they would like to be involved in making decisions about employing new staff. Only one respondent stated that s/he would like to be able to exercise this choice. One of the respondents who did not want to be involved explained that s/he trusted the Scheme Manager's judgement.

3.2.7. General Satisfaction

All respondents were asked what they liked most about the service provided by Praxis, what they liked least, and what changes they would like to see made to the service.

- **Liked Most**

Respondents identified a number of areas of the service that they liked most ranging from security, the high standard of accommodation, staff to Christmas presents. Some of these comments are shown in Figure 1 (overleaf). One respondent pointed out that there was nothing s/he liked about the service.

- **Liked Least**

Most of the respondents could not think of anything they did not like about the scheme. One respondent commented:

I've found it very good. I'm very happy in it.

Figure 1. What Respondents Liked**Most about the Service**

I think the security ... I can sleep with the place secured. Nobody can break in or anything.

At Christmas you always get something free, a present, and ... you get your food here. It's very good food and you get your money in your pocket and ... you get company.

The meals are very good ... they're lovely.

Just the comfort ... soft chairs.

I love here, you see, I'd nowhere to go only the street.

I really thank God that we have this home. It's a lovely home. It's so pleasant and it's a beautiful home and the staff are understanding. So lucky to have this home.

However, one respondent did point out that s/he did not like the attitude of some of the other residents/tenants at the scheme:

Just people moaning and groaning about this and that and the other instead of them going out and doing these things.

One respondent pointed out that s/he did not like anything about the scheme adding that s/he would like 'somewhere of my own'.

- **Changes to Scheme**

Service-users were asked if they would like to see any changes made to the accommodation scheme. Most did not want to see any changes:

I don't think there's anything I would change.

However, a few suggestions were made and are summarised in Figure 2.

Figure 2. Suggestions for Change

- New mat in personal bedroom.
- Would be 'handier' if flat had been fully furnished before uptake of tenancy – tenant had to buy his/her own dishes.
- No general changes to scheme but feels that residents should be doing more for themselves.

- **Personal Changes**

Some respondents pointed out changes that they had noticed in themselves since becoming residents/tenants of Praxis. One respondent commented:

I'm really more independent of myself, not to rely on them all the time, do some things now for myself and I'm pretty sure I wouldn't get hurt any more ... I feel so happy and peace of mind and everything.

One respondent reported feeling more confident, and another explained that s/he was now better at handling money. Another

respondent felt that s/he could '*trust people better*' while one individual felt s/he was '*starting to cope better*'.

5 respondents felt they had not really changed – although one pointed out that s/he had not been eating properly before coming to the scheme but had gained weight since becoming a resident/tenant.

- **Other Comments**

One respondent expressed an interest in finding out about other Praxis accommodation facilities, particularly the Dispersed Intensively Supported Housing Scheme (DISH). This individual would consider using this type of accommodation when s/he felt ready to move on from the scheme.

3.3. The Short-Term Care Flat

3 service-users were asked a number of questions concerning the short-term care flat. One was occupying the flat at the time of the evaluation. The other 2 respondents had used the flat on previous occasions and were tenants in the Flat Cluster complex at the time of the evaluation. One respondent was male and 2 were female. All lived alone (N=3) and 2 attended day-care.

- **Views on the Flat**

Respondents were asked their reasons for using the flat and their views on it. All respondents had used it to enable them to adjust to community living after either a hospital admission or after being a resident in the Residential Care Home. 2 respondents became tenants of Praxis after using the flat,

the other respondent will be moving into his/her own home in the community.

Comments on the flat included:

I thought it [flat] was just a bit small but very good.

I like it very much. It's quite small, compact. It's nice.

It's lovely and clean ... and you have your own cooker and food and all.

One respondent felt that the short-term care flat was a very good idea:

It's a good idea for anybody ... to get them settled in like that first and not to be nervous of going back to their home and living with their families ... it's a well organised thing.

- **Contact with Staff**

Respondents were asked whether they had enough contact with staff and whether they were satisfied with the amount of support they received.

One respondent was unable to answer this question as s/he could not remember the quantity and quality of staff contact while in the short-term care flat. Of the other 2 respondents, one was satisfied with staff contact and support:

I don't think I would like any more. It was good the way it was.

The other respondent would have liked more contact with staff as s/he had had a long term

stay in hospital prior to using the flat and felt that s/he needed more support:

I'd like them to come up more often ... it's hard to get used to, to adjust to outside again. I would like more of their support and I'm not getting it.

This respondent explained that s/he valued being able to talk to staff and would be able to talk to them if s/he had a problem, but that s/he did not see staff often enough, adding that

It shouldn't be up to me to go to them all the time.

- **Other Comments**

One respondent explained that s/he encountered problems securing benefits after being discharged from hospital and that this had caused him/her additional stress. However, the scheme allowed this tenant to borrow money while waiting for this issue to be addressed.

Respondents were asked if they would like to see any improvements made to the short-term care flat that would benefit future tenants. Respondents were generally satisfied with the flat. Comments included:

I think it's doing alright the way it is for people.

Not really because there's everything I need.

However one respondent suggested that a fire would be better in the flat than the current Economy 7 system.

CHAPTER FOUR

**THE VIEWS OF STATUTORY
KEY-WORKERS**

4.1. Participants

Postal questionnaires were returned by 7 key-workers: 4 Community Psychiatric Nurses, 2 Social Workers, and 1 Occupational Therapist. 6 were female, 1 was male. The number of clients each key-worker had using the Praxis service ranged from 1 to 3, providing information on a total of 10 service-users.

Mean length of contact with client/s was approximately 6 years 5 months, ranging from 2 months to 20 years.

4.2. The Questionnaire

The self-complete questionnaire consisted of both closed and open-ended questions. It was designed to elicit professionals' views on a variety of aspects of the service provided to their clients.

Areas covered in the questionnaire included:

- Accommodation
- Support received by clients
- Outcome of using the service
- Individual Support Plan procedure
- Review process
- Communication with Praxis staff
- General satisfaction with the service

4.3. Statutory Key-Workers' Views

4.3.1. Accommodation

Key-workers were asked to rate how they felt about the quality of the exterior of the accommodation scheme, the interior of the Residential Care Home or their client's flat,

and the location of the scheme in terms of accessibility to local amenities (for example, the post office, shops or bus service).

The key points are summarised below:

- 9 out of 10 interiors were rated as 'excellent' or 'good'
- The exterior of the accommodation scheme was rated as either 'excellent' or 'good' by 6 of the 7 key-workers.
- All but one key-worker rated the location of the scheme as either 'excellent' or 'good' in relation to accessibility to local amenities.

• Interior

Key-workers were asked to rate the interior of their client's home, whether they were residents in the Residential Care Home, or tenants in the Flat Cluster. 3 key-workers rated 50% of interiors (N=5) as 'excellent'. Comments included:

Appears neat & homely

[Client] is very neat ... It was in good decorative order when s/he arrived.

4 interiors were rated as 'good' by 3 key-workers. In relation to the Residential Care Home, one key-worker commented:

The décor is airy and bright, and the communal areas are fairly homely. The client's rooms are also quite individualised and are considered private spaces.

Another key-worker responded that some of the flats are quite 'closed in'.

One key-worker rated the interior of his/her client's accommodation as 'fair':

The standard of hygiene and cleanliness in the flat is only fair. I understand the reason for this - promotion of independence, although s/he receives some support from home-help services.

- **Exterior**

The exterior of the accommodation scheme, which includes both the Residential Care Home and the adjoining Flat Cluster complex, was rated either 'excellent' or 'good' by the majority of key-workers (N=6). However, a few areas were identified which could be improved upon. Comments included:

Overall the exterior is excellent. However, at some stage during the year, a lot of rubbish was evident in the grounds.

Bright, clean parking area. Only exception is the disability access is long and winding.

It could be more homely looking. It does look very officious but I like the fact that it has a ramped access to the front and it is usually very neat and tidy.

Appears very clinical from the outside – very institutionalised.

One key-worker rated the exterior of the accommodation as 'fair', adding that:

It would be good but the glass front foyer for the support scheme can take away from the appearance.

- **Location of Scheme**

3 of the 7 key-workers responded that the location of the scheme was 'excellent', commenting that it was within walking distance to most amenities.

The location of the scheme was rated as 'good' by 3 key-workers. Reasons for this rating were:

Overall, accessibility is good but some residents would require transport into town and to other facilities.

It is quite close to the town centre. The Spar shop is close at hand. However, I do feel that the hill does present a problem. The clients tend to opt for public transport as opposed to walking.

Not that close to local amenities but location is quiet and pleasant.

One key-worker rated the location of the scheme as 'fair', adding that client/s did not have any problems accessing local amenities as they were 'mobile and relatively independent'.

4.3.2. Support Received by Clients

Key-workers were asked to rate their level of satisfaction with the support their clients received from Praxis in 3 areas: physical health; mental health; and social needs. This information is summarised in Figure 3.

- All key-workers (N=7) were either ‘very satisfied’ or ‘satisfied’ with the amount of support their clients (N=10) received in relation to physical health and mental health.
- 6 key-workers were either ‘very satisfied’ or ‘satisfied’ with the support 9 clients received in relation to social needs. One key-worker was ‘somewhat unsatisfied’ with the support one client received with his/her social needs. This professional commented that:

I feel that staff do a very good job of monitoring physical and mental health needs. However, I personally feel that there could be more input given to social needs to encourage clients in the Residential Care Home to integrate more into the community. I would like to see the clients more involved in social/recreational activities outside of the care home.

Comments from professionals who rated the support their clients received in all 3 areas as either ‘very satisfied’ or ‘satisfied’ included:

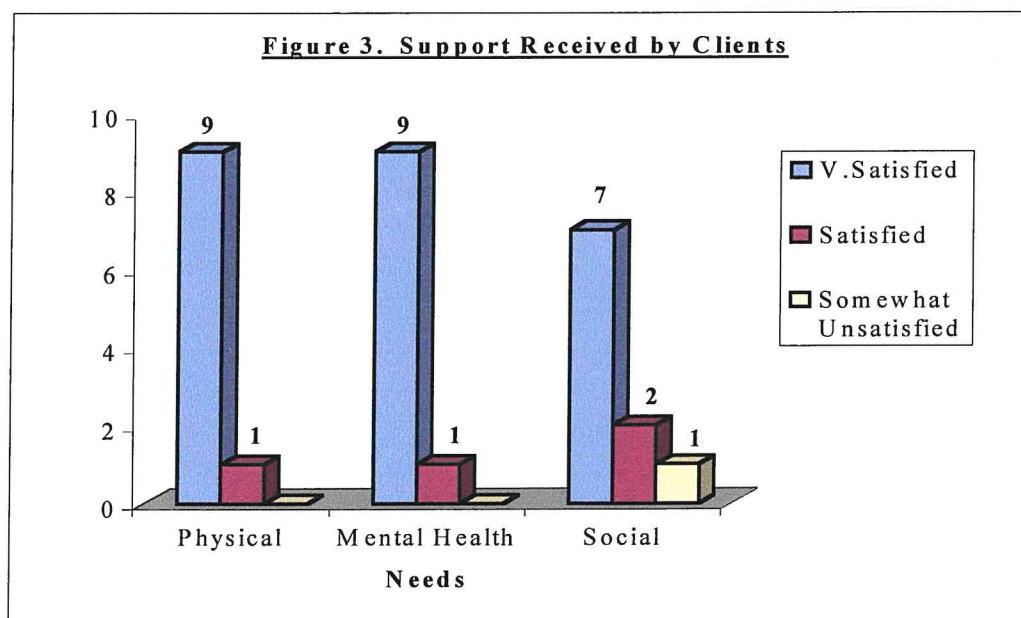
Staff are very efficient and endeavour to cater to their clients needs.

Praxis staff deal with issues and only contact me if really necessary. They also keep me informed.

Full physical programme was attended to at an intense level. Mental health fully maintained. Encouragement as appropriate regarding social outlets.

• **Changes to Support**

Key-workers were asked if there were any ways in which they would like to see the support provided to their client changed. Key-workers were satisfied with the amount of support received by most of their clients (N=7) and did not want to see any changes. However,



suggestions for changes to the support provided to 3 clients were proposed. One key-worker would like his/her client to have greater support with daily living skills, such as shopping and cooking, and suggested that this client might be better catered for in the Residential Care Home. For the other 2 clients, the key-worker/s stated that s/he would like to see greater support with regard to social needs:

More social/recreational structured activities should be on offer.

More structured activities for those who don't attend the day centre.

- **Responsiveness of Service**

Key-workers were also asked how responsive they felt the service was to their clients' needs. 6 key-workers rated the service as 'very responsive' to the needs of the majority of their clients (N=9). Comments included:

All needs identified are dealt with appropriately.

During a period of unstable mental health, appropriate steps and consultations were made prior to the client's compulsory admission to hospital. Full rehabilitation back to Praxis has been made for this client.

Client's needs appear to be well assessed and provided for.

Staff are very willing to communicate effectively when the need arises.

One key-worker felt that the service was 'fairly responsive' to the needs of his/her client. No reason was provided for this rating.

4.3.3. Outcome of Using the Service

Key-workers were asked to describe the impact the service had on the lives of their clients since they had become residents or tenants of Praxis. 3 main areas were assessed - practical skills, social skills, and mental health stability.

Responses were generally very positive, with most key-workers indicating at least some improvement in their client's living skills and/or mental health. Some of these responses are summarised in Figures 4, 5 and 6.

Figure 4. Practical Skills

More able to participate in meal planning shopping, personal care and organisation of clothing.

Meal planning, purchasing, cooking household skills and personal skills.

Has developed some skills. We are currently involved in a home management programme in order to facilitate independent living. To that end we have been able to use the short term care flat as a trial period which has been useful.

Supervision and guidance have improved these probably to their maximum level.

Has become more independent and confident.

Figure 5 Social Skills

More structured lifestyle. Less chaotic living and crisis intervention.

[Client] has maintained and developed his/her social skills fairly well over the period of his/her illness. Praxis staff has helped us to consolidate this.

[Client] is a quiet individual but has socialised well, particularly with staff.

[Client] has continued attendance at day care. Ability to live in a group setting. Maintains appropriate contact with mother and family

Figure 6 Mental Health Stability

Notable decrease in the need to be admitted to hospital on a regular basis.

Praxis has helped to maintain [client's] current mental health stability.

Can cope with the knowledge that help is on site.

[Client] has shown a marked improvement in his/her mental state.

Very well stabilised ... Probably mental health training has enhanced the quality of mental health care.

Full information was not available for 3 clients as their key-worker/s had only been in contact with them for a relatively short time. However, at least partial improvement was observed in these individuals.

Some key-workers identified other changes in their clients. These included increased independence and self-esteem, improved family relationships, and taking more of an interest in daily activities such as reading and television.

1 key-worker commented that living in the Praxis accommodation scheme had enhanced the ability of his/her client to live in the community with support.

4.3.4. The Individual Support Plan Process

Key-workers were asked whether they were involved in drawing up their client's individual support plans and to rate their satisfaction with the level of involvement in the process. They were also asked to indicate how satisfied they were that the care delivered matched that which was set out in the support plan.

5 key-workers were involved in drawing up their client's support plans. The 2 key-workers that were not involved explained that the support plans had been drawn up prior to their involvement with their clients.

Key-workers were also asked whether they were currently involved in their client's support plans. 5 key-workers were involved. Of the 2 who were not currently involved, one key-worker, who had had only short-term contact with his/her client, responded that s/he

would like to be involved in the process. The other key-worker that was not currently involved had been involved in drawing up the original support plan. This professional did not wish to be involved in the process. No explanation was provided for this decision.

The 5 key-workers that were currently involved in the support plan process were asked to rate their satisfaction with their level of involvement. 4 responded that they were either 'very satisfied' or 'satisfied' with their level of involvement. One key-worker did not answer this question.

Key-workers were then asked to rate their satisfaction that the care delivered to their clients matched that set out in their support plan. All the key-workers who were involved in the process (N=5) responded that they were either 'very satisfied' or 'satisfied'. Reasons for this rating included:

[Client's] mental health status can be variable which means that we very often have to step back and make regular changes/reviews of treatment plans. I think the care is very responsible and flexible.

Goals and objectives appear to be met.

One key-worker proposed that the support plan for his/her client could be improved by encouraging his/her client to be more actively involved in community activities to improve his/her motivation.

4.3.5. The Review Process

All the key-workers who participated in the evaluation (N=7) had attended their client's

reviews. They were asked to rate how satisfied they were with the frequency of reviews and with the way meetings were conducted.

- **Frequency**

All were either 'very satisfied' or 'satisfied' with the frequency of reviews. Key-workers commented that meetings were flexible and that more could be arranged if required. One key-worker pointed out that frequent informal contact with staff assisted this process. One key-worker did suggest, however, that reviews should sometimes be held more often.

- **How Meetings were Conducted**

All 7 key-workers were 'very satisfied' with the way review meetings were conducted. Many were happy with the emphasis placed on client involvement. Comments included:

Full involvement of client always and their wishes are respected. Good planning and notice about meetings.

They are well organised in advance, good notice is given. And most importantly, the client is involved in the process.

They are always tailored to the needs of the client and sensitivity to the patient's emotional state at that time.

3 key-workers suggested ways in which reviews could be improved upon. These are summarised below:

- A greater concentration on specific issues which cause concern;
- The possibility of day care staff attending all or part of the review as a second

review is held at each day care facility in respect of each client;

- Reducing the stress clients often feel during the reviews.

4.3.6. Communication with Praxis Staff

Key-workers were asked to rate their satisfaction with the extent to which up to date information was made accessible to them. All (N=7) were 'very satisfied' with communication. Most key-workers had frequent contact with Praxis staff both during visits and by telephone and felt informed and kept up to date. However, one professional responded that, while communication was generally very good, s/he sometimes couldn't contact staff directly as s/he was often faced with the answering machine.

Key-workers were also asked to rate how satisfied they were with the quality of the working relationship they had with Praxis staff. 6 key-workers were 'very satisfied' with this relationship, and one was 'satisfied'. Comments included:

Good relationship with understanding of each other's role.

All staff are courteous, helpful and realise the role of the different disciplines involved.

4.3.7. General Issues

Key-workers were asked what they liked best and least about the service. The positive aspects of the service included increased independence, support provided to clients, and the homely atmosphere at the scheme. These are detailed in Figure 7.

Figure 7 Liked Best

The level of independence and quality of life given to clients.

Good committed staff. A flexible and efficient service. A high standard of service delivery. An excellent and positive profile within the local community and Newry generally.

The level of support the client receives. There is staff available at all times. I think Praxis on the whole provides a vital service to the Newry area.

Provides extensive care to very vulnerable and ill people.

Flexibility and providing a much needed service, particularly Home Response workers.

It offers opportunity for chronic mentally ill patients to live in the community within a supportive and understanding environment.

Very homely atmosphere where momentary care is carried out. Staff have always time to discuss problem areas.

4 key-workers identified areas that they liked least about the service. 2 mentioned the unavailability or lack of places in both the Residential Care Home and the Flat Cluster. It was also highlighted that, as the short-term care flat is booked up in advance, its use for crisis situations is limited.

One key-worker pointed out that the client's Disability Living Allowance Care Component is lost if they reside in one of the flats. The fourth key-worker stated that s/he would like staff to engage clients more fully in community activities and discourage sedentary activities.

2 key-workers provided a few recommendations for the future development of the service. One would like the service to expand further in the Newry and Mourne area. The other key-worker would like more service input provided to clients in the Flat Cluster, particularly those in the short-term care flat if they are admitted in a crisis situation.

CHAPTER FIVE

**THE VIEWS OF
STATUTORY MANAGEMENT**

5.1. Senior Management Views

Semi-structured interviews were carried out with 3 senior managers from the Trust – Senior Social Worker; CPN Team Leader; and Mental Health Services Manager.

A number of issues were raised during these interviews and are summarised below:

5.2. The Admission Procedure

All respondents felt that the Praxis admission procedure was good. The referral form was described as

Quite inclusive ... I think that Praxis has one of the best risk assessments I've ever seen.

Very comprehensive, it's good, and while it takes time in completion, it's worth it, because I think it addresses the right aspects of the person's behaviour, and how they are, and their medication.

5.3. Communication

All respondents were satisfied with communication and feedback from management and staff at the scheme. One respondent commented:

I certainly can't recall anything happening that I felt I should have known about.

Regular liaison meetings take place where issues can be discussed and problems addressed.

All respondents stated that difficulties in contacting staff at the scheme had been experienced due to the answering machine being switched on:

I do not like the fact that there are periods in the afternoon when I cannot get in touch with anyone, and there is a machine, and I ask that someone contacts me the next day and that makes me very cross ... I don't see why there is ever a period that somebody can't come to the phone ... I'm wondering, if they're not able to man the phone, what about the vulnerable people who are there, are they being cared for at that time?

It was also pointed out that staff at the scheme were sometimes unable to take responsibility when the scheme manager was absent. It was proposed that someone should be appointed to 'act up' in these situations to enable decisions to be made. However, it was emphasised that this was not a common problem.

Monthly tenancy/residency statistics have been returned to the Trust on a quarterly as opposed to monthly basis. It was highlighted that it would be more beneficial if these figures were returned on a monthly basis as accommodation vacancies could be identified early.

5.4. Praxis Staff

Praxis was described as being 'in tune' with providing support to severely mentally ill people, partly due to the 'good experienced psychiatric nurses on the staff'.

Some respondents suggested that staffing levels at the scheme could be increased. One respondent felt that extra staff would provide a better opportunity for improving the social lives of the service-users, while another highlighted the need for more qualified staff as some of the service-users were quite ill. The need for more domestic support for individuals in the short-term care flat was also emphasised.

A concern was expressed as to whether a qualified member of staff should provide night cover at the scheme. However, this respondent pointed out that the scheme had always been adequately covered, adding that Praxis ensured that there was minimal risk to its staff.

5.5. Views on Service Provision

Respondents were asked to comment on three main areas of service provision – accommodation; support; and the operation of other services within the scheme such as Home Response and the short-term care flat. These views are summarised below:

• Accommodation

All respondents referred to the ‘homeliness’ of the accommodation scheme. Comments included:

It's comfortable and pleasant, and there's always somebody to welcome.

It's a very homely, domestic environment, it's replacing the person's home, and I think voluntary organisations like Praxis are very good at that.

A number of issues were raised regarding accommodation:

- It was pointed out that the Residential Care Home was sometimes so well maintained that it appeared ‘artificial’.
- A garden or barbecue area was recommended – however, it was acknowledged that there was very little space at the back of the scheme to accommodate this.
- The site was described as ‘a bit constricted’.

• Support

The scheme was described as very supportive and flexible to service-user needs. However, one respondent commented that, while standards at the scheme were high and support was valuable, s/he occasionally felt that the tenants did not receive enough support:

I sometimes felt that they could be as alone there as they might be anywhere else because they are only seen for a certain, short period a day.

Two respondents indicated that the residents’ social lives may not be sufficient. One commented:

I don't know what they do for fun ... I suppose they must do something. I've never heard anybody laugh.

However, s/he acknowledged that this might be a feature of their illness.

- **Home Response**

The Home Response service was described as 'excellent'. Two recommendations were made for the development of the service – increasing the number of Home Response hours, and employing workers trained specifically in mental health.

- **Short-Term Care Flat**

The short-term care flat was rated highly by all respondents. Comments included:

Excellent, absolutely excellent.

We would value it very much. It is a very useful service.

Respondents indicated that, at times, one short-term care flat was not enough. The flat is usually fully booked and, while this is an indication of its success, difficulties are encountered in accessing places during emergencies:

I think that there needs to be more flexibility built up in emergencies, but I acknowledge that can't be done with one flat, you would need two operating.

This need for an additional flat was voiced by another respondent – however, s/he added that one of the flats might then remain empty for long periods of time.

More domiciliary support was recommended for the flat, and it was also suggested that the same member of staff should visit short-term tenants on a regular basis.

5.6. Complementary Roles

The concept of good care and practice between the statutory professionals and Praxis staff was described as similar. Respondents felt that a voluntary agency providing accommodation and support was beneficial for clients as it may not be as stigmatising as statutory care services, and because 'they're much more user orientated'. It was proposed that a service like Praxis removes the institutional flavour of long-term care.

5.7. Community Issues

Respondents felt that the scheme had been accepted by the local community and described the relationship between them as 'good'. Some initial resistance had been encountered before the scheme had been set up but fears were quickly allayed. One respondent commented:

The community has been quite supportive, it has settled in very well, the scheme.

5.8. Strengths and Weaknesses

Respondents identified a number of scheme strengths:

- A dedicated staff team

We can trust the staff and the rapport between us is good. We know they'll get in touch with us, but they don't dump problems on us.

- The adaptability of the scheme

I think flexibility is a key word for Praxis, especially in relation to the respite flat.

- A well maintained scheme with good communication levels

Overall I think that it's very well run and I think that our system allows good communication with the Praxis workers ... there's a good group of staff ... it's a very nice building to go into, a very friendly atmosphere ... I think it's widely accepted in this locality which is the biggest issue.

- It provides relief for relatives and families.
- One respondent commented:

I couldn't imagine our life without Praxis, without that scheme.

A few **weaknesses** were also highlighted:

- Although the scheme was described as well maintained, it was pointed out that it could look '*a bit artificial*' at times.
- A concern was raised that sometimes there may be a '*duplication of input*'. Nurses from the Community Mental Health Team administer depot injections to clients at the scheme. It was suggested that, as the scheme employed nurses, these nurses could administer the injections. The possibility of Praxis' nursing-trained staff administering depots had been raised on a previous occasion and it was explained that Praxis nurses were employed as residential workers and therefore not

covered by insurance to give injections to service-users.

It was also pointed out that sometimes the community mental health nurses arrived at the scheme to administer depots and the service-user would not be there. Ways of making the process more efficient were proposed, including Praxis bringing their service-users to the day hospital, but this had not been followed up on.

- The answering machine was also cited as a problem. It was pointed out that the scheme has a cordless phone that can be carried about and therefore there was no reason for the answering machine to be turned on during office hours. Respondents maintained that the answering machine makes contacting people in an emergency very difficult.

5.9. Future Developments

Respondents were asked how they would like to see the scheme developing and what changes could be made to improve service delivery.

A number of recommendations were made:

- More social activities provided for service-users, especially those that do not attend structured day-care.
- More accommodation places at the scheme – however it was acknowledged that this was unlikely because of the limited size of the site.

- Less usage of the answering machine. It was proposed that, when the machine is in use, a message should be left informing callers of the time the staff member will return and how they can be contacted in an emergency situation.

5.10. New Directions

All the respondents pointed out that the scheme was providing a much-needed service in the Newry and Mourne area. The need for additional mental health services in the area were highlighted and the issue was raised as to whether Praxis would be able to provide some of these services:

- A residential and/or respite home where people with Korsakoffs syndrome could be cared for. Many young people with this illness end up in nursing homes because there is no other accommodation option available to them:

There are discrete groups here and there that we feel could be cared for and we wonder if Praxis would do it.

- More support in the community for mothers with mental illness. This might involve expanding the Home Response service.
- More residential places for the long term mentally ill who need supervision for the rest of their lives:

Because that provision is lessening all the time. We need to have that replaced some way in the community.

- More general weekend services for people with mental health problems.
- The introduction of DISH (Dispersed Intensively Supported Housing) schemes in the Newry and Mourne area was advocated. These were described as an excellent idea for people who can live independently in the community with support. However, it was acknowledged that the Home Response service was doing a similar job and that increasing this service would be just as valuable.

CHAPTER SIX
PRAXIS STAFF VIEWS

6.1. The Interviews

The views of Praxis staff were elicited to gather their views on the operation and future direction of the accommodation scheme. 3 members of staff participated in the evaluation. One was a senior project worker and 2 were grade I project workers. 2 participants were female, 1 was male. Length of time employed by Praxis ranged from 4 months to 4 years. Hours worked ranged from 31 to 39 hours per week.

Areas covered in the interviews included:

- Training and support
- Staffing and resources
- Role in the scheme
- Working relationships
- General views on the scheme

Interviews were held individually in a private room in the Residential Care Home. Interviews lasted between 40 minutes and 2 hours. All were recorded and later transcribed. Participants were assured that confidentiality would be maintained.

6.2. Training and Support

6.2.1. Training

The Training Department at Praxis produces an annual training calendar which catalogues a range of training available to staff. This includes:

- Risk Assessments
- Mental health Awareness
- Break-Away Techniques
- Bereavement
- Lifting and Handling.

Staff were generally satisfied with the training provided by Praxis. One participant commented that *'Everything they've been doing is very good'*, while another pointed out that courses *'haven't been bad'*. However, some staff felt that sometimes the training did not go far enough. One staff member commented that there were not as many courses as s/he would have liked, while another pointed out that many courses/training days had been cancelled during the last year.

A number of issues were raised by staff in relation to training:

- Induction to the scheme was described as good, however, if someone did not have knowledge of mental health issues, this training would need to be more detailed and continuous.
- Sometimes information regarding changes to training was sent to the scheme from the Training Department but this information was not filtered down to scheme staff.
- Some courses were only available to certain grades of staff. One participant felt that training should be available to all staff as they might be able to provide valuable input in certain areas of service provision – for example, in risk assessment.
- Refresher training was valued. However, one participant commented that training should also be updated yearly to increase knowledge in new areas.

- One participant pointed out that staff were not allocated enough time for training, as they had to return to the scheme to complete their shift if they had attended a training course. This individual proposed that alternative cover should be provided at such times.
 - Stress management classes were proposed as working in the scheme could be quite stressful at times.
 - One participant commented that some staff exhibited poor attitudes towards service-users and suggested compulsory attitudes training for all staff.
- shifts, at night some staff felt they were *'on their own'*.
- There was the potential for tensions to arise when advice was not regarded as appropriate.
 - Some members of staff were reluctant to raise certain issues at staff meetings or with the scheme manager – for example, if someone was apprehensive about who was moving into the short-term care flat. It would be left to other staff to highlight such issues and this has caused tension. One participant commented:

When you're a small team everybody needs to work together for the welfare of the residents and the scheme.

6.2.2. Support

Staff were asked how they felt about the support they received at scheme level from the manager and other staff, and at organisational level.

Although staff had received support from the manager and felt that s/he was approachable, one participant commented that s/he would sometimes like more support, adding that it would be *'nice to be acknowledged for a job well done'*.

All participants felt that they received enough support from other members of staff. Grade I staff could approach the more senior staff members for advice while the 2 senior project workers were supportive of each other. However, a few concerns were raised:

- Although there was always someone available to provide advice during day

All the participants admitted to having minimal contact with the wider organisation with most support being provided at scheme level. One participant pointed out that, if it was necessary to contact someone in an emergency, it could sometimes *'boil down to luck'*. This participant added that Home Response workers did not have any back up, and suggested that there needed to be a more structured support process at an organisational level.

• Staff Complaints

Staff explained that if they had a complaint they would bring it up with the scheme manager. Issues were usually dealt with at scheme level, however, if an issue wasn't resolved, staff could bring the issue further, to the Assistant Director. One staff member commented:

I would be confident enough and assertive enough to go ahead and do that because at the end of the day it would be the residents and tenants, I wouldn't like to see them suffering, and I think that if staff aren't happy, residents and tenants are so intelligent that they can sense if there's an atmosphere.

6.3. Staffing of the Scheme

A number of issues were raised by staff concerning the adequacy of staffing and staffing practices at the scheme. These are summarised below:

- **Staff Numbers**

One participant pointed out that s/he didn't think staffing was '*well balanced out*'. Sometimes there were many staff on duty, while at other times there was insufficient cover. This participant also suggested that 2 members of staff should be on duty at night as opposed to the current practice of one staff member.

Although the scheme has 3 relief staff, only one was available to work at the time of the evaluation. This caused problems when permanent staff needed time off, which sometimes resulted in '*disgruntlement among the staff*'.

- **Recruitment Process**

The staff recruitment process was described as very slow. Posts were often not advertised until a staff member had left the scheme, which meant that the remaining staff had to provide cover. Additionally, the new staff member also needs a 3-4 week induction

period. This process was mentioned as a source of pressure for staff.

- **Work Patterns**

Although staff liked the concept of a rota system, a number of issues were raised. One participant described some shifts as '*terrible*', while all staff pointed out that the shift that included the sleepover was particularly long, especially if the staff member on duty had not had much sleep.

Some staff felt that the current rota system was unfair with regards to sleepovers in that Grade I project workers were responsible for covering weekend night shifts.

The issue of support and safety was also raised. Only one member of staff provides night cover. One participant pointed out that there was no real back up or procedure for accessing help quickly at night. Personal alarms were available but these were described as awkward to carry. However, this member of staff added that the scheme manager or police could be contacted if there was an emergency.

- **Suggestions for Change**

A number of improvements were suggested by staff:

- More, dependable relief staff;
- A more efficient recruitment process with staff overlap;
- An extra member of staff on night duty to provide waking cover;

- Organisation-wide meetings for Grade I staff to keep them up to date with practices at other schemes;
- More recognition, responsibility and incentives for Grade I staff and the introduction of grade II staffing positions at the scheme. The dearth of promotion within the scheme was described as disheartening for staff.
- Greater flexibility of the rota, especially regarding weekend sleepovers;
- A set rota for all Praxis schemes instead of each scheme devising its own.

6.4. Role in the Scheme

• Responsibilities

Grade I project workers mostly provided practical support and were responsible for the day-to-day running of the scheme. Duties included assisting residents with activities/chores, providing company, administering medication, and writing up reports.

Senior project workers had the additional responsibility of being Praxis key-workers to the residents at the scheme. This involved writing up support plans and attending individual reviews. Grade I project workers were secondary key-workers to Praxis residents and key-workers to tenants. However, one staff member pointed out that they did not have much input into tenant's lives.

• Individual Support Plans

Senior project workers were responsible for writing up and updating individual support plans. Each month a condensed summary report is completed on each service-user. The individual support plan process was commended by one member of staff as being '*basic and straightforward*.' S/he added that it was easily understood by service-users.

One staff member felt that not enough attention was paid to support plans by staff, and proposed that staff are made more aware of the process, possibly through training.

It was suggested that grade I project workers should be more involved in the support plan process:

It only makes sense that everybody is involved in the care plan, different ideas are always welcome.

This individual added that some staff had developed close relationships with individual service-users, and would therefore have '*valuable input*' to the process, avoiding the risk of leaving important issues out.

• Reviews

Senior project workers attended the reviews of their own clients. Time was spent with service-users before their reviews, explaining what would be discussed and obtaining their views. Grade I project workers were not involved in the review process, although one participant pointed out that the involvement of staff who had good knowledge of the service-user would be beneficial to the process.

Although the review process was described as 'very good', one participant revealed that the newly introduced forms were not as good as the original forms. S/he felt that they were less specific.

- **Residents' Meetings**

Staff felt that improvements could be made to residents' meetings. One participant commented:

They've become a bit mundane. You could nearly write the same things down every week.

Another staff member pointed out that residents did not raise issues at meetings. This participant would like a process put in place that would encourage residents to speak up.

It was suggested that training in facilitating meetings could be provided to staff to improve the way in which meetings are held.

- **Making a Complaint**

All staff acknowledged that service-users sometimes found it difficult to make a complaint. One participant commented:

I think people don't like complaining basically, so they're going to be a bit wary ... and I don't know how you're going to make it, I know there's 'Having Your Say'¹ and we've had wee leaflets come out but I don't know how you'd make it easier for somebody ... residents don't like complaining.

However, staff encouraged service-users to make complaints as it enables improvements to be made and ensures that needs are met. All participants indicated that most service-users would have a member of staff that they could approach with a problem. It was proposed that increasing awareness of the complaints procedure might encourage service-users to raise issues.

6.5. Working Relationships

- **Statutory Staff**

The working relationship with staff from the statutory services was described as 'very good'. Senior project workers had more contact than grade I staff. Reviews were described as a good form of communication. Senior project workers would also go to Community Mental Health Team meetings to discuss issues that arose regarding individual service-users. Contact in emergencies was described as 'good', with one staff member commenting:

If there were ever any problems with a resident or tenant it's just a matter of lifting up the phone and ringing, and vice versa, they would ring me.

Statutory key-workers also visited their clients at the scheme. However, one staff member was concerned that sometimes statutory key-workers did not have enough contact with their clients – although s/he acknowledged that they were busy with large caseloads.

¹ 'Having Your Say 2' is a Praxis project that involves providing training to service-users and staff in encouraging service-users to speak out about issues which are important to them.

Contact with the statutory services had also increased with the growth in use of the short-term care flat.

- **Autonomy of Residents**

Staff were asked whether any issues had arisen when striking a balance between encouraging resident's individual autonomy and minimising the effect this may have on other residents. A few small issues had arisen – for example, personal hygiene issues. When such problems occurred, staff would try to persuade individuals to adopt more socially acceptable behaviours, making suggestions rather than ordering service-users to behave in a certain way.

6.6. The Short-Term Care Flat

All staff responded that the short-term care flat was a '*good idea*'. It was pointed out that sometimes the individuals admitted to the short-term care flat were more severely ill than other tenants in the Flat Cluster. Additionally, some individuals had alcohol problems that caused difficulties. However, one staff member commented:

Whoever we get in it's our job to deal with the person, we're not getting paid for nothing.

Staff also indicated that, as the flat was usually fully booked, their workload had increased.

One staff member revealed that, although s/he had never felt threatened by people in the short-term care flat, s/he had sometimes felt uncomfortable, adding that tenants in the flat changed on a regular basis and therefore 'you

don't know what to expect.' This participant felt that sometimes people were just '*dumped*' in the flat.

A number of improvements to the short-term care flat were proposed:

- Better financial arrangements set in place for people coming out of hospital;
- Easing people who had been hospitalised back into the community by allowing a few short-term stays in the flat before moving in. Greater liaison between Praxis, the hospital, and the individual's statutory key-worker was recommended;
- Increased statutory key-worker support for the service-user in the flat;
- Staff currently do not have a say in who is admitted to the flat. One staff member proposed having a meeting where the suitability of the individual could be discussed and a decision made by staff.

6.7. General Issues

Staff were asked what they enjoyed about their work. All expressed experiencing satisfaction with their role at the scheme. One participant remarked that continuity of care was better in a community, as opposed to hospital, setting:

I love it ... I know there's times it's hard and it's stressful and you get a bit peeved, I suppose like everything, but it's very rewarding ... I think preventing somebody from going into hospital is great ... we've had

to deal with quite a few [people] who were really unwell and we've dealt with them here ... I suppose seeing changes taking place.

Another commented that s/he enjoyed working with people and observing how their lives had changed, adding;

I enjoy this type of work, it's fulfilling, it definitely is.

A number of disadvantages of this type of work were also identified:

- Money was described as '*not good*', especially for sleepovers;
- Some shifts were quite long;
- Work could sometimes become '*quite stale*';

- Staffing numbers were not always adequate;
 - More support and positive feedback was needed;
 - A negative atmosphere was evident among staff at the scheme. Some staff were described as having poor attitudes towards mental illness. However, meetings had been held to address these issues. One member of staff pointed out that on-going training and better ways of recruiting staff would also go some way towards addressing this problem.
 - Some staff wanted to be kept up to date with developments within the scheme, especially concerning issues that had arisen during annual reviews.
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CHAPTER SEVEN

DISCUSSION

7.1. The Evaluation

At the time of the evaluation, the Newry scheme provided accommodation and support to 7 residents in the Residential Care Home, and 5 tenants in the Flat Cluster Complex. An additional tenant was also temporarily resident in the short-term care flat. The evaluation aimed to assess service-user and professional satisfaction with the service, measure the impact the scheme had on service-user social, behavioural and mental health functioning, and examine the development of the delivery of the service.

Concern is often raised that individuals in receipt of mental health services report high levels of satisfaction (Elbeck and Fecteau, 1990). To ensure that an accurate reflection of the quality of service provided by Praxis was obtained, information was gathered from a range of sources. Additionally, a semi-structured interview technique was employed with service-users. Open-ended and follow-up questions allowed service-user experiences to be explored, and enabled service-users to raise issues important to them.

Views from participants were predominately positive. A number of issues were identified and are summarised below.

7.2. Individual Rights

Empowerment, consultation and participation are important fundamental rights of recipients of any service, particularly those who are vulnerable. The Sainsbury Centre for Mental Health (1997a) identifies 6 basic values that

contribute to the quality of life of residents in care home settings – privacy, dignity, independence, choice, rights and fulfilment. These values are promoted in the Praxis Mental Health Service Principles and in the aims and objectives of the Newry Accommodation and Support Scheme.

7.2.1. Privacy and Independence

Views on the accommodation complex were generally favourable. Most service-users were satisfied with their homes, although a few residents raised the issue of heating in their rooms. Statutory professionals rated their clients' accommodation highly, with particular reference made to the privacy and individuality of resident's rooms in the Care Home.

Living in the accommodation scheme had increased the confidence and independence of some service-users, with some having moved to more independent living (for example from the Residential Care Home to the Flat Cluster), or expressing a desire to live in the community in the future.

However, while the scheme was described as '*well-maintained*' and '*homely*', reference was made to its '*officious*', '*clinical*' and '*institutionalised*' appearance. Difficulties are often encountered in creating a homely environment while ensuring safety standards are met:

The design or conversion of a Residential Care Home ... demands a compromise between domestic and institutional architecture that accommodates the needs of both residents and staff. (Willcocks et al, 1987)

Ensuring adequate privacy could become an issue in the scheme as individuals live in close proximity to each other. However, all the service-users that participated in the evaluation felt they had enough privacy in their homes.

7.2.2. Social Needs

To improve quality of life and promote well-being, Praxis encourages its service-users to participate in social activities and past times. Although most service-users were happy with their social lives, a few were dissatisfied. Suggestions made for improving activities included organising more activities at weekends and organising events specifically for women.

Some professionals felt that the social needs of some of their clients had not been fully met and suggested that residents should be more involved in recreational activities outside the Residential Care Home and encouraged to integrate more fully into the community.

- **Employment**

Engaging in meaningful employment is believed to enhance quality of life (Grove, 1999) and to be a critical factor in clinical improvement, increased social functioning, and the reduction of symptoms (Wing and Brown, 1970). It has also been suggested that it may be a significant factor in reducing hospital admissions and decreasing the use of medication and treatment centres (McKeown et al, 1992).

Most of the service-users in the Newry accommodation scheme were unemployed. This reflects current employment trends that suggest that approximately 85% of individuals

with a psychiatric disability are unemployed (NIDRR, 1992). However, studies in the UK, US, and Germany (Ekdawi & Conning, 1994; Drake et al, 1996; Seyfried, 1995) indicate that 30-40% of people in this category are capable of maintaining a job. The 2 individuals in this evaluation who attended sheltered employment expressed an interest in taking up more permanent employment. However, the majority of service-users interviewed were not interested in taking up either employment or training/courses. Two possible reasons may be proposed for this. Firstly, many of the individuals interviewed were middle aged to elderly - residents had a mean age of 51.6 years – and may have felt that they were too old to take up employment or education. Additionally, a documented barrier to taking up employment is the effect it has on benefit entitlement (Mental Health Foundation, 1997). Previous Praxis evaluations have also raised this concern (for example, Lundy and Mawhinney, 1999).

7.2.3. Choice and Decision-Making

Residential care is sometimes criticised as reducing the degree of choice and control service-users can exercise:

... the users are subject to the care and control of the staff, and because they have to share their lives in a community, there are rules and regulations by which they have to live if they are to get along. (Residential Forum, 1996)

The importance of involving service-users in decision-making is recognised by Praxis and service-users are encouraged to exercise this choice through a number of channels, including residents meetings, the support plan

and review processes, and through a standardised complaints procedure.

However, only half of the residents interviewed felt involved in making decisions about matters that were important to them while tenants expressed mixed views.

- **Service-User Meetings**

Service-user meetings are designed to provide service-users with the opportunity to find out about issues which are of concern to them, and to raise matters that they feel are important. While residents were generally satisfied with their weekly meetings, Praxis staff and management felt that improvements could be made, including continually revising discussion topics, encouraging residents to speak up, and training staff in facilitating meetings.

The scheme did not hold any tenants meetings, with 2 of the 3 tenants interviewed not wanting meetings to be held. The 'Having Your Say 2' project (McCarron, in press) is exploring ways in which service-users can be encouraged to express their views.

- **Support Plan Process**

The support plan process defines the service-user's emotional and physical needs and outlines steps to ensuring these needs are met. Although each Praxis service-user had an Individual Support Plan, almost all of those interviewed were not aware of this and pointed out that they did not want to have one. Similar findings have been reported in other Praxis evaluations (For example, Lundy and Mawhinney, 1999). The issue of service-user awareness and involvement in the support plan

process requires further attention and is currently being examined in 'Having Your Say 2' (McCarron, in press).

2 statutory key-workers were not involved in their client's Individual Support Plan, although one expressed a desire to be involved. All those who had participated were satisfied with the content of the support plan and with the level of their involvement.

Praxis staff pointed out that adequate attention was not always paid to support plans. Increasing staff awareness of the plans through training was suggested and involving Grade I staff in the process was recommended.

- **Reviews**

Review meetings provide an opportunity for service-user progress to be monitored and support plans to be discussed. Two thirds of the service-users interviewed attended their reviews and were satisfied with them. Statutory key-workers were also generally satisfied with reviews and felt that the active involvement of clients was important. A few suggestions for improving the review process were made, including reducing the number of individual reviews held by different agencies by combining them, reducing the stress experienced by the client, and concentrating more on issues of concern. Some Praxis staff suggested that all staff who are involved with a service-user should be involved in the review process.

- **Complaints Procedure**

The Praxis complaints procedure is set out in the Residents'/Tenants' Handbook. The ability to speak up about issues and concerns is

fundamental to ensuring a high standard of service provision:

Consumer satisfaction is a key measure of service quality and a complaints procedure is a way of obtaining feedback from residents on any dissatisfaction with the services provided. The development of a complaints procedure can enable services to respond flexibly to the needs of individuals.

(The Sainsbury Centre for Mental Health, 1997)

Most of the service-users interviewed were not aware of the Praxis complaints procedure and almost half did not know how to make a complaint. Praxis staff pointed out that service-users often found it difficult to make a complaint and proposed increasing awareness of the procedure.

- **Involvement in Staff Recruitment**

Research carried out by the Praxis Research Department on service-user advocacy and empowerment (Mawhinney and McDaid, 1996) suggested that service-users would benefit from being involved in the staff selection process. However, only one service-user was interested in having a say in scheme staff recruitment.

7.3. Support Received from Staff

Most service-users were happy with the support they received from Praxis staff, although one felt that staff were sometimes 'too bossy'. Statutory key-workers were also satisfied with the amount of support their clients received from Praxis staff. However,

concerns were raised regarding the amount of social support some service-users received, with some key-workers proposing that more attention should be placed in this area. Senior statutory management also voiced this concern.

7.4. Service-User Outcome

Measuring outcome is fundamentally important when assessing community mental health services. It provides evidence of the effectiveness of the service to purchasers, providers and users, and sets an agenda for future development. Service-users and statutory staff were asked a number of questions concerning the impact of the scheme on service-user functioning. In addition, admissions to hospital prior to and since taking up residency/tenancy were monitored.

It is important to note that the present evaluation allowed only a snapshot of current provision to be assessed. A longitudinal study would provide a more extensive measurement of service-user outcome (Okin et al, 1995).

- **Impact on Service-Users**

Some service-users had noticed changes in themselves since they had become residents/tenants of Praxis. This included increased independence, feeling more confident, and being able to 'cope better'. One service-user felt s/he was also better at handling money. Over half the service-users interviewed felt they had not changed and none felt they had changed for the worse. However, it must be recognised that change in people with enduring mental health problems

is often a slow process, with only limited progress occurring over a long period of time. Progress for some individuals may involve remaining in a community setting without repeated admissions to hospital.

Most statutory key-workers indicated at least some improvement in their client's practical and social skills. This included the ability to plan meals and take responsibility for their own personal care. Statutory key-workers felt that, for many service-users, their mental health had remained stable, with some showing marked improvement. A number of positive changes were identified, including increased independence and self-esteem, and improved family relationships.

- **Hospital Admissions**

One of the scheme's key aims is to reduce the number of service-user admissions to hospital. Frequency of hospital admission and length of stay are often employed to assess an individual's adjustment to community mental health services. Indeed, Rea (1999) argues that

Mental health services must ... be measured in terms of their success in maintaining people in the community.

Admissions to hospital before and after taking up residency/tenancy were obtained for each service-user at the scheme. The number of admissions for most service-users had reduced since they had become residents/tenants of Praxis. Those who did experience increased admissions were admitted for shorter stays than they had previously experienced.

This information suggests that living at the accommodation scheme may have helped to reduce incidence of hospital admissions. However, caution must be exercised when interpreting these findings as a number of factors may influence hospitalisation rates, including the availability of alternative community services, the severity of the individual's mental illness (Postrado and Lehman, 1995) and prior history of hospitalisation (Carpenter et al, 1985).

7.5. Staffing Issues

7.5.1. Staffing Levels

A number of concerns were raised regarding the adequacy of staffing levels at the scheme. Senior statutory management suggested that staffing numbers could be increased to facilitate improvements in the social life of service-users. The need for more domestic staff and qualified staff was also raised.

7.5.2. Communication

Statutory key-workers and senior statutory managers were satisfied with the working relationship they had with Praxis staff, and many felt communication was 'good'. However, criticism was voiced regarding the use of the answering machine and how this made contact difficult at times. It was pointed out that the scheme had a cordless telephone that could be carried around and therefore there was no need for the answering machine to be turned on so often.

Praxis staff felt that communication with the statutory services was very good. It was suggested that statutory key-workers could

visit their clients at the scheme more often – although the large caseloads of statutory professionals was acknowledged.

7.5.3. Issues for Praxis Staff

The views and experiences of staff in community mental health services are important as they may influence the quality of service provision. Some studies have suggested that high levels of staff stress have a negative effect on standards of care (Duxby et al, 1982), while job satisfaction and well-being may affect how staff interact with service-users (Dean et al, 1993).

A number of issues specific to Praxis staff were identified:

- **Training**

While staff valued training, they felt it had deteriorated over the past 12 months. Staff advocated more training with greater variety. It was also proposed that training should be available to all grades of staff as some training was not available to Grade I staff. Indeed, research carried out by the Joint Initiative for Community Care and the Mental Health Foundation identified a training gap in relation to the specific needs of unqualified staff (Sainsbury Centre, 1997b). It also proposed that qualified staff receive training to understand and assist the role of unqualified staff.

- **Support**

Staff advocated a more structured organisational support system and more recognition for '*a job well done*'.

- **Staffing**

A few issues were raised regarding staffing at the scheme. A more permanent relief staff team was proposed and the reassessment of the rota system was suggested. Some staff felt that 2 members of staff should be on night duty and it was suggested that the back-up procedure at night could be improved. The lack of promotion opportunities within the scheme was also highlighted.

- **Staff Responsibilities**

Grade I staff do not have any input into the support plan and review processes. The issue was raised that these staff could play a valuable role in these areas. Indeed, it has been proposed that management and specialist staff should be aware of the role and contribution of support staff (Sainsbury Centre, 1997b). However, mixed views have been expressed as to the nature of this role. Murry and Shepherd (1996) reported that, while most professionals in their study felt that support workers could contribute successfully in the monitoring of a client's mental and physical health, others felt that this was an area which should be addressed solely by professionals. The nature of the roles and responsibilities of Grade I staff at the scheme requires further attention.

7.6. Short-Term Care Flat

The short-term care flat was designed to provide temporary accommodation and support to vulnerable individuals. 3 service-users were interviewed who had used the flat and all maintained that it was a good idea. However one felt that staff could provide more

support to the short-term tenant. This concern was reiterated by a statutory key-worker.

Senior statutory management described the flat as 'excellent' and 'very valuable'. The issue was raised that the flat was usually fully booked and, while this was a measure of its success, it also meant that its use in emergency situations was limited. More domiciliary support and the same member of staff providing support to the tenant was recommended.

While Praxis staff felt the short-term care flat provided a useful service, it also placed additional pressure on them as the flat was usually fully booked and the tenants admitted to it were sometimes severely ill. Praxis staff proposed a number of recommendations including all staff having a say in who is admitted to the flat, increased statutory key-worker input, and a more gradual process of easing people into community living.

7.7.**Conclusion**

This evaluation set out to assess satisfaction with the service, measure the impact the scheme had on service-user social, behavioural and mental health functioning, and to examine the development and operation of the service.

Those who participated in the evaluation were predominately satisfied with the quality of the service provided. Some positive changes were observed in service-user social, behavioural and mental health functioning.

A number of issues were raised which require further attention. These are explored in the next chapter, Recommendations.

CHAPTER EIGHT
RECOMMENDATIONS

The evaluation of the Newry Accommodation and Support Scheme has been very positive, highlighting quality caring and a desire from purchasers for similar quality services. A number of issues were raised throughout the report and are addressed below:

8.1. Hospital Admission Rates

Frequency of hospital admission and length of stay are often employed as indicators of an individual's adjustment to community mental health services. The scheme routinely gathers information on the number of hospital admissions prior to and since taking up tenancy/residency for each service-user (Section 1.5.4. page 6). To enable effective analysis of trends and patterns, it is recommended that the organisation acquire a more efficient system for collecting quality information. This will be actioned by the Praxis Director of Care Services within 3 months.

8.2. Choice & Decision Making

• Individual Support Plans

It is Praxis policy to encourage the active participation of service-users in drawing up and maintaining their Individual Support Plans. However, the majority of tenants/residents who took part in the evaluation were not aware of having a support plan (Section 3.2.6. page 19).

It is recommended that the scheme manager and supervisory staff ensure that support plans are user-focused and are a dynamic part of all care processes, including staff supervision.

Additionally, all service-users should be provided with a copy of their support plan and their written consent recorded on the plan.

It is also recommended that the organisation adopt a system whereby Praxis staff discuss the support plan with service-users on a monthly basis, prior to recording monthly summaries.

These recommendations will be actioned immediately.

• Tenants Meetings

At the time of the evaluation, no tenants' meetings were in operation (Section 3.2.6. page 18). It is recommended that the scheme manager offer the opportunity for a tenants' meeting within 3 months of this report, and to review the need for such meetings every 6 months.

• Complaints Procedure

Most of the tenants/residents who took part in the evaluation were not aware of the official complaints procedure (Section 3.2.6. page 19). It is recommended that review meetings should include an opportunity to ensure service-users are aware of this procedure.

8.3. Issues Raised by Statutory Key-Workers

• Exterior of Scheme

Although the majority of statutory key-workers rated the exterior of the accommodation scheme as either 'excellent' or 'good', a few areas were identified that could be improved upon (Section 4.3.1. page 26).

The scheme manager will explore opportunities to improve the aesthetic environment, including:

- the use of colourful plants
- furnishings for the foyer entrance to the care home
- monitoring litter accumulation.

• Social Support

While all statutory key-workers were satisfied with the support their clients received in relation to their physical and mental health needs, some felt that more support could be provided with regards to social needs (Section 4.3.2. page 27).

It is recommended that the scheme manager ensures that all social exclusion and group activities are recorded and that Praxis senior management are informed via monthly management reports. This should be a continuous process.

The scheme manager will also write to all statutory key-workers following dissemination of the evaluation to encourage interaction and constructive criticism on an ongoing basis to counteract the negative views expressed concerning social support.

• Review Process

It was pointed out that reviews were also held at day care facilities for each client and a suggestion made that reviews could be combined in some way (Section 4.3.5. page 30).

While it is acknowledged that reviews can be a time-consuming and costly process, it is important to continue the review process for

clients in the Residential Care Home and Flat Cluster. This process should be as user-friendly as possible and use resources and staff time efficiently.

8.4. Statutory Management Concerns

• Communication

Senior management expressed experiencing difficulties in contacting staff at the accommodation scheme due to the answering machine being switched on (Section 5.3. page 34).

The scheme manager will clarify the telephone service available in the care home to the Newry-Mourne Trust and reassure personnel that the care home is always staffed and that any delay in answering a telephone is due to staff being engaged in the care of the client group. This will take place immediately.

It was pointed out that staff at the scheme were sometimes unable to take responsibility for making decisions when the scheme manager was absent. The scheme manager will ensure that Trust personnel are made aware of the Praxis consultancy process whereby scheme staff can contact either an Assistant Director or Director for advice.

Delays in the return of monthly statistics to the Trust (Section 5.3. page 34) will be addressed.

• Administration of Medication

Concerns were raised regarding the effectiveness of the process for administering medication. It was suggested that Praxis staff could increase the efficiency of this process by

accompanying service-users to the local day hospital for their depot injection (Section 5.8. page 37). However, this would not be an efficient use of Praxis staff time. It is recommended that Praxis staff are made aware of planned activities that would render a service-user unavailable and the Community Mental Health Team be encouraged to contact the scheme before making a visit.

- **Service Development**

The positive views expressed by Trust management regarding the need for further services (Section 5.10. page 38) should inform contract negotiation for the Praxis Senior Management Team with the Trust. This will be actioned by the Director of Care.

8.5. Views of Praxis Staff

- **Training**

Praxis staff raised a number of issues concerning the provision of training by Praxis (Section 6.2.1. page 40). The scheme manager will inform the Praxis Training Department of the needs identified.

- **Support**

Although staff were satisfied with the support they received from the scheme manager and colleagues, some felt isolated during night shifts and expressed difficulties in accessing support at an organisational level (Section 6.2.2. page 41). The scheme manager will take immediate action in ensuring that all staff are aware of organisational support policies and the back up procedures in place for scheme staff.

The scheme manager will also ensure that staff know how to use their personal alarms as this is a health and safety requirement.

- **Service-user Meetings**

It was acknowledged that service-user meetings could be improved upon (Section 6.4. page 44). The scheme manager will explore the possibility of employing independent advocacy services to stimulate these meetings.

- **Staff Responsibilities**

It was suggested that all staff should be involved in the support plan process, not just senior grades (Section 6.4. page 43). The scheme manager will develop staff skills and input into the support plan process and encourage active participation in the process.

CHAPTER NINE

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