

Mental Health Services 2012

Inspection of 24-Hour Community Staffed Residences

EXECUTIVE CATCHMENT AREA/INTEGRATED SERVICE AREA	Longford Westmeath
HSE AREA	Dublin Mid Leinster
MENTAL HEALTH SERVICE	Longford Westmeath
RESIDENCE	Glenavon, Athlone
TOTAL NUMBER OF BEDS	12
TOTAL NUMBER OF RESIDENTS	10
NUMBER OF RESPITE BEDS (IF APPLICABLE)	2
TEAM RESPONSIBLE	General Adult
TYPE OF INSPECTION	Unannounced
DATE OF INSPECTION	11 September 2012

Summary

- The standard of documentation was excellent.
- Residents in the three twin bedrooms had little privacy.
- The shower panels in the male bathroom needed to be resealed and the ceiling in the upstairs single bedroom in the female side needed urgent attention due.

Description

Service description

Glenavon was a former army officer's residence built in the early 1900s and consisted of two semi-detached houses of two storey design also joined internally, both halves in exact symmetry with each other. It was located in the heart of Athlone Town and was opened for its present purpose in 1988. The residence consisted of three twin bedrooms and six single bedrooms. There were two large TV rooms. The residence had a large rear garden which was used for recreation purposes during the summer months. The philosophy of care was to provide an individual holistic approach which enabled residents, through development and growth, to obtain their optimum level of independence and wellbeing through the use of socialisation, stimulation and health education within the safety of a supportive home environment. The residence was not under the remit of a rehabilitation team but under a sector team – the Athlone sector.

Profile of residents

There were seven male residents and three female residents and no respite residents on the day of inspection. Half of the residents had been transferred to Glenavon following ward closures in St. Loman's Hospital, Mullingar and half had been referred from the community. It was reported that length of stay was from between 1988, when the premises was opened and 18 months. There were no Wards of Court and all residents were of voluntary status.

Quality initiatives and improvements in 2011/2012

- The staff in the residence had developed an outreach service for service users that would benefit from more supervision and support in the community.
- A new kitchen had been installed in the residence.
- A smoking room had been developed in the residence.

Care standards

Individual care and treatment plan

Multidisciplinary team care plans were in place. They were recovery orientated and involved the resident who signed their care plans. Team review occurred at the end of every month and all residents had a psychiatric review at least every four months or sooner if the need arose. Families were involved in these team reviews. The non consultant hospital doctor (NCHD) wrote the prescriptions which were then forwarded to the general practitioner (GP) and these prescriptions came through on the medical card scheme. There was evidence of risk assessment from the clinical files examined by the inspector. All residents had their own GP and residents attended their GP practice. The GP visited residents in Glenavon when they were physically unwell. Staff presented as being positive and proactive.

Three clinical files were examined by the inspector. There was evidence of risk assessment, correspondence between various healthcare providers, and reports and documentation from members of the multidisciplinary team. The layout of the clinical file was excellent and it was easy to access and retrieve information.

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

Eight of the ten residents attended Grace Road Day Centre in Athlone for three to four days per week. One resident was undergoing a FETAC course through the local Vocational Education Committee (VEC). One resident was attending a Fresh Start course. Residents could use the kitchen in support of their activities of daily living (ADL).

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

One resident was involved in their church. Residents attended the cinema, went for coffee or went shopping in town regularly. A Cinema Club, which had been operating for many years in St. Loman's Hospital, Mullingar, and which had impressed the Inspectorate for the past number of years, was about to start up in the residence following the transfer of the staff member, who had run the club. Most residents went home for weekends to spend time with their families. It was reported that most residents had strong family support.

Facilities

In the bathroom on the "male side", the shower panels needed resealing. The ceiling in the single bedroom on the "female side" was in urgent need of repair.

The maintenance department was located in St. Vincent's Hospital, Athlone. Access to a plumber was difficult as the residence could only avail of their services during a set three day period within a fortnight. So if a plumber was needed immediately after the allocated three day period then a wait of eleven days was inevitable. The ceiling in the dining room needed to be skimmed and painted. Housekeeping was attended to by the multi-task attendants based in the residence. Residents in the three twin bedrooms had little privacy.

A fire certificate, dated 2012, was on display inside the entrance to the premises.

Staffing levels

STAFF DISCIPLINE	DAY WTE	NIGHT WTE
RPN	1	1
CNM2	1	0
Multi-task attendant	1	1

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

Team input

DISCIPLINE	NUMBER	NUMBER OF SESSIONS
Consultant psychiatrist	1	None
NCHD	1	None
Occupational therapist	1	Sessional
Social worker	1	Sessional
Clinical psychologist	1	Sessional

Medication

Written information on medication was not provided to residents. No resident was on a programme of self-medication. The consultant psychiatrist and the NCHD were the prescribers. Upon examination of the medication kardexes, only one doctor used their Medical Council Number (MCN). Depot injections were administered to residents by staff where applicable. Photocopies of medication prescription booklets were taken by the inspector.

Only one prescribing doctor used their MCN number in the medication kardexes. Some of the prescriptions were out of date, having been written in August 2011. Prescriptions are valid for six months only. In one instance, the prescribing doctor signed the prescription with “*as per GP*”, which is an unacceptable form of prescribing. Almost all residents were prescribed an antipsychotic medication and six of the ten residents were prescribed a regular hypnotic.

MEDICATION

NUMBER OF PRESCRIPTIONS:	10	%
Number on regular benzodiazepines	3	30%
Number on more than one benzodiazepine	0	0
Number on PRN benzodiazepines	3	30%
Number on benzodiazepine hypnotic	1	10%
Number on Non benzodiazepine hypnotic	5	50%
Number on PRN hypnotic	1	10%
Number on antipsychotic medication	9	90%
Number on high dose antipsychotic medication	2	20%
Number on more than one antipsychotic medication	4	40%
Number on PRN antipsychotic medication	0	0
Number on Depot medication	4	40%
Number on antidepressant medication	0	0
Number on more than one antidepressant	0	0
Number on antiepileptic medication	3	30%
Number on lithium	0	0

Tenancy rights

The Health Service Executive (HSE) owned the premises and residents paid €60 per week rent. Community meetings took place on a regular basis. The complaints procedure was highlighted in the premises. No written complaint had been made.

Financial arrangements

The service had its own specific financial policy. All residents had their own post office or bank accounts. Rent and pensions were carried out electronically. Staff handled only small amounts of petty cash belonged to residents and this was maintained in individual purses and each resident had an individual account book with at least a double signature entered. All receipts were maintained.

Service user interviews

No resident requested to speak with the inspector. All residents present in the residence were greeted by the inspector during the course of the inspection.

Conclusion

Glenavon community residence consisted of two semi-detached houses of two storey design which were joined internally. The residence was located in the heart of Athlone Town and was opened for its present purpose in 1988. On the day of inspection there were 10 residents. Accommodation comprised three twin bedrooms and six single bedrooms. There were two large TV rooms. The residence had a large rear garden which was used for recreation purposes during the summer months. The residence was not under the remit of a rehabilitation team but under the Athlone sector team. Multidisciplinary team care plans were in place and these were recovery orientated and involved the resident who signed their care plans. A number of maintenance issues that needed addressing were outstanding. Only one prescribing doctor used their Medical Council Number (MCN) in the medication kardexes, while some of the prescriptions were out of date. Staff presented as being positive and proactive.

Recommendations and areas for development

- 1. Each resident should have their own bedroom.*
- 2. The shower panels in the male bathroom should be resealed.*
- 3. The ceiling in the upstairs single bedroom in the female side requires urgent attention.*
- 4. All prescriptions should be in date.*
- 5. All prescribing doctors should use their MCN as recommended by the Medical Council.*