

Mental Health Services 2010

Inspection of 24-Hour Community Staffed Residences

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| EXECUTIVE CATCHMENT AREA | Galway Mayo Roscommon |
| HSE AREA | Galway |
| CATCHMENT AREA | Galway West |
| MENTAL HEALTH SERVICE INSPECTED | Galway |
| RESIDENCE INSPECTED | Unit 9 B Merlin Park |
| TOTAL NUMBER OF BEDS | 28 |
| TOTAL NUMBER OF RESIDENTS | 24 |
| NUMBER OF RESPITE BEDS (IF APPLICABLE) | Not Applicable |
| TEAM RESPONSIBLE | Community Mental Health Teams and Rehabilitation |
| DATE OF INSPECTION | 19 May 2010 |

Description

Service description

The 24-hour residence at Merlin Park Hospital was situated in a stand-alone unit of the original hospital and was located on the outskirts of Galway city.

The unit opened as a mental health facility in 1992 and was a two storey building. Most of the accommodation was in single rooms and residents had access to a very pleasant garden at the rear of the building. There was a kitchen in the residence which was unused and staff reported that it was hoped to be able to use this in the future to enable residents to become more skilled in this area. The unit had been an approved centre until two days prior to the inspection.

Profile of residents

There were 24 residents on the day of inspection, all of them requiring continuing care. The most recent admission had been in 2007 and many of the residents had been admitted from St. Brigid's Hospital, Ballinasloe when that hospital began to discharge residents. There were 14 male and nine female residents and the age range of residents was from 42 to 76 years. Residents were accepted for respite although there were no designated respite beds. Two of the residents were detained patients, on approved leave from the Department of Psychiatry in Galway University Hospital.

Quality initiatives and improvements in the last year

- The residence had undergone a complete renovation within the previous year.

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, Physical health reviews

Residents were under the care of one of four community mental health teams or the Rehabilitation team. The consultant visited the unit every six weeks and the Senior Registrar attended one day per week. There were no multidisciplinary team meetings, although a social worker, occupational therapist or psychologist was available when required.

A number of clinical files were reviewed. Each resident had an individual care plan but the only entries on the individual care plans were from medical or nursing staff. Some of the individual care plans were signed by the resident. There was evidence that the residents had had a psychiatric review carried out in the previous four months. A review of clinical files showed that physical examinations had been carried out in the previous few months. Risk assessment was carried out by the medical staff.

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

Activities in the residence were conducted by nursing staff with the exception of art. An art therapist conducted an art session one day per week. Other activities included word wheels and music. Four residents attended the Training Centre which was located beside the residence. Two residents attended a day centre situated in the grounds of the hospital and one resident attended a day centre in Galway city. Some of the able-bodied residents were able to travel independently to the city on public transport.

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

The residence was located in the grounds of Merlin Park Hospital, which were quite extensive, and as such, was not part of a local community area.

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

Although the residence was part of a hospital complex which was over fifty years old, the premises were in excellent condition, having been renovated the previous year. Bedrooms were situated both upstairs and downstairs and most were single rooms. There were no partition curtains in the double rooms.

Staffing levels (full time in residence)

| STAFF DISCIPLINE | DAY WTE | NIGHT WTE |
|-------------------------------|------------|-----------|
| Staff nurses (including CNM2) | 3 - 4 | 2 |
| Attendants | 1 - 2 | 0 |
| Clerical Staff | 1 (shared) | 0 |

Team input (sessional)

| DISCIPLINE | NUMBER OF SESSIONS |
|---------------------------------------|---------------------------|
| Consultant psychiatrist | One session per six weeks |
| Non consultant hospital doctor (NCHD) | One day per week |
| Occupational therapist | As required |
| Social worker | As required |
| Clinical psychologist | As required |
| Art Therapist | One session per week |

Team input

The consultant attended once every six weeks and reviewed the residents. The senior registrar was present in the residence one day per week. Multidisciplinary team meetings were not held in the residence. A dietician had completed assessments on a number of residents recently and there was access to a physiotherapist as required.

Medication

Medication Kardexes were written by the registrar and medication was provided by the pharmacy in Merlin Park Hospital. Staff reported easy access to the pharmacist in the hospital in situations where additional medication was required urgently.

Tenancy rights, do community meetings take place?

The building was owned by the Health Service Executive. Community meetings were held approximately every six weeks and were attended by the Clinical Nurse Manager 2 (CNM2) and by the attendant staff.

Financial arrangements

The ward clerk collected pensions for all but two residents. A cash sheet was kept for each resident and kept in the safe. Residents had access to their money daily and this was facilitated by two nurses. Money which residents did not need for daily living expenses was lodged to individual post office accounts for the resident. A few residents handled all their own financial affairs.

Leisure/recreational opportunities provided

Residents could travel to the city on public transport as they wished. Staff organised outings for residents and had access to a minibus for this purpose. Residents were accompanied by staff to do shopping for personal needs.

Service user interviews

Residents were greeted by the Inspectorate while conducting the inspection and one resident spoke directly with the Inspectorate. The resident was satisfied with the residence and commended the staff

Conclusion

The premises had recently been redecorated and were in excellent condition; however, one bathroom had not been renovated and was in poor condition. Despite the institutional nature of the building, there was a pleasant atmosphere in the residence but it could not be described as a residential home. Residents had individual care plans but in most cases, the only disciplines represented were medical and nursing. It was encouraging to note that physical health examinations were being conducted on a regular basis.

The residence at Merlin Park Hospital had very recently been de-designated as an approved centre and staff reported little discussion of the implications of this for residents and staff by management. Two residents who were involuntary patients in the Psychiatric Unit, University College Hospital, Galway and who were residing in the residence on approved leave were receiving medication without consent. In both cases, Mental Health Commission Form 17 had been completed by a second consultant psychiatrist.

Recommendations and areas for development

1. The bathroom which had not been renovated should be refurbished to the same standard as the other bathroom facilities in the residence.
2. The kitchen which was unused at present should be brought back into use as an amenity for residents.