

Mental Health Services 2011

Inspection of 24-Hour Community Staffed Residences

EXECUTIVE CATCHMENT AREA	Kerry
HSE AREA	South
MENTAL HEALTH SERVICE INSPECTED	Kerry
RESIDENCE INSPECTED	Kilarden House
TOTAL NUMBER OF BEDS	17
TOTAL NUMBER OF RESIDENTS	16
NUMBER OF RESPITE BEDS (IF APPLICABLE)	1
TEAM RESPONSIBLE	Rehabilitation
DATE OF INSPECTION	11 October 2011

Description

Service description

Kilarden House was a large two-storey house situated in the grounds of a church on the outskirts of Tralee. It had originally been a convent but had been in use as a 24-hour staffed residence for the past 15 years. Part of the building was used as a day centre and some rooms were shared between the day centre and the residence.

Profile of residents

There were 16 residents in the residence at the time of inspection, whose ages ranged from 32 to 79 years. There were twice as many male as female residents, with 11 males and five females; the respite bed was unoccupied. Whilst three residents had moved from the residence to an unsupervised group home some time ago, the most recent admission to Kilarden House was three years ago.

Quality initiatives and improvements in the last year

- The sitting room and some toilets had been re-furbished.
- A new kitchen had been installed.

Care standards (based on Mental Health Commission- Quality Framework for Mental Health Services in Ireland 2007 and the 2008 inspection self-assessments)

Individual care and treatment plan

All residents had a multidisciplinary individual care plan which was reviewed by the Rehabilitation team every six months. A number of clinical files were inspected and showed care plans which had been reviewed at least every six months.

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

Residents attended a range of therapeutic programmes, some of which were based in the adjoining day centre. An art class was held weekly and an occupational therapist conducted two sessions per week also in the day centre. Three residents attended a rehabilitation unit four days per week, while a further three participated in gardening classes in the mornings. Other residents did a variety of activities, including literacy classes, a computer course and attending a Training Unit.

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

Residents participated in a good many local activities such as dance classes, Siamsa Tire and local St. Vincent de Paul meetings. Some also attended the greyhound track for race meetings and attended the cinema.

Do residents receive care and treatment in settings that are safe, well maintained and that respect right to dignity and privacy

The house was located on the outskirts of Tralee off the main road. The residence was large and the day centre occupied a number of the rooms downstairs. There was one shared sitting room and the kitchen was mainly for the use of the day centre. Meals for the residents were 'cook/chill' and came from the kitchens in Tralee General Hospital. The bedrooms were located on the first floor and in view of the increasing age profile of residents a chairlift had been attached to the stairs. Bedrooms were good sized and were pleasant; many were decorated with personal items and had been re-painted last year. Toilet and bathroom facilities were old-fashioned and in need of refurbishment. There was a very pleasant garden which had a number of fruit trees and a poly-tunnel for vegetables.

Staffing levels (full time in residence)

STAFF DISCIPLINE	DAY WTE	NIGHT WTE
CNM1	1	0
RPN	1	2
Household Staff	2	0

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

Team input (sessional)

DISCIPLINE	NUMBER OF SESSIONS
Consultant psychiatrist	Weekly
NCHD	Weekly
Occupational therapist	3 per week shared with the day centre
Social worker	As required
Clinical psychologist	Monthly
Other – Art Teacher	Weekly

Describe team input

All residents were reviewed by the multidisciplinary team every six months, but they were seen by the consultant psychiatrist, or non consultant hospital doctor (NCHD) more regularly. Residents were also seen on a regular basis by the general practitioner (GP).

It was reported that on occasion, one of the night staff was moved to the acute psychiatric unit in the General Hospital to work, leaving one nurse only on duty for that duration.

Medication

Medication was delivered, individually packaged from a pharmacy in Cork. Four residents were on self-medication programmes. A kardex system was used for prescribing medication. Depots were administered in the residence. In ten of the prescription kardexes, the prescription was out of date with some prescriptions having been written in 2005. In some cases, there was no signature for discontinued prescriptions. Fifteen of the sixteen residents were prescribed antipsychotic medication, and seven were on more than one antipsychotic. There was a very low rate of prescribing of benzodiazepines, with only one resident on a regular benzodiazepine. Doctors did not use their medical council number (MCN) when writing prescriptions.

MEDICATION

NUMBER OF PRESCRIPTIONS:	16	%
Number on regular benzodiazepines	1	6%
Number on more than one benzodiazepine	0	0
Number on PRN benzodiazepines	5	31%
Number on benzodiazepine hypnotics	0	0
Number on Non benzodiazepine hypnotics	3	19%
Number on PRN hypnotics	3	19%
Number on antipsychotic medication	15	94%
Number on high dose antipsychotic medication	4	25%
Number on more than one antipsychotic medication	9	56%
Number on PRN antipsychotic medication	4	25%
Number on Depot medication	5	31%
Number on antidepressant medication	7	44%
Number on more than one antidepressant	1	6%
Number on antiepileptic medication	5	31%
Number on Lithium	3	19%

Tenancy rights

The building was owned by the Health Service Executive (HSE); there was no tenancy agreement with residents. The rent differed from resident to resident and varied from €85 - €100 per week. Community meetings were held monthly and it was reported that no complaints had been received.

Financial arrangements

All residents had their own bank accounts and all allowances and payments went directly into the accounts. Staff withdrew money from individual accounts and provided receipts for residents; a small amount of money was then retained in the residence for the personal use of residents. Some residents managed their own finances. All residents had provided written consent for staff to withdraw money from their accounts, but this had not been updated since 2007.

Leisure/recreational opportunities provided

Residents used local facilities to shop, go for coffee and attend the cinema. Staff organised day trips, and some overnight trips. An overnight trip was planned for the following week to travel to Knock, Co. Mayo, and residents took part in a trip to Lourdes. Residents also went on holidays to Ballybunion with residents of other group homes in the area.

Service user interviews

Residents engaged in conversation with the inspector during the inspection, but no resident requested to speak directly with the inspector. The advocate visited the house from time to time.

Conclusion

The residence at Kildarden was well maintained in most areas and provided comfortable accommodation for 16 residents in single bedrooms. However, it was quite large and was somewhat institutional in layout; this was compounded by the fact that the day centre occupied part of the ground floor of the building. It was well located and residents had easy access to the town centre. It was disappointing to note that although a new kitchen had been installed, residents did not seem to have the opportunity to do cooking and prepare some meals or practice kitchen skills. All residents had individual care plans which were reviewed by the rehabilitation team every six months. Attention should be given to re-writing prescriptions, many of which were out of date.

Recommendations and areas for development

1. Prescriptions should be up-to-date and doctors should use their MCN when prescribing.
2. The area of damp and flaking paintwork on the stairs should be repaired.
3. Consideration should be given to enable residents to carry out some activities of daily living, such as cooking.
4. Two members of staff, one of whom should be a Registered Psychiatric Nurse, should be on duty at all times at night.