Mental Health Services 2015

Inspection of 24-Hour Community Staffed Residences

COMMUNITY HEALTHCARE ORGANISATION	Area 9
MENTAL HEALTH SERVICE	Dublin North West
RESIDENCE	Daneswood House
TOTAL NUMBER OF BEDS	11
TOTAL NUMBER OF RESIDENTS	9
TEAM RESPONSIBLE	Finglas Sector Blanchardstown Sector Rehabilitation
TYPE OF INSPECTION	Unannounced
DATE OF INSPECTION	18 February 2015
INSPECTED BY	Sean Logue, Assistant Inspector of Mental Health Services
ACTING INSPECTOR OF MENTAL HEALTH SERVICES	Dr. Susan Finnerty, MCN009711

Summary

- The interior living conditions of the community residence, in their present state, were drab, dreary and depressing. These conditions were not suitable for the accommodation of residents.
- Risk assessment of residents was not used.
- Each resident had a multidisciplinary individual care plan (ICP).
- The choice of food was excellent.
- Independence of residents was actively promoted by staff.

Description

Service description

Daneswood was a two-storey, red bricked residence in Glasnevin situated close to the Botanic Gardens and the Meteorological Office. It was built in 1911. It served the Dublin North West sector which had a population of approximately177,000. It was a fine solid house when initially viewed from the outside. Inside had period features such as stained glass internal windows and doors and high corniced ceilings. It was opened as a community residence under the mental health services in 1973 and was one of the first mental health services community residences in Ireland. It had five different bus route services right outside the gate and was in close proximity to all amenities of the city. The philosophy of care of the residence was to provide a high quality residential service for individuals experiencing mental health problems through a home-like environment. Staff aimed to help individuals improve their physical, social and psychological well-being as well as promoting self-development and independence.

The service also provided respite care and crisis intervention services for community-based service users and their families.

Profile of residents

There were nine residents, one female and eight males, all of whom were of voluntary status. There was one resident who was a Ward of Court. The age range was between late fifties and late sixties. All residents were fully mobile. There were no residents receiving respite care nor availing of the crisis intervention service. The length of stay was from between three and eight years.

Quality initiatives and improvements in 2014-2015

- Plans were available for a new build which was scheduled for April 2015.
- New clinical files had been introduced which were modern and contained photographic identification of the resident.

Care standards

Individual care and treatment plan

All residents had an ICP which was multidisciplinary in content, recovery focused and involved the resident. Three teams had input into the residence: the Rehabilitation team, the Finglas sector and the Blanchardstown sector. There was no evidence of risk assessment being used and this was verified by the Clinical Nurse Manager 2 (CNM 2) of the residence. In the clinical file of one resident who had been transferred to an acute in-patient service (approved centre), a risk assessment had been completed because the approved centre had requested it.

One resident was under the care of the Rehabilitation team on the day of inspection. It was reported that the Rehabilitation team together with full multidisciplinary team (MDT) input came monthly to the residence to review the residents under its care. The Cabra MDT met the residents under its care every two to three months in the community residence. A new consultant psychiatrist had been appointed to the Finglas team. Up to that appointment, residents met with the non-consultant hospital doctor (NCHD) every fortnight in Finglas Mental Health Centre.

Physical Care

All residents had a GP and physical health reviews were carried out by the GP, at least on an annual basis. National screening programmes were available to the residents. Residents had access to a dietician, physiotherapist and speech and language if needed.

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

The kitchen facilities could be used by all residents and this was encouraged by staff. Three residents attended the Saol Club in Finglas on Mondays, Tuesdays and Thursdays, which provided psychosocial and training activities. Another resident was being helped by his MDT to regain contact with the Saol Club.

The occupational therapist (OT) from the Finglas team attended the residence twice a month and was currently engaged in a therapeutic engagement with one resident. The OT from the Cabra sector had been very active, along with the MDT in successfully facilitating the return of one resident from Daneswood to their own home together with support from home help, the community mental health nurse and the social worker.

Other activities in which residents were engaged in were: gardening, reading books, listening to music and watching TV.

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

The neighbours around the community residence were very supportive. The residents were also well-known and respected in the neighbourhood.

Outings to places such as Dollymount Strand, Donabate, Howth Head and Enniskerry were facilitated by a minibus which could be borrowed from the approved centre.

Residents also went into town by bus, visited the nearby Botanic Gardens, Croke Park and various coffee shops and pubs.

Facilities

The maintenance of the premises was provided by the maintenance department of the approved centre of the service. It was reported as being prompt. Requests for maintenance were made by email.

Although the residence looked well from the outside, well laid out with a pleasing front garden, the internal physical structure was mostly drab, dreary and depressing. There was one bathroom and toilet upstairs and a downstairs toilet. Both of these rooms were damp and dilapidated with peeling paint from both the walls and ceilings. The assistant inspector noted that, while a new hard wired smoke alert system is in place throughout the house, the old smoke alarm which remained outside the upstairs bathroom area had been prised open and the battery was missing.

There were four twin-rooms, three upstairs and one downstairs and one 3-bed room.

In the downstairs bedroom, situated below the window balcony of the room above, there was peeling paint on the walls around the window area; this was reported to be as a result of a problem from leaking and dampness seeping through from the outside upstairs balcony.

All bedrooms and internal rooms, were in need of painting, refurbishment and repair apart from the main sitting rooms and the kitchen and dining rooms which at best could be described as old-world or quaint,.

When the state of disrepair of the residence was discussed with the CNM2 it was indicated to the inspector that a new build had been proposed to commence in April 2015. It is intended that there will be a total of 12 single rooms en suite – eight in the new build and four in the existing house which is to be restructured. The CNM2 showed the assistant inspector the architect's plans for the new build which would comprise eight single bedrooms, all with en suite facilities. These were very impressive and would allow for a much greater level of privacy and comfort for all residents. The proposed build was to stretch out to the large rear garden in an L-shape and there would still be ample room in the rear garden.

It was reported to the inspector by the CNM2 that the build was now "on hold" by the Health Service Executive (HSE).

The interior living conditions of the community residence in their present state were not suitable for the accommodation of residents.

Meals

All meals were provided by the service to residents. Residents could also use the kitchen facilities to cook meals and to make tea, coffee and snacks. This was actively encouraged by staff. A menu was displayed and this contained very healthy and nutritious options at all meal times. Fresh fish was always cooked twice per week. It was reported that the cook, who had an active interest in healthy eating and had qualifications in nutrition, produced meals of high nutritious content and variety. It was also reported that there was a good interactive therapeutic relationship between the residents and the cook.

The groceries were purchased online from a major supermarket by staff.

Staffing levels (full time in residence)

STAFF DISCIPLINE	DAY WTE	NIGHT WTE
CNM 2	1	0
RPN	1	1
HCA	0	1
Cook	1	0
Cleaner	1	0

Clinical Nurse Manager (CNM), Registered Psychiatric Nurse (RPN), Health Care Assistant (HCA)

Team input (sessional)

DISCIPLINE	NUMBER	NUMBER OF SESSIONS
Consultant psychiatrist	4	During MDT meetings and as required
NCHD	3	During MDT meetings and as required
Occupational therapist	2	From two different teams, as required and as per sessional basis
Social worker	2	From two different teams, as required
Clinical psychologist	0	0

NonConsultant Hospital Doctor (NCHD)

Three teams had input into the residence: the Rehabilitation team, the Finglas sector and the Blanchardstown sector.

Complaints

The complaints procedure was displayed in a prominent location, The CNM2 was the allocated complaints officer. No formal complaint had ever been made and there was, therefore, no log of complaints. Community meetings took pace but were reported as rare. However, the CNM2 reported a healthy interaction always took place between residents and staff at mealtimes and this facilitated an open forum for discussion about household issues.

The incident report book was examined by the inspector and was satisfactory.

Medication

Medications were prescribed by the GP under the General Medical Scheme and the local pharmacy supplied the medication. Medication was individualised to each resident. Photographic identification was included in the prescription booklets, all of which were in satisfactory order with Medical Council Numbers being documented by prescribing medical staff and administration codes facilitated for non-administration purposes. No resident self-managed their medication.

Relevant medications were administered by nursing staff.

There was literature and CDs/Videos on medication, its effects and side effects available to residents.

The Residence

The HSE owned the house since 1973. The charge to residents was means tested and varied between €90 and €100 per week. This was calculated by HSE administrative staff. This charge included food and utilities.

Financial arrangements

All residents had their own post office and/or bank accounts. Charges were paid electronically from each residents' post office accounts to a HSE account by each resident's HSE plastic card and a receipt was issued by the post office to the resident. This receipt was maintained in the resident's account book by staff. Staff handled small amounts of residents' monies and each resident had their own account book which was signed by the resident and a staff member. All receipts were maintained.

There was no social fund or kitty for residents and this was good practice.

Service user interviews

One resident spoke with the asssistant inspector and they were happy with their care and treatment.

Advocacy services were accessible to residents and the peer advocate contact details were displayed in the residence.

Conclusion

The care and treatment of residents within Daneswood was satisfactory. However, it was disappointing and somewhat surprising that individual risk assessment of residents was not used. All residents had multidisciplinary ICPs. Residents were respected as individuals and actively encouraged in carrying out their activities of daily living as independently as possible.

The internal space of the residence was dilapidated in some areas and dark or damp in others. Accommodation was drab and dreary. In its present state the premises, Despite all the excellent MDT work that was being carried out within its walls and that extended out to the community,the premises was not suitable for the accommodation of residents.

It was disappointing for residents and staff of the residence, to learn that the new extension, which had been due to proceed in April 2015, was now on hold by the HSE.

Daneswood House, in its present state, was unsuitable for the accommodation of residents and should either undergo major refurbishment or the planned build should be proceeded with expeditiously.

Recommendations and areas for development

1. *Daneswood House, in its present state, is unsuitable for the accommodation of residents.*
2. *The proposed new build to extend the residence should proceed expeditiously.*
3. *Individual risk assessment of all residents should commence, be reviewed on a regular basis and should feed into a risk management plan.*