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18 MONTH REVIEW

DEPAUL IRELAND SUNDIAL HOUSE REVIEW

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Photographs by Tim Millen 2009

CONTENTS

INTRODUCTION	1
Key Outcome of the Service	
PHYSICAL DESIGN AND LIVING ENVIRONMENT	1
PROFILE OF INDIVIDUALS ACCOMMODATED	2
Table 1 & 2	
Numbers Accommodated	
Alcohol Use	
Tables 3 & 4	
Mental Health	
Case History (Mary)	
INTERVENTION AND STAFFING	4
Staffing Compliment	
Staff Intervention	
Case History (David)	
Nutrition	
CREATING A CULTURE	5
PRACTICE CHALLENGES	6
PATHWAYS TO HOME	6
KEY CHALLENGES	7
CONCLUSIONS TO DATE	7
THANKS AND ACKNOWLEDGEMENTS	8

INTRODUCTION

In 2004, as part of its overall response to homelessness in Dublin city and resulting from the development of the National Homelessness Plan, the Homeless Agency decided to proceed with the development of Sundial House in the James Street area of Dublin. Helm Housing Association was designated as the housing developer with Depaul Ireland as the provider of support and care. Depaul Ireland commenced service delivery in September 2008.

The remit for Sundial is to provide long term supported housing to 30 individuals who have experienced extended periods of street homelessness and have entrenched alcohol misuse. The service offers a long term sustainable housing solution for individuals with multiple and complex biopsychosocial issues as a result of long term homelessness, using low threshold and harm reduction principles as a central philosophy.

A joint commissioning approach has been adopted to the revenue funding of the project between the Health Services Executive and the Department of the Environment administered by Dublin City Council to reflect the needs of the intended population, who require long term intensive onsite health and housing supports.



Key outcome of the Service

This project has ensured that 30 people who have had histories of entrenched street drinking, with up to 15 years of interaction with homeless services and been repeatedly excluded from temporary accommodation, can now be assured that they have long term accommodation. They have access to services to enable them to manage and stabilise their drinking, improve their health and establish relationships within a long term supported community based project.

In order to achieve this central outcome for the service user group Depaul Ireland has adopted the following principles:

- to provide a supportive and healthy shared living environment
- to provide emotional and motivational support
- to take a holistic, harm reduction approach to health and addiction needs
- to meet the medical/health needs of people in their own accommodation
- to work in conjunction with statutory services (primary health) to ensure all social and complex health needs, both mental and physical, are addressed
- to promote positive relationships and provide an accepting environment for these to develop or rebuild
- to ensure service users have a stake in their place of accommodation
- to promote meaningful engagement and motivation to improve quality of life and maximise the potential of the individuals accommodated.

PHYSICAL DESIGN AND LIVING ENVIRONMENT

Sundial House is a 'purpose built' service with integrated building systems that are designed to meet the challenges of the provision of accommodation and services for long term homeless adults. The design has played a critical part in the success of the project.

The building is designed over 5 levels and is fully wheelchair accessible. Each floor can be accessed by a lift. The spatial layout is generous and offers office and communal areas, kitchen/dining and residential areas. The accommodation includes:

- 3 enhanced care facility beds (2 single, 1 twin on second floor)
- 18 single en suite bedrooms
- Four twin/couples rooms on the third, fourth, fifth floor
- Three living rooms with tea and coffee stations
- A nursing station
- Patio and outdoor seating
- A service user accessible laundry space
- Disability access showers and toilets
- Communal kitchen and dining areas

Systems within the building include fobbed access to both service user and staff areas, warden call facilities to allow individuals to request assistance if required and temperature controls within each personal living space. Service users have their own rooms and have 24 hr access to the building, with their own front gate key fob and can come and go as they please.

There are 3 official building checks every day and if there are particular concerns about an individual checks will be more often. If a service user wants some time alone they have their own private space and will not be disturbed. The courtyard and integrated indoor /outdoor spaces enable and support a managed approach to alcohol use within the building.

PROFILE OF INDIVIDUALS ACCOMMODATED

Sundial House accommodates 30 people at any given time. Service users have a long history of street homelessness with resulting medical, personal care, mobility and support needs. Due to their challenging behaviour, addiction issues and poor social skills they have had considerable difficulties sustaining tenancies in supported and community based housing. The assessment criteria is structured to accept individuals and couples who, as designated by the Holistic Needs Assessment, require 24 hour on site support and care. For example individuals must have **evidence** of multiple accommodation breakdowns, entrenched alcohol addiction issues, have support needs which are manageable within the project and have the capacity to live in a communal environment but are not likely to live independently.

Tables 1 and 2 demonstrate the range of needs of the Sundial residents.

Table 1 – General Needs

	Physical Health Needs	Mental Health Needs	Alcohol Addiction			Drug Use	
			High	Med	Low	Current	Recovery
Number of Service Users	26	12	22	5	2	4	2
% of Service Users	87%	40%	55%	17%	7%	14%	7%

Table 2— Independent Living Skills Needs of Current Service Users

	Cleaning/ Household Support	Food/ Nutrition Support	Caring for Health and Personal Care Support
Number of Service Users	16	9	21
% of Service Users	53%	30%	70%

Numbers Accommodated

44 service users have been accommodated since September 2008.

- 1 person moved to Transitional accommodation (lower support)
- 2 went into hospital care and needed higher care levels – bed closed (1 had severe liver damage and 1 had active i/v drug use and ongoing mental health issues)
- 5 people died from alcohol related health issues
- 4 were excluded for violence (3 for domestic violence after a series of interventions had broken down and 1 for sexual assault)
- 2 abandoned beds - female partners of men excluded for violence
- 1 respite bed – returned to Orchid House – short term only

The success of the service has been that 17 of the original group that have moved in during the initial opening period (Sept/Oct 2008) have sustained their accommodation.

Alcohol Use

All of the service users have histories of chronic alcohol misuse. This provides challenges in managing behaviour and dealing with ongoing health related consequences. There have been successful outcomes with some service users changing their drink of choice for example from drinking large quantities of spirits to drinking larger or cider. Slower drinking and reduced alcohol intake has had significant improvements in health, increased appetite, and reductions in behavioural issues.

Table 3 demonstrates estimated daily alcohol intake of the current population

Table 3- Estimated Daily Intake

Alcohol free	2 people
Unknown	5
30 units or less	10
40-50 units	7
60 units plus	6

Table 4 demonstrates the range of physical health needs of the current population. Some individuals suffer from 1 or more conditions.

Table 4 –Physical Health Needs of Current Population

Diagnosis	No of s.u
Epilepsy	7
Hypertension	6
Arthritis	3
Diabetes	2
Ascites	5
Cellulitis	3
Wound care	10
Gastritis/GORD	7
Liver / Renal failure	9
Psoriasis	6
History of fractures	7
History of Malnutrition	8
History of COAD	7
Dental needs	9
Gynae Needs	2
Falls	14
Use mobility aid	8
History of Hepatitis	9
Incontinence	22

Mental Health

Mental Health issues are very prevalent within Sundial House. A combination of the deteriorating effects of alcohol misuse, consequences of a life on the street and organic mental health difficulties have impacted considerably on the population. 40% of the population have a diagnosed mental health issue which is compounded by their use of alcohol. Medication

compliance is also a major issue with some service users not adhering to recommended prescriptions. With a significant number of service users presenting with a spectrum of diagnoses and/or “dual diagnosis” it also can be difficult for medical teams to prescribe and provide the most up to date treatment options. This is significant in the treatment pathway options for those who have a severe and enduring mental illness (schizophrenia, depression, bi-polar disorder and dementia). These individuals due to a long history of substance/alcohol misuse are prescribed lower dosages of antipsychotics, anxiolytics and antidepressants.

A number of the service users are also beginning to experience dementia and confusion, which presents as a major internal and community management issue. 9 people are demonstrating such symptoms on a weekly basis and 1 resident has a clinical diagnosis of dementia.

Case History

Mary (48) has resided in Sundial House since it opened in September 2008 and has been homeless for about 12 years. After her son died in a road accident aged 4 years, Mary suffered from depression and was admitted to psychiatric hospital for a few months. Her marriage broke down during this time. Mary later admitted that there had also been abuse in this relationship. Mary turned to alcohol as a coping mechanism during this time. Whilst homeless Mary has spent time in several hostels around Dublin city as well as sleeping rough for a period with her current partner. Mary has settled in well to the project and considers it her home now though she says she would like to live with her partner in the future. He is also homeless and lives in another Depaul Ireland project. Mary is currently working on covering her use of alcohol, health, budgeting and self care. Mary needs a lot of encouragement and support but there are signs of progress. Mary continues to access support from the mental health services. She has completed an external detoxification since coming to Sundial and has recently expressed her desire to try abstinence again as she is conscious of the effect that alcohol is having on her health. She has some legal issues outstanding but has attended all court appointments to date since coming to Sundial and is currently linked in with the probation service.



INTERVENTION AND STAFFING

With the task of accommodating 30 individuals with multiple issues considerable thought has gone into the staffing structure within Sundial. 22 individuals have incontinence issues within the building and it was correctly conceived that the team had to be structured to achieve the balance of dealing with personal care and health issues, managing alcohol use in the building whilst providing a meaningful home like environment. Careful thought went into job descriptions to determine a flexible approach that avoided inhibitive demarcation of roles. Due to the nature of the population that first moved into Sundial who were suffering the consequences of long term street drinking and rough sleeping, the facility has, in some cases, found itself providing palliative care. On occasions this has involved providing nursing home type care. This has occurred due to the absence or lack of access to such resources. Admission criteria due to age and behavioural management issues have been a factor.

Staffing Compliment

It is well known that the economic downturn led to compromise in the staffing structure in order to get the service operational. Although Depaul Ireland believes the structure is correct to aid service delivery, the staffing levels are currently insufficient and this places undue pressure at times.

Below is the current staffing compliment within Sundial House:

Management (3)—1 Project Group Manager, 2 Deputy Managers.

On site Nurse (1)—Current nursing cover is 35 hours per week. 7 days cover is required which was not allocated

in the original funding agreement. 1st January 09 – 31st March 09 saw 290 presentations to the onsite nurse. Interventions were wide ranging but include wound, pressure sore and ulcer care, the management of diabetes and liver damage.

Case Manager (3)—Depaul Ireland pursue the recommended model of care and case management recognising the critical role of fostering intensive collaborative involvement from a range of service providers particularly to meet the support and multiple care needs of this population.

Health Support Worker (6)— Intervention is required to support the health, physical and social needs of the service users. The health support worker engages in the daily tasks necessary to deliver on care plans. Work is conducted to achieve a daily routine which includes the delivery of life skills programmes, daily carer activities, assistance with nutrition, social programmes, attending appointments, managing behaviour on project and sleeping overnight support.

Night Staff/Reception (2 f/t and 1 p/t)— In order to ensure a 24/7 welcoming, accessible and secure building there is reception and night porter staff facility.

Chefs – 2 (Total 56 hrs per week)

Catering assistants –2 (Total 42 hrs per week)

Housekeeper – 1 (35hrs per week)

Cleaners – 2 (Total of 40 hrs per week)

Staff Intervention

3 project staff (Case manager or health support worker) are on shift at any given time between 8am and 10.30 pm. The following information illustrates how time is allocated on a typical day within Sundial. As demonstrated there is a clear combination of housing support and care roles.

Alcohol Management: – 3 hrs per day
(Negotiating intake with service users, storing and dispensing alcohol, assisted shopping)

Managing Complex and Challenging Behaviour: — 6-7 hours.

Budgeting: — 1 hr per day (Negotiating money management, rent collections, managing savings and daily allowances).

Personal Care: *22 people require this intervention* - Actual intervention per day 10 hours (5 with ongoing incontinence 17 others who suffer periods of incontinence during week). Ideally 27.5hrs required incorporating showering, incontinence support and toileting.

Other Personal Care: *23 people require this intervention* - Actual intervention 12 hrs per day – Ideally 25.5hrs required incorporating laundry, cleaning, meals, assistance in the morning to rise.

Medication Management: *18 people require this intervention* – 4 hrs daily (4 rounds) to ensure that meds are taken and to manage non-compliance.

Keyworking Sessions (inc. HNA Completion) : - 2 hrs per day formal sessions.

Accompanied Visits: – 2 hrs per day; (approx 3 daily visits including GP's, CWO, Dentist, Gardai, Hospital, Referrals on, prison visits)

In addition other tasks include case management, maintaining the LINK system, team meetings and handovers, dealing with contractors, visitors, health and safety activities etc.

Case History

David has very serious liver complaint which is dangerous to his physical health and requires constant monitoring. He suffers from dangerous levels of fluid retention. He is at risk of severe bleeds if he cuts himself and is at risk from falls & seizures. He has been referred to the access team for mental health assessment but has failed to engage with them. He is seen three times a week for dressing of leg ulcers. He is compliant with the Sundial in house nurse but will not attend outpatient nursing clinics. He is doubly incontinent & needs full assistance of staff to wash, undress, dress & change his bed clothes. He is on medication three times daily but on most days is non-compliant. He has been assessed by the in house nurse as needing hospital admission. Despite extreme medical support needs he will not agree to attend hospital. Despite this he has had several presentations at A&E departments since arrival in Sundial but rarely has the patience to await admission.

David needs assistance from staff for most of his daily living needs. He will not help himself in the most basic tasks i.e. washing, dressing, and the care of his own bed room.

David will drink approx 2 litres of undiluted vodka a day. He has agreed a drink plan but most of the time he is not compliant with this plan and will endeavour to sneak alcohol in to the project and if asked by staff is extremely reluctant and unlikely to part with any alcohol. David will eat three small meals daily. Quite often he can be generally disruptive within the project.

Nutrition

The purchase and consumption of food is not usually a priority for service users. Eating habits are usually very poor and some struggle to consume full meals. A positive approach to good nutrition and regular meals is an important harm reduction intervention employed by Sundial House.

- Sundial has an onsite catering team providing hot meals daily which can be adapted to suit the individual needs of the service user i.e. suitable for diabetic's/high in iron and vitamins/high or low fat depending on need. Alcohol can reduce appetite and absorption of nutrition so malnutrition is common.
- 2 meals are provided each day with breakfast and snacks available in service users own kitchens on each floor in the building.
- Menus are planned with liaison between the on site nurse and key workers. Menu items are chosen to maximise the nutritional value to each resident.
- As part of new service user's induction likes and dislikes are discussed.
- The dining room is a dry area – no drinking is permitted during meal times to assist digestion and take a break from drinking.



CREATING A CULTURE:

IT'S NOT JUST ABOUT ALCOHOL MANAGEMENT

As alcohol plays such a key part in all of our residents life's our considered approach to the management of alcohol is key to the Depaul low threshold approach. It not simply about arriving at individual alcohol management plans. The creation of a culture has played a key part in the project being able to manage the challenges in accommodating individual with diverse and multiple needs.

The following components have been critical;

- **Creation of a culture:** The first year has been about trying to set up the right culture, environment, mutual understanding and trust and to make it a place where residents can feel at home and both residents and staff can feel valued.

We find that many of our residents have not had a stable home environment for many years with some people being 2nd generation homeless and were never in stable accommodation even as a child.

A critical part of the role has been to assist in the creation of a community in the project with the residents becoming neighbours of each other and the staff filling the gap of concerned and interested mentors who encourage the person to stabilise their lifestyle and assist to stay well and safe.

- Low threshold working has a central role in the Depaul Ireland's **strategic direction**. This assists in creating a set of expectations for staff and residents in the delivery of our work.
- **Equipping Staff:** Staff are equipped to implement low threshold and harm reduction working. For example introducing alcohol care/support plans and working with consistency and tolerance around basic approaches to alcohol management in the building. The provision of appropriate training plays a crucial part in this.
- **Work with Residents:** introducing residents to the basic house rules e.g. no glass bottles; storage areas; dry areas; cut-off times. Working with residents on drinks plans and holding and dispensing alcohol for certain residents to support managed drinking plans. Working with residents on budget plans to stabilise drinking patterns.
- **Maximising Potential:** We actively promote the responsibility related to having a home and the necessity to contribute to that home according to the residents own ability. Therefore we work closely with residents to learn or relearn necessary life skills so that they can take an active role in their own lives and maximise their own potential and control.
- **Management of the building:** The negotiation of dry areas, specific areas of communal drinking.
- **The use of therapeutic and diversionary interventions:** A deliberate attempt is made to run project activities to distract attention from alcohol and to focus on creative/meaningful activities.

Volunteers are critical to this aspect of work;

- Art (2 x 2 hours per week structured time, plus residents free to use materials in own time).
- Gardening (weekly March – Oct) run by our volunteers work is done on our internal patio garden.
- Music (weekly) Volunteer Activity.
- Bingo (monthly) Volunteer Activity.
- Women's Hour; Volunteer Activity.
- Accompanying chaotic residents to get paid, so that they will manage alcohol/money in a more sustainable fashion. Volunteers involved in this activity.
- Taking some residents for a walk twice a week so they get out of the project (Volunteer Activity).
- Group outings: we had four group outings last year. Volunteers involved in activity.
- Provision of leisure facilities: pool table; outdoor furniture – has been an encouragement to stay away from street drinking/ manage alcohol within building.
- Working with residents on self-care.

PRACTICE CHALLENGES

Onsite Nursing

The onsite nursing service is not sufficient to provide the degree of nursing care required. The nursing service operates 35 hours per week, Monday to Friday. There is no in house nursing service at night times or at the weekend. This inevitably places pressure on other specialised nursing services in the homeless sector. Work is being conducted to strengthen our links with public health nurses to support the in house role.

PATHWAYS TO HOME

Sundial House clearly falls into the accommodation with on site support aspect of the Pathways to Home model. Whilst Sundial is a housing first model the role of care and health is critical for its successful functioning, both in terms of financial inputs and agreed inputs from external health related services.

It also must be accepted that due to the deterioration in health as a result of the past lifestyles of the service users group, presenting needs can at times lead to 'nursing home type' interventions. Sundial is not resourced to perform this function and reliable pathways have yet to be created into formal nursing home care.



KEY CHALLENGES

It has been proven through this initial operational phase that the unit is under resourced to deal with the complexity being presented by personal care and health issues and this places an inevitable ceiling on the degree of complexity that the Sundial can safely deal with.

There is a requirement for more in house nursing input or increased support from external nursing resources to ensure that Sundial can deal with issues that prevents unnecessary presentations to secondary and tertiary health care.

There are real issues in relation to how those who require 24 hour nursing care access appropriate resources to support them. Current staffing resources within Sundial House cannot support this level of health need and there does not appear to be external nursing care facilities in existence that can deal with the behavioural issues associated with this group. Premature ageing due to chronic substance use also means that younger individuals require such nursing care.

CONCLUSIONS TO DATE

Sundial House has been successful in providing services within the continuum of services outlined in the Pathways to Home and has demonstrated that in the right circumstances it is possible to provide long term support, on a large scale, to individuals and couples with complex needs.

Embedded organisational commitment and cultural approach, supported by effective operational interventions are required to effectively deliver such a service.

To support this service user group effectively, a range of interventions are required, which traverse housing support, personal and health care support and in some cases for short periods of time nursing home type care. Consequently staff teams must be structured to allow for an effective approach that does not inhibit service delivery.

The current staffing structure creates limits to the amount of complexity of need that the service can manage at any given time, due to the hours of intensive intervention required.

External support from a full range of health disciplines is required if the objective of reducing or minimising pressure on secondary or tertiary health care is to be achieved. Consideration should be given to how this can be further formulated through approaches such as service level agreements or agreed referral pathways and protocols.

The internal and external physical design of the building has proved critical in being able to manage the complexities of this group and to be accepted within the community.

The opportunity of the reconfiguration in Dublin should be used to ensure that this service, and other services of this nature, that are required within the Pathway to Home model are properly resourced from the care and housing support perspective. Evidently these are expensive services to operate and whilst within this review it has not been possible to conduct a value for money analysis, it seems to suggest that the operation of such services has reduced street drinking and rough sleeping, reduced the demand on secondary and tertiary health care, emergency services, outreach services and emergency temporary accommodation in Dublin City.

Thought is required to how Sundial could be used and resourced to temporarily provide short term nursing care, in appropriately assessed cases, for individuals who require a short term intervention for 24 hour nursing support or whilst waiting a long term placements within a nursing home environment.

THANKS AND ACKNOWLEDGEMENTS

To Depaul Ireland staff and volunteers who work on a daily basis within these models to ensure a high quality and needs responsive service to those in most need of our support.

Thanks in particular to the Sundial House staff team, the nurse manager and the senior services department for undertaking this review.

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To the funding bodies of the Sundial House service, the Health Service Executive and Dublin City Council, administered through the Homeless Agency.

To Cross care for supporting us in getting the service open and keeping in mind the true reason why organisations such as ours are here.

To Helm Housing Association for providing such a high quality building and for their continued support in delivering this service.

To other funders, sponsors and grant giving bodies for their continued support.

To partners and networks of Depaul Ireland in the homeless sector.

And finally to our current and past service users at Sundial House who take part in and enhance the community within the service.

If you are interested to learn more of the work of Depaul Ireland or would like more copies of this review then please contact:

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