

Mental Health Services 2011

Inspection of 24-Hour Community Staffed Residences

EXECUTIVE CATCHMENT AREA	Donegal, Sligo, Leitrim, West Cavan
HSE AREA	West
MENTAL HEALTH SERVICE INSPECTED	Donegal
RESIDENCE INSPECTED	Radharc na Sléibhte
TOTAL NUMBER OF BEDS	20
TOTAL NUMBER OF RESIDENTS	18
NUMBER OF RESPITE BEDS (IF APPLICABLE)	4
TEAM RESPONSIBLE	North East Sector Team
DATE OF INSPECTION	24 August 2011

Description

Service description

Radharc na Sleibhte was opened in 2000 as a 20-bed community residence and was situated in Carndonagh on the Inishowen Peninsula in County Donegal approximately 64 kilometres north east of Letterkenny. On the day of inspection there were 18 residents, two of whom were receiving respite care. The community residence was large and was located on the edge of the town and was a former convent. As well as a stairs there was a lift. The residence also had a back-up generator in the event of a power failure. The residence was well-maintained and was very clean and in good general decorative condition.

Profile of residents

There were seven female residents, two of whom were receiving respite care and 11 male residents. One resident was a Ward of Court. The age range of residents was from 32 to 81 years of age. Length of stay varied from two years to 11 years.

Quality initiatives and improvements in the last year

- The residence had introduced a computerised system of medicine administration with a four-week cycle.
- One of the staff members had been involved in a charitable event which had raised €5,600 for the service.
- Writings from residents had been published in "Journeys", a Vocational Education Committee (VEC) publication.
- New quilts and pillows had been purchased for residents and were about to be distributed.

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

Nursing care plans were used. There were no multidisciplinary (MDT) care plans. Physical health reviews were carried out by the residents' GPs. Each resident had their own GP. Psychiatric reviews occurred every three months. Although there was a Rehabilitation Team based in Letterkenny, due to the extensive geographical area of the mental health services, the North East Sector Team had responsibility for Radharc na Sléibhte. Each resident had a risk assessment. Staff presented as proactive and enthusiastic.

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

All residents attended the day centre which was attached to the community residence. There was an excellent schedule of therapeutic programmes which had been well-planned and of practical use to both residents and attending service users. These therapeutic programmes had an excellent rehabilitative focus. The day centre also had an occupational therapy (OT) kitchen. There was a garden tunnel in the grounds of the residence in which bedding plants were grown and sold in the community the funds of which went to the service. This was advertised on the local radio annually. Two residents attended the HSE training centre in Ballyraine, Letterkenny. All eligible residents had been referred to Worklink.

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

Two residents were involved in the Community Garden Club, a local club in Carndonagh. The residence was located in a rural setting on the edge of Carndonagh town. Inishowen Rural Transport was a public transport system which dropped and collected residents to and from their family homes. Residents went out into the town to the shops or to the cafes either alone or with their fellow residents. Elderly residents were accompanied by staff from the residence. Two residents occasionally went to Derry to shop.

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

The residence was large and old. As well as a staircase there was a lift. There were two large sitting rooms both with widescreen televisions. Sleeping accommodation consisted of one 4-bed room, one 3-bed room, one 2-bed room and eleven single bedrooms. There was no privacy for residents sharing bedrooms with two beds or more. The shower room opposite the nursing office on the first floor was in need of complete refurbishment and the shower itself needed to be replaced; it continued to leak down onto the ceiling of one of the sitting rooms, the ceiling of which had just been replaced. The second shower and shower room also needed refurbishment. The fire certificate was current. There was documentary evidence of regular ad hoc fire drills. Fire points and fire exits were checked each week and documented. Residents had access to a large private garden.

Staffing levels (full time in residence)

STAFF DISCIPLINE	DAY WTE	NIGHT WTE
Nursing	2 RPNs and 1CNM	2 RPNs
Household	2	0

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

Team input (sessional)

DISCIPLINE	NUMBER OF SESSIONS
Consultant psychiatrist	1 / every three months or when required
NCHD	2 / as required
Occupational therapist	1 / Maternity leave
Social worker	0.8 / access available
Clinical psychologist	0.8 / access available
Other – ADON (Team co-ordinator)	1

Describe team input

It was reported that there had been at least seven different consultant psychiatrists appointed to the North East sector on a temporary basis over the past four years. Staff stated that this had a negative impact on patient care and that feedback from service users' families had also indicated a need for a permanent post to be filled. The sector team held an outpatients clinic every Tuesday in the local district hospital. The multidisciplinary team (MDT) met in Buncrana day centre every Thursday. Case conferences were held regularly and took place in Buncrana day centre on Mondays or Fridays. All MDT members were present at these meetings.

Medication

The residence had introduced a computerised system of medicine administration with a four-week cycle which was obtained from a local pharmacy. The consultant psychiatrist, non-consultant hospital doctor (NCHD) and GP all prescribed into this system. The original written prescriptions were maintained in the residence and these were printed by the pharmacy and records were maintained of all previous prescriptions. The pharmacy delivered all prescribed medicine to the residence. Depot injections were administered by nursing staff in the residence. Prescription kardexes were reviewed for all residents. These were legible and tidy. In some instances, the prescribing doctor had not signed for each individual medication, but wrote one signature to cover all prescriptions. Some of the prescriptions were out of date, dating back to June 2010. Medical council numbers (MCN) were not used by prescribing doctors. Five residents were prescribed regular benzodiazepines and nine residents were prescribed more than one antipsychotic medication; one resident was prescribed four different antipsychotic medications.

MEDICATION

NUMBER OF PRESCRIPTIONS:	18	%
Number on regular benzodiazepines	5	28%
Number on more than one benzodiazepine	0	0
Number on PRN benzodiazepines	9	50%
Number on benzodiazepine hypnotics	0	0
Number on Non benzodiazepine hypnotics	0	0
Number on PRN hypnotics	7	39%
Number on antipsychotic medication	17	94%
Number on high dose antipsychotic medication	4	22%
Number on more than one antipsychotic medication	9	50%
Number on PRN antipsychotic medication	5	28%
Number on Depot Medication	5	28%
Number on antidepressant medication	8	44%
Number on more than one antidepressant	1	5%
Number on antiepileptic medication	7	39%
Number on Lithium	3	17%

Tenancy rights

The community residence was owned by the HSE. Community meetings took place in the adjoining day centre. The local complaints procedure was highlighted in a prominent area of the residence as was the Health Service Executive (HSE)'s "Your Service Your Say" complaints procedure. Written records of complaints were maintained in residents' individual clinical files.

Financial arrangements

Residents paid €125.00 in rent per week. It was reported that the residence had a financial policy but this could not be found on the day of inspection. The service was asked to forward this policy but failed to do so. Each resident had a post office book and handled their own monies. A small number of residents preferred staff to handle their financial arrangements. Each resident had a money notebook which was double signed either by two members of staff or the resident and one member of staff. Only very small amounts of cash were handled by staff. There was a safe in the residence. The financial arrangements were audited annually by a member of the clerical staff based in Letterkenny.

Leisure/recreational opportunities provided

Residents went on an annual holiday to Bundoran. Ten residents were going to a hotel for a holiday in Enniscrone in September. Barbeques were held in the grounds of the residence when weather permitted. A day trip was organised each Sunday. Regular trips to a local garden centre that had a coffee shop also took place. A Christmas outing to a local hotel for a meal and music was an annual event and the residence also organised its own Christmas party for residents' families which included a meal and music and dancing. Bowling trips to Raphoe were also organised. Birthdays were a regular celebration. The residence had its own people carrier.

Service user interviews

Two non-resident service users who were living in supported accommodation and who were attending the day centre in the premises requested to speak with the inspector. Both were happy with the care, treatment and support that they were receiving. Residents were greeted during the inspection. Contact details for the peer advocate from STEER (Support, Training, Education, Employment and Research) were displayed in a prominent area of the residence. The residence used nursing care plans which were signed by residents. MDT care planning was not used.

Conclusion

Radhairc na Sleibhte was an old structure, being a former convent which opened in 2000 as a community residence. A day centre was also situated on the premises but there was a clear delineation between both services. Residents did not have MDT care plans but nursing care plans and there was little evidence of a multidisciplinary involvement in the residents' care. There was a need for a permanent consultant psychiatrist to be appointed to the North East sector in order to provide continuity of care. Upstairs shower rooms required complete refurbishment. Some of the bedroom accommodation was unsuitable and to require four residents to share one bedroom was reminiscent of institutional living. The residence had a good garden area.

Recommendations and areas for development

- 1. A permanent consultant psychiatrist should be appointed to the North East sector.*
- 2. Each resident should have a multidisciplinary care plan.*
- 3. Each resident should have their own bedroom.*
- 4. The upstairs showers need to be replaced and both shower rooms need complete refurbishment.*
- 5. The community residence should have a financial policy.*