

# Mental Health Services 2014

## Inspection of 24-Hour Community Staffed Residences

<b>EXECUTIVE CATCHMENT AREA/INTEGRATED SERVICE AREA</b>	Dublin North East
<b>HSE AREA</b>	Dublin North East
<b>MENTAL HEALTH SERVICE</b>	Dublin North East
<b>RESIDENCE</b>	St. Elizabeth's Court
<b>TOTAL NUMBER OF BEDS</b>	26
<b>TOTAL NUMBER OF RESIDENTS</b>	23
<b>NUMBER OF RESPITE BEDS</b>	1
<b>TEAM RESPONSIBLE</b>	Rehabilitation
<b>TYPE OF INSPECTION</b>	Unannounced
<b>DATE OF INSPECTION</b>	2 December 2014
<b>INSPECTED BY</b>	Dr. Fionnuala O'Loughlin MCN 008108, Assistant Inspector of Mental Health Services  Dr. Enda Dooley MCN 004155, Assistant Inspector of Mental Health Services
<b>ACTING INSPECTOR OF MENTAL HEALTH SERVICES</b>	Dr. Susan Finnerty, MCN009711

### Summary

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- St. Elizabeth's Court provided long-term care in a large community residence on the north side of Dublin city to 23 residents, all of whom were mobile and some of whom required assistance with dressing and showering.
- All residents were under the care of either the rehabilitation team or the Cabra community mental health team, both of which were well staffed in terms of multidisciplinary team members and all residents had an individual care plan which was regularly reviewed by the team.
- The building was being re-painted over a period of time and there were plans to refurbish the shower rooms and lavatories.
- At the time of inspection, there was little evidence of activities taking place within the residence with many of the residents sitting around or in bed.

## Description

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### Service description

St. Elizabeth's Court was a two-storey flat roofed building situated on the North Circular Road, on Dublin's north side. It previously housed a number of one-roomed flats, run by Dublin Corporation and was taken over by the Mental Health Services in 1999. Residents in St. Elizabeth's Court were under the care of either the rehabilitation team or the Cabra community mental health team.

### Profile of residents

At the time of inspection, there were 25 residents, ten female and fifteen male residents. One resident was in a general hospital for treatment of a physical complaint and a further resident was on leave. There was one vacancy. All residents were voluntary residents and were free to come and go as they wished.

The age range of residents was from mid-50s to 87 years. All residents were independently mobile but a few used walking aids and some required assistance with dressing and activities of daily living.

### Quality initiatives and improvements in 2013-2014

- Some areas of the residence had been re-painted in 2014.

## Care standards

### Individual care and treatment plan

All residents were under the care of either the rehabilitation or sector team and each team was fully resourced with medical and nursing staff, occupational therapist, social worker and psychologist. Residents were reviewed at outpatient clinics and, in some cases, the current psychiatric notes were maintained in outpatient clinic clinical files, rather than in the residence.

A number of clinical files were inspected and most of these files contained a multidisciplinary individual care plan (ICP). These ICPs contained itemised areas of need for the individual resident and the interventions necessary to meet these needs. There was evidence of regular review of these ICPs, approximately every six months. In two clinical files inspected, there was no evidence of a psychiatric review for more than one year, but staff reported that notes were also maintained in the out-patient file which was stored off-site. Staff reported there was no key worker system in place as there were only two nurses on duty each day. On receipt of factual corrections, it was reported that each resident had an allocated key worker.

Physical health needs were primarily addressed by a general practitioner (GP). Residents attended the GP's surgery, accompanied by a member of the nursing staff if necessary. The GP did not write in the clinical file but maintained a separate GP file. Communication between the GP and the staff of the residence was by phone usually.

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

Most therapeutic activities were delivered by the nursing staff whilst the occupational therapist provided a one to one session for a couple of residents. There was an occupational therapy activity room upstairs in the house, but this was used mostly by residents from other community residences. A small number of residents attended a day centre which was located next door to St. Elizabeth's Court. Some residents took trips to town or nearby Phibsboro and one resident attended a local activity club. However, most residents remained in the house and did not attend any activities outside this.

There was a well equipped kitchen in the house, but residents were not permitted to use this kitchen for any activity.

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

The majority of residents did not engage with the community in any way. However, some residents did some shopping in the local area and visited the local hairdresser and coffee shops. Staff encouraged more independent activities but many residents preferred to remain close to the residence.

## Facilities

Some areas of the residence had been re-painted during 2014, and this work was ongoing; other areas were in need of re-painting. Most of the bedroom accommodation was in twin rooms, none of which provided curtain surrounds for privacy. Each bedroom had a washbasin and each resident had their own wardrobe and locker. Some residents had secured their wardrobe with a lock.

There were two shower rooms, one each for males and females; one of these rooms had been refurbished whilst the other was in need of refurbishment. The lavatories were in need of up-grading and repainting. The male lavatories each contained both urinals and toilet cubicles; these were grubby and although the flooring had been replaced the previous year, it still looked old and stained. There was no lock on one of the toilet cubicles in each of the male and female lavatories. Some of the ceiling tiles on the corridors upstairs were stained.

There were two sitting rooms, one a small, quiet room and a second, much larger room, both with a TV. The larger room had been re-painted recently, and was devoid of any items of decoration. The dining room had also been re-painted recently and had adequate seating and tables. It was also lacking any decoration on the walls.

All food was prepared in a facility in the Phoenix Park and conveyed in heated containers. Residents indicated their choice of meal on the previous day.

There was a very pleasant garden to the rear of the residence, with garden furniture and a smoking gazebo.

## Staffing levels

STAFF DISCIPLINE	DAY WTE	NIGHT WTE
CNM2	1	0
RPN	1	2
HCA	2 (+1 up to evening)	1

*Clinical Nurse Manager (CNM), Registered Psychiatric Nurse (RPN), Health Care Assistant (HCA)*

## Team input

DISCIPLINE	NUMBER	NUMBER OF SESSIONS
Consultant psychiatrist	2	Weekly
NCHD	2	Weekly
Occupational therapist	1	As needed
Social worker	2	As needed
Clinical psychologist	0.5	As needed

The consultant psychiatrist and the NCHD visited the residence regularly, usually weekly. The occupational therapists (OT) ran sessions in the OT room upstairs, but most participants were from other residences or were outpatients. Some residents of St. Elizabeth's Court attended these sessions. The social worker saw residents individually and staff reported that input from the psychologists was available, if required.

All the activities which took place in the residence were facilitated by the nursing staff.

### **Medication**

Medication was prescribed by the psychiatrists and the GP. All prescriptions had to be transcribed onto a medical card form which was then sent to a local pharmacy. Medications were then issued by the pharmacy in blister packs for each individual resident; these medications were then administered by the nurse. Only one resident was self-medicating.

Medications were administered in the clinical room. The storage press for restricted drugs contained two vials of morphine which had been prescribed in February 2014.

Long acting injections were administered in the residence.

### **Tenancy rights**

There was no tenancy agreement between the resident and the Health Service Executive (HSE). The average weekly charge was €90, but this was individually assessed for each resident. Community meetings were not organised but staff reported that residents spoke directly with the nurses about any issue they wanted addressed.

There was no record of complaints maintained in the residence.

### **Financial arrangements**

All residents had a Post Office account and most residents arranged for charges to be debited directly. There was a system in place to record individual residents' monies and withdrawals, with both the resident and the nurse signing the record. The money belonging to each resident was maintained in a separate wallet and a daily record of amounts was recorded.

### Service user interviews

Most of the residents were in the residence when the inspectors visited. Some were in bed but others engaged in conversation with the inspectors. Each expressed themselves happy with the facility and praised the staff.

No advocate visited the residence.

### Conclusion

St. Elizabeth's Court provided long-term residential care for 23 residents, many of whom had been in institutional care for several years. There was little movement through the residence, with the most recent admission earlier in 2014. It was anticipated that residents would continue to reside in St. Elizabeth's Court unless nursing needs indicated that nursing home care was required.

The building was quite institutional in appearance and, with 26 beds, was well outside the size recommended in *A Vision for Change* for community residences. Privacy was limited, as most bedrooms were twin rooms and did not provide any private, individual areas for residents. Most residents did not engage in activities outside the residence and there was little occupational input despite the availability of an occupational therapy room on-site. It was disappointing to note that residents were not facilitated in carrying out even basic activities such as preparing and cooking food or baking, as residents were not permitted in the kitchen. Staff of the residence reported that many residents do not leave much, preferring to stay indoors.

It was good to see that a programme of re-painting had commenced, and that this work was on-going. Some areas, particularly the shower rooms and lavatories, however, required significant refurbishment. There was a distinct lack of decoration on the walls of the residence, although this may be a temporary situation due to the re-painting. This contributed to an institutional appearance of the residence.

### Recommendations and areas for development

- 1. All bedrooms should be single rooms.*
- 2. There should be multidisciplinary input to daily activities for all residents.*
- 3. The shower rooms and lavatories should be refurbished and urinals closed.*
- 4. All lavatories should be fitted with locks.*