Mental Health Services 2015

Inspection of 24-Hour Community Staffed Residences

COMMUNITY HEALTHCARE ORGANISATION	Area 2
MENTAL HEALTH SERVICE	Galway, Mayo, Roscommon
RESIDENCE	Tulla Hill, Loughrea
TOTAL NUMBER OF BEDS	7 (one Respite)
TOTAL NUMBER OF RESIDENTS	7
TEAM RESPONSIBLE	Sector
TYPE OF INSPECTION	Unannounced
DATE OF INSPECTION	04 February 2015
INSPECTED BY	Dr. Enda Dooley, MCN004155, Assistant Inspector of Mental Health Services
ACTING INSPECTOR OF MENTAL HEALTH SERVICES	Dr. Susan Finnerty, MCN009711

Summary

- Tulla Hill was a seven-bed residence located in a residential area of Loughrea. The residence was somewhat drab and institutional and would benefit from refurbishment.
- Residents had access to a range of therapies and supports in a local day centre and training centre. Individual care plans (ICPs) were present in the residents' clinical files but there was little evidence that the resident was centrally involved in the drafting or review of these plans.
- It is essential that records relating to the prescription and administration of medication to residents should meet legal and professional requirements.
- Consideration should be given to improving the privacy of all residents.

Description

Service description

Tulla Hill Hostel was a seven-bed house situated in a residential area on the western outskirts of Loughrea. It operated in conjunction with a number of other houses in the area providing medium or low support. Staff provided support to these locations and to a cohort of service users living independently in the local community. The residence fell within the responsibility of the local sector team. Most residents had a history of severe and enduring mental illness and the focus was on rehabilitation.

Profile of residents

On the day of inspection there were seven residents in the house, five males and two females, aged from 54 to 66 years. One resident, occupying the respite bed, had moved to the house some months ago from a low support house because that resident required increased support relating to a physical problem.

Residents had spent between three months and 14 years in the house. There was a degree of movement between this house and the medium and low supports residences in the locality. One resident was a Ward of Court and the remainder were voluntary. All were mobile and did not require support in this respect.

Quality initiatives and improvements in 2014-2015

A larger minibus had been acquired which facilitated trips out by all the residents.

Care standards

Individual care and treatment plan

Residents had access to regular mental health review in the local day centre. Each resident had a designated key worker. Residents (and family members, if available and with consent) could attend reviews. Access to a Rehabilitation team was available on referral. Risk assessment was undertaken at time of admission and this was reviewed whenever the resident was reviewed by the mental health team.

Staff in the residence presented as supportive and involved with residents. Staff co-ordinated resident involvement in external therapeutic activities, either in the local day centre or in a training centre within the town.

While clinical files contained an ICP plan there was little evidence that residents were actively involved in the preparation or review of these plans. A number of plans reviewed lacked any documentary evidence that the resident was integral to the review process or was offered a copy of the care plan.

It was noted that, within the staff office, clinical files in a number of cases were not kept in a locked cabinet but on an open shelf. While the intent was that this office should be kept locked this could not be ensured and, consequently, there was a risk to the privacy and confidentiality of personal clinical information.

Physical Care

Residents had a physical review every six months and this is organised either through the GP or, alternatively, undertaken by GP trainees attached to the mental health team. Residents were encouraged and facilitated to partake in relevant screening programmes. Access to specialist services was organised through the GP. In general residents who had scheduled out-patient appointments were accompanied by staff.

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

A number of residents attended a local day centre where a variety of nurse-led therapies were available. There was also a Training Centre in the town where tuition was provided, including in computer skills and catering. Staff noted that one resident, because of the severity of their residual illness, did not engage in any activities outside of the residence.

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

Tulla Hill was located a short distance from the centre of Loughrea and residents had free access to the town and facilities. A number of residents would go out for a drink or to bingo on a regular basis. On the day of inspection, one resident had gone to a greyhound meeting in Clonmel.

Facilities

Tulla Hill was located in its own grounds and consisted of an original cottage with the addition of a two story dormer extension. Many of the furnishings were dark, giving an air of drabness and institutionalisation to the environment. There was a large sitting room / dining room situated on the ground floor which provided access to TV, DVDs, a stereo system and books. In addition a number of residents had their own radios.

Two of the bedrooms (one downstairs and one upstairs) were shared by two residents and there was inadequate provision to safeguard the privacy of residents. The downstairs shared bedroom had no facilities for privacy between the two beds. The upstairs shared bedroom, located within the dormer, had some degree of privacy provided by a chimney separating the two sides of the room.

Flooring throughout the house (particularly in the shared bedroom downstairs) was predominantly linoleum and was in relatively poor condition and required replacement. Laundry facilities within the house were inadequate. The external garden was well maintained and contained a closed shed to facilitate those wishing to smoke.

The kitchen, which at weekends might have to provide meals for up to 15 residents of this and other local houses, was too small for this purpose and required renovation. Food storage space was inadequate requiring the location of a fridge within the nursing office to store supplies of milk.

None of the residents had the facility to lock their room or to secure personal property adequately. In some cases, residents had made efforts to personalise their bedroom space. In a number of cases, the storage space available was inadequate. Upstairs bathroom facilities were very small and confined and merit renovation.

Meals

Meals in the house were prepared by staff, usually by one of the multi-task attendants (MTAs). Residents could use the kitchen under supervision but tended not to do so apart from minor items such as tea and toast. Staff undertook a regular weekly shopping and residents could request specific items to be included.

Staffing levels (full time in residence)

STAFF DISCIPLINE	DAY WTE	NIGHT WTE
CNM2 (shared)	1	
RPN	2-3	1
MTA	1-2	1

Clinical Nurse Manager (CNM), Registered Psychiatric Nurse (RPN), Mutil Task Assistant (MTA)

Team input (sessional)

DISCIPLINE	NUMBER	NUMBER OF SESSIONS
Consultant psychiatrist	1	Variable
NCHD	2	Variable
Occupational therapist	0	0
Social worker	1	On request
Clinical psychologist	1	On request
Other – Addiction Counsellor; Cognitive Behavioural Therapist	1 1	On request

Non-Consultant Hospital Doctor (NCHD)

The staffing for the residence varied from day to day depending on roster. In addition to this, house staff provided an out-reach service to a number of other houses and to 15-20 service users living in the local community.

The house was clinically managed by the local sector team and inputs usually occurred in the local day centre or by specific request. The sector team did not have an occupational therapist currently attached.

Complaints

There was no regular community meeting held in the house. Complaints were generally made locally to staff and followed up by the CNM2 or other management, as appropriate. There was no specific complaints log although the house did have an incident book where complaints might be included. In spite of a request by the inspector it was not possible to identify such a complaint in the incident book.

Medication

Residents had their medication requirements reviewed either by the mental health team or by their GP. Prescriptions raised by the mental health team were transmitted to the GP to facilitate issue of a GMS prescription. Medications were supplied by a local pharmacy. Staff usually collected residents' medication from the pharmacy.

Medication prescription and administration records were kept in a kardex system. It was notable that a number of prescriptions did not include the prescriber medical council number (MCN), contrary to legal requirement. At least one prescription sheet contained no prescriber signature at all, again contrary to legal and regulatory requirement.

The Residence.

Tulla Hill was owned by the Health Service Executive (HSE). There was a common weekly charge of €70 applied to each resident and this was collected by staff. €20 of the weekly rental was remitted to St. Brigid's Hospital, Ballinasloe to cover items such as heating oil. The remaining €50 covered accommodation and food. There was no common fund maintained.

Financial arrangements

All residents had their own private bank or post office accounts. Some residents managed their own money, whereas others were assisted by staff. Staff handled resident's cash and transactions were recorded in a book with a cash sheet signed by both staff and resident. There was no common social fund in the residence.

Service user interviews

Service users present in the house were greeted by the inspector and offered the opportunity to discuss any general issue of concern. No resident indicated a wish to speak with the inspector. There was a notice board within the house which outlined details of various support services available, including access to an advocate, if desired.

Conclusion

Tulla Hill was a seven-bed residence located on the outskirts of Loughrea. It was operated in conjunction with a number of medium or low support residences in the immediate locality and was integrated into the community mental health service. Residents had access to a range of therapeutic and support services. The ethos was one of recovery and rehabilitation with the intent that residents should progress to more independent living. Staff were supportive and engaged with residents. The residence required some renovation and refurbishment. Consideration should be given to promoting and safeguarding the privacy of residents. In addition there was a need to ensure the privacy and confidentially of resident clinical information held in the nursing office.

It was noteworthy that a number of prescriptions failed to meet legal requirements and this matter should be addressed urgently.

Recommendations and areas for development

1. *Steps should be taken to ensure the privacy of residents. All sleeping accommodation should be in single rooms.*
2. *Medication prescription and administration must meet legal and professional requirements.*
3. *Certain areas of the residence require renovation – bedroom flooring and kitchen.*
4. *Steps should be taken to ensure the confidentiality and security of the nursing office.*
5. *The residents should be more directly and centrally involved in drawing up and reviewing individual care plans.*
6. *It would be desirable to have a specific and separate complaints log.*