

# Mental Health Services 2013

## Inspection of 24-Hour Community Staffed Residences

<b>EXECUTIVE CATCHMENT AREA/INTEGRATED SERVICE AREA</b>	Galway, Roscommon
<b>HSE AREA</b>	West
<b>MENTAL HEALTH SERVICE</b>	Roscommon
<b>RESIDENCE</b>	Tithe na gCarad
<b>TOTAL NUMBER OF BEDS</b>	18
<b>TOTAL NUMBER OF RESIDENTS</b>	11
<b>NUMBER OF RESPITE BEDS (IF APPLICABLE)</b>	1
<b>TEAM RESPONSIBLE</b>	Castlerea Sector Team
<b>TYPE OF INSPECTION</b>	Unannounced
<b>DATE OF INSPECTION</b>	5 September 2013

### **Summary**

---

- The community residence was in good decorative order and each room, including the residents' bedrooms, were painted in different colours which made the environment homely and personal.
- The individual care and treatment plans for residents were excellent.
- There was an excellent programme of therapeutic activities available for each resident based on need and these were in accordance with each individual's care and treatment plan.
- The residents were actively involved in their own community.
- The old kardex prescription system was still in use.

## Description

---

### Service description

The residence consisted of two detached single storey houses which were purchased by the mental health service off the plans/site map in 1996 prior to construction. The residence was located in the heart of Castlerea with nearby bus routes and mainline rail routes easily accessible. The houses were in good decorative order with each room, including the residents' bedrooms, painted in different colours which made the environment homely and personal. The residents also had personal items displayed in their bedrooms. The philosophy of the residence was to promote the highest attainable level of health for all persons.

### Profile of residents

The age profile of residents was from 42 to 74 years. There were six male residents and five female residents. One resident was on leave. A respite service was available in the residence. A number of residents had been resident since 1996, when the residence was opened. The last resident to be admitted was in December 2012 from the Department of Psychiatry in Roscommon. No resident was a Ward of Court.

### Quality initiatives and improvements in 2012/2013

- A suggestion box had been placed in a prominent position in the residence for comments/suggestions/complaints.

## Care standards

### Individual care and treatment plan

The multidisciplinary team (MDT) held a weekly review of the residents in the nearby day hospital: Áras Niamh Cholár. From inspection of three clinical files there was evidence of initial assessment, regular multidisciplinary team review and a record of planning of care. Risk assessment was used and the MDT care plan was Recovery orientated. These individual care plans had needs and goals identified, actions, the MDT member responsible for the action, the review date and the progress on residents' goals. Each resident had a psychiatric review at least every six months or more regularly if needed. Each resident had their own general practitioner (GP) and most attended their respective GP surgeries unaccompanied. The GP carried out the residents' six-monthly physical reviews. These reviews and any visit to the GP were recorded in the resident's individual clinical file. Residents did not have access to a specialist rehabilitation team. Staff presented as positive and proactive.

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

There was an excellent programme of therapeutic activities available for each resident based on need and these were in accordance with each individual's care and treatment plan. One resident attended the Rosalie Unit during the day time, a community residence under the care of the Psychiatry of Old Age team, because of his/her physical needs. One resident worked part-time in a local wholesale business. One resident with an intellectual disability and mental illness attended a specialist rehabilitation service during the day which was run by the Brothers of Charity. The occupational therapist attached to the MDT had been instrumental in setting up a programme of activities involving cooking and budgeting. A Solutions to Wellness programme had also been set up for participation by residents. The services of the National Learning Network were available to the community residence but no current residents were attending.

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

The community residence was located on the edge of the town of Castlerea and residents had access to all the facilities of the town. The train was also accessible to residents to travel to such places as Westport, Athlone and Dublin. One resident attended a local Gentleman's Club. There was a local Women's Centre which a number of residents attended. One resident was a member of a local snooker club. Family members visited regularly and residents could access the local library, coffee shops and pubs. A number of residents took the local bus to Roscommon on a regular basis to access that town's facilities.

### Facilities

The community residence consisted of two adjacent detached single-storey houses: House 1 and House 2. House 1 accommodation consisted of three double rooms and two single rooms and House 2 consisted of four double rooms and two single rooms. There were privacy screens for use between the beds when needed. There were a number of vacancies in the residence and it was staff practice that residents were accommodated alone in double rooms where possible. The nursing office was in House 1. The residence was clean and bright and in good decorative order. Each house had a large sitting room with plasma screen TV. Satellite Multichannel TV was available in House 1 to all residents. There were adequate bathroom/shower and toilet facilities. Maintenance was described as being very good and there was also cover for out-of-hours emergency situations. A washing machine and dryer were located in the laundry room for use by residents. There were regular fire safety checks which were signed when completed.

**Staffing levels**

STAFF DISCIPLINE	DAY WTE	NIGHT WTE
RPN	1	1
Multi-task attendant	1	0

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

**Team input**

DISCIPLINE	NUMBER	NUMBER OF SESSIONS
Consultant psychiatrist	1	Weekly plus when needed
NCHD	1	Weekly plus when needed
Occupational therapist	1	Weekly
Social worker	1	Weekly
Clinical psychologist	1	Weekly

**Medication**

The old kardex system was in use. There was no resident self-medication programme. There was evidence from examination of the prescription kardexes that medication was regularly reviewed. Doctors did not use their Medical Council Numbers when prescribing. The prescriber was the consultant psychiatrist, the non-consultant hospital doctor (NCHD) and the GP. Depot injections were administered by nursing staff.

**Tenancy rights**

The Health Service Executive (HSE) owned the community residence. Rent was means tested. A clerical officer based in Áras Niamh Cholír calculated the amount following the completion of an individual Financial Assessment Form. The rent included food and utility bills. Residents did not contribute to a social fund. Community meetings took place occasionally and a suggestion box was available to residents and their families for any suggestions to improve the service. The complaints procedure was highlighted in a prominent place. One complaint had been made and there was documentary evidence that this complaint was being dealt with in a satisfactory manner. All residents paid €120.00 rent per week for seven days occupancy. If a resident went on leave then the proportionate amount was deducted. The rent paid included all meals and laundry.

**Financial arrangements**

Residents had their own individual bank, post office or credit union account. Small amounts of money were handled by staff for a small number of residents who requested assistance with this system. A book was maintained in these small number of instances and staff and residents signed them, but all residents were actively encouraged to manage their own monies. The community residence had a localised financial policy.

### **Service user interviews**

No resident requested to speak with the inspector. There were very few residents in the community residence at the time of the inspection as they were engaged in outside activities. The residents who were present were greeted by the inspector.

Most residents were involved in their care plans and signed them.

### **Conclusion**

Tithe na gCarad consisted of two detached single storey houses located in the heart of Castlerea. The houses were in good decorative order with each room, including the residents' bedrooms, painted in different colours which made the environment homely and personal. Multidisciplinary individual care and treatment plans were used and there was evidence of initial assessment, regular multidisciplinary team review and a record of planning of care. There was an excellent programme of therapeutic activities available for each resident and it was very positive that the residents were actively involved in their own community. It was somewhat surprising to find that the old prescription kardex system was still in use as the Department of Psychiatry in Roscommon General Hospital used a modern prescription booklet.

### **Recommendations and areas for development**

- 1. The service should consider using prescription booklets similar to those used in the Department of Psychiatry, Roscommon General Hospital.*
- 2. Doctors should document their Medical Council Number when prescribing.*
- 3. Each resident should have their own individual bedroom.*