Mental Health Services 2012

Inspection of 24-Hour Community Staffed Residences

EXECUTIVE CATCHMENT AREA/INTEGRATED SERVICE AREA	Galway, Mayo, Roscommon
HSE AREA	West
MENTAL HEALTH SERVICE	Galway
RESIDENCE	Unit 9A, Merlin Park, Galway
TOTAL NUMBER OF BEDS	28
TOTAL NUMBER OF RESIDENTS	20
NUMBER OF RESPITE BEDS (IF APPLICABLE)	None
TEAM RESPONSIBLE	Sector Teams
TYPE OF INSPECTION	Unannounced
DATE OF INSPECTION	3 October 2012

Summary

- The 24 hour staffed community residence, although institutional in appearance, was clean and generally well maintained.
- A number of residents attended the Training Centre on campus and Mental Health Day Centres.
- Day trips for residents were restricted due to insufficient staff.
- Medication kardexes/booklets were not maintained in the residence.
- Residents no longer had access to an Art teacher due to a reduction in available funding.

Description

Service description

Unit 9A was one of a number of stand alone units which formerly comprised Merlin Park Hospital. The buildings, which were situated in very spacious grounds on the outskirts of Galway city, were now used for a variety of medical purposes. The purpose of the residence was to provide people with enduring mental illness care in a 24 hour nurse staffed residence whilst facilitating residents to pursue individual interests develop a degree of independence.

The building was a flat-roofed two storey building and was first used as a mental health facility in 1992. It was an approved centre until it was de-designated as such in 2010. Residents were under the care of four separate sector teams.

Profile of residents

The age range of residents was from 48 to 79 years and comprised ten male and ten female residents. A small number of residents had been living in the unit since it opened in 1992 having been transferred from St. Brigid's Hospital, Ballinasloe. Three residents had been transferred to a lower support residence in Co. Galway some months ago and two residents were in the process of being assessed for more suitable accommodation in a nursing home. The most recent admission to the residence was approximately one year prior to this inspection.

Two residents were Wards of Court and one resident was a detained patient in University College Hospital, Galway who was residing in the unit on approved leave from that approved centre.

Three of the residents were infirm and required a walking frame to aid mobility.

Quality initiatives and improvements in 2011/2012

- Staffs had access to a minibus to facilitate trips out but were unable to use it as often as they would have liked due to insufficient numbers of staff.

Care standards

Individual care and treatment plan

All residents were under the care of a sector team; the non consultant hospital doctor (NCHD) and the senior registrar visited the unit each week and residents could be reviewed as required. At the time of inspection staff reported that generally, the multidisciplinary sector teams did not visit the residence and it was reported that some teams had not attended for two years. Subsequent to the inspection, it was reported that multidisciplinary staff teams had visited the residence in recent months.

Physical health needs were met by the general practitioner (GP) who attended every two weeks but who could attend more frequently, if requested. Outside of regular hours, cover was provided by West Doc, an on-call GP service. The GP carried out six-monthly physical health examinations and these were recorded in the resident's clinical file in the residence. However, on inspection of four clinical files, the examination had not been carried out in the previous six months.

Risk assessment was carried out by both nursing and medical staff and there was evidence in the clinical files of regular risk assessments being conducted.

The clinical files of four residents were inspected, all of whom had an individual multidisciplinary care plan. However, three of these care plans dated back to 2008 and 2009. One care plan had been developed in May 2012 and specified needs, goals and interventions.

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

The residence was fortunate in that a Training Centre was also located on the grounds of the hospital and several residents attended this facility. Two residents attended a mental health service (MHS) day centre, also on the grounds of the hospital; a further resident availed of hospital transport and attended a MHS day centre in the city. Some residents could travel to the city centre unaccompanied.

Nurses provided some activities daily in the residence, such as word wheel and newspaper reading, for which two newspapers were delivered daily.

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

Residents generally did not get involved in community activities. The location of the residence did not facilitate residents feeling part of a local community and there seemed to be little interaction with local residents. Nurses reported that many of the residents did not like to go out at all, preferring to remain within the unit.

Facilities

The residence was part of the hospital and as such, was quite institutional in appearance. The unit was very clean and generally well maintained. Bathrooms, toilets and shower rooms were very clean and with the exception of two shower/bathrooms, had been recently renovated. There were two sitting rooms, comfortably furnished and a pleasant bright dinning room. Seven single bedrooms were located on the ground floor, which was particularly useful in light of the limited mobility of some residents. There was a wheelchair accessible toilet and shower room. Bedrooms were comfortable and contained many personalised items belonging to residents residents. Upstairs, there were four single rooms, four twin rooms and two three-bed rooms. Shared bedrooms did not have any privacy curtains surrounding the beds but only one of the shared rooms was occupied by more than one resident. One three-bed room had been used for respite but was no longer in use.

There was a very pleasant garden at the rear of the residence which was well maintained by staff from the Training Centre.

The kitchen which had once provided a facility for residents to engage in cooking skills remained out of commission and was used as a storage room.

Staffing levels

STAFF DISCIPLINE	DAY WTE	NIGHT WTE
CNM2	1	1
RPN	2	1
Multi Task Attendant	1	0
Clerical Staff	1	0

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

Team input

DISCIPLINE	NUMBER	NUMBER OF SESSIONS
Consultant psychiatrist	4	None
Senior Registrar/NCHD	4	One per week
Occupational therapist	3	Occasional
Social worker	4	As required
Clinical psychologist	1	As required

Medication

Prescriptions, which were retained in a local pharmacy, were written by the GP. The NCHD wrote prescriptions also, as required, and a copy of this prescription was retained in the resident's clinical file. Medications were delivered from the pharmacy on a regular basis. No resident was on a self-medicating programme. Depot medication was administered by the residence's nursing staff. Blood tests required for those prescribed clozapine were taken by the Clozaril nurse.

Medication kardexes or prescription booklets were not maintained in the residence. Medication was administered by nursing staff from individual typed instruction sheets. These sheets however were not signed by a doctor and the starting date of the individual prescriptions was not noted on the medication sheet. Medications were dispensed in a local pharmacy and delivered promptly to the residence in individual blister packs for each resident. A copy of prescriptions prescribed by the NCHD was retained in the resident's individual clinical file.

All residents were prescribed an antipsychotic medication, and three quarters of residents were prescribed more than one antipsychotic medication. Forty-one per cent of residents were prescribed high dose antipsychotic medications. One third of residents took a regular benzodiazepine but no resident was prescribed more than one benzodiazepine and none was prescribed a PRN (as required) hypnotic.

MEDICATION

NUMBER OF PRESCRIPTIONS:	17	%
Number on regular benzodiazepines	6	35%
Number on more than one benzodiazepine	0	0
Number on PRN benzodiazepines	4	24%
Number on benzodiazepine hypnotic	4	24%
Number on Non benzodiazepine hypnotics	4	24%
Number on PRN hypnotics	0	0
Number on antipsychotic medication	17	100%
Number on high dose antipsychotic medication	7	41%
Number on more than one antipsychotic medication	13	76%
Number on PRN antipsychotic medication	3	18%
Number on Depot medication	10	59%
Number on antidepressant medication	3	18%
Number on more than one antidepressant	1	6%
Number on antiepileptic medication	9	53%
Number on lithium	4	24%

Tenancy rights

The building was owned by the Health Service Executive (HSE) and an average rent of €116 was paid weekly by residents. Rent was deducted from residents' weekly disability allowance and the remaining money for each resident was stored securely.

A community meeting was held weekly. Most complaints were resolved by staff at local level, and although a complaints book was maintained, no complaints had been recorded.

Financial arrangements

Each resident had a Post Office account and individual cash sheets were kept for each resident in the residence. Two members of staff witnessed each financial transaction. Only one resident collected their own pension from the Post Office; the remaining pensions were collected by a member of staff.

Service user interviews

Residents were greeted by the inspector during the course of the inspection, but no resident requested to speak directly with the inspector.

Conclusion

Twenty residents lived in Unit 9A, Merlin Park Hospital and whilst significant effort had been made to furnish it as a residence, it remained an obvious hospital unit. This had the effect of preventing good integration with a local community as was evident by the lack of interaction of residents with a local community. The size and location of this residence was not in keeping with the outline of a community residence as described in A Vision for Change which recommended no more than ten residents in a community residence.

The unit was well maintained and very clean but it was regrettable that two bathrooms upstairs had not been refurbished to the excellent standard of the other bathroom facilities in the unit.

It was discouraging to note that, of the resident's whose clinical files were inspected, there was very little evidence of a multidisciplinary team approach to progressing recovery for these long-stay residents. It was equally disappointing to note that the funding for the Art teacher had been cut and this therapeutic service was no longer provided. The kitchen which had once provided a facility for residents to actively engage in occupational therapy and practice cooking skills remained out of commission; this deficit was highlighted in a previous inspection report. When compared to a previous report in 2010, it appeared that day-time nursing staff numbers had been reduced from four to three.

There was a high rate of prescribing more than one antipsychotic medication, which included a number of residents taking both a depot and oral antipsychotic. Following discussion regarding the lack of prescription kardexes/booklets, the service agreed to address this and maintain these in the residence in future.

Recommendations and areas for development

1. All residents should have regular multidisciplinary reviews.

2. The kitchen which, was out of commission should be opened to provide a rehabilitation facility for residents.

3. Medication kardexes should be maintained in the residence.

4. A review of antipsychotic prescribing should be carried out.