

Mental Health Services 2013

Inspection of 24-Hour Community Staffed Residences

EXECUTIVE CATCHMENT AREA/INTEGRATED SERVICE AREA	Limerick, Clare, North Tipperary
HSE AREA	West
MENTAL HEALTH SERVICE	Clare
RESIDENCE	Cois Mara, Spanish Point, Co. Clare
TOTAL NUMBER OF BEDS	16
TOTAL NUMBER OF RESIDENTS	14
NUMBER OF RESPITE BEDS	0
TEAM RESPONSIBLE	General Adult
TYPE OF INSPECTION	Unannounced
DATE OF INSPECTION	27 November 2013

Summary

- All residents had an intellectual disability and were under the care of a general adult psychiatry team.
- Refurbishment works were ongoing at the time of inspection.
- Despite the fact that all residents had an intellectual disability ranging in severity from mild to profound, only one nurse had training in this area of expertise.
- Some residents had not been reviewed by any member of the team in 2013 to the date of the inspection.
- Bedrooms were comfortable and many were highly personalised.

Description

Service description

Cois Mara was a single-storey, former guest house situated in a beautiful coastal area of Co. Clare and was located on the main road through Spanish Point. It opened as a community residence in 2002, and provided 24-hour nursing care for residents, all of whom had an intellectual disability ranging from mild to profound in severity. The entrance door was locked and residents were accompanied by a member of staff when leaving the house.

Profile of residents

There were 14 residents at the time of inspection, ranging in age from 52 to 77 years. Many of the residents had been in the care of the mental health services for a very long time, and most had transferred to the residence from Our Lady's Hospital in Ennis, a psychiatric hospital which closed in 2001. All residents were voluntary and none were a Ward of Court.

Most residents had some degree of physical dependency needs; most needed supervision with feeding and some required a liquidised diet. A number of residents required assistance with toileting and all required assistance with maintaining hygiene.

Quality initiatives and improvements in 2012/2013

There were ongoing refurbishment works in progress at the time of inspection, to include extending the activities room and shower rooms.

Care standards

Individual care and treatment plan

Residents were under the care of a general adult psychiatry team but residents had nursing care plans only. There was a key worker system in place. The consultant visited approximately every two to three months, but residents did not have individual multidisciplinary care plans and no member of the team visited except the consultant psychiatrist. An inspection of five clinical files indicated that two of these residents had not been reviewed by any member of the mental health team in 2013 to date and two further residents had not been reviewed since March 2013.

A general practitioner (GP) attended the residence as needed and a GP service was available on-call if required. Residents had access to national screening programmes and all residents received the influenza vaccination. Residents also had an annual physical examination carried out by the GP. Access to physiotherapy was through primary care.

Nursing staff had carried out a Functional Analysis of Care Environment (FACE) for each resident to determine the needs of residents.

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

Nurses provided some therapeutic activities as time permitted. An art therapist attended once each week and pet assisted therapy took place weekly. No resident attended a therapeutic activity outside the residence.

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

Residents were not involved in any outside community activity.

Facilities

Accommodation was in single (4) or two-bed bedrooms (6); these were well maintained and some were highly personalised. The house had recently been re-painted and further works were in progress at the time of inspection. Lavatories were in need of up-grading. Meals were provided from the HSE West Central Catering service at Orchard Lodge, Kilrush and residents were offered a choice of meal. There were two sitting rooms, one of which was a large room, where most residents spent the day. A multisensory room was available for all residents and there was a large garden area at the back of the house.

Staffing levels

STAFF DISCIPLINE	DAY WTE	NIGHT WTE
CNM2	1	0
RPN	2	2
Attendants	2	0

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

Team input

DISCIPLINE	NUMBER	NUMBER OF SESSIONS
Consultant psychiatrist	1	Two /Three monthly
NCHD	Not provided	None
Occupational therapist	Not provided	None
Social worker	Not provided	None
Clinical psychologist	Not provided	None

The nurse manager on duty at night was the Assistant Director of Nursing (ADON) for the service who was based in Ennis. No additional member of the team, except the consultant psychiatrist and on one occasion, an occupational therapist visited the residence.

Although the residents all had an intellectual disability, only one nurse had training in care of people with an intellectual disability.

Medication

Medication prescription booklets were completed by the consultant psychiatrist. These were then transcribed onto a medical form by the GP. Medications were sourced from a local pharmacy. Five residents were prescribed a depot medication and this was administered by nursing staff. No resident was on a self-medication programme. Prescriptions were all up to date and all doctors used Medical Council Numbers (MCN) when writing prescriptions.

Tenancy rights

The house was owned by the Health Service Executive (HSE) and residents each paid rent of €134 per week to cover all requirements.

Financial arrangements

All residents' pensions were collected by the CNM2 each week. A money order was then drawn to cover rent and this was lodged in the HSE rent account. The balance of an individual's money was divided in part for lodgement to the resident's own post office account and the remainder was kept for the resident's immediate use. All residents contributed €20 per week towards a 'comfort' fund which was used for the benefit of all residents.

Service user interviews

Residents were greeted by the inspector as the inspection was conducted and a few residents engaged in some conversation.

Conclusion

Cois Mara provided residential care for 14 residents, all of whom had an intellectual disability. Despite the obvious need for a specialised team to care for these residents, they were under the care of a general adult psychiatry team. However, a review of some residents' clinical files showed that some residents had not actually been reviewed in 2013 at all. Only one nurse working in Cois Mara had any training in working with people with an intellectual disability.

Whilst residents had care plans, these were all nursing care plans and there was no evidence of multidisciplinary team input, except for one assessment by an occupational therapist for a resident who required a specialised chair.

The house was reasonably well maintained and there were refurbishment works ongoing at the time of inspection; this would, among other things, provide a bigger activities room for residents.

Recommendations and areas for development

- 1. Residents with an intellectual disability should be under the care of a specialised mental health of disability (MHID) team.*
- 2. All nurses who are employed to provide care for residents with an intellectual disability should receive training in this area of expertise.*