

Mental Health Services 2014

Inspection of 24-Hour Community Staffed Residences

EXECUTIVE CATCHMENT AREA/INTEGRATED SERVICE AREA	Dun Laoghaire, Dublin South East and Wicklow
HSE AREA	Dublin Mid Leinster
MENTAL HEALTH SERVICE	Dublin South East
RESIDENCE	Le Brun House (Unit D) Clonskeagh Hospital
TOTAL NUMBER OF BEDS	26
TOTAL NUMBER OF RESIDENTS	23
NUMBER OF RESPITE BEDS	0
TEAM RESPONSIBLE	Psychiatry of Old Age
TYPE OF INSPECTION	Unannounced
DATE OF INSPECTION	26 February 2014

Summary

- Le Brun House was located in a hospital complex and provided care to 26 residents with dementia under the care of Psychiatry of Old Age (POA) team. It functioned as a hospital unit rather than a community residence.
- The care and treatment provided by all disciplines was excellent.
- Nursing care plans were good but there were no multidisciplinary care plans.
- There was an excellent but limited programme of activities. More activity staff were required to meet the needs of the residents. A new occupational therapist had been appointed to provide extra activities.

Description

Service description

Le Brun House was located at the Clonskeagh Hospital complex and adjoined a similar unit: Whitethorn House (Unit E). Another unit, Cois Ceim, in the same complex was also part of the mental health service.

Le Brun House was purpose-built in 1988 to house residents transferred from St. Brendan's Hospital and was known as a "de-designated unit". It was a single storey building surrounding a central well-maintained courtyard.

All residents in Le Brun House were under the care of the Psychiatry of Old Age team.

Profile of residents

All residents were over the age of 65 and the age range was 68 to 92 years. Approximately 75% of the residents were female. Some residents had been living in the unit since it was built in 1988. Others were more recent admissions. Two residents were Wards of Court.

The majority of residents were diagnosed as having a mental illness or mental disorder, namely severe dementia. A number of residents had challenging behaviour.

Most residents had mobility difficulties and a number of residents were disabled and confined to a chair.

Quality initiatives and improvements in 2013-2014

- A number of excellent audits had taken place. There was a documentation audit as well as audits of dependency levels, pressure sores and medication.
- A patient satisfaction survey had taken place.
- Three-day courses in Dementia Care: Challenging Behaviour had taken place and all staff would be trained by July 2014.
- Residents' needs were being assessed using an assessment tool.
- A HALT programme was in place. This audited antimicrobial activity and led to more appropriate use of antibiotics.

Care standards

Individual care and treatment plan

Residents had a good nursing care plan but there were no integrated multidisciplinary care plans. Due to their mental health condition, most residents could not be involved in their own care plans. Assessment of physical needs and risk assessment formed part of the nursing care plan.

Each resident had a key worker.

The multidisciplinary team met once a week in the unit and the consultant psychiatrist attended twice a week. The non-consultant hospital doctor (NCHD) also attended twice a week and whenever called to the unit.

Care from all members of the multidisciplinary team was well documented in the clinical file and the clinical files showed evidence of frequent and regular review of the residents.

The NCHD carried out six monthly physical reviews of the residents. These were clearly documented and there was a system in place to ensure that these reviews were completed in a timely manner.

A general practitioner (GP) attended on a daily basis and there was evidence in the clinical file of good medical care. There was a physiotherapist who attended the unit three days a week and there was access to clinical speech and language therapy and a dietician.

Mechanical restraint, in the form of lap belts, was used in the case of six residents. The mechanical restraint was prescribed in each case by the consultant psychiatrist and the reason for the restraint was documented. However, the duration of the restraint and the duration of the order were not documented. There was a policy regarding mechanical restraint.

Therapeutic services and programmes provided to address the needs of service

An activity nurse was employed between the three mental health units on the campus. The activity nurse provided a range of programmes including seated exercise, Sonas, Reminiscence Therapy, games and cognitive stimulation exercises. There was a specific activities room and an appropriately decorated room for Reminiscence Therapy. Music therapy was also provided once a week. Irish Therapy Dogs provided pet therapy weekly. The time spent by the activities nurse providing therapeutic programmes was limited due to other commitments.

No resident attended activities outside the unit.

An occupational therapist had recently been appointed to the three mental health units and was currently carrying out assessments. It was expected that dedicated occupational therapy groups would be provided.

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

No resident was able to access community services due to their mental illness and physical difficulties. There was access to a minibus for outings.

Facilities

Le Brun House had 10 single bedrooms that were comfortable, had wardrobes that could be locked and a sink in the room. There were four 4-bed rooms which had curtains around each bed and curtains on the windows. They were bright and nicely decorated. There was one sitting room that was quite small, and became crowded when all residents were seated in the room. It had a TV and music centre.

There was a kitchen and meals came from the hospital main kitchen. It was clean and tidy. The dining room was quite large with plenty of seating. There was a menu with healthy options. The dietician was involved in drawing up diets for the residents.

The unit had a pleasant central garden with a covered cloister where residents could walk or sit outside even in poor weather.

Le Brun House was clean, well ventilated and warm. There was adequate furniture and it was nicely decorated.

Staffing levels

STAFF DISCIPLINE	DAY WTE	NIGHT WTE
ADON	1 shared with community residences	0
CNM3	1 shared with other units on campus	1 shared with other units on campus <u>Or</u>
CNM2	1 Mon-Fri	1 shared with other units on campus
CNM1	1	0
RPN and RGN	4 (always at least one RPN on duty)	2
HCA	2	1

Assistant Director of Nursing (ADON), Clinical Nurse Manager (CNM), Registered Psychiatric Nurse (RPN), Registered General Nurses (RGN), Health Care Assistant (HCA)

Team input

DISCIPLINE	NUMBER	NUMBER OF SESSIONS
Consultant psychiatrist	1	2
Non consultant hospital doctor	1	2 plus on-call for the unit
Occupational therapist	1	Not yet decided
Social worker	2	Access through team
Clinical psychologist	1	Access through team
Clinical speech and language therapist	1	Access
Dietician	1	Once a month
Physiotherapy	1	1

As well as the multidisciplinary team outlined above, there was also access to a chiroprapist, hairdresser and chaplain.

Medication

There were excellent medication booklets which were colour coded and very easy to navigate. They were legible and contained a signature bank. Medication was prescribed by the GP, consultant psychiatrist and NCHD in the medication booklets. Medication came from the Clonskeagh Hospital pharmacy. No resident was self-medicating.

Tenancy rights

The building was owned by the Health Service Executive (HSE). Residents paid a maximum charge of €175 per week which was inclusive of utilities and food and all other care.

There were no community meetings. There was a complaints procedure and the HSE complaints procedure *Your Service Your Say* was prominently displayed. The complaints officer's name was not displayed. A record of complaints was maintained by the complaints officer.

Financial arrangements

Some residents received "comfort money" from the administration office which was the amount left over from their pensions when the charges had been paid. This was collected from the administration office and signed for by the CNM2. There was a safe on the unit. Staff purchased the necessary items for the residents. A record of residents' money was kept by nursing staff. In other cases, the residents' families managed their money.

There was no policy or procedure on managing resident's money pertaining to the unit at the time of inspection. However a policy had been drawn up and was made available at a later date. The Guidelines on Patients Private Property were in place.

There was no petty cash fund for the unit. Any item required was ordered through administration.

Service user interviews

A number of service users were greeted by the inspector. The majority had difficulty communicating. One resident was happy and comfortable in the residence.

Conclusion

Le Brun House was a unit in Clonskeagh Hospital complex which was under the care of the Psychiatry of Old Age team. All residents were over 65, had severe dementia and some had challenging behaviour. There were no elements of a community residence evident and the unit was functioning and providing care and treatment as a psychiatric elderly care ward. As such, the nursing care was excellent with much input from the multidisciplinary team, consultant psychiatrist and NCHD. There were regular team meetings, reviews of residents and excellent GP care.

There were no multidisciplinary care plans which was a pity as the elements of producing a good integrated multidisciplinary care plan were in place. The nursing care plans were good. All documentation was in excellent order and information easily retrieved.

There was no policy pertaining to the unit with regard to managing residents' money at the time of inspection but such a policy was furnished at a later date. The amount of time dedicated to activities was insufficient. However, the therapeutic programmes available were excellent.

Recommendations and areas for development

- 1. The mental health service should give consideration to applying to the Mental Health Commission for Le Brun House to be registered as an approved centre.*
- 2. Individual multidisciplinary care plans should be in place.*
- 3. There should be an increase in the amount of time dedicated to therapeutic activities.*