

Mental Health Services 2011

Inspection of 24-Hour Community Staffed Residences

EXECUTIVE CATCHMENT AREA	Carlow/Kilkenny/South Tipperary
HSE AREA	South
MENTAL HEALTH SERVICE INSPECTED	South Tipperary
RESIDENCE INSPECTED	Mount Sion
TOTAL NUMBER OF BEDS	17
TOTAL NUMBER OF RESIDENTS	15
NUMBER OF RESPITE BEDS (IF APPLICABLE)	1
TEAM RESPONSIBLE	General Adult
DATE OF INSPECTION	19 May 2011

Description

Service description

Mount Sion was a large two-storey building, a former Christian Brothers' residence, built in the 1930s. It opened in 1997 as a community residence when long stay residents of St. Luke's Hospital, Clonmel moved in. Most residents who had originally moved from St. Luke's Hospital had moved on to either low support housing, independent living, nursing homes or had deceased. The philosophy of the residence was to provide a proactive service in which the specific needs of each person were assessed and individualised plans of care were implemented in helping each resident along the recovery process. The food was cooked freshly in the residence's kitchen and there was a good choice of meals throughout the day.

Profile of residents

Age of residents ranged from the mid-forties to 70 years of age. There were seven male residents and eight female residents. Length of stay varied from under one to 14 years. The respite bed was vacant on the day of inspection.

Quality initiatives and improvements in the last year

- A garden tunnel had been erected and a FÁS worker was helping to supervise certain garden projects such as growing vegetables.

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

Although there was a specialised rehabilitation team based in South Tipperary, care and treatment of residents was provided by a General Adult team. The service used multidisciplinary individual care plans which residents signed. Psychiatric reviews were carried out annually. All residents had their own GP and attended for a full physical examination, including bloods and an ECG, where appropriate, on an annual basis or whenever necessary. Feedback between the staff and the GP's Practice Nurse took place with the residents' permission. All residents had undergone a risk assessment. All residents had undergone a community placement questionnaire (Clifford Assessment) in order to determine appropriate placement from Mount Sion if applicable. Staff in the residence presented as positive and motivated.

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

Three residents attended the Cluain training centre in Clonmel and a bus transported them to that location and back to the residence; two of these residents attended the training centre five days per week and one attended four days per week. Two residents attended Cuan Croi day centre twice a week. The residence had an activities room and nursing management had submitted an application form to the Vocational Education Committee (VEC) for funding to maintain the equipment, such as art materials for this activation room on a twice-yearly basis. A VEC worker had provided art for the residents but that was due to cease temporarily over the summer period. Every July the residence hosted a very successful and locally popular garden fete to which people from neighbouring houses attended. There was also a "ring-a-link" bus service – a specialist bus service that catered for people with special transport needs. Nursing students and social care worker students underwent clinical placements regularly in the residence.

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

Mount Sion was located approximately a five-minute walk into the centre of Tipperary Town. No resident was actively involved in community groups. Residents went out alone to the nearby shops, the cinema, bowling and for a cup of coffee either alone or with peers. There was a public transport service in the town and residents used their bus passes and, if with a companion, companion bus passes could be availed of from the transport provider. The service had its own People Carrier vehicle.

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

The residence was a large building in extensive grounds and contained 10 double rooms, some of which were used as single rooms. There was a laundry room where residents had been allocated time to manage their laundry. Staff in the community residence had been creative in maintaining the privacy of residents in the double rooms by dividing the rooms with the residents' wardrobes. The ceilings in bedroom three and bedroom eight had evidence of dampness on the area of the cornice between the ceiling area and the wall area over the windows. The residence was safe. It was well-maintained by the maintenance department at St. Luke's Hospital, Clonmel. It was reported that requests regarding maintenance issues were sent by email and the response was good. There was documentary evidence of fire inspection procedures. The fire alarms were tested on a weekly basis. It was a large house but was well-heated and ventilated. There was outside CCTV for security purposes only, this was maintained by an outside private security company. At each bedroom door, on the inside, was an intercom system that was connected to where the night nursing staff were based during the night. There were very large and well-maintained gardens with many seating areas and tables.

Staffing levels (full time in residence)

STAFF DISCIPLINE	DAY WTE	NIGHT WTE
Nursing	2	1
Household	1	1

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

Team input (sessional)

DISCIPLINE	NUMBER OF SESSIONS
Consultant psychiatrist	Three times per year
NCHD	As required
Occupational therapist	0
Social worker	1
Clinical psychologist	1

Describe team input

Every second Tuesday a full multidisciplinary team meeting took place in Carraig Oir Sector Headquarters in Cashel. This was also attended by the Community Mental Health Nurse (CMHN). The consultant psychiatrist attended the community residence approximately three times per year. It was reported that the NCHD liaised with nursing staff from the residence at team meetings.

Medication

Residents' medications were reviewed as required by the consultant psychiatrist and the NCHD during consultations with residents at the team meeting in Carraig Oir Sector Headquarters in Cashel to where the prescription booklets were brought by a member of nursing staff attending the team meeting. Depot injections of medications were administered by nursing staff at the residence. All residents were offered the information leaflets from medication packaging if and when their medication changed. The community residence had a clinical room.

Medications were prescribed in booklet form. All residents except one were on antipsychotic medication. As required (PRN) benzodiazepines were prescribed for four residents but none had been administered; in one case, the prescription dated back to 2008. Medical council registration numbers were not used by the prescribing doctors.

MEDICATION

NUMBER OF PRESCRIPTIONS:	15	%
Number on regular benzodiazepines	5	33%
Number on more than one benzodiazepine	1	6%
Number on PRN benzodiazepines	4	27%
Number on benzodiazepine hypnotics	1	6%
Number on Non benzodiazepine hypnotics	3	20%
Number on PRN hypnotics	3	20%
Number on antipsychotic medication	14	93%
Number on high dose antipsychotic medication	2	13%
Number on more than one antipsychotic medication	3	20%
Number on PRN antipsychotic medication	1	6%
Number on Depot	2	13%
Number on antidepressant medication	5	33%
Number on more than one antidepressant	1	6%
Number on antiepileptic medication	2	13%
Number on Lithium	1	6%

Tenancy rights

The HSE owned the building. Residents paid rent of €70.00 per week. The complaints procedure was displayed in a prominent area of the residence. A suggestion box was also situated in a prominent area. Residents' meetings took place once a month. Smoking was not permitted in the residence.

Financial arrangements

Each resident had their own bank account. These bank accounts were managed electronically. Staff helped a small number of residents to manage their bank accounts. The service had a financial policy and procedures.

Leisure/recreational opportunities provided

Many residents attended bingo in the town on a regular basis, particularly during the winter nights and concerts in the summer. It was reported that many residents took part in recreational activities, particularly Sunday meals, with their families. Bowling was also available locally. There was a large sitting room in the residence with a TV. The garden was enormous with many private areas within it to enjoy during the summer time.

Service user interviews

The peer advocate's name and contact details were displayed in a prominent position in the residence. Two residents spoke with the Inspectorate one of whom discussed matters in relation to their care and treatment. Both residents were aware of their care plan. There was an excellent information booklet on Mount Sion Community Residence available to residents.

Conclusion

Mount Sion was a large community residence located on the edge of Tipperary Town. All rooms were spacious and there was plenty of room for privacy. There was evidence that the recreational needs of residents were being met and that residents had access to a reasonable range of therapeutic programmes. The residence had large gardens with plenty of seating and table areas. All residents had a multidisciplinary care plan with which they were involved. A number of rooms required attention to patches of dampness.

Recommendations and areas for development

- 1. Bedrooms that have evidence of dampness should be repaired.*
- 2. Medical council registration numbers should be used by prescribing doctors.*
- 3. Prescriptions dating back more than six months should be reviewed.*