Mental Health Services 2012

Inspection of 24-Hour Community Staffed Residences

EXECUTIVE CATCHMENT AREA/INTEGRATED SERVICE AREA	Limerick, North Tipperary, Clare
HSE AREA	West
MENTAL HEALTH SERVICE	Limerick
RESIDENCE	New Strand House
TOTAL NUMBER OF BEDS	17
TOTAL NUMBER OF RESIDENTS	16
NUMBER OF RESPITE BEDS (IF APPLICABLE)	None
TEAM RESPONSIBLE	Rehabilitation
TYPE OF INSPECTION	Announced
DATE OF INSPECTION	18 April 2012

Summary

- Residents were under the care of the rehabilitation team.
- Some residents had an individual care plan, whilst others did not.
- Access to the kitchen was restricted to staff only, with the result that residents could not engage in cooking activities.
- Many of the bedrooms were small and cramped.
- Residents had easy access to the city centre and could avail of public transport.

Description

Service description

The New Strand House residence was a renovated and extended two storey house which had been in use as a residence for the past 25 years. It was situated in its own grounds in a pleasant residential area of Limerick city within easy reach of the centre of the city. Many of the residents had transferred to the house from a long-stay ward in St. Joseph's Hospital in the city; two of the most recent residents had been transferred from St. Joseph's in February 2012 when the second last remaining ward closed.

Profile of residents

There were 12 female and four male residents in the house; two of these residents were in the Mid Western Regional Hospital and Unit 5B at the time of inspection. The age range of residents was from 48 to 77 years. Two residents had been resident since 1996.

All residents were voluntary and one resident was a Ward of Court. Whilst all residents were mobile, three used a stick or walking frame to mobilise; four residents used a nebulizer and three suffered from incontinence.

Quality initiatives and improvements in 2011/2012

- There was ongoing work to enhance fire safety by means of providing fire doors and wiring being carried out at the time of inspection.

Care standards

Individual care and treatment plan

All residents were under the care of the rehabilitation team and residents had a multidisciplinary assessment each six months. The multidisciplinary team visited the residence every six – eight weeks and a key worker system was in operation. At the time of inspection, the team comprised a consultant, NCHD, occupational therapist and an advanced nurse practitioner; the social worker was on leave. The team did not have a psychologist. Although it was reported that each resident had an individual multidisciplinary care plan, on review of four clinical files, there was no evidence in the clinical file of two of these residents that they had an individual care plan.

No formal risk assessment tool was used and residents were all reported to be stable.

Physical health needs were looked after by the resident's general practitioner (GP) and there were four GPs involved in the care of the residents. Residents attended his/her GP in their surgery where the GP made entries in the resident's clinical file. Physical health examinations were carried out six monthly by the GP.

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

Therapeutic services were provided outside the residence. Four residents attended a local mental health service day centre, to which they were able to walk. Three residents attended a local community day centre on three days per week and were brought by minibus. One resident was engaged in a full-time Solas scheme.

The remainder of residents stayed in the house or visited family; some residents made trips to the city centre.

There was no facility for residents to engage in cooking or preparing meals; for health and safety reasons, it had been decided to restrict entry to the kitchen to staff only. Residents were unable to make a cup of tea, although staff provided this if required.

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

Residents did not participate in local community events or groups. Members of the Limerick Mental Health Association visited the house and brought residents on outings and organised social events.

Facilities

The house was reasonably well maintained but only part of the downstairs had been repainted in the past year. There were two sitting rooms and one small dining room with only 14 dining room chairs; if all 17 residents were present at mealtimes, some would be requested to await a second sitting.

Bedrooms were on both the ground and first floors and there were seven single and five shared bedrooms. None of the shared rooms had any facility to afford privacy for the residents and three of these rooms were very cramped. There were two showers and one bath, but one shower was particularly small and was not suitable for those in need of assisted showers. The bathrooms and lavatories were in good repair.

There was very little storage space and large buckets with mops were stored in the hallway, on the landing and in the dining room.

Staffing levels

STAFF DISCIPLINE	DAY WTE	NIGHT WTE
CNM2	1	0
RPN	2	2
Household Staff	1 or 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	Every six weeks
NCHD	1	Every six weeks
Occupational therapist	1	Every six weeks
Social worker	1	On leave
Clinical psychologist	0	None
Advanced Nurse Practitioner	1	

Medication

Prescriptions were written by the consultant, NCHD or GP and were reviewed at multidisciplinary team meetings. No resident was on a self-medication programme at the time of inspection. Medications were obtained from St. Joseph's Hospital, but could be sourced locally if necessary. Medication was administered either in the clinical office or at the dining room tables. Prescription kardexes for 14 residents were reviewed. Medical council numbers (MCN) were not used by the prescribing doctors. Prescriptions for seven residents were out of date. Almost one third of residents were prescribed more than one antipsychotic medication which included the use of clozapine in one of these cases.

MEDICATION

NUMBER OF PRESCRIPTIONS:	14	%
Number on benzodiazepines	3	21%
Number on more than one benzodiazepine	0	0
Number on PRN benzodiazepines	6	43%
Number on Benzodiazepine hypnotics	1	7%
Number on Non benzodiazepine hypnotics	6	43%
Number on PRN Hypnotics	0	0
Number on antipsychotic medication	12	86%
Number on high dose antipsychotic medication	5	36%
Number on more than one antipsychotic medication	5	36%
Number on PRN antipsychotic medication	3	21%
Number on Depot medication	5	36%
Number on antidepressant medication	3	21%
Number on more than one antidepressant	0	0
Number on antiepileptic medication	3	21%
Number on lithium	2	14%

Tenancy rights

The house was owned by the Health Service Executive (HSE). Residents did not sign a lease or tenancy agreement. Community meetings were held monthly at which residents could raise complaints and matters for discussion.

Rent of €50 was paid weekly by all residents with an additional €1.50 per day for dinner, if present. If a resident was away for a night, no rent was paid for that day.

Some residents did their own laundry but those who were unable paid a private firm to take their laundry.

Financial arrangements

Six residents made their own arrangements for collecting pension and banking.

For the remaining ten residents, the nursing staff collected their pension and deducted the rent. The balance was retained for individuals in the safe. Once the balance reached a certain amount, it was deposited in a resident's post office account. Two nurses signed for each financial transaction.

Service user interviews

A number of residents spoke with the inspector during the inspection. All the residents expressed satisfaction with their care but one resident complained about the quality and repetitious nature of the food. Nursing staff confirmed that the quality of the food was the most common item of complaint from residents.

Conclusion

The residence in New Strand House provided care for 17 residents, which number was greater than the number of residents currently remaining in St. Joseph's Hospital. A Vision for Change recommends that a community residence should have a maximum of ten places to avoid the risk of mini-institutions replacing larger institutions.

Although it was reasonably well maintained, the accommodation was cramped. Due to lack of space, not all residents could be seated in the dining room at the one time and the shared bedrooms were unsuitable for two people. There was an obvious lack of storage space with the result that cleaning implements and laundry trolleys were stored in open areas of the house presenting a potential hazard, especially to elderly residents.

Although the clinical files of two residents inspected had individual care plans, this was not the case in the others; this was particularly surprising as one of these residents had been resident in St. Joseph's Hospital until six weeks previously. No admission procedure had been carried out on the arrival of the resident at the residence and a note in the continuation notes was the only reference to the transfer. It was reported that the individual had only one brief visit to the residence prior to the decision being made to effect the transfer.

Recommendations and areas for development

1. The use of shared rooms should be re-considered.

2. Dining room space should be such that all residents can be seated at the one time.

3. Multidisciplinary care plans should be used for all residents.

4. All prescriptions should be in date and doctors should use their MCN when prescribing medication as recommended by the Medical Council.

5. The use of high dose antipsychotic medication should be reviewed.

6. The programme of repainting should be completed.

7. All floor-cleaning implements should be removed from common areas and the dining room.

8. The concerns about the food as raised by residents should be addressed.