

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	Tulla View, Loughrea
TOTAL NUMBER OF BEDS	6
TOTAL NUMBER OF RESIDENTS	6
NUMBER OF RESPITE BEDS (IF APPLICABLE)	1
TEAM RESPONSIBLE	Sector team
DATE OF INSPECTION	1 June 2011

Description

Service description

Tulla View was a 6-bed residence located about 1.5 kilometres outside the town of Loughrea. It was situated in a residential area. The nursing team in charge of the residence also looked after residents in one medium support residence and four private houses under the care of the mental health services, as part of an outreach service.

The ethos was one of rehabilitation and the residence was due to be taken over by the rehabilitation team in the near future.

Profile of residents

The residents were aged between 30 and 80 years. One bed was a respite bed but this was sometimes taken up by individuals for long periods of time. Some residents had been in the house for up to ten years.

Quality initiatives and improvements in the last year

- Every effort was being made to move residents to more independent living.
- The outreach service by the nursing staff enhanced management of the community residences.

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

All residents had an individual care plan that was regularly reviewed and up to date. The residents signed their care plan. Each resident had their own general practitioner (GP). Regular physical reviews were carried out. Residents were regularly reviewed at the sector multidisciplinary team meeting and each resident had a care co-ordinator. Risk assessments were used.

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

Most residents attended the day centre during the day. Others attended the training centre in Loughrea which was run by the Mental Health Services.

Residents were encouraged to do their own shopping and cook some of their meals. Grocery shopping was done for the residents.

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

The residence was within walking distance from the town of Loughrea and most residents walked to town. Participation in community activities was encouraged. The residents accessed the hairdresser, beautician, coffee shops and other shops independently.

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

The residence was a dormer bungalow and was in reasonable condition on the outside. However the interior of the residence required much decoration and refurbishment. It was dreary and dark. One en-suite shower required maintenance. There were two double bedrooms one of which had no privacy between the beds and the other had only partial privacy. The kitchen was small for a residence with six people.

There was access to a small garden area.

Staffing levels

STAFF DISCIPLINE	DAY WTE	NIGHT WTE
CNM2	1	0
RPN	2	2
Multitask Assistant	1	0

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

Team input

DISCIPLINE	NUMBER OF SESSIONS
Consultant psychiatrist	1
NCHD	1
Occupational therapist	1
Social worker	1
Clinical psychologist	1
Addiction counsellor	1

Describe team input

Residents were reviewed regularly at multidisciplinary meetings in the day hospital and there was access to psychology, social work, occupational therapy and addiction counselling as well as medical and nursing staff. Each resident had a care co-ordinator.

Medication

Some residents were self medicating. Others were administered medication by nursing staff. The GPs prescribed medication following consultation with the psychiatrist. Prescriptions were clearly written but Medical Council Numbers (MCN) were not used by the prescribing doctors. Only one resident was prescribed a hypnotic, which was a non-benzodiazepine hypnotic; all residents were prescribed antipsychotic medication and most used antidepressant medication. In one instance, a prescription had been written in 2008.

MEDICATION

NUMBER OF PRESCRIPTIONS:	6	%
Number on regular benzodiazepines	1	17%
Number on more than one benzodiazepine	0	0
Number on PRN benzodiazepines	1	17%
Number on benzodiazepine hypnotics	0	0
Number on Non benzodiazepine hypnotics	1	17%
Number on PRN hypnotics	0	0
Number on antipsychotic medication	6	100%
Number on high dose antipsychotic medication	1	17%
Number on more than one antipsychotic medication	1	17%
Number on PRN antipsychotic medication	1	17%
Number on Depot Medication	1	17%
Number on antidepressant medication	4	67%
Number on more than one antidepressant	0	0
Number on antiepileptic medication	2	33%
Number on Lithium	2	33%

Tenancy rights

The residence was owned by the Health Service Executive. The rent was €40 per week for the residents and they also contributed €20 per week for food and other items.

Community meetings took place regularly. Complaints were dealt with at the community meetings or by the CNM2 or Assistant Director of Nursing.

Financial arrangements

Each resident had a bank account. Residents were encouraged to save money. Some money was stored in the residence but these were small amounts. There was a service-wide policy on management of money.

Leisure/recreational opportunities provided

The residence had access to transport and outings were often arranged for the residents. Other recreational activities were accessed through the day centre or training workshop. Television and DVDs were available in the residence. Residents were encouraged to visit former residents who had moved on to more independent living.

Service user interviews

One service user was available at the time of the inspection. He stated that he was very happy in the residence and got on well with the staff.

Conclusion

Tulla View residence was an integrated part of a community mental health service where there was access to excellent multidisciplinary team working. Each resident had an individual care plan and care co-ordinator. All attended either the day centre or training workshop. The ethos was one of recovery and rehabilitation with residents moving forward to more independent living.

The residence required some major refurbishment and maintenance.

Recommendations and areas for development

- 1. There should be a respite policy in order to maximise the use of the respite bed.*
- 2. Maintenance and refurbishment of the residence should take place.*
- 3. Single rooms should be available for residents. In the meantime privacy must be maintained in the double bedrooms.*