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	Whitethorn House (Unit E), Clonskeagh Hospital
TOTAL NUMBER OF BEDS	26
TOTAL NUMBER OF RESIDENTS	24
NUMBER OF RESPITE BEDS	0
TEAM RESPONSIBLE	Psychiatry of Old Age (10 beds) General Mental Health (16 beds)
TYPE OF INSPECTION	Unannounced
DATE OF INSPECTION	26 February 2014

Summary

- Whitethorn House provided care and treatment for residents with severe dementia or enduring mental illness. It was under the care of two consultant psychiatrists and the multidisciplinary teams. The care and treatment it provided was more akin to a hospital rather than a community residence.
- There was excellent care and treatment provided by all staff.
- Individual multidisciplinary care plans were not in place at the time of inspection but a multidisciplinary working group was in place to introduce individual care plans.
- There was no policy on managing residents' money at the time of inspection but such a policy was made available at a later date.
- The unit was in breach of the Health Service Executive's (HSE) *Patients' Private Property Guidelines* in using residents' funds to provide items for the wider group of residents.
- Therapeutic activities provided by the activities nurse were excellent. However, the time allocated to such activities was limited. A new occupational therapist had been employed to provide extra activities.

Description

Service description

Whitethorn House was a 26-bed unit located in Clonskeagh Hospital complex and adjoining Le Brun House which was also part of the same service. Another similar unit, Cois Ceim was located elsewhere in the same complex. Whitethorn House was opened in 1988 as a "de-designated unit" to facilitate the move of residents from St. Brendan's Hospital. It was a purpose-built one storey unit.

Ten residents were under the care of the Psychiatry of Old Age (POA) team. A further 16 residents were under the care of general adult mental health team.

Profile of residents

The residents under the care of the POA team had severe dementia. Those under the care of the general adult mental health team had a range of mental illnesses and were enduringly mentally ill. A number of residents had challenging behaviours. All residents required active care and treatment for mental illness or mental disorder.

The age range of residents was from 52 to 84 years. There were three Wards of Court. All residents were long stay in the unit although it was planned that a small number may eventually move to less intensive nursing accommodation.

Admissions came through the community mental health team, the acute in-patient units and from other community residences.

Quality initiatives and improvements in 2013-2014

- A number of excellent audits had taken place. There was a documentation audit and 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 were due to be trained by July 2014.
- Residents' needs were being assessed using an assessment tool.
- A HALT programme was in place which audited antimicrobial activity and led to more appropriate use of antibiotics.

Care standards

Individual care and treatment

Nursing care plans were in place and were excellent. They included risk assessment. However, there were no multidisciplinary care plans. Weekly multidisciplinary team meetings took place for both teams.

The consultant psychiatrists andnon consultant hospital doctors (NCHDs) attended twice a week. There was evidence of regular review and treatment in the clinical files, and the documentation was good. It was evident that some residents required intensive input from the multidisciplinary team for their mental illness.

A general practitioner attended daily and there was evidence of excellent medical care. The non consultant hospital doctors (NCHDs) carried out six-monthly physical reviews; there was a system in place for this and all reviews were up to date.

Each resident had a key worker, details of which were clearly displayed on a noticeboard.

One resident required mechanical restraint in the form of seat belts. These were prescribed by the consultant psychiatrist and a reason for their use was documented. However, the duration of the order and the duration of the restraint were not documented.

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

A dedicated activities nurse provided a therapeutic programme to the three mental health units on the campus. This nurse had 2.5 whole time equivalents (WTEs) post dedicated to Whitethorn House which was insufficient. An extensive range of activities such as Reminiscence Therapy, newspaper reading, relaxation, exercise, cognitive stimulation exercises, games and outings was provided. However, as there were two distinct care groups in the residence it was difficult, in the time provided, to cater for the differing needs of each group. More time for activities was required. There was a dedicated activity room. Music therapy was also provided. Irish Therapy Dogs provided pet therapy and were in the unit at the time of inspection.

Four residents attended the day centre on campus and one resident was availing of further education.

There was no kitchen area for use by the residents.

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

A small number of residents walked to the local shops but the majority of residents were not well enough to leave the unit.

Facilities

The unit was built around a central courtyard that was cloistered and very pleasantly planted. There were 10 single rooms that had wardrobes and sinks. Wardrobes could be locked. The rooms were nicely finished and efforts had been made to make them homely. Personal possessions were encouraged. There were four 4-bed rooms, all of which had curtains around the beds and were nicely decorated. There was currently only one shower for 26 residents which was insufficient. An application had been made to provide another shower. There was one sitting room which was somewhat small but was pleasant and had a TV and music centre. The dining room was large. There was a menu and a choice of healthy options for each meal. Food was cooked in the hospital kitchen and brought heated to the unit.

The unit was very clean and well maintained.

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 Or
CNM2	1 Mon-Fri	1 shared with other units on campus
CNM1	1	0
RPN and RGN	3 (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 Nurse (RGN), Health Care Attendant (HCA).

Team input

DISCIPLINE	NUMBER	NUMBER OF SESSIONS
Consultant psychiatrist	2	2 each
Non consultant hospital doctor	2	2 each 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

A chaplain was available. A hairdresser and a chiropodist attended once a week.

Medication

There were excellent medication booklets that were colour-coded. There were no difficulties in navigating the prescriptions. Prescriptions were legible and there was a signature bank. Medication came from the Clonskeagh Hospital pharmacy.

The GP and psychiatrists prescribed medication in the medication booklets.

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 their pensions. This was collected from the administration office and signed for by the CNM2. There was a safe on the unit and staff purchased the necessary items for the residents.

Some of the residents' "comfort money" was used to purchase items for the benefit of other residents. This does not comply with the Health Service Executive's (HSE) *Patients' Private Property Guidelines* and should cease.

There was no policy or procedure on managing residents' money pertaining to the unit at the time of inspection. However, such a policy was made available at a later date.

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

Service user interviews

Some residents were greeted by the inspector. Most were too unwell to provide their views on the service.

Conclusion

Whitethorn House provided care and treatment to residents who had a mental disorder or mental illness. Some residents had severe dementia while others had enduring mental illness. The provision of care and treatment was more akin to a hospital unit rather than a community residence.

The standard of care and treatment from all staff was impressive and the documentation gave evidence to this. Nursing care plans were good but there were no multidisciplinary care plans. There was evidence of excellent and regular review of residents and strong multidisciplinary involvement in residents' care. It would be a short step to providing multidisciplinary individual care plans.

The therapeutic activities were wide-ranging despite the difficulty of providing a service to two distinct care groups. However, the time dedicated to such activities was insufficient and more activities staff were required.

Money management in the unit required attention. The unit was in breach of the HSE's *Patients' Private Property Guidelines* in using residents' funds to provide items for the wider group of residents. Residents' funds must be "safeguarded for their direct benefit and their benefit alone" (*Patients' Private Property Guidelines, HSE)*. Also, there was no policy on managing residents' money specific to the unit at the time of inspection..

Recommendations and areas for development

1. *The mental health service should give consideration to applying to the Mental Health Commission for Whitethorn House to be registered as an approved centre.*
2. *Individual multidisciplinary care plans should be in place.*
3. *Residents' funds must only be for the use of that resident and not to benefit other residents.*
4. *Increased dedicated time for activities should be provided.*