

Mental Health Services 2012

Inspection of 24-Hour Community Staffed Residences

EXECUTIVE CATCHMENT AREA/INTEGRATED SERVICE AREA	Kildare, West Wicklow, Laois Offaly
HSE AREA	Dublin Mid- Leinster
MENTAL HEALTH SERVICE	Kildare
RESIDENCE	Larine House
TOTAL NUMBER OF BEDS	14
TOTAL NUMBER OF RESIDENTS	14
NUMBER OF RESPITE BEDS (IF APPLICABLE)	0
TEAM RESPONSIBLE	Rehabilitation
TYPE OF INSPECTION	Announced
DATE OF INSPECTION	22 May 2012

Summary

- There was a strong ethos of Recovery in the operation of the residence.
- The house was in the process of being repainted.
- Sleeping accommodation was quite cramped.
- Residents were engaged in a variety of activities outside the residence and many residents participated in activities in the local community.
- All residents had an individual care plan.

Description

Service description

Larine House was a large two storey house situated in the centre of Maynooth town. It had originally been a private residence but was operating as a community residence since the 1980s. Initially, most of the residents had come from St. Loman's Hospital in Palmerstown when St. Loman's closed. Since 2006, all residents have been under the care of the Rehabilitation Team which promoted a strong ethos of recovery in the environment of the house. The service did not provide respite care for temporary residents.

There were 14 residents in the house at the time of inspection; all residents were voluntary.

Profile of residents

The age of the residents ranged from 31 to 72 years, with one third of residents being over the age of 65 years. The majority of residents were male; there were only three female residents. Two residents had been resident for 18 years. All residents were mobile. The population of residents was relatively stable with the most recent admission being in February 2011. This was also the date of the most recent discharge of a resident who was discharged to a nursing home. Although four residents had been identified as suitable for transfer to transitional housing, the service did not have access to low support housing.

Quality initiatives and improvements in 2011/2012

- Painting of the interior of the house was ongoing at the time of inspection.
- Residents were awaiting the delivery of an outdoor room for the garden.
- A Drama Group had been established by the clinical nurse specialist (CNS).
- Local seminarians in the National University of Ireland (NUI) Maynooth had begun a Befriending Group with a number of the residents.
- Staff had been trained in the Wellness and Recovery Programme (WRAP).
- A survey by the advocacy group entitled "How are you?" was ongoing.

Care standards

Individual care and treatment plan

A number of clinical files were inspected. All residents had an individual care plan and these were reviewed regularly by the multidisciplinary team; all residents were reviewed at least six- monthly. Residents could attend these review meetings if they wished. Each resident had a Functional Assessment of the Care Environment (FACE) carried out.

All residents were linked with a general practitioner (GP) and when necessary, the resident attended the GP in the surgery. Residents brought their medication kardexes with them when attending and the GP prescribed medication in the kardexes. As yet, there was no system of carrying out six monthly physical examinations on residents, but the service was in discussion with the GPs to try and establish this. In general, the GP communicated verbally with the staff as necessary.

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

Each resident had an individualised therapeutic programme. Residents were engaged in various activities such as a Community Employment Scheme, attending courses in Roslyn Park, a Training Centre and a National Learning Network scheme. Some residents also participated in EVE Holdings, a protected employment scheme. A nurse trained in Drama Therapy recently ran courses for residents.

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

As the house was located in the centre of Maynooth town, there were plenty of opportunities for residents to participate in local activities. Residents played Bingo, and pool in local facilities and visited the cinema; some were involved with the local branch of the Legion of Mary. A number of the residents had been involved in creating a float for the local St. Patrick's Day Parade in the town in March 2012.

Facilities

The house was in the process of being re-painted at the time of inspection. Although the house was quite large, there was little communal space. There was one sitting room, which was very nicely furnished; the kitchen was small with little preparation area and lacked facilities for residents to do little more than basic cooking. Two toilets were in need of refurbishment and the flooring in the male shower required replacement. The garden was a pleasant area where some residents were engaged in gardening. All residents were accommodated in shared bedrooms. There was one 2-bed room (with an en suite) and the remainder were 3 -bed rooms; there were two showers for the remaining 12 residents, but following the inspection, it was reported that an additional shower had been provided for residents' use. Rooms were of different sizes and some were quite small; there was no way to provide privacy for individual residents in these rooms. In one case, two residents had to share one wardrobe due to lack of space. Following the inspection it was reported that this arrangement had been corrected and each resident now had their own wardrobe.

Staffing levels

STAFF DISCIPLINE	DAY WTE	NIGHT WTE
CNM2	1	0
RPN	2	1
Health Care Assistant	1	1

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

Team input

DISCIPLINE	NUMBER	NUMBER OF SESSIONS
Consultant psychiatrist	1	One weekly session
NCHD	1	One weekly session
Occupational therapist	None	0
Social worker	None	0
Clinical psychologist	None	0
Other – Drama Therapist	1	As required
Rehabilitation Clinical Nurse Specialist	1	Sessional

Medication

Medications were prescribed by the consultant, non consultant hospital doctor (NCHD) or by the GP. Five residents were on a self-medicating programme. Depot medication was administered by staff. Prescription kardexes for all residents were collected and examined. All prescriptions were in date; doctors used their Medical Council Numbers (MCN) when writing prescriptions. All residents were prescribed an antipsychotic medication and two residents were prescribed high-dose antipsychotics. Most of the residents were also prescribed an antidepressant medication (11) and three residents were taking more than one antidepressant. In addition, most residents were prescribed as required (PRN) benzodiazepine and antipsychotic medications.

MEDICATION

NUMBER OF PRESCRIPTIONS:	14	%
Number on benzodiazepines	4	29%
Number on more than one benzodiazepine	0	0
Number on PRN benzodiazepines	10	71%
Number on benzodiazepine hypnotic	1	7%
Number on Non benzodiazepine hypnotic	1	7%
Number on PRN hypnotic	7	50%
Number on antipsychotic medication	14	100%
Number on high dose antipsychotic medication	2	14%
Number on more than one antipsychotic medication	5	36%
Number on PRN antipsychotic medication	9	64%
Number on Depot medication	2	14%
Number on antidepressant medication	11	79%
Number on more than one antidepressant	3	21%
Number on antiepileptic medication	7	50%
Number on lithium	1	7%

Tenancy rights

The house was owned by the Health Service Executive (HSE). A rent of €90 was paid by each resident which covered all requirements. Community meetings were held monthly and the service had a complaints procedure where complaints were initially made to the CNM2 but no record of complaints was maintained. A system for recording complaints was introduced subsequent to the inspection.

Financial arrangements

Each resident had an individual bank or Post Office account and rent was deducted directly. Residents withdrew money as they required and some asked staff to keep it in the safe. The service had procedures for staff handling residents' money and two staff signed all such transactions.

Service user interviews

None of the residents requested to speak directly with the inspector but informal conversations were held with many residents during the course of the inspection. The Advocate visited the house on a regular basis.

Conclusion

It was evident from the inspection of Larine House that it was a vibrant place where residents were occupied in a variety of ways and participated in community events; most residents followed a therapeutic programme and staff impressed as being very Recovery orientated. However, this approach was impeded somewhat with a lack of appropriate follow-on facilities of more independent living accommodation. While it was very good to see the house being re-painted, overall the bedroom accommodation was cramped and provided little in the way of privacy for residents, many of whom regarded the house as their home. In relation to bathroom facilities, two showers for 12 residents must be regarded as quite inadequate, but this was improved with the provision of an additional shower subsequent to the inspection.

Recommendations and areas for development

1. Consideration should be given to restructuring the house to provide more privacy for residents.
2. Additional showers should be provided.
3. The service should continue to try to make arrangements with the GPs to ensure regular physical examinations for all residents.