

Mental Health Services 2011

Inspection of 24-Hour Community Staffed Residences

EXECUTIVE CATCHMENT AREA	Galway, Mayo, Roscommon
HSE AREA	HSE West
MENTAL HEALTH SERVICE INSPECTED	East Galway
RESIDENCE INSPECTED	Callow Hill, Portumna
TOTAL NUMBER OF BEDS	6
TOTAL NUMBER OF RESIDENTS	5
NUMBER OF RESPITE BEDS (IF APPLICABLE)	1
TEAM RESPONSIBLE	Community Mental Health Team
DATE OF INSPECTION	31 May 2011

Description

Service description

Callow Hill was located just outside the town of Portumna. It opened in December 2004. It was a former residence for people with intellectual disability. It was particularly suitable as residence as it was a bungalow and all bedrooms were easily accessible. Unfortunately the residence was due to close in the near future as the property was to revert back to private ownership.

Residents had been assessed by the rehabilitation team, most of whom required continuing care. Arrangements were in train to find suitable accommodation.

Profile of residents

There were four men and one woman in the residence. Their age range was from 37 to 76 years. Length of stay was between six months and three years.

Quality initiatives and improvements in the last year

- Staff were involved in clinical audits that were being carried out throughout the service.
- Community meetings were held in the residence.

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

Each resident had an individual care plan that was multidisciplinary in nature and regularly reviewed by the multidisciplinary team. Individual care plans were signed by the resident. A risk assessment was also carried out.

The residents were reviewed once a month by the consultant psychiatrist.

Each resident had a general practitioner (GP) and physical reviews were carried out by the GP every six months or more frequently if necessary.

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

The residents attended either the day centre or the training centre where there was horticulture, computer skills and social skills. Transport was provided to attend these activities.

Within the house residents kept their own space clean, had chores and came and went as they wished. However there was no opportunity in basic activities of daily living such as meal preparation available in the house.

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

The residence was within walking distance of the town and the residents went to and from town independently. They went to the local shops, coffee shops and other local amenities. A bus was available if an outing had been arranged.

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

Each resident had a single room which was spacious. All bedrooms were on the ground floor. There was a large kitchen/dining area where the nursing staff had a desk. The bathroom was adequate. There was access to a garden area and facilities for washing clothes.

Staffing levels

STAFF DISCIPLINE	DAY WTE	NIGHT WTE
CNM2	1	0
RPN	1	2
Multi-task Assistant	1	0

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

Team input (sessional)

DISCIPLINE	NUMBER OF SESSIONS
Consultant psychiatrist	Once a month
NCHD	0
Occupational therapist	As required
Social worker	As required
Clinical psychologist	As required

Describe team input

Residents were reviewed by the consultant psychiatrist in the residence once a month. They could also attend the outpatient department if necessary. There was access to the multidisciplinary team as required. Multidisciplinary team meetings were held in the day hospital on weekly basis and nursing staff from the residence could attend if necessary.

Medication

The card index system of prescribing was used. The GP wrote prescriptions. No resident was on a self medicating programme. Depot medication was given in the residence. Prescribing doctors did not use medical council numbers (MCN) when writing prescriptions. Some of the prescriptions had been written in 2005 and 2006.

MEDICATION

NUMBER OF PRESCRIPTIONS:	5	%
Number on regular benzodiazepines	2	40%
Number on more than one benzodiazepine	0	0
Number on PRN benzodiazepines	1	20%
Number on benzodiazepine hypnotics	1	20%
Number on Non benzodiazepine hypnotics	3	60%
Number on PRN hypnotics	0	0
Number on antipsychotic medication	4	80%
Number on high dose antipsychotic medication	1	20%
Number on more than one antipsychotic medication	2	40%
Number on PRN antipsychotic medication	2	40%
Number on Depot Medication	2	40%
Number on antidepressant medication	3	60%
Number on more than one antidepressant	0	0
Number on antiepileptic medication	2	40%
Number on Lithium	0	0

Tenancy rights

The residence was leased by the HSE and was soon to return to the landlord. The residents paid €30 in rent and contributed €50 towards food.

Community meetings took place. Complaints went through the nursing staff and if necessary were passed on to the complaints officer. There was a complaints procedure in place.

Financial arrangements

Each resident had an account either with a bank or the Credit Union. Some of the residents required help with budgeting. There was a service-wide policy on management of money.

Leisure/recreational opportunities provided

A bus was provided for outings. There was television and DVDs in the residence. Activities were organised through the day centre.

Service user interviews

No service user was in the residence at the time of inspection.

Conclusion

This layout and location of the residence was ideal as a staffed residence. Unfortunately it was due to close shortly and residents were due to be moved to alternative accommodation.

The physical and psychiatric care received by the residents was excellent. All residents had an individual care plan and there was evidence of regular review and of multidisciplinary input where appropriate. There was access to a rehabilitation team if required.

Residents had access to therapeutic activities through the day centre and training centre. It may be beneficial for residents to learn cooking skills as part of maximising their daily living skills.

Recommendations and areas for development

- 1. Residents should be able to use the kitchen to enhance their cooking skills as part of a rehabilitation programme.*
- 2. Doctors should write MCN when writing prescriptions.*
- 3. Prescriptions which were more than six months old should be re-written.*