Mental Health Services 2015

Inspection of 24-Hour Community Staffed Residences

COMMUNITY HEALTHCARE ORGANISATION	Area 2: Galway, Roscommon, Mayo
MENTAL HEALTH SERVICE	Galway, Roscommon
RESIDENCE	Bredagh House, Galway
TOTAL NUMBER OF BEDS	7
TOTAL NUMBER OF RESIDENTS	6
TEAM RESPONSIBLE	Rehabilitation/Sector
TYPE OF INSPECTION	Unannounced
DATE OF INSPECTION	4 February 2015
INSPECTED BY	Dr. Fionnuala O'Loughlin, MCN008108, Assistant Inspector of Mental Health Services Mr Liam Hennessy, Assistant Inspector of Mental Health Services
ACTING INSPECTOR OF MENTAL HEALTH SERVICES	Dr. Susan Finnerty, MCN009711

Summary

- Bredagh House was an attractive, two-storey house, situated on a busy residential road in the east of Galway city, directly across the road from the Galway campus of the Galway Mayo Institute of Technology (GMIT).
- All residents were actively engaged in therapeutic programmes, outside of the house.
- The same weekly Health Service Executive (HSE) charge was applied to all residents, without apparent individual assessment.
- All residents were on a self-medicating programme, which was operating very successfully.
- There was a strong ethos of recovery and encouraging residents to be as independent and autonomous as possible.

Description

Service description

Bredagh House was a two-storey, detached house located on a busy, residential road in the eastern suburbs of Galway city directly across the road from the Galway campus of the Galway Mayo Institute of Technology (GMIT). It had previously operated as a bed and breakfast facility and was opened as a community residence for persons with mental illness in 2001. The focus of care was on providing a safe environment from which residents could engage in activities and programmes in the community before progressing to more independent living. The residence operated a waiting list for admission and there were four people waiting for admission at the time of inspection.

The service was in a state of transition. A new rehabilitation consultant psychiatrist had been appointed and the plan was for residents in community residences to come under the care of the rehabilitation team. However, it was not clear to inspectors or staff whether clinical responsibility now resided with the rehabilitation team or the resident's sector team.

The residence had a house dog, which was part of life in Bredagh House, and was cared for by all residents.

Profile of residents

There were five male residents and one female resident in the house at the time of inspection. The ages of the residents ranged from mid-20s to 50 years and the length of stay ranged from four months to four years.

All residents were voluntary and there were no wards of court. Residents were fully mobile and did not require any assistance with activities of daily living.

Quality initiatives and improvements in 2014-2015

A new patio area was being constructed in the garden.

Care standards

Individual care and treatment plan

The service operated a recovery ethos in the residence and actively encouraged autonomy and independent activity in the residents. Each resident had a key worker.

Residents did not have current multidisciplinary team (MDT) care plans. The newly appointed rehabilitation consultant psychiatrist had reviewed and assessed each resident within the past four months but there were no MDT care plans. However, it was evident from a review of the clinical files that there was input from psychology and social work into the care of at least some of the residents. Some sector teams held MDT reviews of residents in the residence itself, whilst other teams reviewed residents in the outpatient clinic setting. Reviews were carried out at intervals which were determined by the residents' clinical status. In some instances, it was every month and, in others, reviews were conducted on a six monthly basis.

Risk assessments of residents had been carried out within the previous six months. It was noted in the risk assessment of one resident the calculation of the risk was inaccurate and denoted a risk as "low" whereas it should have been denoted as "moderate".

Physical Care

All residents had their own general practitioner (GP) and attended independently, for renewal of prescriptions. Regular six-monthly or annual physical health examinations were not carried out. No current resident qualified for the National Health Screening programmes.

Access to physiotherapy, dietician or speech and language therapy was via the community health services.

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

Each resident was engaged in some activity or programme outside of the house.

One resident was participating in a horticulture course and a second resident was involved in pursuing a course in music; another resident attended a Training Centre in the Merlin Park campus. Most were occupied on four days per week.

As the service actively encouraged residents to be involved outside the house, no therapeutic activities took place in the house.

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

The location of the house was excellent. It was in a residential area and there was very good public transport to the city centre. There were no 'group outings' as such but residents attended a local gym, cinema, shops and other amenities. Staff reported that, on occasion, residents had participated in evening courses run in the GMIT.

One resident was participating in a community programme, funded by Genio and run under the auspices of the St. Vincent de Paul Society in Galway city. This programme fostered a recovery ethos and enabled participants to engage in an activity specific to them.

Facilities

The house was a six-bedroomed, detached house. It was reasonably well maintained although it had not been refurbished since it opened in 2001. It was clear that the house would have benefitted from some re-painting and replacement of the stairs carpet, which was somewhat worn.

Downstairs, there was a kitchen, dining room, utility room for laundry, conservatory and a sitting room. The dining room was quite small and it would be difficult to accommodate seven adults, should they all wish to sit at table at the same time. The house was comfortably furnished throughout.

One bedroom was situated downstairs; this was a shared, en suite room and, although an attempt had been made to provide some privacy for the residents, in effect, there was no privacy for either resident.

The remaining bedrooms were upstairs and all were single rooms, with en suite facilities. These rooms were well appointed and personalised. Four of these bedrooms were quite spacious.

There was a pleasant garden to the rear of the house and the grass was maintained by the residents themselves.

Meals

All meals were cooked on site. Each resident had one day per week on which they organised the purchase and the preparation of the ingredients for the evening meal for all residents. The choice of this meal was left to each resident preparing the meal. Most residents availed of a lunchtime meal at whatever facility they were attending.

Residents had access to tea and coffee making facilities at any time.

The general household shopping was done online and delivered by a local supermarket.

Staffing levels

STAFF DISCIPLINE	DAY WTE	NIGHT WTE
RPN	1	1
MTA	1	0

Registered Psychiatric Nurse (RPN), Multi Task Attendant (MTA)

Team input

DISCIPLINE	NUMBER	NUMBER OF SESSIONS
Consultant psychiatrist	3	As needed
NCHD	As per team	As needed
Occupational therapist	As per team	0
Social worker	As per team	0
Clinical psychologist	As per team	0

Non Consultant Hospital Doctor (NCHD)

A Clinical Nurse Manager (CNM2) had responsibility for both Bredagh House and other medium support residences in the area.

Overall clinical responsibility for the residents had been undergoing a period of transition for the past six months. Whilst a consultant psychiatrist, who would have clinical responsibility for residents in all community residents had been appointed, the consultant had not yet been resourced with a team. Some of the sector teams held MDT meetings while others did not.

Complaints

The service operated the HSE policy on complaints, i.e. *Your Service, Your Say.* A complaints book was also maintained in the house. A review of this book showed a record of complaints made and the outcome of the complaint.

Community meetings were held infrequently, approximately every two months. Staff reported that the residents had no difficulties in coming forth with issues or complaints, outside of these times.

An Incident Report book was maintained in the house.

Medication

All six residents were on a self-medicating programme, at differing stages of supervision. The programme was developed in accordance with a specific self-medicating policy for Bredagh House. Each resident had a locked press in their room where medications were stored. Four of the residents were given a week's supply of medications at a time, and staff conducted random checks to ascertain compliance.

All prescriptions were transcribed onto a medical card form by the GP and residents were responsible for bringing the prescription to the local pharmacy and collecting their own medications.

The Residence

The house was owned by the HSE. Residents paid charges of €86 each, per week. The charges were not individually determined and all residents paid the same rate.

The residence was run on the budget from weekly charges, i.e. a maximum of €602 per week when fully occupied. This funded all expenses of the running costs and food, except electricity charges or replacement of essential infrastructure.

Community meetings were held infrequently, approximately every two months.

Financial arrangements

All residents had their own bank accounts and HSE charges were paid by standing order. Staff in the residence did not handle money.

There was no group social fund and residents used their own income as they wished.

Service user interviews

There were no residents in the house at the time of inspection. All were occupied at activities outside of the residence.

The peer support advocate did not visit the house. A notice advising residents of the HSE complaints policy, *Your Service, Your Say*, was displayed in the house.

Conclusion

Bredagh House was an attractive, detached house located on a busy residential road in the east of Galway with good access to public transport. The house was reasonably well maintained, although it had not been refurbished since the HSE took it over as a community residence in 2001.

All bedrooms, except one, were single rooms. There were no plans in place to reduce the number of residents so as to provide single room accommodation for all residents.

There was some confusion among staff as to who had clinical responsibility for the residents, during this period of transition from sector team care to the rehabilitation team. One sector team employed multidisciplinary team care plans, but there were no MDT care plans for the remainder of residents. However, it was clear from a review of the clinical files that residents were actively encouraged to participate in therapeutic activities outside of the house, and there was also evidence of input from health and social care professionals, in some cases. The fact that all residents were on a self-medicating programme was progressive, and was excellent preparation for residents moving on to more independent accommodation. The encouragement from staff to further residents' independence and autonomy was evident from the involvement by each resident in preparing at least one meal for all residents on one day per week.

All residents paid the same weekly charges of €86, without any apparent individual assessment. The HSE National Guidelines on Charges for In-Patient Services advocates that each resident be assessed for individual allowances which may affect the weekly charge.

Recommendations and areas for development

1. *All residents should have a multidisciplinary care plan.*
2. *All residents should be accommodated in single bedrooms.*
3. *Each resident should be individually assessed and appropriate allowances taken into account when determining weekly charges.*
4. *The house should be refurbished, where necessary.*