

Mental Health Services 2010

Inspection of 24-Hour Community Staffed Residences

EXECUTIVE CATCHMENT AREA	Waterford Wexford
HSE AREA	South
CATCHMENT AREA	Wexford
MENTAL HEALTH SERVICE INSPECTED	Ardamine, Courtown, Co. Wexford
RESIDENCE INSPECTED	Ardamine House
TOTAL NUMBER OF BEDS	11
TOTAL NUMBER OF RESIDENTS	11
NUMBER OF RESPITE BEDS (IF APPLICABLE)	None
TEAM RESPONSIBLE	Rehabilitation
DATE OF INSPECTION	21 April 2010

Description

Service description

Ardamine was a large two-storey residence originally built as two semi-detached residences in the early 1970s. It was situated in Riverchapel on the North County Wexford coast near Courtown. The purpose of the unit was to provide individualised care and support for residents and their families based on identified needs.

Profile of residents

The age profile of residents varied from 60 years of age to 88. Length of stay varied from a few months to 23 years. All residents had been transferred from St. Senan's Hospital in Enniscorthy: some had been in long-term care while others had had numerous acute admissions. One resident had been moved from a lower support house while it was envisaged that others would move to low support accommodation and independent living. All residents had enduring mental health problems, mostly depression and psychosis.

Quality initiatives and improvements in the last year

- A recreational building had been created from a smoking area and a smoking shelter had been erected in the garden in its place. There was also a garden area with a tunnel.
- A "Pathways to Recovery" booklet had been developed.
- Multidisciplinary team care planning had been introduced.
- Three residents had stayed overnight in a hotel in Waterford accompanied by three staff members at the staff members' own expense. It was hoped that this might become an annual event.
- A resident provided musical entertainment approximately once fortnightly.
- A new medication prescription and recording booklet had been developed.

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

Individual care and treatment plan

A new multidisciplinary care plan had been introduced with sections for Identified Need, Agreed Goal and Action Plan, and a section for the service user to sign. All residents had a general practitioner. The general practitioner wrote in each resident's clinical file. Physical examinations were carried out yearly and the Inspectorate examined evidence of this. Routine bloods were carried out six-monthly by the general practitioner. Psychiatric review was carried out three-monthly, where the consultant psychiatrist attended the residence. The non Consultant Hospital Doctor (NCHD) also came to the residence at set intervals and as required. A falls risk assessment was used by the service. It was reported that the Sainsbury Risk assessment was about to be introduced.

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

Six residents attended the care of the aged day centre in Gorey for the purpose of engaging in recreational activities. The residents received a hot meal in this location. Five residents attended Ballygarrett social club once per week. It was anticipated that when Gorey Mental Health Centre opened six kilometres away, a number of residents would attend. The service had a recreational area in the rear of the garden to cater for personal hobby-type activity. The residence was fortunate to have an excellent cook on the staff and a number of female residents took delight in helping prepare and cook food in the kitchen during the day. The provision of therapeutic services to the residents who remained on the premises during the day was restricted due to the limited amount of staff during the day.

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

AWARE had ceased operating in the area and three residents attended a "We are Listening" support group. The residence was situated in a built-up area by the sea, mostly consisting of holiday homes. A public shuttle bus provided transport to the immediate vicinity. The service made use of its own mini-bus to transport residents. Residents were free to go about their business unaccompanied or in the company of other residents for reasons of safety.

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

Most bedrooms were single rooms. There were two twin bedrooms. The premises were large, spacious and well-maintained. Maintenance was provided in conjunction with the Mental Health Association. Fire drills were carried out frequently and documentation confirming this was examined by the Inspectorate. There was access to a large rear garden.

Staffing levels (full time in residence)

STAFF DISCIPLINE	DAY WTE	NIGHT WTE
1 CNM2 or 1 Staff Nurse	1	1
1 Multi-task attendant	1	0

Team input (sessional)

DISCIPLINE	NUMBER OF SESSIONS
Consultant psychiatrist	Once three-monthly
NCHD	Once three-monthly and as required
Occupational therapist	0
Social worker	0
Clinical psychologist	0

Describe team input

Team meetings were held on-site. The residents attended these. Each resident was reviewed three-monthly. Members of the social care professionals such as occupational therapist, psychologist and social worker did not attend.

Medication

A new prescription and recording book had been developed and was in use. Medication was administered by one registered psychiatric nurse. No resident self-medicated. Medications were received from the local chemist. Three-monthly prescriptions were written by the general practitioner. The general practitioner monitored bloods for the purposes of residents in receipt of Clozaril. As required (PRN) medication was only given when necessary. Examination of recording of medications showed that PRN medication was rarely administered.

Tenancy rights

The premises were owned by the Health Service Executive. The residents paid rent plus a small amount towards the household account. Complaints leaflets were kept in the recreational building in the garden. Most complaints were brought up at the regular community meetings and were resolved swiftly. Complaints were also documented in the complaints book. The Inspector saw evidence that complaints were addressed.

Financial arrangements

Each resident had a post office, bank or credit union account. The financial arrangements were satisfactory. The service did not have a policy on financial arrangements.

Leisure/recreational opportunities provided

The beach was frequented by residents during the summer months. Walks were also taken by residents. The residents had the use of an exercise bike. The residents went for a meal once a month to a local restaurant.

Service user interviews

All service users were greeted. No resident wished to speak to the Inspectorate. Some residents were approached for discussion by the Inspectorate to ascertain their satisfaction with the service. These residents expressed satisfaction with their care and treatment and with the residence.

Conclusion

The age profile of residents in this residence was in the older range. All residents were reasonably independent and were happy with their care and treatment.

Recommendations and areas for development

1. Staffing levels at night should be increased.
2. Staffing levels during the day should be cognisant of the need to provide therapeutic services and programmes to residents.
3. The service should have a policy on financial arrangements.
4. Privacy curtains should be installed in twin rooms or consideration should be given to single room occupation.