Mental Health Services 2013

Inspection of 24-Hour Community Staffed Residences

EXECUTIVE CATCHMENT AREA/INTEGRATED SERVICE AREA	Longford/Westmeath
HSE AREA	Mid Leinster
MENTAL HEALTH SERVICE	Longford
RESIDENCE	Hillcrest
TOTAL NUMBER OF BEDS	8
TOTAL NUMBER OF RESIDENTS	8
NUMBER OF RESPITE BEDS (IF APPLICABLE)	1
TEAM RESPONSIBLE	Rehabilitation and Recovery
TYPE OF INSPECTION	Unannounced
DATE OF INSPECTION	20 March 2013

Summary

- The quality of care and treatment of residents was excellent.
- The entrance to, and egress from, the community residence, in a vehicle, was a hazard and was dangerous and needed to be rectified immediately.
- MDT care plans and nursing care plans were separate entities rather than having one true multidisciplinary (MDT) individual care plan.

Description

Service description

Hillcrest operated as a 24 hour nurse-staffed community residence since September 2012. It had formerly been a medium support residence. Residents had transferred from Ashford community residence in September 2012 which was now the designated medium support community residence in the Longford Mental Health Services.

Hillcrest was a two-storey, split level architect-designed former private residence situated on the eastern outskirts of Longford town on the main Longford to Dublin Road. The philosophy and purpose of rehabilitation of the service was to collaboratively assist service users, following an assessment process, in their journey of recovery, to secure and maximise health and social gain using a multidisciplinary approach in a community based facility.

Profile of residents

The age range of residents was from 35 to 60 years. There were five males and two females and one male respite patient. There were no wards of court and all residents were voluntary. All residents were mobile and the majority were independent in self care.

Quality initiatives and improvements in 2012/2013

- A questionnaire for residents had been developed in relation to the recent move from Ashford community residence which had now become a medium support community residence.
- Multidisciplinary care (MDT) planning had been introduced although there were still separate nursing care plans.
- A new extractor fan had been placed in the smoking room.

Care standards

Individual care and treatment plan

All residents had access to a specialist rehabilitation team. Two clinical files were examined by the inspector. The individual care and treatment plans were recovery orientated. There were MDT care plans and separate nursing care plans. The residents had signed their respective care plans and residents were involved in their own individual care plan process. The Clinical Nurse Manager 2 (CNM2) attended the weekly team meeting which was held in the residence. Each resident had a full psychiatric review completed at least every six months.

All residents had their own general practitioner (GP). Residents attended their respective GP surgeries unless physically ill in which case the GP attended the resident in the community residence. Residents attended their GP annually. Physical health reviews of residents were undertaken by the GPs. Risk assessment was used. The service had use of an excellent manual of assessment tools compiled by the service (Mental Health Assessment Tools, 2nd Edition, Laois, Offaly, Longford, Westmeath Mental Health Services). Staff presented as being positive and proactive.

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

Two residents had completed a Solas course and one resident was currently planning to access a course through the local Vocational Education Committee (VEC). The nearby mental health centre had an occupational therapy (OT) kitchen for use by residents in order to acquire cooking skills. Most residents attended sessional activities in the nearby day centre during the day time. GROW attended the community health centre one day per week. Activities such as art, VEC, music and relaxation could be accessed by residents. There was a complaints procedure highlighted in a prominent position and a suggestion box was placed adjacent to this.

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

Residents could access the town of Longford quite easily for social outings and coffee. The Mall area of the town was a lovely area for walks. The Backstage Theatre held music and drama shows frequently. The nearby GAA pitch was also attended regularly by residents. There were also annual trips to Knock and Croke Park and the Christmas party, which was organised by the Mental Health Association, was attended by residents, and staff. One resident was involved in an art group in the town.

Facilities

There were two TV rooms and a CD player. There was a laundry room available to residents and clothing was individually laundered by each resident. There were two single rooms and three double rooms. The double rooms afforded little privacy to residents sharing. The main meal was consumed at 1230h and tea time was at 1700h.

The Dublin to Sligo mainline rail was immediately to the rear of the residence and the main Longford to Dublin road was immediately to the front. The garden area was very open to view from the main Longford to Dublin road which was a heavily used road. Staff were in the process of requesting hedge or shrub screening to increase residents' privacy. Maintenance, based in St. Joseph's Hospital, in Longford, was reported to be good.

Car park space was extremely limited and from this inspector's perspective, quite deceiving when one was driving up the incline of the drive from the Dublin direction. When entered into, the car park spaces were full and the area was so tight and congested that the inspector had no choice but to reverse back down the drive and out onto the main Longford to Dublin road which at that precise point in time was heavy with oncoming traffic, including an approaching intercity coach. Compounding this

was the lack of visibility reversing out onto the main road due to the obstructed view afforded by the parked vehicles belonging to staff that were unable to be parked in any other area. On questioning staff about the entrance, and the availability of parking, it was brought to the attention of the inspector that the risk of collision on egress of the community residence had been documented in the service's Risk Assessment Form. The due date for the remedying of this risk was documented as "ongoing".

Staffing levels

STAFF DISCIPLINE	DAY WTE	NIGHT WTE
RPN	2 (including 1 CNM2)	1
MTA	2	1

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

Team input

DISCIPLINE	NUMBER	NUMBER OF SESSIONS
Consultant psychiatrist	0.3	Once weekly
NCHD	0.3	Once weekly and as required
Occupational therapist	0	
Social worker	0.2	As required
Clinical psychologist	0	

Medication

The medication prescription sheets were inspected and were in order. No resident administered medications to self. The prescriber of medicine was the consultant psychiatrist and the NCHD. Depot injections were administered in the residence.

Tenancy rights

The HSE owned the premises. Residents did not sign a lease agreement. It was reported that a financial assessment was undertaken on all residents annually, however, the rent was a flat rate €60.00 per week for all residents, which included food and utilities. Residents did not contribute to a social fund or kitty. Community meetings took place monthly to every six weeks. The complaints procedure was displayed in a prominent area of the residence.

Financial arrangements

The community residence had “Resident Property/Personal Belongings (Residential Services) policy which incorporated a financial policy. All residents had their own bank accounts and PIN cards. Rent was paid by each resident by direct debit. Staff did not handle residents’ monies.

Service user interviews

No resident requested to speak with the inspector. Those residents within the premises were greeted by the inspector during the course of the inspection. The contact details and number of the peer advocate were displayed. There was written information available to residents on medications and their side effects.

Conclusion

Staff of Hillcrest presented as being positive, proactive and knowledgeable. Residents were still only settling into the residence following their transfer from Ashford.

The quality of care and treatment of residents was excellent as evidenced from inspection of a sample of clinical files and prescription booklets.

Hillcrest was situated adjacent to the busy Longford to Dublin road and the garden area, although large, inclined on a downward slope toward the road, and was in full view of passing traffic. This afforded little or no privacy to residents during the summer months.

The entrance to, and egress from, the community residence, in a vehicle, was a hazard and was dangerous and this needed to be rectified immediately.

Recommendations and areas for development

1. Entrance and egress to and from the community residence, in a vehicle, is currently a hazard and a danger and must be made safe immediately.

2. MDT individual care plans and nursing care plans should be amalgamated to form one true MDT care plan.

3. Each resident should have their own bedroom.