

Mental Health Services 2012

Inspection of 24-Hour Community Staffed Residences

EXECUTIVE CATCHMENT AREA/INTEGRATED SERVICE AREA	North Lee, North Cork
HSE AREA	South
MENTAL HEALTH SERVICE	North Lee
RESIDENCE	St. Colman's House
TOTAL NUMBER OF BEDS	16
TOTAL NUMBER OF RESIDENTS	15
NUMBER OF RESPITE BEDS (IF APPLICABLE)	None
TEAM RESPONSIBLE	Sector
TYPE OF INSPECTION	Unannounced
DATE OF INSPECTION	17 July 2012

Summary

- The residence was well maintained but sleeping accommodation was cramped.
- Residents were not reviewed regularly by the multidisciplinary team.
- Many residents attended a day centre.
- There was only one shower in the house for 15 residents.
- Nursing staff were endeavouring to engage in a recovery programme with residents.

Description

Service description

St. Colman's House was a large two-storey house situated in the grounds of St. Colman's Hospital, a care facility for the elderly in Macroom town and had been operating as a community residence since 1996. The house was on the edge of the town in very pleasant surroundings and was formerly a house for a religious community. The site also contained a mental health service day centre and out patients clinic.

Profile of residents

There were 15 residents in the residence at the time of inspection, five female and ten male residents. All residents were voluntary and two were Wards of Court. The age profile of residents was from 32 to 74 years and four residents were over the age of 65 years. Two residents had lived there since the house opened as a community residence, and the most recent admission was in February 2012. As the age of the residents increased, their physical health needs changed and residents required more care from nursing staff.

Quality initiatives and improvements in 2011/2012

- The house had been redecorated within the past year.
- A second hand rail was fitted to the stairs.
- The CNM2 had enrolled in a university course on Recovery.

Individual care and treatment plan

All residents had a nursing care plan but none had an individual multidisciplinary care plan. Each resident had a key worker and a psychiatric review was held every six months. Residents each had a general practitioner (GP) who carried out a physical health examination every six months. Staff had recently begun a system of regular risk assessment. On review of a number of clinical files, there was evidence that residents were reviewed regularly. Two residents were shortly to move to a nursing home and the social worker was involved in the plans to facilitate this; the occupational therapist had carried out a road safety assessment on one resident to improve the resident's awareness of safety when out walking.

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

Residents participated in a range of therapeutic activities. Six residents attended the day centre close to the house on three days each week; three residents attended the local Adult Learning group in the town. One resident made a daily trip to Cork city to attend the National Learning Network and was recently assessed by the Rehabilitation Agency. Staff had recently begun a cooking group for residents and following the institution of community meetings, residents had become involved with preparing meals and deciding a menu. A small number of residents had done a course in computers and were able to use the residence computer.

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

Most residents could walk to the town and enjoyed coffee and visits to the pub. One resident was very involved with the local GAA club and another resident participated in the local diocesan pilgrimage to Lourdes. Staff had a people-carrier and could take five residents on trips each time; on the day of inspection, the residents were about to depart on a trip to Killarney. Over the past year, young people from Youth Reach had visited and engaged with residents to paint bird houses. The local branch of St. Vincent de Paul visited and students from Transition year of a local school sang on occasions in the house.

Facilities

The house was laid out over two floors with all bedrooms upstairs. To assist residents with diminished mobility, a stair lift had been fitted to the stairs. Downstairs, the residence had a comfortable sitting room with a TV, books and computer; there was a dining room, kitchen and smoking room. There were two lavatories downstairs and two upstairs; these were in good condition. Upstairs, there were six twin rooms, one single room and one room for three residents. Many of the twin rooms were quite small and one was so small the wardrobe had to be sited behind the head of one bed; it was difficult to see how the resident could access it. There was one shower in the house and as this was a standard shower, it was difficult for staff to assist residents who were in need of assistance. The house and gardens were well maintained and the garden was a very pleasant asset for residents.

Meals were prepared in the house by the multi task attendant.

Staffing levels

STAFF DISCIPLINE	DAY WTE	NIGHT WTE
CNM 2	1	0
RPN	1	1
Multi Task Attendant	1	1

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

Team input

DISCIPLINE	NUMBER	NUMBER OF SESSIONS
Consultant psychiatrist	1	None
NCHD	1	Weekly
Occupational therapist	1	As required
Social worker	1	As required
Clinical psychologist	1	As required

Medication

Medications were written on kardexes; the GP or NCHD wrote prescriptions and medications were obtained from a local pharmacy. Depots were administered by staff and no resident was on a self-medicating programme. Kardexes were very clearly written for the most part; prescribing doctors did not use Medical Council Numbers (MCN) as recommended by the Medical Council when writing prescriptions. The prescription for one resident was out of date and had been written in April 2011. All residents were prescribed antipsychotic medication and 43% of residents were prescribed more than one antipsychotic medication. Regular benzodiazepines were prescribed for two residents and only three were prescribed a hypnotic.

MEDICATION

NUMBER OF PRESCRIPTIONS:	14	%
Number on regular benzodiazepines	2	14%
Number on more than one benzodiazepine	0	0
Number on PRN benzodiazepines	8	57%
Number on benzodiazepine hypnotic	1	7%
Number on non benzodiazepine hypnotic	2	14%
Number on PRN hypnotics	4	28%
Number on antipsychotic medication	14	100%
Number on high dose antipsychotic medication	1	7%
Number on more than one antipsychotic medication	6	43%
Number on PRN antipsychotic medication	5	36%
Number on depot medication	3	21%
Number on antidepressant medication	2	14%
Number on more than one antidepressant	0	0
Number on antiepileptic medication	8	57%
Number on lithium	2	14%

Tenancy rights

The house was owned by the Health Service Executive (HSE) and residents paid €100 per week in rent. Community meetings were held approximately monthly and staff maintained a record of items discussed.

Financial arrangements

A few residents looked after their own financial arrangements; in the case of the residents who were Wards of Court, their finances were handled by the HSE. All other residents had their own bank accounts and rent was paid by direct debit; the remaining money was kept in the residence in a safe. A written record of transactions was maintained by one member of staff.

Service user interviews

Many residents were greeted as the inspection was conducted and short informal conversations were held. No resident requested to speak formally with the inspector.

Conclusion

St. Colman's House was a well maintained two storey house situated in the grounds of St. Colman's Hospital in Macroom. The house was well maintained but the bedrooms were small and all but one room was shared, with little possibility of privacy. It was surprising to see that there was only one shower in the house for all residents. Multidisciplinary individual care plans were not used. There was little evidence of multidisciplinary team input and psychiatric reviews were carried out by only one member of the team, the NCHD. Staffing levels had changed in April 2012 with a reduction of nursing staff; this had resulted in the multitask attendant having to carry out cleaning duties while on night duty. Although the team responsible for the care of residents was the sector team, staff had begun to introduce a recovery ethos to the residence and was actively encouraging residents to become more independent even while residing in the residence.

Recommendations and areas for development

- 1. Additional shower facilities should be installed.*
- 2. Consideration should be given to converting at least some of the shared rooms to single occupancy.*
- 3. Residents should have a regular multidisciplinary team review.*