

# **Mental Health Services 2010**

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

<b>EXECUTIVE CATCHMENT AREA</b>	South Lee, West Cork, Kerry
<b>HSE AREA</b>	South
<b>CATCHMENT AREA</b>	South Lee
<b>MENTAL HEALTH SERVICE INSPECTED</b>	South Lee
<b>RESIDENCE INSPECTED</b>	Glenmalure House
<b>TOTAL NUMBER OF BEDS</b>	18
<b>TOTAL NUMBER OF RESIDENTS</b>	17
<b>NUMBER OF RESPITE BEDS (IF APPLICABLE)</b>	0
<b>TEAM RESPONSIBLE</b>	Sector team
<b>DATE OF INSPECTION</b>	21 September 2010

## Description

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### Service description

Glenmalure House was situated on Blackrock Road, Cork City. It was a double house over three floors, in its own grounds and was in a residential area. It opened as a supervised residence in 1980. While some residents required continuing care there was evidence of a rehabilitation ethos. There were occasional discharges to more independent living. Most residents attended outside activities or employment. Those who didn't had household duties. Residents were encouraged to maintain their own environment, shop, use outside facilities and self medicate. Unfortunately there was no opportunity for residents to prepare meals for themselves and use of the kitchen was limited. There were two nursing staff on duty and student nurses worked there as part of their training placement.

### Profile of residents

Most residents came from long term care in Our Lady's Hospital when that hospital closed. One resident was in the residence since 1989. Some were referred through the acute services or from St. Catherine's unit (continuing care) in St. Finbarr's Hospital. At the time of inspection there were nine female beds and nine male beds but this was flexible to some extent. One resident had an intellectual disability and mental illness and the remaining residents had enduring mental illness.

### Quality initiatives and improvements in the last year

- The staff and residents brought out a quarterly magazine with contributions from service users and other individuals.
- Residents went on an annual holiday to Roscarberry.
- Art Therapy was due to commence shortly.
- An occupational therapist that would have input into the residence had been appointed and was due to take up position. This would increase the rehabilitation focus in the residence.
- There was a self medication programme for all residents.

## **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,**

There were regular meetings with nursing staff and the consultant psychiatrist every month. There was a referral system for social work and psychology services. Each resident was reviewed by the consultant psychiatrist regularly.

Each resident had a social functioning assessment. Each had a care plan that was administered by the nursing staff. When the occupational therapist commenced on the team, it was hoped they will contribute to the individual care plan. Each resident was involved in drawing up their individual care plan and signed it. There was no access to a rehabilitation team. Physical reviews were conducted by the general practitioner.

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

All but five residents were occupied outside the residence by day. They attended the National Learning Network, a rehabilitation centre, different courses, workshop or part-time open employment. The other five residents were occupied in household duties.

A gardening programme was in operation in the resident. There was a lack of kitchen skills but it was hoped that this would be addressed by the occupational therapist.

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

The residence was centrally located in the city and was on a bus route. Buses and taxis were used to access the city centre. Residents attended the local library and the heritage centre. They also accessed local shops, pharmacy, pubs and restaurants. They occasionally attended the cinema.

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

There were twelve bedrooms consisting of single, double and triple bedrooms. There were no dividers between the beds and there was marked lack of privacy in the double and triple bedrooms. There was ample sitting room, dining area and bathroom/toilet facilities. There was evident damp and peeling paint throughout the building but painting of the entire house was to take place, starting the following week. There was a very pleasant garden area with greenhouse and vegetable growing area. The smoking room was separate from the main building.

**Staffing levels (full time in residence)**

STAFF DISCIPLINE	DAY WTE	NIGHT WTE
CNM2	1	0
Staff nurses	1	2
Attendant	1	0

**Team input (sessional)**

DISCIPLINE	NUMBER OF SESSIONS
Consultant psychiatrist	1
NCHD	0
Occupational therapist	1
Social worker	By referral
Clinical psychologist	By referral

**Team input**

Team meetings were held in the residence. They were attended by nursing staff and the consultant psychiatrist. Other disciplines did not attend. It was unclear whether the new occupational therapist will attend team meetings. Residents could attend out-patients appointments or be reviewed in the residence.

**Medication**

Medication was prescribed by the consultant psychiatrist and then by the general practitioner for medical cards. The prescription was faxed to the pharmacy and the resident collected the medication. There was a self medication programme in operation.

**Tenancy rights**

The residence was owned by the Health Service Executive. The residents payed €100 in rent per week and this was collected by the nursing staff. There was also an activity fund into which the residents pay €6 per week. Community meetings took place once a month and minutes were kept of the meetings. The residence brought out a quarterly magazine. An information leaflet was available about the residence.

Complaints were made to the nursing staff. If considered not to be serious they were recorded in the resident's file. No record book of complaints was kept. Serious complaints were brought to the attention of senior management.

### **Financial arrangements**

All residents were on disability allowance. Each resident had a bank account and controlled their own finances. Staff did not hold resident's money.

### **Leisure/recreational opportunities provided**

A number of different outings took place throughout the year. There was an activity fund to which the residents contributed. A number used outside facilities such as the cinema, library and coffee shops. Television and DVDs were available. There was a pleasant garden with gardening activities. Some residents attended music sessions in a nearby pub.

### **Service user interviews**

Residents were happy with the residence. They particularly appreciated the garden and the fact that the house was being painted.

### **Conclusion**

This was a pleasant residence with ample living space and garden area, although the number of residents was high (18). It was obvious that efforts were made to provide a rehabilitation ethos although this was hampered by the fact that there was little opportunity to avail of kitchen skills, which could potentially slow movement to more independent living. The condition of the building required painting but this was to commence almost immediately. There was lack of privacy in the double and triple bedrooms. Most residents availed of community facilities and outside occupations. There was an active self medication programme.

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

1. A comprehensive living skills programme, including cooking skills, should take place.
2. The issue of lack of privacy in the bedrooms should be addressed.
3. A log of complaints made to nursing staff should be commenced.
4. There should be a rehabilitation team within the catchment area which would have responsibility for the residence as part of a rehabilitation service.