

Mental Health Services 2012

Inspection of 24-Hour Community Staffed Residences

EXECUTIVE CATCHMENT AREA/INTEGRATED SERVICE AREA	Galway, Mayo, Roscommon
HSE AREA	West
MENTAL HEALTH SERVICE	East Galway
RESIDENCE	Riverview, Ballinasloe
TOTAL NUMBER OF BEDS	9
TOTAL NUMBER OF RESIDENTS	9
NUMBER OF RESPITE BEDS (IF APPLICABLE)	0
TEAM RESPONSIBLE	Rehabilitation
TYPE OF INSPECTION	Unannounced
DATE OF INSPECTION	21 August 2012

Summary

- Residents of Riverview 24 hour nurse staffed community residence signed their own care plan and there was evidence that residents were involved in their care plans.
- The use of twin bedrooms and a three-bed room afforded the residents concerned little privacy.

Description

Service description

Riverview, a large, two-storey house was built in the 1930s as a former doctor's residence of St. Brigid's Hospital, Ballinasloe, and was located in an urban setting on the east side of Ballinasloe town. The premises were opened for its present purpose in 1995. The philosophy of the residence was to facilitate a cooperative and integrated approach between staff and residents to ensure the provision of complete quality care in a comfortable, homely environment. The residents of Riverview were under the care and treatment of the Rehabilitation team. The residence was in a state of good repair and was decorated to a good standard.

Profile of residents

On the day of inspection there were nine residents, three female and six male. The age range was from 50 to 63 years of age. Length of stay ranged from between 17 years, from when the residence opened, and two months. Two residents were Wards of Court. All residents were voluntary. There were no respite residents in the facility. All residents were mobile with very similar range of needs.

Quality initiatives and improvements in 2011/2012

- New medication prescription books had been introduced.
- The Rehabilitation Team had completed a medication audit, a copy of which was given to inspectors.
- Recovery training for staff and service users had commenced.
- An audit of the Recovery Care Plans had taken place.
- A forum for rehabilitation and recovery had been established in September 2011 in which service users, family and health service professionals attended.

Care standards

Individual care and treatment plan

All residents in Riverview were under the care and treatment of the Rehabilitation Team and used recovery multidisciplinary (MDT) care plans which had been introduced in 2008. In the three clinical files examined by the inspector there was evidence of social worker and occupational therapist input and involvement of the resident and family, where applicable, through the recovery process. Risk assessment was used for all residents and there was evidence of many evidence-based assessments being used such as the client's assessment of strengths, interests and goals (CASIG) and the Glasgow Antipsychotic Side Effect Scale. Each resident had a named keyworker who attended the team meeting, reviewed the care plan and made entries into the progress notes in the clinical file. MDT meetings took place every Monday and the residents' families were welcome and invited to attend when a particular resident was being reviewed which normally happened on a monthly basis. Physical health reviews were carried out six-monthly. All residents had a general practitioner (GP). All residents attended the GPs surgery to avail of this service. Staff in the community residence presented as proactive.

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

Two residents attended the nearby day centre and the remaining residents attended Creagh Training Centre, which provided activities such as woodwork, computer skills, leisure activities, golfing and cooking. Outings, in the service's 7-seater bus, took place to Athlone for shopping, or to Belvedere House in Mullingar, to GAA games and Portumna Forest Park.

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

Residents usually attended Mass at Creagh church. Female residents attended the local beautician and hairdresser regularly. Residents went for walks with relatives or for coffee and to the local pub. No resident was actively involved in a local community organisation.

Facilities

Three female residents shared the one bedroom and this room, although large, appeared quite cramped with the three beds and wardrobes. These cramped conditions had continued since the three residents moved in due the closure of Garbally Oaks Community Residence. There were two twin-rooms also used. Maintenance was described as being prompt. Residents, generally, took responsibility for the tidiness of their own bedside area. The overall standard of the building was good.

Staffing levels

STAFF DISCIPLINE	DAY WTE	NIGHT WTE
CNM2	1	0
RPN	1	1
Housekeeping	1.75	0

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

Team input

DISCIPLINE	NUMBER	NUMBER OF SESSIONS
Consultant psychiatrist	0.5 WTE	Two days per week and as required.
NCHD	0	-
Occupational therapist	0.25 WTE	1-2 per week
Social worker	1	1-2 per week
Clinical psychologist	0	-
Advanced Nurse Practitioner	1	Sessional

Medication

The consultant psychiatrist prescribed the medication. Residents had their own medication stored in their own personal boxes which were locked in a special cabinet. Each resident was supervised in the administration of this medicine. Each individual medication prescription booklet had photographic identification of the respective resident. Depot injections were administered by the RPN on duty in the residence. Eight prescription kardexes were reviewed. The consultant psychiatrist who prescribed medicine documented their medical council registration number (MCRN). None of the residents were prescribed regular benzodiazepines and only one resident took a hypnotic. All of the residents except one, whose medication kardexes were inspected, were prescribed an antipsychotic medication and fifty per cent took more than one antipsychotic. None of the residents were on high dose antipsychotic medication. All the prescriptions were in date and the prescribing doctor used their MCRN.

MEDICATION

NUMBER OF PRESCRIPTIONS:	8	%
Number on regular benzodiazepines	0	0
Number on more than one benzodiazepine	0	0
Number on PRN benzodiazepines	2	25%
Number on benzodiazepine hypnotic	0	0
Number on non benzodiazepine hypnotics	1	12.5%
Number on PRN hypnotics	0	0
Number on antipsychotic medication	7	87.5%
Number on high dose antipsychotic medication	0	0
Number on more than one antipsychotic medication	4	50%
Number on PRN antipsychotic medication	0	0
Number on Depot medication	2	25%
Number on antidepressant medication	2	25%
Number on more than one antidepressant	0	0
Number on antiepileptic medication	6	75%
Number on lithium	3	37.5%

Tenancy rights

The Health Service Executive (HSE) owned the building. Residents paid €30.00 per week rent and €40.00 for household expenses e.g. food etc. Although community meetings were not held, the inspector got a sense that, from observing the interaction between staff and residents and from examination of the clinical files that residents were listened to. Facilitating formal community meetings on a regular basis was suggested by the inspector. A record of complaints was maintained which was examined by the inspector but no recent complaint had been made since the maintenance of this complaints book. The incident report book was examined by the inspector. A pinpoint fire alarm system was maintained.

Financial arrangements

There was a financial policy specific to the service. Staff only handled small amounts of petty cash. Receipts were signed and maintained. All residents had their own post office account books. Each resident had a small petty cash account within the premises. The assistant director of nursing (ADON) audited these individual accounts.

Service user interviews

No resident requested to speak to the inspector. Residents were greeted during the course of the inspection. Residents signed their own care plan and there was evidence that residents were involved in their care plans. The contact details of the local peer advocate were available to residents.

Conclusion

Riverview, a large, two-storey house was located in an urban setting on the east side of Ballinasloe town. The premises were opened for its present purpose in 1995. All residents in Riverview were under the care and treatment of the Rehabilitation Team and used multidisciplinary (MDT) care plans which were recovery based. There was evidence in the care plans of multidisciplinary team involvement and involvement of the resident and family, where applicable. Three female residents shared the one bedroom and this room, although large, appeared quite cramped with the three beds and wardrobes. This had been the case since these three residents and one male resident moved in since the closure of Garbally Oaks Community Residence. There were two twin rooms also used. Despite these accommodation issues, the premises was homely and well-decorated.

Recommendations and areas for development

- 1. There should be two members of staff on duty at night one of whom should be a registered psychiatric nurse (RPN).*
- 2. Each resident should have their own bedroom.*
- 3. Staff should consider facilitating regular community meetings to ensure the views of residents regarding household matters are listened to.*