

Mental Health Services 2012

Inspection of 24-Hour Community Staffed Residences

EXECUTIVE CATCHMENT AREA/INTEGRATED SERVICE AREA	Louth, Meath, Cavan, Monaghan
HSE AREA	Dublin North East
MENTAL HEALTH SERVICE	Louth, Meath
RESIDENCE	St. Mary's Residence
TOTAL NUMBER OF BEDS	14
TOTAL NUMBER OF RESIDENTS	12
NUMBER OF RESPITE BEDS (IF APPLICABLE)	2
TEAM RESPONSIBLE	Sector Teams
TYPE OF INSPECTION	Unannounced
DATE OF INSPECTION	10 July 2012

Summary

- There was only one member of staff on duty in the house at night.
- Multidisciplinary care planning was not used.
- Residents were reviewed regularly by the community mental health team and local general practitioners carried out regular physical health reviews.

Description

Service description

St. Mary's residence was situated in the grounds of St. Mary's Hospital in Drogheda town. St. Mary's Hospital was a care facility for the elderly. The two storey residence was a former convent built approximately 100 years ago and opened as a community residence in 1991, initially as a medium support house and subsequently as a 24-hour supervised residence in 1999. Residents were under the care of three sector teams. Two respite beds were provided and these beds were frequently used by people requiring respite for periods of usually one week.

Profile of residents

There were 12 residents in the house at the time of inspection, including one resident on leave. All residents were voluntary and none was a Ward of Court. The age range of residents was from 23 to 87 years; there were five female and seven male residents. The population of residents was quite stable and the most recent residents admitted two years ago had come from a residence in Ardee which closed in 2010; one person had been resident for the past 17 years. All residents were mobile and self-caring.

Quality initiatives and improvements in 2011/2012

No quality initiatives had been developed in the past year.

Care standards

Individual care and treatment plan

Residents were under the care of three different sector teams. Team meetings were held weekly in St. Brigid's Hospital in Ardee at which the clinical nurse manager (CNM) attended and a psychiatric review was carried out every six months. Residents had nursing care plans but residents did not have individual multidisciplinary care plans. However, there was evidence in the clinical files that residents were reviewed by the psychiatrist or the non consultant hospital doctor (NCHD) regularly. Risk assessment was carried out at intervals.

All residents were registered with a local general practitioner (GP) and attended the GP's surgery as required, usually accompanied by staff. When staff accompanied a resident to the GP's surgery, the clinical file was taken and the GP made an entry in the clinical file; the GP carried out six monthly physical reviews on all residents.

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

On four days each week, all residents and staff spent the day at a local mental health day centre in the town. Apart from this, residents generally did not engage with any therapeutic activity. Some residents participated in household chores and assisted with some housekeeping. A newspaper was delivered one day per week and a paper reading group was held. Residents attended psychiatric outpatient clinics but did not attend classes, groups or training facilities. There was little opportunity for residents to engage in cooking activities and meals were provided from St. Brigid's Hospital in Ardee Monday to Friday and from the adjacent St. Mary's Hospital at week-ends; evening meals were prepared by the household staff.

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

Most residents could come and go as they pleased, and had a key to the house. Many went into the town for shopping or coffee. Those who had relatives and families living locally visited on a regular basis. The house was well located for easy access to the centre of town. There was little evidence of community integration.

Facilities

The original house had been a convent and an extension had been added later. The house was well maintained and in reasonably good decorative order. Downstairs there was a dining room, kitchen, a sitting room and three single bedrooms. The furniture in the sitting room was in need of refurbishment. Upstairs, there were seven single bedrooms and two twin rooms, one of which was soon to be a single room. There were two showers in the house. The gardens were particularly attractive, and well maintained.

Household staff comprised one person who worked a twelve hour day.

Staffing levels

STAFF DISCIPLINE	DAY WTE	NIGHT WTE
CNM1	1	0
RPN	1	1
Household Staff	1	0

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

Team input

DISCIPLINE	NUMBER	NUMBER OF SESSIONS
Consultant psychiatrist	3	None, but will attend as required
NCHD	3	None, but will attend as required
Occupational therapist	0	None
Social worker	1	None, but will attend as required
Clinical psychologist	2.61	None, but will attend as required

Medication

Two residents were on a self-medicating programme. Medication was prescribed on kardexes and in general they were legible. Medical Council Numbers (MCN) were written in many of the prescriptions. All residents except one were prescribed antipsychotic medication and five of these were prescribed more than one antipsychotic medication; only one resident was prescribed high dose antipsychotic medication. Fifty per cent of the residents were prescribed a benzodiazepine but there was a low rate of prescribing hypnotics. More than half of all residents were prescribed a depot medication, and five of these residents were also prescribed an additional oral antipsychotic medication.

MEDICATION

NUMBER OF PRESCRIPTIONS:	12	%
Number on regular benzodiazepines	6	50%
Number on more than one benzodiazepine	0	0
Number on PRN benzodiazepines	6	50%
Number on benzodiazepine hypnotic	2	17%
Number on non benzodiazepine hypnotic	1	8%
Number on PRN hypnotic	3	25%
Number on antipsychotic medication	11	92%
Number on high dose antipsychotic medication	1	8%
Number on more than one antipsychotic medication	5	42%
Number on PRN antipsychotic medication	3	25%
Number on depot medication	7	58%
Number on antidepressant medication	4	33%
Number on more than one antidepressant	0	0
Number on antiepileptic medication	6	50%
Number on lithium	1	8%

Tenancy rights

The house was owned by the Health Service Executive (HSE) and residents paid €110 each week in rent. Community meetings were held every three to four weeks. A notice advising residents of the name and contact details of the advocate was displayed in the house.

Financial arrangements

All residents had Post Office savings books. Four residents managed their own financial transactions and paid rent on a weekly basis. Staff managed the finances of the remaining eight residents' money and arranged payment of rent by means of postal orders.

Service user interviews

As the inspection was conducted on a day when all residents were in the day centre, no resident was in the house at the time of inspection.

Conclusion

The 24-hour supervised residence at St. Mary's was situated in a very pleasant area in spacious grounds adjacent to St. Mary's Hospital on the Dublin road in Drogheda. The house provided accommodation primarily in single rooms and although some redecorating had been carried out, the remainder of the house needed repainting.

The presence of only one member of staff in the residence at night was of concern to the inspectors. In addition, it was difficult to see how one household staff member could be expected to maintain a house of this size and to prepare some meals as well.

For four days each week all residents attended the local mental health day centre. Apart from this, residents generally did not engage with any therapeutic activity. Some residents participated in household chores and assisted with some housekeeping. A newspaper was delivered one day per week and a paper reading group was held. Residents attended psychiatric outpatient clinics but did not attend classes, groups or training facilities.

The staff impressed as being caring and involved with residents.

Residents did not have multidisciplinary care plans and there was little evidence of multidisciplinary involvement with residents, impacting on the ability of the team to provide a programme of recovery for individuals.

Recommendations and areas for development

- 1. There should be a second member of staff in the residence at night and this need not necessarily be a nurse.*
- 2. A programme of redecorating should commence and worn furniture should be replaced.*
- 3. Individual multidisciplinary care plans should be developed for each resident.*