

# **Mental Health Services 2010**

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

<b>EXECUTIVE CATCHMENT AREA</b>	Dublin North East
<b>HSE AREA</b>	Cavan/Monaghan
<b>CATCHMENT AREA</b>	Cavan/Monaghan
<b>MENTAL HEALTH SERVICE INSPECTED</b>	Monaghan
<b>RESIDENCE INSPECTED</b>	Woodvale
<b>TOTAL NUMBER OF BEDS</b>	16
<b>TOTAL NUMBER OF RESIDENTS</b>	14
<b>NUMBER OF RESPITE BEDS (IF APPLICABLE)</b>	2
<b>TEAM RESPONSIBLE</b>	Rehabilitation team
<b>DATE OF INSPECTION</b>	5 May 2010

## Description

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### Service description

Woodvale was a two-storey building situated in the grounds of St. Davnet's Hospital, Monaghan. It was purpose built in 2004 to accommodate residents who had been long-stay patients of St. Davnet's Hospital. There was a mix of residents, with some being in long-term care and others who were admitted for shorter periods. The residence facilitated a step-down facility for residents discharged from the acute ward of St. Davnet's and also provided a service for people admitted for respite care, induction of Clozapine therapy and as an alternative to admission to the acute ward of the hospital.

Each resident had their own bedroom, the majority of which were on the ground floor. There were two comfortable sitting rooms and a very pleasant garden at the rear of the house. The residence had three shower rooms and a bathroom. The house was reasonably well maintained.

### Profile of residents

The age profile of residents on the day of inspection was from 33 to 80 years. A number of the older residents required nursing care in terms of physical health needs. One of the residents was wheelchair bound and one used a walking frame. A number of the residents who availed of respite were in their 20's, and staff reported that the residence was used as a crisis house at times. Attempts to move two younger residents to self-catering accommodation in the grounds of the hospital had been unsuccessful.

### Quality initiatives and improvements in the last year

- There had been little in terms of initiatives in the past year.

**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 a multidisciplinary care plan which was reviewed annually. Individual care plans were signed by the residents. In addition, staff conducted FACE (Functional Assessment of the Care Environment) on all residents.

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

None of the residents attend a day centre or day hospital. One resident had attended industrial training until that facility closed. Some residents attend the Solas centre in the grounds of the hospital and participated in activities there.

An art teacher from the local VEC provided one session of art in the residence weekly.

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

When numbers allowed, staff brought residents on short trips, for example to local hotels. Staff also accompanied residents to town for shopping. A few residents walked into the town unaccompanied; there was no public transport. Members of the local Mental Health Association visited the residents from time to time.

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

Although the house had not been painted since it was built, it was reasonably well maintained. Each resident had their own bedroom many of which had been personalised and which afforded a high level of privacy. There was a very pleasant garden at the house which was well maintained.

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

STAFF DISCIPLINE	DAY WTE	NIGHT WTE
CNM 2	2	0
Staff nurse	1	2
Household Staff	2	0

**Team input (sessional)**

DISCIPLINE	NUMBER OF SESSIONS
Consultant psychiatrist	Annual Review
Non consultant hospital doctor (NCHD)	0
Occupational therapist	Annual Review
Social worker	Annual Review
Clinical psychologist	As required

**Team input**

The non consultant hospital doctor (NCHD) visited the residence weekly and as requested and carried out a psychiatric review every six months. Multidisciplinary team meetings were held annually. A full assessment of each resident was conducted at these meetings, including occupational therapy and social work. A psychologist was available when requested. Medications were reviewed at three monthly intervals.

There was no system of ensuring regular physical health checks but routine bloods were taken by nursing staff every six months. Residents were facilitated in attending for national screening programmes.

## **Medication**

Residents had their own general practitioners, and in all, three general practitioners attended the residents in Woodvale. Medication prescriptions were written every three months by the non consultant hospital doctor (NCHD), and these were then transcribed onto the general medical scheme forms by the general practitioner. These prescriptions were dispensed by a local chemist and delivered monthly to the residence. Depot injections were administered by the nurses in the residence.

## **Tenancy rights, do community meetings take place?**

The building was owned by the Health Service Executive and residents contributed €110 weekly to their maintenance.

Community meetings were held infrequently. An advocate visited regularly and a notice about advocacy was displayed in the residence. Complaints were referred to the Clinical Nurse Manager 2 (CNM2).

## **Financial arrangements**

Some residents looked after their own financial affairs. For the remainder, pensions were collected by staff from the accounts office in St. Davnet's Hospital. Nursing staff in the residence collected money from the accounts office and residents were able to access whatever money they required from the nurses.

## **Leisure/recreational opportunities provided**

Staff had access to a minibus and could bring residents on trips. It was reported that staff could no longer bring residents on holidays due to staff shortages. Residents had access to a television and board games in the house.

## **Service user interviews**

Residents were greeted by the Inspectorate during the inspection, but no resident requested to speak directly with the Inspectorate.

## **Conclusion**

Woodvale was a 16-bed supervised residence situated in the grounds of St. Davnet's Hospital on the outskirts of Monaghan town. There was a nice atmosphere in the residence and staff and residents were friendly. There was a wide range in ages of the residents with resulting increased nursing care for the older residents. Residents were reviewed annually by the multidisciplinary team, but despite the efforts of nursing staff, there was little evidence of therapeutic activity apart from the review.

## **Recommendations and areas for development**

1. A system for ensuring regular physical health checks should be developed.
2. A programme of redecoration should be commenced.
3. As many of the residents are unable to regularly leave the house, consideration should be given to the provision of more therapeutic activities in the residence.