

Mental Health Services 2010

Inspection of 24-Hour Community Staffed Residences

EXECUTIVE CATCHMENT AREA	Dublin North East
HSE AREA	Dublin North East
CATCHMENT AREA	Dublin North Central
MENTAL HEALTH SERVICE INSPECTED	Dublin North Central
RESIDENCE INSPECTED	Gallen House
TOTAL NUMBER OF BEDS	16
TOTAL NUMBER OF RESIDENTS	15
NUMBER OF RESPITE BEDS (IF APPLICABLE)	No
TEAM RESPONSIBLE	Rehabilitation Team
DATE OF INSPECTION	9 June 2010

Description

Service description

Gallen House was a 16-bed 24-hour supervised residence on the Howth Road in Dublin. It was a rehabilitation residence and was part of a rehabilitation service consisting of a rehabilitation unit in St. Vincent's Hospital in Fairview, 24-hour supervised residences, medium supervised residences and independent living. Gallen House originally opened in 1989 and consisted of two houses renovated into one. It became part of the rehabilitation service in 2006. The rehabilitation service had six community residences.

The standard of decor was high and the residence was spacious. There were a number of pleasant sitting rooms, a large dining room, and a training kitchen. There was one en suite bedroom downstairs. The remaining bedrooms were single and double rooms on the first floor. The double rooms were small and were lacking in privacy. There is a large garden which had been pleasantly planted and a large patio area. There were two smoking sheds in the garden.

There was a strong ethos of rehabilitation and progress towards independence, with the resident involved in their own care. Families were involved as much as possible.

Profile of residents

Referrals to Gallen House come through the rehabilitation team and were usually from the rehabilitation unit in St. Vincent's Hospital. Discharges were to medium support residences. Length of stay ranges from six months to 21 years. Age range was from 28 years to 68 years with an average age of 50 years. A small number had some mobility difficulties. The residence catered for all mental health illnesses.

Quality initiatives and improvements in the last year

- All resident's clinical files had been audited to ensure that all residents had the appropriate physical investigations. There was liaison with the residents' general practitioner (GP) and physical examinations were completed for all residents.
- Several residents attend a Clozapine clinic regularly.
- As part of staff education and training a workshop on Recovery Orientated Practice was held in April 2010. The staff used Recovery principles in their day-to-day interactions with residents.
- The garden area had been enhanced by staff and residents.
- There was a training kitchen and cookery classes for residents. Residents were encouraged to cook healthy meals.
- There were regular residents meetings and there was a suggestion box.
- There was a self medication programme in operation.

Care standards (based on the Mental Health Commission Quality Framework 2007 and 2008 Inspection self-assessments)

Individual care and treatment plan

There was an excellent multidisciplinary care plan in operation which was reviewed every six months. There was also a nursing care plan which was reviewed every two weeks. The residents were involved in their individual care plans, signed them and were offered a copy of them. There was a risk assessment as part of the overall assessment. The Camberwell Assessment of Need and the KGV (Krawiecka, Goldberg and Vaughan) assessment scales were used.

Physical reviews were carried out by either the general practitioner or the psychiatrist. There were rehabilitation service multidisciplinary meetings every week and non consultant hospital doctor (NCHD) attended the residence weekly.

Case conferences were held which were attended by the resident, family and primary nurse.

The staff were proactive and enthusiastic and had good understanding of rehabilitation principles.

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

Residents attended either day centre or sheltered workshop during the day. There were also residence-based programmes of personal hygiene, budgeting, daily living skills, cookery and gardening. There was sessional input from occupational therapy which focused on identifying barriers to activities of daily living and remedial work to address this.

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

The residence was located in a residential area. There were shops close by. Residents used the local park and the sea front was nearby. All residents were encouraged to use local transport and a number travelled in and out to the city centre. A few used the local library facilities. Residents were encouraged to use local facilities independently. During the inspection a number of residents were observed entering and leaving the residence independently.

A housing officer had met with residents, and helped them complete applications to be put on the housing list.

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

The residence was pleasant, spacious and nicely furnished. There was plenty of separate seating area. There were eight single bedrooms and four double bedrooms. The double bedrooms were small and had no curtains between the beds. There was free access to a large garden and patio area. The toilets and bathrooms were in good condition. There were panic buttons installed.

Staffing levels (full time in residence)

STAFF DISCIPLINE	DAY WTE	NIGHT WTE
Nurses	2	2
Care staff	1	1
Domestic staff	1.5	0

Team input (sessional)

DISCIPLINE	NUMBER OF SESSIONS
Consultant psychiatrist	1
Non consultant hospital doctor (NCHD)	1
Occupational therapist	sessional
Social worker	vacant
Clinical psychologist	on leave

Team Input

There were weekly team meetings which were held in the rehabilitation unit in St. Vincent's Hospital. These were attended by all multidisciplinary staff. All admissions and discharges were through this meeting. The NCHD attended the residence weekly and consultant attended every two weeks. Residents were reviewed in Gallen House. There were regular family meetings.

Medication

Residents had medical cards and medication was prescribed by their GP. Each resident used a medication box which they filled themselves under supervision. Medication was taken by the residents under supervision. Medication sheets were filled out by the nursing staff. Some residents attended a clozapine clinic. A self medication programme was in operation for some residents.

Tenancy Rights, Do community meetings take place

No tenancy rights were in place for the residents. Residents received disability allowance and payed €75 a week to the Health Service Executive (HSE) for their accommodation and food. The residence was owned by the HSE. A list of house rules was available. Community meetings took place every two months or more frequently if necessary.

Financial arrangements

Residents received disability allowances. All residents had a post office book or a bank account. Saving was encouraged. A budgeting programme was in operation.

Leisure/recreational opportunities provided

There was access to a minibus for outings. Residents could attend community facilities such as the library. There was a barbeque planned for July 2010.

Service user interviews

One service user spoke to the Inspectorate. They stated that they were happy in the residence. However, they pointed out that sometimes it was difficult to get routine maintenance such as mending the tumble dryer or replacing light bulbs. Staff agreed with this.

Conclusion

Gallen House was an excellent rehabilitation facility and 24-hour supervised residence. The premises were pleasant, staff were knowledgeable and enthusiastic and it was obvious that active rehabilitation was ongoing. The individual care plans were excellent, up-to-date and meaningful and the residents were actively involved in their individual care plans. Every effort was made to encourage the residents to use community facilities, public transport and to be as independent as possible.

Recommendations and wereas for development

1. Beds in the double bedrooms should have curtains around them for privacy.