Mental Health Services 2010

Inspection of 24-Hour Community Staffed Residences

EXECUTIVE CATCHMENT AREA	Dun Laoghaire, Dublin South East and Wicklow (Including Drug Treatment Centre Board)
HSE AREA	Dublin Mid-Leinster
CATCHMENT AREA	Dublin South East
MENTAL HEALTH SERVICE INSPECTED	Dublin South East
RESIDENCE INSPECTED	Unit D, Vergemount
TOTAL NUMBER OF BEDS	26
TOTAL NUMBER OF RESIDENTS	24
NUMBER OF RESPITE BEDS (IF APPLICABLE)	0
TEAM RESPONSIBLE	Psychiatry of Old Age
DATE OF INSPECTION	21 October 2010

Description

Service description

The one-storey building was in the grounds of Vergemont Hospital and was opened in 1988. The design of the building was square with an enclosed garden at its centre. It was one of two adjacent residential services for the care of Psychiatry of Old Age. A corridor ran the length of the building which allowed space for agitated residents to move about. Accommodation was in four or six-bed ward areas. While there were a number of small single bed rooms, staff reported it was difficult to manoeuvre a hoist into these rooms to facilitate the care of physically dependent residents.

The decor of the premises was institutionalised and dated. Paint was peeling in places. Staff reported that requests for maintenance had been made and a response was awaited. In parts, it was dark and staff reported that the lights had to be left on during the day in the some of the common areas. Staff reported that visitors tended not to use the visitors room which was small and dreary in appearance. The sitting area was a rectangular room with chairs along one wall. Staff reported that when all residents were in this room it was congested and they suggested an extension was needed to facilitate the numbers of residents.

The seating cover in one bathroom was ripped.

Profile of residents

Unit D provided a service for people over 65 years of age with dementia and complex needs who could not be facilitated in alternative community support. On the day of inspection there were 11 male and 13 female residents.

Challenging behaviour was common. Of the 24 residents, 19 needed full nursing care. Care was palliative. The longest length of stay was 21 years. There was just one admission in 2010.

Quality initiatives and improvements in the last year

- The unit was part of the Health Promoting Hospitals (HPH) initiative for which it received a bronze certificate in 2010 from the HPH Network of Residential Care Facilities for Healthy Ageing. The initiative was based on consultation with residents and improving their choices. Information practices, personal space, independence, lifestyle and being family friendly were also important.

- Questionnaires had been developed for administration to residents of differing abilities. These were administered annually and used as a basis for formulating the service plan. As a result of this, clear labelling for patient clothes had been introduced. These were now being laundered in the unit, rather than being sent to the main hospital laundry. Magazines and papers were obtained and donated by a local store. Mass had been introduced in response to residents' requests and was available on the radio.

- The Cohen Mansfield Assessment of Agitation had been adopted for use in the unit.

- The service worked in association with the Blackrock Hospice which provided an in-reach service to the unit.

- An advocate for the elderly had begun attending the service following training by HSE.

Care standards (based on Mental Health Commission Quality Framework 2007 and 2008 inspection self-assessments)

Individual care and treatment plan, physical health reviews.

General health issues were the responsibility of a general practitioner (GP), whom staff reported was very supportive to residents. He attended every day and did six-monthly physical examinations. A system was in place for identifying when these examinations were required.

Risk assessment was used as part of the nursing assessments.

Staff were enthusiastic in pursing best practice initiatives in line with the HPH initiatives. A newsletter was published on a three-monthly basis, facilitated by the activities staff, highlighting developments and issues of importance to staff and residents.

Nursing care plans only were used in the service. This policy was under review.

Separate nursing and non-nursing files were maintained. A separate folder was maintained for documenting the continuation of mechanical restraint. This was not entered into the patient's clinical file. The original order for mechanical restraint was not easily accessible.

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

Staff reported that residents attended activation sessions within the unit which were provided by an activities nurse. This nurse arranged physical activities, walks, card games and newspaper reading as well as reminiscence therapy. Staff reported that efforts were made to match activities to residents' likes and dislikes through the completion of a personal profile on admission. The activities nurse worked also in other services and was available only on a part-time basis.

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

No resident was assessed as being able to travel outside alone and residents did not attend independent day services

Local groups were encouraged to come into the unit. The Alzheimers Society had been contacted. Age Action attended every two weeks. A spiritual reflection group facilitated by a priest was held every two weeks. The Church of Ireland rector attended as required. The support of a local shop had been obtained. A hairdressing service was available to residents. An Garda Síochána Band provided a concert twice a year.

Staff reported they made use of companion bus passes and accompanied one resident who was able to do so in travelling by bus.

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

The service was provided within the grounds of the general hospital and seemed to be structurally in good condition. However, the building was in need of redecoration. Some furniture needed to be replaced. There was access to an enclosed garden.

Staff reported that a record of fire inspection reports was kept in the office of the Director of Nursing. This was not forwarded to the Inspectorate as requested. A record of staff attendance at fire safety lectures was seen by the Inspectorate.

A copy of a critical food safety inspection report dated 2009 was forwarded to the Inspectorate. Some of the recommendations of this report were still outstanding at the time of inspection.

Staffing levels (full time in residence)

STAFF DISCIPLINE	DAY WTE	NIGHT WTE
Nursing	5(3 staff nurses+ 1CNM2+1CNM1)	2 CNM2 (CNM3 available)
Household	2	0

Team Input (sessional)

DISCIPLINE	NUMBER OF SESSIONS
Consultant Psychiatrist	1
Non Consultant Hospital Doctor (NCHD) and Senior Registrar	4
Occupational Therapist	0
Clinical Nurse Specialist	Part-time
Social Worker	As required
Clinical Psychologist	As required
Other – General Practitioner	Every day, as required
Dietician	0.5 days
Chiropodist	1 session every two weeks
Physiotherapist	On request
Optician	On request
Hairdresser	Unspecified
Dentist	On request

Team Input

Multidisciplinary meetings took place weekly attended by medical, nursing and occasionally psychology staff. Staff reported that other members of the community mental health teams attended meetings in the team headquarters and relevant information was conveyed by staff who attended both meetings.

Medication

Psychiatric medications were prescribed by the consultant psychiatrist and general medications were provided by the GP. Depot injections are administered by nursing staff.

Tenancy rights, do community meetings take place?

This was a long stay unit which provided palliative care.

Information about the HSE patient complaints procedure was available in the information booklet provided to patients and visitors. Staff reported there were no complaints on record for 2010.

Financial arrangements

Staff reported that there was a HSE policy relating to the administration of patient property. Resident accounts were administered by the administration office. Individual residents had a small ‘comfort allowance’ and bought weekly necessities with the help of nursing staff. Some residents were Wards of Court and access to their funds could be made by making application to that office.

The activities nurse had access to a small fund which was used to purchase everyday items for use by the residents.

Leisure/recreational opportunities provided

A musical choir came in monthly. All birthdays and festive occasions were celebrated. Visitors were encouraged and visiting hours were flexible.

A mini-bus which was used by the service to bring residents on outings was broken and awaiting repair.

Service user interviews

No service user spoke to the Inspectorate on the day of inspection.

Conclusion

Unit D provided a residential service for people with complex needs and a diagnosis of dementia to people over 65 years of age for the Dublin South East and Cluain Mhuire area. Staff demonstrated on the day of inspection that they were committed to providing a patient-centred approach and were taking active steps to improve their service based on the Health Promoting Hospitals initiative. Staff reported that residents received an excellent service from the GP who attended the unit on a daily basis.

Unfortunately the decor was dull and stale. The unit had not been redecorated for some time. Paint was peeling in places.

Multidisciplinary care plans were not in use in the unit although a number of different disciplines provided care services to residents. Clinical files were not integrated. The documentation of Mechanical Restraint was not entered into the clinical file.

Recommendations and areas for development

1. The premises should be re-decorated as soon as possible.
2. Any torn furniture should be replaced.
3. Issues in relation to the documentation of Mechanical Restraint should be addressed.
4. Consideration should be given to the introduction of multidisciplinary individual care plans in line with the Regulations of the Mental Health Act 2001.
5. Consideration should be given to the introduction of integrated case notes in keeping with the Mental Health Commission *Code of Practice on Admission, Transfer and Discharge to and from an Approved Centre.*