Mental Health Services 2010

Inspection of 24-Hour Community Staffed Residences

EXECUTIVE CATCHMENT AREA	Kildare / West Wicklow / Laois / Offaly / Longford / Westmeath
HSE AREA	Dublin Mid-Leinster
CATCHMENT AREA	Longford
MENTAL HEALTH SERVICE INSPECTED	Longford / Westmeath
RESIDENCE INSPECTED	Ashford House
TOTAL NUMBER OF BEDS	15
TOTAL NUMBER OF RESIDENTS	14
NUMBER OF RESPITE BEDS (IF APPLICABLE)	1
TEAM RESPONSIBLE	Longford Sector
TYPE OF INSPECTION	Unannounced
DATE OF INSPECTION	2 June 2010

Description

Service description

Ashford House was located a short distance from the centre of Longford town. It was a two-storey building that originally had been two semi-detached houses and subsequently had been converted to one large house. The residence opened in 1991. The philosophy of care was to provide a homely high support environment and work collaboratively with residents to reach their optimal functioning. There was no rehabilitation team in the service and many of the residents had continuing care needs.

Profile of residents

There were eight men and seven women at the time of the Inspection. Their ages ranged from 38 to 78 years. They had a range of diagnoses including schizophrenia and affective disorders and a number also had insulin dependant diabetes. Some of the residents had been living in Ashford House since it opened in 1991. The most recent admission was in 2009. The respite bed was vacant on the day of the Inspection.

Quality initiatives and improvements in the last year

- A new accessible shower had been installed and the bathroom containing the shower and a toilet had been refurbished with a new easy clean wall surface and a new window.
- New curtains and duvet covers had been provided.
- A new smoking shelter had been erected, providing an alternative to smoking in the house.

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

Nursing care plans were used, which were reviewed routinely every six months or sooner if an issue arose that required attention. The Longford sector team was responsible for residents from Ashford House. There was a multidisciplinary team meeting every Thursday, which one of the staff from the residence attended. Other disciplines were accessed through the team meeting as required. A non consultant hospital doctor routinely visited the house every two weeks and was available more often if required. The non consultant hospital doctor undertook six-monthly physical and mental health reviews. All residents had their own general practitioner and staff reported good working relationships and communication between Ashford House staff and the local general practitioners.

There was no access to the specialist rehabilitation team and this was seen as a limitation in the service, especially in terms of providing support for people who were moving from high support to lower support facilities.

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

Four residents attended a day care service in Longford town run by two nursing staff and an occupational therapist. Two residents had been attending Turas, a local back to work initiative for people with disabilities. Staff from Ashford House also attended regular team meetings at Turas. Most other residents stayed in the vicinity of the house or went to town during the day.

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

Ashford House was located just outside the centre of Longford town, about a 15 minute walk away from the town. Residents attended local activities and availed of local amenities, for example, the local theatre and cinema. Some of the residents would walk or get a taxi into town to go for coffee, shopping, banking or to go to the local pubs and cafés. The residence had access to a minibus and day trips were organised from time to time. The residents with insulin dependent diabetes required staff to accompany them when leaving the house in case they required medical attention.

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

Ashford House was located in a quiet cul-de-sac. The building was in need of refurbishment, in particular the aluminium windows and doors. Some of the windows did not close properly in the bedrooms, which impacted on the comfort of residents during cold spells and was also likely to be inefficient in terms of heating the premises. All rooms had lockers and wardrobes which were mostly old fashioned. There were two 2-bed rooms downstairs and the remainder of the sleeping accommodation was upstairs.

There were two dining rooms and two sitting rooms and the old boiler room was being converted into a quiet room, which it was planned to use for visiting. One of the two bathrooms upstairs had been refurbished and was spacious, clean and a new accessible shower and toilet had been installed. The other bathroom upstairs was small and cramped and had a bath that residents did not use. The downstairs bathroom, although bigger, was equally unsuitable and both should be refurbished to the standard of the new bathroom. There was access to a large secluded back garden with a patio area.

Staffing levels (full time in residence)

STAFF DISCIPLINE	DAY WTE	NIGHT WTE
CNM 2	1 (0900h-1700h)	0
Staff nurse	1 (0815h-1645h) 1 (1330h-2130h)	2
Multi-task attendant	1 (0815h-1645h) 1 (1330h-2130h)	0

Team Input (sessional)

DISCIPLINE	NUMBER OF SESSIONS
Consultant psychiatrist	0
Non Consultant Hospital Doctor	1 every fortnight
Occupational therapist	0
Social worker	0
Clinical psychologist	0

Team Input

The multidisciplinary team meetings took place every Thursday in the sector headquarters and all team members attended. One of the staff from Ashford House also attended. Members of the multidisciplinary team were available to residents on request.

Medication

Medications were prescribed by the resident's own general practitioner and dispensed by their local pharmacy. Information on medication was contained in the packets received from the pharmacy. Some of the residents were prescribed as required (PRN) painkillers. Staff reported that no other as required (PRN) medication was prescribed.

Tenancy rights

APT was a company set up by the Midland Health Board when it bought Ashford House. APT continued to review the property and make recommendations to the Health Service Executive about any maintenance work required. The rent was €60 per week.

The house rules were few and required residents to observe smoking restrictions in the house, to go to bed and get up at reasonable times and to inform staff if they were going out of the house.

Staff reported that there were no complaints. Although there was a complaints procedure displayed and a suggestion box most of the residents went directly to staff about any issues. Community meetings were held every three to four months.

Financial arrangements

There was a draft policy on patients' money. Staff kept accounts of resident's day-to-day expenses and monies. All residents had bank or post office accounts.

Leisure/recreational opportunities provided

Day trips were provided from time to time and transport was facilitated by staff using the minibus. At times trips to the cinema, theatre or local events were organised. A television, stereo and books were available in the house.

Service user interviews

A number of residents spoke to the Inspectorate and indicated that they liked Ashford House. Some mentioned that they particularly appreciated the dog which was good company for them.

Conclusion

Ashford House provided high support for 14 residents and also provided a respite bed. The outside of the premises was dated with aluminium doors and windows, some of which did not close properly. Inside, although clean, it was dreary and in need of brightening up with some tasteful and homely painting and decorating. Most of the residents stayed in the vicinity of the house during the day with about six residents availing of some form of structured activity. The residents in Ashford House were under the care of a general adult sector team and there was no access to a specialist rehabilitation team.

Most of the policies were dated 2007 and should be reviewed. Particular attention should be paid to policies that may relate to the Mental Health Commission's Codes of Practice relating to Notification of Deaths and Incident Reporting, Admission, Transfer and Discharge to and from an Approved Centre and Guidance for Persons Working in Mental Health Services with People with an Intellectual Disabilities.

Recommendations and areas for development

1. The remaining two bathrooms should be upgraded and refurbished to the standard of the new bathroom.

2. The aluminium windows and doors need to be replaced as they do not provide sufficient security or insulation.

3. The windows in the bedrooms that did not close should be replaced immediately as this compromises resident's health and comfort in cold weather.

4. The draft patient money policy should be ratified.

5. The policies relating to death of a resident and incidents should take into account the requirements of the Mental Health Commission's Code of Practice for Mental Health Services on Notification of Deaths and Incident Reporting.

6. Policies relating to admission of a resident from an approved centre or related to a resident requiring admission to an approved centre should take into account the requirements of the Mental Health Commission's Code of Practice on Admission, Transfer and Discharge to and from an Approved Centre.

7. The residents should have access to a rehabilitation team.

8. The house would benefit from being painted to brighten it up and make the most of the new curtains and duvets. The floors that were worn in parts of the house should be repaired.

9. Multidisciplinary individual care plans should be introduced.