

Mental Health Services 2013

Inspection of 24-Hour Community Staffed Residences

EXECUTIVE CATCHMENT AREA/INTEGRATED SERVICE AREA	Carlow, Kilkenny, South Tipperary
HSE AREA	South
MENTAL HEALTH SERVICE	Carlow
RESIDENCE	Park Lodge
TOTAL NUMBER OF BEDS	9
TOTAL NUMBER OF RESIDENTS	9
NUMBER OF RESPITE BEDS (IF APPLICABLE)	None
TEAM RESPONSIBLE	Rehabilitation Team
TYPE OF INSPECTION	Unannounced
DATE OF INSPECTION	8 August 2013

Summary

- Multidisciplinary care plans were used and these were signed by residents who were able or willing to do so.
- A daily activity programme had been recently established by staff.
- The financial arrangements involving residents' monies were outdated and were in need of updating.

Description

Service description

Park Lodge community residence was located approximately two kilometres from Carlow Town. It was a single-storey bungalow, a former private residence, to which a number of add-on extensions had been built throughout the last few decades. The original building was thought to have been built in the 1940s or 50s. The residence comprised nine bedrooms and nine male residents were accommodated therein. The residents came under the care of a specialist rehabilitation team.

Profile of residents

All residents were male. Age range was from 30 years to 67 years. There was one Ward of Court and all residents were voluntary. Residents had been transferred to Park Lodge from St. Patrick's Ward in Dymnna's Hospital following the closure of that ward in October 2011. All residents were mobile.

Quality initiatives and improvements in 2012/2013

- Individualised self-care bags had been introduced for residents to encourage independence with self hygiene.
- A daily activity programme had been introduced to the residence.

Care standards

Individual care and treatment plan

Multidisciplinary care plans were used and these were signed by residents who were able or willing to do so. A number of residents refrained from signing their individual care plan. It was reported that a number of residents were actively engaged in the formulation and review of their care plans. Multidisciplinary team (MDT) meetings occurred weekly in the alternate locations of St. Dymphna's Hospital, Carlow and St. Canice's Hospital, Kilkenny. MDT care plans were Recovery orientated. Physical health reviews were carried out by the residents' general practitioner (GP). Residents normally attended their GP's surgery. Psychiatric reviews occurred every three months by the consultant psychiatrist and each resident had a physical review by their GP every six months. Residents had access to a specialist rehabilitation team. There was evidence of risk assessments in all clinical files examined by the inspector. Staff presented as being positive and proactive.

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

A daily activity programme had been recently established by staff of the community residence. A number of residents attended the Dolmen Centre and the Castle Centre, activation centres both of which were situated on the campus of St. Dymphna's Hospital. The occupational therapist (OT) attached to the team attended the residence weekly and facilitated groups such as kitchen assessments and Wellness Recovery Action Plan (WRAP), Solutions for Wellness. It was reported that three residents refused to engage in any activity programme and were keen on maintaining their privacy.

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

The residence was situated in a rural setting. One resident was described as being well-read and was actively engaged in local literary circles. Residents attended Mass on Sunday. All but one resident received regular visits and attended family/friend social activities.

Facilities

The nurses' office was small and not fit for purpose. The residence was clean, in a good state of decor and was surrounded by large gardens which the residents frequented. All residents smoked. The smoking room could only accommodate four residents at a time. Maintenance was based at St. Dymphna's Hospital, Carlow and was described as being very good.

Staffing levels

STAFF DISCIPLINE	DAY WTE	NIGHT WTE
RPN	2	2
Household	1	0

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

Team input

DISCIPLINE	NUMBER	NUMBER OF SESSIONS
Consultant psychiatrist	1	As required
NCHD	1	As required
Occupational therapist	1	At least weekly
Social worker	1	As required
Clinical psychologist	1	As required

Medication

The consultant prescribed most medication. The GP prescribed medications for physical complaints. The prescription booklets had photographic identification of the resident. The standard of prescribing medication was excellent as was the documentation of the administration of medication. Medication was delivered to the residence in pre-packed format by a local pharmacy. Depot injections were administered by nursing staff of the residence.

Tenancy rights

The Health Service Executive (HSE) owned the building. Residents paid rent every week. The rent was means tested and varied per resident between €95 and €120 per week. This charge included all food and utilities. There was no kitty or social fund. The complaint procedure was highlighted in a prominent area of the residence.

Financial arrangements

Residents did not have a bank, post office or credit union account. All monies attributed to residents were held in individual accounts maintained by a HSE officer in the General Office in St. Dymphna's Hospital, Carlow. Information in relation to this arrangement was sought by the Inspectorate following the inspection and was received in writing from the service as follows:

The residents' pensions/allowances etc. were paid directly from the Department of Social and Family Affairs to the Patients Private Property Account, Central Unit, H.S.E., Tullamore, Co. Offaly. However, the monies of the two Wards of Courts were managed directly through the Wards of Court Office. There were also three residents whose families managed their financial affairs and dealt directly with the Accounts Officer in St. Dymphna's Hospital, Carlow.

St. Dymphna's Hospital, Carlow operated a local Patients Private Property Account. Residents' monies were lodged via the pension run operated by the Central Unit in Tullamore on a fortnightly basis to the local account operated in St. Dymphna's Hospital, Carlow. In addition, the Wards of Court Offices and the families as mentioned above lodged directly into the same local account.

There was no formal arrangement in place in the issuing of account statements to the residents in question. However, the Accounts Officer in St. Dymphna's Hospital Carlow dealt with all queries made by a resident or the residents' families.

The same applied to the residents who were Wards of Court. However, the Wards of Court Office transferred monies to the residents' local Patients Private Property Accounts twice yearly or more frequently if requested.

All residents had not consented to these arrangements and in many cases did not have the capacity to manage their affairs. However, it was reported that all of the residents' families were aware of and were happy with the current arrangements in place.

The Patients Private Property Account was operated in accordance with the National Patients Private Property Guidelines.

Service user interviews

No resident requested to speak with the inspector. Residents were greeted during the course of the inspection. Information on peer advocacy was available.

Conclusion

Park Lodge community residence was located approximately two kilometres from Carlow Town. It was a ground floor residence, a former private residence, to which a number of add-on extensions had been built throughout the last few decades. The original building was thought to have been built in the 1940s or 50s. Multidisciplinary care plans were used and these were signed by residents who were able or willing to do so. A daily activity programme had been recently established by staff. The financial arrangements involving residents' monies were outdated and were in need of updating.

Recommendations and areas for development

- 1. Residents with capacity should be encouraged to have their own individual bank accounts.*