Mental Health Services 2015

Inspection of 24-Hour Community Staffed Residences

COMMUNITY HEALTHCARE ORGANISATION	Area 2: Galway, Roscommon, Mayo
MENTAL HEALTH SERVICE	Galway, Roscommon
RESIDENCE	Toghermore House
TOTAL NUMBER OF BEDS	18
TOTAL NUMBER OF RESIDENTS	13
TEAM RESPONSIBLE	Sector Team / Rehabilitation
TYPE OF INSPECTION	Unannounced
DATE OF INSPECTION	5 February 2015
INSPECTED BY	Dr. Fionnuala O'Loughlin MCN 08108, Assistant Inspector of Mental Health Services
ACTING INSPECTOR OF MENTAL HEALTH SERVICES	Dr. Susan Finnerty, MCN009711

Summary

- Toghermore House was a large period house set in very pleasant surroundings some five kilometres from Tuam.
- The house had been refurbished to a high standard in the past two years.
- The service was in the process of transferring clinical responsibility from the sector team to a newly appointed rehabilitation team, but nursing staff of the residence expressed some confusion regarding the implementation of this process.
- There were no facilities for residents to engage in preparation of meals or making a cup of tea.
- Nursing staff at night had to make visits to other community residences, leaving one staff member in situ for part of the night.

Description

Service description

Toghermore House was a large period house, set in countryside on the Dublin road, approximately five kilometres from Tuam. It was part of a large campus owned by the Health Service Executive (HSE) which included a day centre, training centre, the headquarters and outpatient department of the adult community mental health team and administrative offices. The site was most attractive, accessed by a long avenue and surrounded by trees and fields.

The house has been operating as a community residence since the mid-1980s.

In 2013, there was a clear intention on the part of the HSE to close Toghermore House as a community residence, due to concerns about fire safety aspects of the house. At that time, there was a strong local protest at the proposed closure, with the result that the HSE retracted the decision to close and the house remained open.

In the previous six months, a rehabilitation consultant psychiatrist had taken up a post, with the intention of assuming care of all residents in community residences in the Galway, Roscommon area. Clinical responsibility for the residents was in a state of transition from sector teams to the rehabilitation team.

Profile of residents

At the time of inspection, there were 13 residents in the house, eleven male and two female residents. The age range of residents was from 21 to 64 years, with the majority in the 40s to 50s age range.

Most residents had been in Toghermore for many years, and many had been transferred from St. Brigid's Hospital in Ballinasloe. One resident, however, had been admitted to the 24-hour residence six days prior to the inspection, having been transferred from a low-support residence.

All residents were voluntary and none were wards of court. Whilst all residents were fully mobile, some required assistance with bathing and at mealtimes.

Six of the residents had a learning disability as well as a mental illness.

Quality initiatives and improvements in 2014-2015

- The house had been refurbished in the past one to two years, and the fire safety concerns addressed.

Care standards

Individual care and treatment plan

On receipt of factual corrections from the Area Manager for the service, it was stated that the implementation of transfer of clinical responsibility from sector team to rehabilitation and recovery team was clear. However, on the day of inspection, staff reported that they were unclear as to which team had ultimate clinical responsibility for residents. This was particularly evident on review of the clinical file of a recently admitted resident. This resident had been admitted from a low support residence five days prior to the inspection. There was an entry in the clinical file detailing a discussion between staff in the residence and the duty non consultant hospital doctor (NCHD) in the Department of Psychiatry, Galway University Hospital. The resident was not seen or assessed by a doctor prior to, or at any time following the admission, despite the expressed wish by the resident to talk to a doctor. The resident was due to be discharged on the day of the inspection.

A number of clinical files were reviewed. These residents did not have multidisciplinary care plans, but had nursing care plans. The sector team held weekly multidisciplinary team meetings, at which care and treatment of the residents were discussed; generally, however, residents did not attend these meetings.

All residents had a Functional Analysis of Care Environments (FACE) carried out within the previous six months by the newly appointed rehabilitation consultant psychiatrist and each resident had a key worker.

It was evident from observing the interactions between residents and nursing staff that there was a good, supportive relationship between staff and residents.

Six residents had a learning disability but staff reported that there was little collaboration between the mental health service and disability services. This may have been because these residents had been in the care of the mental health services for a considerable period of time.

Physical Care

Residents each had their own general practitioner (GP), located in Tuam. Residents attended the GP either on their own or accompanied by a staff or family member. The GP carried out an annual physical examination but there were no formal links between the GP and the staff of the residence and details were maintained in the GP's surgery.

Access to physiotherapy, dietician or speech and language therapy was via the community services.

Residents had access to the National Screening programmes, such as Breast Check.

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

Residents attended a variety of therapeutic activities during the day. Some attended the Recovery Centre, located on the Toghermore campus. This centre provided activities including relaxation, horticulture programmes and computer training; it was staffed by the mental health services.

Other residents attended a Training Centre in Tuam, run by the local Vocational Educational Committee (VEC). This centre provided training in computers, metal work and related activities. Each of these programmes was run Monday to Friday but attendance was tailored to the individual requirements of the residents.

Staff had access to transport for the use of residents and transport to the Training Centre was provided from the house.

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

All residents could come and go as they wished and transport was provided for those who wished to go Tuam; there, residents went shopping, went to coffee shops or attended the local gym, swimming pool or library.

Facilities

Toghermore House was a large period house, which had been extended. Downstairs, there were two large siting rooms, one for receiving visitors. These rooms were well appointed and furnished but lacked any items of a personal nature.

The dining room was, in effect, a large canteen where all people attending the day centre and training centre ate, in addition to the residents of the house. There were approximately ten to twelve tables in the dining room. Food was prepared in a professional kitchen and served at a servery. There was a choice of meal and it looked wholesome and nourishing. Breakfast and the evening meal were served to the residents only, and the kitchen staff readily accepted suggestions from residents for the evening meal.

Bedroom accommodation was in single or shared rooms, upstairs. There were 18 beds in 12 bedrooms; some of the twin rooms had single occupancy. Most of the rooms were bright and well maintained, but shared rooms did not provide any privacy for the residents. It was reported that, although there was an opportunity for the female residents to have their own rooms, they preferred to share one room. There were four showers in two bathrooms. Residents did not lock their bedroom doors but each had a locker, which they could lock.

Meals

The kitchen was a professional kitchen, and therefore residents had no opportunity to engage in cooking or food preparation. For similar reasons, residents could not make a cup of tea or coffee themselves.

Staffing levels

STAFF DISCIPLINE	DAY WTE	NIGHT WTE
CNM 3	1	0
RPN	2	2
MTA	1	0

Clinical Nurse Manager (CNM), Registered Psychiatric Nurse (RPN), Multi Task Attendant (MTA)

Team input

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

The service was in a state of transition between teams. Clinical responsibility was being transferred from the sector team to the rehabilitation team. There were no therapeutic sessions held in the residence but residents participated in activities outside of the house.

Due to a current shortage of community staff nurses because of extenuating circumstances, nursing staff from Toghermore House carried out visits in the community, during the day.

At night, the standing arrangement was for one night nurse on duty in Toghermore House to make visits to other residences in the area. This meant that there was one nurse in the house, for part of the night.

Complaints

A record of complaints was maintained in the residence. This showed how complaints were dealt with and the outcomes, and was an excellent record. In addition, a suggestion box was located on the corridor.

An Incident Record book was also maintained and was seen by the inspector.

Medication

Three residents were on a self-medicating programme, all supervised. One of these residents received four days' supply at a time.

Prescriptions were written on a GMS form by the resident's GP. A local pharmacy dispensed the medications and this was collected by nursing staff. Medications were administered in the nursing office.

The Residence

Toghermore House was owned by the HSE. Each resident paid a weekly charge of €155. This charge applied to all residents. There was no allowance made for individual differences, such as residents who stayed out one or two nights per week.

There was no social fund or mandatory 'kitty' in operation.

Community meetings were held on a regular basis at which residents could express issues of common concern.

Financial arrangements

The weekly disability allowance (€188) for seven residents was paid directly to the HSE Central Account in Tullamore. The residents had provided written consent for this. Each month, the administrator lodged the balance of the residents' monies to their individual bank accounts.

The HSE administrator in Toghermore House was the appointed agent for four other residents for the collection of the weekly allowance, and again, the residents had signed written consent for this arrangement.

In the case of three residents, the consultant psychiatrist had signed a form indicating that they were unable to manage their own funds.

Staff maintained small amounts of money for residents, and on withdrawal, the resident and two nurses signed for this.

Service user interviews

Most residents were occupied at activities during the course of the inspection, but some spoke briefly with the inspector as the inspection was being carried out. Those who spoke expressed themselves happy with the house and staff.

Conclusion

Toghermore House was a large period house, which had been extended over the years. Despite plans to close the house in 2013, the HSE had decided to retain the house as a community residence and apparently had rectified the fire safety concerns.

Whilst it was an attractive house in very pleasant surroundings, it was somewhat institutional in operation. This was evident from the lack of personalised or homely features in the sitting rooms and dining room. It was unfortunate that, because of the necessity of accommodating people attending the day centre and training centre for meals, the residents had no access to cooking facilities and could not even make a cup of tea or coffee. In addition, the size of the house with 18 beds and 13 residents was well outside the range for community residences as described in *A Vision for Change.* These factors mitigated against a strong recovery ethos.

Clinical responsibility for the residents was in a state of transition from the sector team to the rehabilitation team. One resident, who had been admitted to the 24-hour residence some five days previously had not been seen by any member of either team and was due to be discharged imminently.

It was unclear to the inspector why nursing staff from Toghermore House should be tasked with visiting other community residences at night. With thirteen residents, two members of staff on duty and on-site, should be considered a minimum.

Residents in Toghermore House paid €69 more per week than residents in a similar residence in another part of the HSE Galway, Roscommon area. According to the HSE National Guidelines on In-Patient Hospital Charges, charges should be individually determined and allowances made for recognised items of personal expenditure, including times when a resident is not actually in the house.

Despite the concerns above, it was clear that residents had a warm relationship with staff and were clearly well known to staff.

Recommendations and areas for development

1. *The situation regarding which team has clinical responsibility for residents must be clarified immediately.*

2. *The weekly charges should be applied, taking into consideration the HSE National Guidelines on In-Patient Hospital charges which makes provision for individual allowances for residents.*

3. *Residents should have the facility to make a cup of tea as they wished.*

4. *All bedrooms should be for single occupancy only.*

5. *Each resident should have a multidisciplinary care plan.*