Mental Health Services 2012

Inspection of 24-Hour Community Staffed Residences

EXECUTIVE CATCHMENT AREA/INTEGRATED SERVICE AREA	Limerick, Clare, North Tipperary
HSE AREA	West
MENTAL HEALTH SERVICE	Limerick
RESIDENCE	Inisgile
TOTAL NUMBER OF BEDS	28
TOTAL NUMBER OF RESIDENTS	27
NUMBER OF RESPITE BEDS (IF APPLICABLE)	0
TEAM RESPONSIBLE	Sector team (Killmallock, Sector 6)
TYPE OF INSPECTION	Unannounced
DATE OF INSPECTION	17 April 2012

Summary

- Multidisciplinary care planning was not used.
- The residence accommodated 27 residents whereas *A Vision For Change* guidelines advocate no more than ten places per community residence in order to foster a non-institutional environment.
- The physical environment had a more clinical feel to it than a homely one.

Description

Service description

Inisgile community residence was a former nursing home situated in the village of Parteen, County Clare, approximately ten kilometres from Limerick City. It was built in the 1960s and opened as a community residence as part of the Limerick Mental Health Services in 2003, following its purchase by the then Mid-Western Health Board. Residents of St. Theresa's Ward in St. Joseph's Hospital, Limerick, were transferred to the residence to facilitate the closure of that ward. Originally, there was an upper floor section which was used to accommodate an additional ten residents but this had closed some years ago. The residents were not under the care of a rehabilitation team. The philosophy of the residence espoused the right of each resident to achieve, to self-direction and to accepting responsibility for his and her own life.

Profile of residents

On the day of inspection there were 15 female and 12 male residents. There had been one death of a resident three weeks prior to inspection. The age profile of residents was from 58 to 90 years. There were no respite beds in the community residence. Most residents had been transferred from St. Theresa's Ward in 2003. The most recent person had been resident for approximately 18 months, having been transferred from more recently closed wards in St. Joseph's Hospital or from the acute admissions unit (Unit 5B). All residents were of voluntary status and there were no Wards of Court. Most residents had mobility problems as a significant number of residents were of the older age range and used wheelchairs and walking sticks. The premises were not fully wheelchair accessible and all the corridors were narrow, barely wide enough for someone, whether mobile resident or staff member, to walk past an approaching wheelchair and certainly no room for a resident with a walking aid to do so.

Quality initiatives and improvements in 2011/2012

- A new barbeque had been purchased.
- The residents were consulted on menu choice.

Care standards

Individual care and treatment plan

Care plans were not multidisciplinary but were nursing care plans. Residents had a primary nurse rather than a key worker. Input from residents to care planning was minimal. It was reported that this was due to the older resident group and the enduring nature of their respective illnesses. Physical health reviews were carried out every six months by the general practitioner (GP). All residents were under the care of this GP. The GP kept his own clinical information but liaised with staff but wrote in the clinical file of a particular resident where necessary. Psychiatric reviews occurred every three months by the consultant psychiatrist. In addition the consultant psychiatrist and non-consultant hospital doctor (NCHD) called whenever necessary. All residents were under the care of the sector team and not a specialist rehabilitation team. A number of formal risk assessments were used. Staff of the community residence presented as being positive and proactive.

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

The Clinical Nurse Specialist (CNS) for the activation room had retired and a staff nurse had been filling in her role as activation nurse in addition to the nursing staff complement. There was a full documented programme of activities displayed on a white board in the residence. The Snoezelen Room was being used by a number of residents. On the day of inspection the activation room had planned a newspaper group, a beauty group, art and crafts and bingo. A seven-seater minibus, ramped for wheelchair access was available to the residence. The resident could attend the GP practice but the GP might also call to the residence. One resident attended a day hospital, one attended a day centre but no resident attended a training facility. Art took place for residents each Saturday morning. Physiotherapy, chiropody and dietician services were contracted by the residence when required. A hairdressing salon was also located in the residence and a hairdresser attended regularly.

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

Residents were of the older age range and were largely not fully mobile and, therefore, not involved in the community. The residence was located on the edge of Parteen village, approximately ten kilometres from Limerick city centre. There was a shop across the road which the residents tended to use. Public transport to Limerick City was described by staff as being erratic. There was a quiet room which could accommodate visitors. Families visited and accompanied residents on outings.

Facilities

There were a number of single rooms but most bedrooms contained four beds and privacy was maintained through the use of privacy curtains. Maintenance was described as being good. The residence had been painted in 2011. Meals were cooked in-house. Residents were always involved in menu choices.

Staffing levels

STAFF DISCIPLINE	DAY WTE	NIGHT WTE
Nursing	1 CNM3 (0900h-1700h) + 6 RPNs	4 RPNs
Activation Nurse	1(0900h-1700h)	0
Dining room attendants	2	0
Cleaning attendants	2	0
Chef	2 (1 per day)	0
Part time laundry/clean-up staff	2 (1 per day)	0

Clinical Nurse Manager (CNM), Registered Psychiatric Nurse (RPN), Non Consultant Hospital Doctor (NCHD).

Team input

DISCIPLINE	NUMBER	NUMBER OF SESSIONS
Consultant psychiatrist	1	Sessional
NCHD	1	Sessional
Occupational therapist	0	-
Social worker	0	-
Clinical psychologist	0	-
Art therapist	1	One session on Saturday

Medication

There was no information on indications for use of medication, its effects and possible side effects. Prescribers were the consultant psychiatrist, NCHD and GP. Two residents were receiving depot injections which were administered by nursing staff of the residence. No resident was self-medicating.

Medications were written on kardex cards. Doctors did not use medical council registration numbers (MCN) when writing prescriptions. A mix of generic and trade names were used and a number of prescriptions were out of date, some dating back to early 2010. Two prescription kardexes had no names or identifying features on them. Thirty per cent of residents were prescribed a benzodiazepine but no resident was prescribed more than one benzodiazepine.

MEDICATION

NUMBER OF PRESCRIPTIONS:	27	%
Number on benzodiazepines	8	30%
Number on more than one benzodiazepine	0	0
Number on PRN benzodiazepines	5	19%
Number on Benzodiazepine hypnotics	6	22%
Number on Non benzodiazepine hypnotics	10	37%
Number on PRN Hypnotic	1	4%
Number on antipsychotic medication	22	81%
Number on high dose antipsychotic medication	0	0
Number on more than one antipsychotic medication	8	30%
Number on PRN antipsychotic medication	4	15%
Number on Depot medication	0	0
Number on antidepressant medication	11	41%
Number on more than one antidepressant	3	11%
Number on antiepileptic medication	6	22%
Number on lithium	2	7%

Tenancy rights

The HSE owned the residence. Rent was €25.00 per week per resident. In addition, residents paid €35.00 per week for maintenance and €10.00 per week for sundries. Community meetings did not take place but the Clinical Nurse Manager 3 (CNM3) met with residents regularly to discuss housekeeping and management issues pertinent to residents. The complaints procedure was placed in a prominent position in the residence. A record of complaints was maintained. There had been one resolved complaint regarding the retirement of the activation nurse.

Financial arrangements

Staff handled small amounts of money only. Each resident had their own post office account. The families of seven residents managed their finances. Staff managed an accounts book and a petty cash book. The community residence had a financial policy but this could not be located on the day of inspection and was subsequently forwarded to the Inspectorate following the inspection. Accounts were audited internally every 4-6 weeks. All receipts were maintained and book keeping accounts were all invoiced.

Service user interviews

No resident requested to speak to the inspector. All residents were greeted and chatted informally with the inspector. They said they were happy with their care and treatment. There was a wide sample of information on various support groups and voluntary agencies available to staff and visitors. Contact details of the peer advocate were displayed in a prominent position in the residence.

Conclusion

Inisgile was a large community residence accommodating 27 residents, most of whom had been transferred from St. Theresa's Ward in St. Joseph's Hospital in 2003. A former nursing home, it had a clinical feel to it, typical of a ward in a hospital, rather than a homely community residence. The internal corridors had room for wheelchair throughput but little or no room if someone was walking towards this wheelchair user. All bedrooms of two or more beds had privacy curtains. There was a clinical room and large sitting rooms and therapy rooms which added to the "clinical feel" of the environment.

Recommendations and areas for development

1. The guidelines in A Vision For Change that 24-hour-staffed community residences should have a maximum of ten places to foster a non-institutional environment should be considered.

2. Multidisciplinary care plans should be used by the service.

3. Doctors should use their MCN when prescribing medication as recommended by the Medical Council.

4. All prescriptions should be in date.