

# **Mental Health Services 2011**

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

<b>EXECUTIVE CATCHMENT AREA</b>	Limerick / Clare / North Tipperary
<b>HSE AREA</b>	West
<b>MENTAL HEALTH SERVICE INSPECTED</b>	Limerick
<b>RESIDENCE INSPECTED</b>	Ivernia House
<b>TOTAL NUMBER OF BEDS</b>	14
<b>TOTAL NUMBER OF RESIDENTS</b>	14
<b>NUMBER OF RESPITE BEDS (IF APPLICABLE)</b>	0
<b>TEAM RESPONSIBLE</b>	Rehabilitation Team
<b>DATE OF INSPECTION</b>	27 July 2011

## Description

---

### Service description

Ivernia House was opened in April 1992 and was a large two-storey house located inside the entrance to the Midwestern Orthopaedic Hospital in Croom, County Limerick, on the outskirts of the village. It was a 14-bed community residence with 24-hour nursing supervision. The premises were the former residence of the chief surgeon of the adjacent orthopaedic hospital. Since the last inspection by the Inspectorate in 2005 a rehabilitation team had taken over responsibility of the service. There was evidence based on comparisons between this year's inspection and the previous one in 2005 that this had proved to have had a positive and beneficial impact on the care and rehabilitation of residents. The mission statement and philosophy given to the Inspectorate on the day of inspection was for the Limerick Mental Health Services and not specific to Ivernia House.

### Profile of residents

On the day of inspection there were nine male residents and five female residents. The age range of current residents was between 48 and 81 years of age. Eight of the original 14 residents, who were transferred to Ivernia House from St. Joseph's Hospital, Limerick, in 1992, were still resident in the residence. Five residents had been transferred over the past four years to lower support housing or independent living. A resident had been admitted to the residence in April of this year. All referrals go to the Rehabilitation Team to assess the appropriateness of the person's placement in the community residence based on need and geographical location. Formal discharge planning from Ivernia House was now part of the rehabilitation process.

### Quality initiatives and improvements in the last year

- The Client's Assessment of Strengths, Interests and Goals (CASIG) had been introduced.
- The Rehabilitation team had developed policies and protocols
- The residents had chipped together to buy a plasma widescreen television.
- An art teacher, funded by the local Vocational Education Committee (VEC) spent 30 hours per year at the residence.
- A back-up generator had been received for back-up electrical supply.

## **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**

Each resident had an individual multidisciplinary care and treatment plan. All residents signed this care plan. Physical health reviews were carried out by the resident's general practitioner (GP) at Adare Health Centre on a six-monthly basis; all residents had the same GP. Routine bloods and Lithium and Tegretol levels were taken by the practice nurse at the Adare Health Centre. There was evidence of liaison between the staff of the community residence and the Health Centre. A risk assessment was not used by the community residence. Each resident received a psychiatric review twice a year by the consultant psychiatrist or whenever such psychiatric review was required. Staff presented as being positive and proactive.

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

The profile of residents was of the higher age range. All were independent. A number of attempts had been made by the service at starting a number of therapeutic programmes such as a horticultural group and computer classes but these did not go ahead due to a lack of interest by residents. An unstructured art session occurred every Wednesday. No resident attended a day hospital, day centre or any training or educational facility.

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

The residence was located on the edge of Croom village, a rural area but 15 minutes away from Limerick City by bus. A bus stop was 300 metres away where the City Link bus stopped to go into Limerick City. A taxi company also provided special reduced rates to residents of the community residence. The local soccer club organised a special Christmas night for residents. The local Active Retirement Group invited residents to a Christmas outing annually. The Adare Red Cross attended the community residence at Christmas time for a music and Carols night. The Mental Health Association (Mungret and district) held a Christmas dinner dance for residents at the local GAA club. One resident was actively involved in the local GAA club. All residents went into Croom village or into Limerick City alone unaccompanied. Family members also visited and accompanied the residents out.

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

The community residence was of a very high decorative standard and well-maintained. There were two large tastefully decorated sitting rooms. Bedrooms consisted of two three-bed bedrooms and four twin bedrooms. Wardrobe space was large for each resident. A fold-away privacy curtain affixed to the wall could be used to maintain privacy. The premises were a large two-storey house with a broad sweeping staircase. Despite this, a number of elderly residents, it was reported, were maintained safely in the premises. There was documentary evidence of monthly fire drills carried out randomly. Training in fire prevention and management had been attended by staff. The folder containing the fire officer's maintenance reviews was examined and was satisfactory. There was a beautifully decorated conservatory in the residence with access to a surrounding garden area. The dining area appeared a little cramped for the number of residents. Breakfast and tea time meals were prepared on the premises. The main hot meal was supplied from the kitchen in the Midwestern Orthopaedic Hospital and delivered to the residence for a small daily charge per resident. There was a courtyard area and a laundry area where a member of the domestic staff laundered the residents' clothing. There was no clinical room in the premises and the nursing office was adapted into part clinical room. Oxygen and an emergency tray was not available

**Staffing levels**

STAFF DISCIPLINE	DAY WTE	NIGHT WTE
Nursing	1 CNM and 1 RPN	1 RPN
Household	1	0

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

**Team input (sessional)**

DISCIPLINE	NUMBER OF SESSIONS
Consultant psychiatrist	1 (Twice annually or more if needed)
NCHD	1
Occupational therapist	1
Social worker	1
Clinical psychologist	0 (referrals could be made)
Other – Clinical Nurse Specialist	1 Cognitive Behavioural Therapy

**Describe team input**

The Multidisciplinary met twice annually in respect of the reviewing of the residents' MDT care plans. More regular review of residents by the consultant psychiatrist occurred more regularly if necessary. Team meetings were held in the rehabilitation offices in St. Joseph's Hospital, Limerick. All members of the MDT attended. A case conference had taken place for each resident in recent times as part of the rehabilitation process.

## **Medication**

The consultant psychiatrist and the GP maintained close links and inter-consultancy with regard to the care and treatment of residents. Prescriptions were written by the consultant psychiatrist and the GP. Depot injections were administered by the staff of the residence as prescribed. Each resident had an information pack on the services provided. There was no written information on diagnoses and the effects or side effects of medication. Prescribing doctors did not use Medical Council Numbers (MCN) in the prescription kardexes. All residents were prescribed antipsychotic medication and eight were prescribed two antipsychotics; one resident was receiving three different antipsychotics. Only two residents were prescribed regular benzodiazepines.

**MEDICATION**

<b>NUMBER OF PRESCRIPTIONS:</b>	<b>14</b>	<b>%</b>
<b>Number on regular benzodiazepines</b>	<b>2</b>	<b>14%</b>
<b>Number on more than one benzodiazepine</b>	<b>0</b>	<b>0</b>
<b>Number on PRN benzodiazepines</b>	<b>5</b>	<b>36%</b>
<b>Number on hypnotics</b>	<b>1</b>	<b>7%</b>
<b>Number on Non benzodiazepine hypnotics</b>	<b>0</b>	<b>0</b>
<b>Number on PRN hypnotics</b>	<b>1</b>	<b>7%</b>
<b>Number on antipsychotic medication</b>	<b>14</b>	<b>100%</b>
<b>Number on high dose antipsychotic medication</b>	<b>2</b>	<b>14%</b>
<b>Number on more than one antipsychotic medication</b>	<b>8</b>	<b>57%</b>
<b>Number on PRN antipsychotic medication</b>	<b>4</b>	<b>29%</b>
<b>Number on Depot Medication</b>	<b>4</b>	<b>29%</b>
<b>Number on antidepressant medication</b>	<b>5</b>	<b>36%</b>
<b>Number on more than one antidepressant</b>	<b>0</b>	<b>0</b>
<b>Number on antiepileptic medication</b>	<b>3</b>	<b>21%</b>
<b>Number on Lithium</b>	<b>0</b>	<b>0</b>

### **Tenancy rights**

The HSE owned the premises. Rent for each resident was €13.50 per week. Community meetings took place once a month and documentary evidence of such was logged. The complaints procedure was highlighted in a prominent position in the residence. There had been no written complaint made.

### **Financial arrangements**

The community residence had its own financial policy and protocols. Very little money was handled by staff. All residents had their own bank account. An ADON called to the premises regularly and audited the accounts on a random but regular basis.

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

Day trips were organised to the Aran Islands, Lahinch and Kilkee. An annual holiday was facilitated usually to Ballyunion beach. Annual events such as the Newcastle West fair and the Cappamore show were always attended. GAA matches were also well-attended in the Gaelic Grounds in Limerick. Daily newspapers and the West Limerick Observer were delivered to the resident. There were two very large sitting rooms both with widescreen plasma televisions. The Mental Health Association played an active part in the funding of activities for the residents.

The community residence had a large garden area. Regular barbeques used to be held but had been stopped by the HSE's Health and Safety policies and protocols. The Charleville Park Hotel now facilitated regular organised barbeques for residents instead during summertime.

### **Service user interviews**

No resident requested to speak to the Inspectorate but one resident engaged with the inspector on a number of occasions during the inspection. Residents were greeted during the course of the inspection.

The peer advocate from the Irish Advocacy Network (IAN) called once a month and these visits were logged. The IAN advocate's contact details were displayed in a prominent location in the residence.

### **Conclusion**

Ivernia House was a large two-storey community residence in good decorative order and well-maintained structural order. The staff level of one nurse on night duty was inadequate to facilitate the care of 14 residents in a high support community residence. The residence did not use a risk assessment tool.

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

- 1. Two staff should be on duty at night, one of whom must be a registered psychiatric nurse.*
- 2. An adequate supply of oxygen and an emergency tray should be available in the residence.*
- 3. Written information on diagnoses and the effects or side effects of medication should be available to residents.*
- 4. A risk assessment should be used by the service.*
- 5. Prescribing doctors should use MCN when writing prescriptions.*