Mental Health Services 2012

Inspection of 24-Hour Community Staffed Residences

EXECUTIVE CATCHMENT AREA/INTEGRATED SERVICE AREA	Longford Westmeath
HSE AREA	Dublin Mid Leinster
MENTAL HEALTH SERVICE	Longford Westmeath
RESIDENCE	Ashford House, Longford
TOTAL NUMBER OF BEDS	15
TOTAL NUMBER OF RESIDENTS	14
NUMBER OF RESPITE BEDS (IF APPLICABLE)	1
TEAM RESPONSIBLE	Rehabilitation
TYPE OF INSPECTION	Unannounced
DATE OF INSPECTION	11 September 2012

Summary

- Documentation in the clinical files was of a high standard.
- Although multidisciplinary team (MDT) care plans were present in the clinical files, they were not contributed to by all members of the MDT. Nursing care plans were still in operation.
- The majority of residents slept in twin bedrooms with no privacy from each other.
- One of the upstairs bathrooms was in need of refurbishment.
- The internal walls of the entire premises were in need of redecoration.

Description

Service description

Ashford House community residence consisted of two semi-detached two storey houses joined internally together which was situated at the edge of Longford town and within walking distance of the town centre. The premises were purchased by the Health Service Executive (HSE) in the early 1990s for its present purpose. The residence consisted of three single bedrooms and six twin bedrooms. Four bedrooms were situated on the ground floor. All bedrooms had a wash hand basin. The internal walls of the living quarters of the residence and the internal walls of the bedrooms were in need of redecoration. One of the two upstairs bathrooms was in need of refurbishment.

The philosophy of Ashford House was to collaboratively assist residents, following an assessment process, in their journey of recovery to secure and maximise health and social gain with a multidisciplinary approach in a community based facility.

Plans were currently underway to convert Ashford House into a medium support community residence and Hillcrest, currently a medium support community residence, into a high support community residence.

Profile of residents

There were six male residents and eight female residents on the day of inspection. The respite bed was unoccupied on the day of inspection. Age of residents was from between 33 to 80 years of age. There was one Ward of Court. All residents were voluntary. The mobility level of all residents was good. Length of stay was from the early 1990s, when the residence first opened, to the most recent resident who had arrived a week ago.

Quality initiatives and improvements in 2011/2012

- Multidisciplinary team (MDT) individual care plans were presently being introduced to all the community services including Ashford House.

Care standards

Individual care and treatment plan

Three clinical files were examined. The individual care and treatment plan was mostly medically based and nursing staff had nursing care plans separate to these. It was planned to hopefully assimilate the two so that true MDT care planning would take place. There was evidence from the documentation in the three clinical files examined by the inspector that the resident was involved in the care planning process. There was evidence of risk assessment in each of the three clinical files. Correspondence between various healthcare providers was maintained and reports and documentation from members of the multidisciplinary team were also clearly evident in the clinical files. The layout of the clinical file was excellent and it was easy to access and retrieve information. Each resident had a keyworker. Each resident had their own individual general practitioner (GP). Physical health reviews were carried out by the GP. All residents visited their own GP regularly. GPs called to the residence in the event that a resident was unable to visit the GP. Residents attended their GP at least every six months and in some cases, more frequently. Nursing staff of the community residence liaised with the GP when necessary.

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

All but four of the residents attended outside day care services such as the Mental Health Centre in Longford Town which provided an activity programme from Monday to Friday. Four residents attended GROW on a regular basis. Three residents went on regular shopping trips to Mullingar and Athlone. Two residents had just completed a Turas programme, an eighteen month programme about between recovery and getting back to work.

The kitchen facilities were used by residents under supervision.

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

Ashford House was located in an urban area at the edge of Longford town. There was good access to the mainline rail to Mullingar and Dublin and a taxi service was easily accessible. One resident was involved in the Tidy Towns for the local area; another resident was involved in their local church. Two to three residents frequently attended local GAA matches. Most residents went home at weekends with family.

Facilities

It was reported that maintenance of the premises was good. The maintenance department was situated in St. Joseph’s Hospital, Longford Town.

A fire certificate, dated 2012, was on display inside the entrance to the premises.

Staffing levels

STAFF DISCIPLINE	DAY WTE	NIGHT WTE
RPN	1	2
CNM2	1	0
Multi-task attendant	2	0

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

Team input

DISCIPLINE	NUMBER	NUMBER OF SESSIONS
Consultant psychiatrist	1	1 per week
NCHD	0	-
Occupational therapist	1	Upon request
Social worker	1	Upon request
Clinical psychologist	1	Upon request

Medication

Information on medications was provided to residents upon request. No resident was self-medicating. The prescriber of medication was the consultant psychiatrist. Depot injections were administered to residents by nursing staff where prescribed. Photocopies of the medication prescriptions were taken by the inspector. Only some of the prescribing doctors used their Medical Council Number (MCN) and prescriptions were written in a mix of trade and generic names. Almost all residents (13) were prescribed an antipsychotic medication and most (79%) were prescribed more than one, none of which included clozapine. Fifty per cent of residents were prescribed a benzodiazepine on a regular basis.

MEDICATION

NUMBER OF PRESCRIPTIONS:	14	%
Number on regular benzodiazepines	7	50%
Number on more than one benzodiazepine	0	0
Number on PRN benzodiazepines	2	14%
Number on benzodiazepine hypnotic	2	14%
Number on Non benzodiazepine hypnotic	2	14%
Number on PRN hypnotic	0	0
Number on antipsychotic medication	13	93%
Number on high dose antipsychotic medication	2	14%
Number on more than one antipsychotic medication	11	79%
Number on PRN antipsychotic medication	2	14%
Number on Depot medication	5	36%
Number on antidepressant medication	9	64%
Number on more than one antidepressant	1	7%
Number on antiepileptic medication	4	29%
Number on lithium	1	7%

Tenancy rights

The HSE owned the premises. Residents paid a weekly rent of €60. Community meetings took place approximately every six weeks. The complaints procedure was highlighted near the entrance of the premises and a suggestion box could be used by residents and visitors. There had been no written complaints.

Financial arrangements

All residents had either a post office account or a bank account. The residence had its own specific financial policy. Staff handled only small amounts of petty cash for individual residents. The account book for this was examined by the inspector and signatures were maintained and receipts were kept in this book.

Service user interviews

No resident requested to speak to the inspector. Residents were greeted by the inspector during the course of the inspection. There was evidence that residents had input into the care planning process.

Conclusion

Ashford House community residence consisted of two semi-detached two storey houses joined internally together which was situated at the edge of Longford town, within walking distance of the town centre. The premises were purchased by the Health Service Executive (HSE) in the early 1990s for its present purpose. Accommodation consisted of three single bedrooms and six twin bedrooms. Four bedrooms were situated on the ground floor. All bedrooms had a wash hand basin. The internal walls of the living quarters of the residence and the internal walls of the bedrooms were in need of redecoration. One of the two upstairs bathrooms was in need of refurbishment.

Multidisciplinary team care plans (MDT) had not yet been fully introduced, although they were present in the clinical files and were being completed by medical staff. Nursing care plans were still being used. There was evidence from the documentation in the three clinical files examined by the inspector that the resident was involved in the care planning process. Only some of the prescribing doctors used their Medical Council Numbers (MCNs) on the prescription booklets.

Plans were currently underway to convert Ashford House into a medium support community residence and Hillcrest, currently a medium support community residence, into a high support community residence.

Recommendations and areas for development

1. MDT care plans, contributed to by all members of the MDT, should be developed.

2. Each resident should have a single bedroom.

3. One of the upstairs bathrooms should be refurbished.

4. The internal walls of the entire premises should be redecorated.

5. All doctors prescribing medication should use their MCN.

6. A review of prescribing practices should be undertaken in view of the high rate of prescribing more than one antipsychotic medication.