

# **Mental Health Services 2012**

## **Inspection of 24-Hour Community Staffed Residences**

<b>EXECUTIVE CATCHMENT AREA/INTEGRATED SERVICE AREA</b>	Longford Westmeath
<b>HSE AREA</b>	Dublin Mid-Leinster
<b>MENTAL HEALTH SERVICE</b>	Longford Westmeath
<b>RESIDENCE</b>	Edgewater House
<b>TOTAL NUMBER OF BEDS</b>	12
<b>TOTAL NUMBER OF RESIDENTS</b>	12
<b>NUMBER OF RESPITE BEDS (IF APPLICABLE)</b>	1
<b>TEAM RESPONSIBLE</b>	Rehabilitation
<b>TYPE OF INSPECTION</b>	Unannounced
<b>DATE OF INSPECTION</b>	18 October 2012

### **Summary**

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- Staff of the community residence were proactive, enthusiastic and innovative.
- The physical environment rendered Edgewater House unsuitable as a community residence.
- The building of the new high support hostel should proceed expeditiously.

## Description

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### Service description

Edgewater House was a single-storey community residence built in the 1930s and comprising two adjoining properties that had been brought together as one and a later extension added to this. It was situated in an urban setting on the edge of Mullingar town adjacent to the Royal Canal. It had been opened by the mental health service in the early 1990s for its current use. Inside, the physical environment was pokey and dark with narrow corridors. A new facility was to be built soon for which planning had been approved and the contract for building had gone out to tender approximately six weeks prior to this inspection. A copy of the architect's plans for the new building was forwarded to the Inspectorate by the Assistant Director of Nursing with responsibility for Edgewater House.

The philosophy of care was to provide a residential facility for residents which promoted the concept of community integration, good mental health, and optimum level of independence in a homely environment setting where residents would be treated with respect and dignity.

### Profile of residents

There were six female and six male residents on the day of inspection. The age range of residents was from 80 to 40 years. Many of the residents were described by nursing staff as becoming more feeble as their age progressed but all residents were mobile and able to care for themselves. One resident was a Ward of Court. All residents were voluntary. Length of stay was long term with three residents having moved in six months ago following a ward closure in St. Loman's Hospital, Mullingar.

### Quality initiatives and improvements in 2011/2012

- An excellent Art Exhibition, which included contributions from residents of Edgewater House, had officially opened in the town's Civic offices at 1100h on the morning of the inspection.
- Multidisciplinary team (MDT) care plans had just been introduced to the community residence as the new standardised MDT care plan across the Longford Westmeath community mental health service.
- A set of assessment tools had been assembled in 2012 for use in the community residence and across the Longford Westmeath community mental health service.
- New garden furniture had been acquired for the residence.
- A new flat screen TV and electronic exercise programme had been purchased by the service.

## Care standards

### Individual care and treatment plan

All residents had a multidisciplinary team (MDT) individual care plan. In the two clinical files examined by the inspector, there was evidence of input from residents into their care plan and both residents had signed their MDT care plan. These MDT care plans were contributed to mostly by medical and nursing staff. There was no occupational therapist or psychologist attached to the rehabilitation team and the social worker was on long term leave. It was reported that the team had access to psychology and social work should the need arise.

The team review occurred weekly in the Community Mental Health Centre in Mullingar town. Each resident was reviewed by their consultant psychiatrist approximately every three months. A member of staff of the residence attended this team meeting.

All residents had their own general practitioner (GP) whom they attended on a six-monthly basis or more often as required.

There was evidence of risk assessment in the clinical files examined. Staff presented as being positive and proactive.

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

Six residents attended Ashbrook Day Centre. This centre facilitated groups such as bingo, trips to farm markets, shopping centre, bowling, art and cookery.

As many of the residents were elderly, they were mostly involved in appropriate household programmes involving Activities of Daily Living (ADLs) to keep them occupied for periods during the day.

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

The staff of the community residence had applied for a grant from the Health Service Executive (HSE) to fund an art teacher from the VEC to teach twelve art classes to the residents. This led to an exhibition entitled *See*, in which 43 paintings were exhibited in the Atrium of the Civic Offices in Mullingar town, the official opening of which occurred at 1100h on the morning of the inspection. The inspector subsequently went to the Atrium, following the inspection, to view the paintings and it was pleasing to see that some had already been sold. It was apparent from the exhibition that a lot of work, time and effort on the part of both staff and residents had been invested into making this exhibition such a success.

Many of the residents attended a local hotel to listen to dance bands at the weekends. Many residents went shopping, to the cinema, outings for coffee and for lunch with friends or family.

Some residents also attended the 2448 Club in the centre of Mullingar town which was a social outlet to go and meet people. It contained a library, pool tables, computers and dart boards.

It was reported that the neighbours of the community residents were very supportive of the residents and there was a good relationship between the neighbouring households and the community residence.

## Facilities

The bedrooms consisted of twin rooms and single rooms. There was little privacy for residents who shared twin rooms. Maintenance was described as being prompt and the maintenance department was located at St. Loman's Hospital, Mullingar. The menu promoted healthy eating and the choice of food was good. The multi-task attendants (MTAs) cooked the meals, which included porridge in the mornings, cereals and toast and eggs; the main meal was at lunch time and again healthy options were used for each day. Fish and Chips were enjoyed by residents on Friday and a roast on Sundays. Evening meal was at 1700h.

Exercise programmes, such as the Walking Programme had begun in the medium support residences and it was hoped to extend this programme to Edgewater House. It was reported that residents were encouraged to walk into town instead of getting taxis and this had improved the quality of life of the residents along with healthy diet options in the menu.

The Fire Safety Certificate was on display in the entrance to the community residence.

The physical environment was pokey and dark with narrow corridors. There was no clinical room and medicines that needed to be kept in a refrigerator were kept in a locked refrigerator in the food store. The medication press was locked but located in the residents' dining room. A boiler was located in a room off the back kitchen instead of being located outdoors. The back kitchen had had a major leak in recent times and the roof had to be replaced in order to rectify this. The front bedroom, which had two external walls, was extremely damp and cold. The entire residence needed to be redecorated. It was noted, that with the construction of the new 24-hour staffed community residence, that these issues should be nullified. Nevertheless their abatement will be advised in the recommendations that follow.

The physical environment renders Edgewater House unsuitable as a community residence.

**Staffing levels**

<b>STAFF DISCIPLINE</b>	<b>DAY WTE</b>	<b>NIGHT WTE</b>
RPN	2	1
CNM2	1	0
MTA	1	1

*Clinical Nurse Manager (CNM), Registered Psychiatric Nurse (RPN), Non Consultant Hospital Doctor (NCHD, multi-task attendant (MTA)).*

**Team input**

<b>DISCIPLINE</b>	<b>NUMBER</b>	<b>NUMBER OF SESSIONS</b>
Consultant psychiatrist	11	1 session per week + when necessary
NCHD	1	When necessary
Occupational therapist	0	-
Social worker	0 (long-term leave)	Service could be obtained when necessary
Clinical psychologist	1	When necessary

## **Medication**

No resident was administering medication to themselves as per a programme of self-medication. The prescriber was the consultant psychiatrist and the NCHD. The GP prescribed medication for physical ailments only.

Information was provided on medication. It was reported that all residents had been educated on the use and side effects of their medications and that residents were very aware to report side effects.

Prescriptions were legibly written and most were in date. Prescribing doctors did not use Medical Council Numbers (MCN). All residents were prescribed an antipsychotic medication and seven (almost two thirds) were prescribed more than one antipsychotic medication. Only one resident used a hypnotic medication and three were prescribed a regular benzodiazepine.

**MEDICATION**

<b>NUMBER OF PRESCRIPTIONS:</b>	<b>11</b>	<b>%</b>
<b>Number on regular benzodiazepines</b>	<b>3</b>	<b>27%</b>
<b>Number on more than one benzodiazepine</b>	<b>0</b>	<b>0</b>
<b>Number on PRN benzodiazepines</b>	<b>1</b>	<b>9%</b>
<b>Number on benzodiazepine hypnotics</b>	<b>1</b>	<b>9%</b>
<b>Number on non benzodiazepine hypnotics</b>	<b>1</b>	<b>9%</b>
<b>Number on PRN hypnotics</b>	<b>1</b>	<b>9%</b>
<b>Number on antipsychotic medication</b>	<b>11</b>	<b>100%</b>
<b>Number on high dose antipsychotic medication</b>	<b>2</b>	<b>18%</b>
<b>Number on more than one antipsychotic medication</b>	<b>7</b>	<b>64%</b>
<b>Number on PRN antipsychotic medication</b>	<b>2</b>	<b>18%</b>
<b>Number on Depot medication</b>	<b>6</b>	<b>55%</b>
<b>Number on antidepressant medication</b>	<b>6</b>	<b>55%</b>
<b>Number on more than one antidepressant</b>	<b>1</b>	<b>9%</b>
<b>Number on antiepileptic medication</b>	<b>2</b>	<b>18%</b>
<b>Number on lithium</b>	<b>1</b>	<b>9%</b>

### **Tenancy rights**

The HSE owned the premises. Rent of €60 was paid by residents each week. A community meeting occurred regularly, the last meeting had occurred on the Sunday prior to this inspection. The complaints procedure was highlighted. A written record of complaints was maintained and this was blank.

### **Financial arrangements**

All residents had a post office account, some had bank accounts. Only small amounts of petty cash were handled by staff and the book administrating this, along with consent forms for staff to handle money, was examined by the inspector. Staff and residents signed this book and receipts were maintained. The service had a Resident's Property/Personal Belongings Policy which encompassed the management of residents' monies and finances.

### **Service user interviews**

One resident requested to speak to the inspector and they were happy with their care and treatment. Information on peer advocacy was provided to residents. All residents signed their care plans.

### **Conclusion**

Edgewater House was a single-storey community residence built in the 1930s and comprising two adjoining properties that had been brought together as one and an extension added to this in later years. It was situated on the edge of Mullingar town adjacent to the Royal Canal. Inside, the physical environment was poky and dark with narrow corridors and rendered Edgewater House unsuitable as a community residence. Despite the gloomy physical atmosphere of the residence, staff are to be commended for their enthusiasm and innovativeness in making the residence both homely and enjoyable for residents to live in. The art exhibition in the town's Civic offices, which included contributions from residents of Edgewater House, was a truly innovative example of how residents can be actively involved in their own community. The exhibition had officially opened at 1100h on the morning of the inspection and a number of paintings had already been purchased from the outset.

A new facility was to be built soon for which planning had been approved and the contract for building had gone out to tender approximately six weeks prior to this inspection. It was hoped that this facility will be built as expeditiously as possible.

### **Recommendations and areas for development**

- 1. The building of the new high support hostel should proceed expeditiously.*
- 2. Each resident should have their own bedroom.*
- 3. The community residence should have a clinical room to store clinical items including medicines.*
- 4. The front bedroom was damp and cold. Its use should be monitored over the winter period.*
- 5. The boiler should be located outdoors and not in a room off the back kitchen.*
- 6. The entire residence is in need of redecoration.*
- 7. The physical environment renders Edgewater House unsuitable as a community residence.*
- 8. Doctors should use their MCN numbers when prescribing medication as is recommended by the Medical Council.*