

# **Mental Health Services 2010**

## **Inspection of 24-Hour Community Staffed Residences**

<b>EXECUTIVE CATCHMENT AREA</b>	Dublin North Central/North West Dublin
<b>HSE AREA</b>	Dublin North East
<b>CATCHMENT AREA</b>	North West Dublin
<b>MENTAL HEALTH SERVICE INSPECTED</b>	North West Dublin
<b>RESIDENCE INSPECTED</b>	Weir Home
<b>TOTAL NUMBER OF BEDS</b>	23
<b>TOTAL NUMBER OF RESIDENTS</b>	22
<b>NUMBER OF RESPITE BEDS (IF APPLICABLE)</b>	0
<b>TEAM RESPONSIBLE</b>	Homeless Team
<b>DATE OF INSPECTION</b>	25 March 2010

## Description

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### Service description

Weir Home operated as a 24-hour supervised residence for men. It was a four storey building situated on Cork Street in Dublin and was close to local amenities including a post-office, banks, coffee shops, laundry and was a short walk from the city centre.

The accommodation comprised 21 single bedrooms and one double bedroom. There was one large sitting room, a large dining room and an activities room. There were two toilets on the first floor and three toilets on the second and third floors. There was also a shower room and bathroom on each of the upstairs floors. A laundry was provided on the second floor for residents to wash and dry their own clothes. A smoking room was situated on the first floor. There was an external fire escape from each floor.

One half of the building was unoccupied. As it was not cordoned off from the accommodation areas, residents could wander into it. There were cigarette butts, old furniture and clothes dumped in some of the rooms indicating a safety and fire risk. Plans to house other Health Service Executive services there had not been progressed at the time of the inspection.

The service reported that it aspired to provide a homely environment with an active continuing care and rehabilitative ethos, while also cognisant of the need to develop the independence of residents. Staff reported that Weir Home provided person-centred recovery oriented counselling and occupational based activities to help clients engage with the local community in an increasingly meaningful way. Engagement with family and friends was encouraged. The key philosophy was described as enablement and advocacy.

### Profile of residents

At the time of inspection there were 22 male residents in Weir Home. The ages ranged from 39 to 77 years. The length of stay varied from 25 years (one resident was admitted in 1984) to a matter of months (one resident was admitted in November 2009). Most of the residents had come from long-stay wards in St. Brendan's hospital or from other parts of the St. Brendan's mental health services. Some had been transferred from the Central Mental Hospital. Most residents were classified as having severe and enduring mental illnesses.

### Quality initiatives and improvements in the last year

- A gardening project had commenced and was reported to have been popular with the residents.
- Two of the residents had attended a local men's breakfast club group.
- The dining and sitting rooms had been refurbished.

## **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**

Three clinical files were reviewed and only one had an individual care plan that had been signed by the resident and that was out of date having been completed in June 2009. Six residents spoke to the Inspectorate and none of them knew about their individual care plan.

All residents had regular six monthly physical health reviews documented in their clinical files which were carried out by the non consultant hospital doctor (NCHD). All residents had their own general practitioner (GP). Communication from the Liberties Primary Health Care Team, one of the local general practitioner practices, was excellent and was a model for other general practitioner practices to liaise with staff with the residents consent.

While there was a specialist rehabilitation team attached to the St. Brendan's mental health services the residents in this 24-hour staffed residential unit did not have access to it. The frequency of psychiatric reviews varied. In one of the clinical files reviewed the resident had not had a psychiatric review since July 2009. Standardised risk assessments were used. There had been social work assessments completed in the files reviewed.

Staff had made enormous efforts to get to know local general practitioners, businesses and amenities to pave the way for residents' involvement in local community activities.

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

Residents had access to a social worker. The Clinical Nurse Manager 1 was active in running activation and recreation activities. The activation group ran Monday-Friday in the afternoons. All the residents who spoke to the Inspectorate spoke enthusiastically about the activation group and particularly enjoyed the outings which they planned and decided. Smoking reduction was encouraged. A wide range of health education and promotion literature was available. The Solutions for Wellness programme had been run. Two of the residents were attending Eve Ltd. in Thomas Court and two attended Eve Ltd. on Thomas Street. Two residents were involved with Alcoholics Anonymous and two attended a local men's group.

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

Weir House was conveniently located near Dublin city centre and there was easy access to a host of local amenities and public transport. Shopping outings were organised on a one-to-one basis if required, otherwise residents shopped for themselves. Two of the residents had been involved in a local group breakfast club for men. A holiday was organised annually for a group of residents and some of the residents also went abroad on holidays with family or friends.

Members of the local community dropped into the residence especially to celebrate birthdays, and public holidays. Some of the residents had developed friendships among the local community.

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

The residence had been redecorated approximately two to three years ago and was in good decorative order. Toilets, shower rooms and bathrooms had been refurbished and were well maintained. Despite the size and age of the building it was well maintained and was spacious. The unoccupied half of the building constituted a safety concern as it had not been cordoned off and was

easily accessible. Some of the rooms had been used to dump unused clothes or broken furniture. Some residents tended to wander into the derelict half of the building where there was cigarette butts on the floor, indicating a fire hazard. A fire inspection report was requested by the Inspectorate but had not been received

The residence was conveniently located near to public transport and local amenities. The residence catered for 22 residents and had a capacity for 23 which was well in excess of the recommendation in *A Vision for Change*. All residents had their own bedrooms and their rooms were personalised.

There was access to a good size garden fronting the main road. On the day of inspection it was well used by residents. Some of the residents had been involved in a gardening project. There was a portable cabin at the side of the residence which staff was hoping could be used as an artist's studio once a power supply was connected to it. Two of the residents were particularly interested in art and this would facilitate them pursuing their painting. The complaints policy and procedures were clearly displayed.

**Staffing levels (full time in residence)**

STAFF DISCIPLINE	DAY WTE	NIGHT WTE
Nursing	3	1
Household	2	0
Healthcare Assistant	0	1

**Team input (sessional)**

DISCIPLINE	NUMBER OF SESSIONS
Consultant psychiatrist	0.1
Non consultant hospital doctor (NCHD)	0.2
Occupational therapist	0
Social worker	0.1
Clinical psychologist	0
Other – Assistant Director of Nursing	0.1

**Team input**

A weekly team meeting was organised every Thursday in Weir Home. Concerns or issues arising during the preceding week were discussed at this meeting. The non consultant hospital doctor (NCHD) attended every Monday and conducted physical examinations, made external referrals as necessary, reviewed medical reports and carried out psychiatric reviews. The CNM1 as well as running the activation group also provided a phlebotomy service. This was described as particularly useful for the ten residents receiving Clozapine. The staff nurse post and one of the household posts were centrally rostered. Other staff were consistently posted to Weir Home, which helped with continuity of care and treatment.

**Medication**

None of the residents were on a self-medication programme. All prescriptions were written into the medical prescription sheet by the non consultant hospital doctor (NCHD). The prescription sheets reviewed during the inspection were up-to-date, neatly written and easy to follow. There was a wide variety of information available for residents on medication and mental illness among other topics available in the group room.

**Tenancy rights**

Weir Home was the property of the Quakers and the Health Service Executive had a long-term lease. Community meetings took place regularly and residents were actively involved in these. The rent was set at €68.50 per week. The complaints procedure was displayed.

The house rules were as follows:

- Smoking was restricted to designated areas.
- Aggressive abusive and bullying behaviour was not tolerated.
- Alcohol consumption on the premises was restricted to special occasions.
- Residents were advised not to engage in activities that may adversely impact on the quality of life of others.
- Each resident was expected to maintain their room in a reasonable standard of hygiene and keep some order on their personal possessions.

### **Financial arrangements**

All residents had bank accounts through the post office. Some also had other bank accounts. Payment of rent was organised through their bank accounts. Any financial transactions that took place in the residence were recorded and counter-signed by the residents and records were kept.

### **Leisure/recreational opportunities provided**

A number of leisure and recreational opportunities were available. Some were provided by staff e.g. activation group, outings, holidays and some were organised independently by residents themselves. Weir Home had access to a minibus which facilitated group outings.

### **Service user interviews**

Residents spoke to the Inspectorate. They were all happy with their accommodation and with the activities they undertook during the day. Most of the residents interviewed said they did little during the day preferring to keep to themselves. They particularly appreciated the location of the residence and how easy it was to go for walks or to go to the city centre to occupy themselves.

### **Conclusion**

Weir Home was a well maintained 24-hour staffed community residence based in Dublin 8. It was located in the south of Dublin city and was run by the North West Dublin mental health services. The residents were described as having severe and enduring mental illnesses but there was no access to the rehabilitation team. Although the occupied half of the building was relatively well maintained, the unoccupied half raised concerns about safety and should be closed off until such time as it is renovated for further use.

### **Recommendations and areas for development**

1. Risks arising from the unoccupied half of the building should be assessed and measures taken to address them immediately.
2. All residents should have an individual care plan.
3. All residents should have regular psychiatric reviews documented in their clinical files.
4. The number of residents accommodated together should be reviewed in light of recommendations in *A Vision for Change*.
5. Residents should have access to the rehabilitation team.
6. A consistent staff group for the residence should be considered.