

Mental Health Services 2010

Inspection of 24-Hour Community Staffed Residences

EXECUTIVE CATCHMENT AREA	Galway, Mayo, Roscommon
HSE AREA	West
CATCHMENT AREA	Mayo
MENTAL HEALTH SERVICE INSPECTED	Mayo
RESIDENCE INSPECTED	Treatment Centre, Swinford
TOTAL NUMBER OF BEDS	5
TOTAL NUMBER OF RESIDENTS	5
NUMBER OF RESPITE BEDS (IF APPLICABLE)	As required
TEAM RESPONSIBLE	General Adult
DATE OF INSPECTION	25 February 2010

Description

Service description

The Treatment Centre, Swinford was one of four bungalows used by the Mayo mental health services located in rural surroundings, close to Swinford town. It was part of a large site which accommodated several bungalows used by the disability service for intellectually disabled persons. The treatment centre operated as a 'step-up' (admitting from home) and 'step-down' (admitting from the acute psychiatric unit in Mayo General Hospital) facility and also provided respite care when a bed was available. The building was first occupied by the mental health services in 2004. Residents were under the care of the general adult team.

Profile of residents

There were five residents (two female and three male) on the day of inspection, ranging in age from 44 years to 64 years. The average length of stay was approximately three months, but this figure was distorted recently due to the prolonged stay by one resident awaiting further assessment. Of the current residents, the longest period of admission had been since December 2009. Diagnoses included bipolar disorder, depression, schizophrenia and schizoaffective disorder.

Quality initiatives and improvements in the last year

- A quiet room was set up for residents.
- Recently, staff had begun assisting residents to cook meals in the centre.

Care standards (based on Mental Health Commission- Quality Framework for Mental Health Services in Ireland 2007 and the 2008 inspection self-assessments)

Individual care and treatment plan

Residents had individual care plans drawn up by the multidisciplinary team at their weekly meeting. As this meeting was held in Claremorris, residents did not attend. The multidisciplinary team was well staffed with a psychologist, social worker and occupational therapist. All members of the team visited the treatment centre as required. Whilst residents had individual care plans, these were quite limited in their scope, and did not address goals for recovery or specify the person responsible for carrying out interventions. Two of the individual care plans examined had not been signed by the resident. Residents were admitted to the centre by the general practitioner, who also looked after the physical health needs of the residents for the duration of their admission. Residents were reviewed weekly by the consultant psychiatrist and comprehensive notes were kept in the clinical files.

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

Residents in the Treatment Centre were fortunate in having access to a well-resourced day centre in Swinford. In addition, staff had recently begun a cooking day in the centre during which residents shopped and cooked their own meals on one or two days per week.

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

Depending on their state of health, residents had access to shops etc. in the local community. Because the length of stay was relatively short, compared to other twenty four hour residences, the residents tended not to become involved in local activities. Outings were organised at week-ends, depending on availability of transport. There was no public transport but residents could walk to the town.

Do residents receive care and treatment in settings that are safe, well maintained and that respect right to dignity and privacy

The residence was nicely located in a rural setting and was well maintained and comfortable. Accommodation was in three single rooms and one double room; the double room had no dividing partition curtain. All rooms had wash basins but there was only one bathroom. There was no shower curtain in the bath and the bath itself was stained. The bungalow had a garden area and opened onto a streetscape plan of other bungalows. Although the service was run by the mental health services, maintenance of the grounds was provided by the disability sector.

Staffing levels (full time in residence)

STAFF DISCIPLINE	DAY WTE	NIGHT WTE
CNM2	1	0
Staff nurse	1	2
Care Assistant	1	0

Team input (sessional)

DISCIPLINE	NUMBER OF SESSIONS
Consultant psychiatrist	1
Non consultant hospital doctor (NCHD)	1
Occupational therapist	As required
Social worker	As required
Clinical psychologist	As required

Team input

A weekly team meeting was held in Claremorris. Staff from the centre attended but residents did not. All disciplines were represented at the meeting. In addition to psychology, social work and occupational therapy, residents also had access to an addiction counsellor in the Day Centre.

Medication

Medication was prescribed by the consultant psychiatrist and the general practitioner. Routine prescriptions were dispensed from the pharmacy in Mayo General Hospital. Other prescriptions were

transcribed onto medical card forms by the general practitioner and dispensed in the local pharmacy in Swinford. If possible, residents were brought to their own GP, who prescribed as appropriate.

Depot medication was given by nursing staff that also facilitated service users from the Day Centre for depot injection at the week-ends.

Tenancy rights, do community meetings take place

The building was owned by the Health Service Executive. Community meetings were held and it was as a result of complaints about the food that the system of dining was changed to enable residents to attend the main canteen for their mid-day meal.

Financial arrangements

Residents were encouraged to take care of their financial arrangements themselves. As most of the residents were there for relatively short periods only, management of personal finances was not usually a problem.

Leisure/recreational opportunities provided

The bungalow had a television, newspapers and DVD's. Outings were arranged by staff particularly at week-ends.

Service user interviews

Four residents spoke with the Inspectorate and were generally happy with their care. They spoke highly of the staff. Two residents were unhappy with the food and one also complained of not having enough to do. An Advocate attended the residence from time to time.

Conclusion

The Treatment Centre at Swinford was a pleasant unit which provided care for residents admitted from home and from the acute psychiatric unit in Mayo General Hospital. The accommodation was good, but bathroom facilities needed to be upgraded. There was regular psychiatric review by the consultant, and physical health needs were attended to by a local general practitioner.

Although residents had individual care plans, these could be enhanced by more detailed analysis of needs and by specifying individuals to address these needs, particularly in view of the fact that many of the residents in this unit were admitted as an alternative to acute hospital care. Notwithstanding the relatively long admission of one particular individual, the average length of stay in this unit appeared somewhat long.

Recommendations and areas for development

1. Bathroom facilities should be upgraded.
2. Individual care plans should have greater analysis of service user needs.
3. Provision of administrative assistance should be considered.