

# Mental Health Services 2013

## Inspection of 24-Hour Community Staffed Residences

<b>EXECUTIVE CATCHMENT AREA/INTEGRATED SERVICE AREA</b>	Galway/Roscommon
<b>HSE AREA</b>	West
<b>MENTAL HEALTH SERVICE</b>	Galway
<b>RESIDENCE</b>	Grove House, Gort, Co. Galway
<b>TOTAL NUMBER OF BEDS</b>	5
<b>TOTAL NUMBER OF RESIDENTS</b>	5
<b>NUMBER OF RESPITE BEDS (IF APPLICABLE)</b>	None
<b>TEAM RESPONSIBLE</b>	Gort/Portumna Sector Team
<b>TYPE OF INSPECTION</b>	Unannounced
<b>DATE OF INSPECTION</b>	12 June 2013

### **Summary**

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- The service used multidisciplinary care plans and these were signed by residents.
- The clinical care and treatment provided by staff was of a high standard.
- The physical environment was in a very poor state of repair and as such, was not suitable for the accommodation of residents.
- The premises were not suitable as a drop in centre.

## Description

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### Service description

Grove House was opened for its present purpose in 2007. It was situated on the Ennis Road on the outskirts of the town of Gort and consisted of two former private two-storey semi-detached houses that had been connected for use as a community residence by the knocking down of the internal dividing wall.

Examination of the clinical files evidenced clinical care and treatment to residents of a high standard. There was evidence of multidisciplinary care planning and residents signed their care plans. Privacy was afforded to residents as all five had single bedrooms, however, one of the bedrooms, which in the past had been used for respite purposes, was a very small box room. The philosophy of care in their philosophy statement was *“to focus on the person as a holistic individual encompassing their physical, psychological, sociological and spiritual needs. Each person being treated as a unique individual, thus empowering them with the ability and skills to realise their full potential, so that they can lead a more complete fulfilled and rewarding life. This will enable the individual to interact successfully with others and their environment in a more meaningful and constructive way.”*

The physical condition of the residence was very poor with damp very evident upstairs in areas of the walls of all bedrooms and ceilings, paint peeling on a number of large pockets of these walls, particularly in the back two bedrooms. There was a sagging of the roof slates in the centre of the roof when viewed from the outside rear aspect of the house. Staff informed the inspector that there was a hole in this area of the roof. Photographic evidence of all of the above was taken. It was reported that staff had been informed in 2012 that funding had been made available to redecorate and repair the premises but this had now been halted.

### Profile of residents

The age range of residents was from 40 to 72 years. There were two female residents and three males. There were no respite residents. Length of stay was from 2007, which applied to two residents, since the community residence opened, to approximately a year. No resident was a ward of court and all residents were voluntary. All residents were physically independent except for one resident who was beginning to have issues with mobility and his physical needs were being assessed regularly.

### Quality initiatives and improvements in 2012/2013

- The service operated a drop-in centre for up to eleven service users per week who came for socialisation purposes and for a main meal.

## Care standards

### Individual care and treatment plan

Each resident had a multidisciplinary care and treatment plan which was Recovery orientated. There was evidence of resident involvement. Each resident had a psychiatric review every six months and a physical review by their own general practitioner (GP) at least every six months. All residents had their own GP and attended the GP's surgery whenever necessary. There was no access to a specialist rehabilitation team as the rehabilitation team that had been operating in East Galway for many years had been terminated upon closure of the remaining long stay beds in St. Brigid's Hospital in Ballinasloe. The key worker attended the team meeting which took place every Monday with the multidisciplinary team in the nearby day hospital. Risk assessment was used for all residents and was located in each resident's clinical file. Staff of the residence appeared positive and proactive.

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

A Garden Group, which used to take place two days a week, had been discontinued in January 2013, since the retirement of the group facilitator who had not been replaced due to cutbacks. There was a small kitchen in the residence but this was not suitable for the purposes of training residents in activities of daily living.

The service also operated as a drop-in centre for up to eleven service users per week. These service users were referred for this service by the sector teams as part of their on-going care and treatment. Because of this, staff had devised a programme of therapeutic activities such as Mindfulness/Relaxation Therapy Group, Managing Diabetes Group, Exercise Group, Discussion Group and Self-Care Group. However, there was only one registered psychiatric nurse on duty during the day and also, the condition of the physical environment and the size of the premises deemed it unsuitable for use as a drop-in centre. The premises could also become cramped at times from the amount of people within.

One resident had completed a hairdressing course and was currently gaining work experience. One resident attended Loughrea Training Centre three times a week.

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

The residence was situated in the southern end of the town on the Ennis Road. Residents attended GAA matches, went to Mass, went for coffee in the town, went to the library and went for trips to Coole Park, a nature reserve of 405 hectares three kilometres north-west of Gort. One resident attended a gym regularly.

### Facilities

There was one bathroom and one shower room. Both of these rooms also had a toilet and sink. Each resident had their own bedroom. Maintenance was described as being very poor. The premises were in a very poor state of repair. What staff had reported to be a hole in the roof had caused heavy dampness to seep into all walls and ceilings of all bedrooms, particularly in the back two bedrooms. Paint was peeling from many walls and ceilings, some wall areas as large as 1.5 metre square were affected by heavy dampness and peeling paint. In addition the carpet was grubby and worn and the walls needed to be redecorated extensively. When the top doors of the built-in wardrobes were opened there was extensive dampness spread along the walls and ceilings. Photographs were taken by the inspector.

### Staffing levels

STAFF DISCIPLINE	DAY WTE	NIGHT WTE
RPN	1	1
Multi-task attendant	1 (2 X 6-hour shifts)	0

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

### Team input

DISCIPLINE	NUMBER	NUMBER OF SESSIONS
Consultant psychiatrist	1	Sessional
NCHD	1	Sessional
Occupational therapist	1	Sessional
Social worker	1	Sessional
Clinical psychologist	1	Sessional

### Medication

Medication was reviewed as needed and at least every six months when the resident was undergoing psychiatric review by the multidisciplinary team. A folder was available to the residents which contained information on diagnoses and medications including the effects and side effects of medication. The prescriber of medication was mostly the consultant psychiatrist who was also available to the service on a weekly basis or whenever was deemed necessary. No resident was on a self-medicating programme. Depot injections were administered to residents by nursing staff of the residence.

### Tenancy rights

The building was owned by the Mental Health Association and the Health Service Executive (HSE) leased it from that association. The rent per resident was €30.00 per week plus a charge of €40.00 per week towards the cost of food. Residents did not contribute to a social fund which staff viewed as going against the principals of the Recovery model in which self-direction, personal autonomy, empowerment, choice, hope and responsibility were facilitated. It was reported that community meetings took place on a monthly basis. The complaint procedure was highlighted inside the entrance to the residence and there were no written complaints.

### Financial arrangements

All residents had their own bank accounts. Three residents were self-managing in relation to their own monies and financial arrangements. Two residents required assistance from nursing staff members to manage their monies. In this regard there was a cash book maintained in which resident and staff signatures were maintained. No large sums of cash were maintained on the premises. The service did not have a localised financial policy on the management of residents' funds.

### **Service user interviews**

No resident requested to speak with the inspector. Residents were greeted by the inspector during the course of the inspection. Residents signed their own care plan. There was information on advocacy available to residents.

### **Conclusion**

Grove House community residence consisted of five bedrooms accommodating five residents, although one of these rooms was particularly small. It was set at the edge of the town of Gort and residents had access to all the amenities within. Multidisciplinary care plans were used and residents signed these. There was also a risk assessment completed for each resident. A programme of therapeutic activities was available within, the newly appointed occupational therapist called to the residence to meet residents just as the inspector was calling in and there was excellent information for residents. Staff presented as being positive and proactive.

The physical environment was in a very poor state of repair. What staff had reported to be a hole in the roof had caused heavy dampness to seep into all walls and ceilings of all bedrooms, particularly in the back two bedrooms. Paint was peeling from many walls and ceilings, the carpet was grubby and worn and the walls needed to be redecorated extensively. In its current state, this deemed the accommodation for residents to be unsuitable.

The care and treatment offered by the staff of Grove House ensured that all five residents had been successfully cared for in the community without warranting readmission into in-patient care. The care and treatment was dynamic in nature with good multidisciplinary team care and treatment evident from examination of the clinical files.

### **Recommendations and areas for development**

- 1. The physical environment was in a very poor state of repair and it was not suitable for the accommodation of residents. The entire residence should be refurbished and redecorated to make it suitable for the accommodation of residents.*
- 2. The premises were not suitable as a drop in centre.*
- 3. The service should formulate a localised financial policy.*
- 4. Resources should be made available to recommence the Garden Group.*

Following the inspection of Grove House, the Inspectorate received notification in writing from the Health Service Executive (HSE) that all residents had been transferred to alternative clinically appropriate accommodation on 19 July 2013 pending a full evaluation of the premises.