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## **Springmount House community staffed residence inspection report, 18 May 2011**

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# **Mental Health Services 2011**

## **Inspection of 24-Hour Community Staffed Residences**

<b>EXECUTIVE CATCHMENT AREA</b>	Waterford/Wexford
<b>HSE AREA</b>	South
<b>MENTAL HEALTH SERVICE INSPECTED</b>	Waterford
<b>RESIDENCE INSPECTED</b>	Springmount House
<b>TOTAL NUMBER OF BEDS</b>	13
<b>TOTAL NUMBER OF RESIDENTS</b>	11
<b>NUMBER OF RESPITE BEDS (IF APPLICABLE)</b>	0
<b>TEAM RESPONSIBLE</b>	Rehabilitation and Recovery
<b>DATE OF INSPECTION</b>	18 May 2011

## Description

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### Service description

Springmount House was a stand-alone two-storey house operating as a 24-hour nurse-staffed community residence and located in the campus of St. Joseph's Hospital, Dungarvan, Co. Waterford. It was situated at the edge of Dungarvan town, a ten-minute walk from the town centre. The house was opened as a high-support community residence for the mental health services in 1997. The community residence catered for the needs of residents with mental health needs. The aim of the service was to provide on-going support to residents, in partnership with their families, through a multidisciplinary team with emphasis on moving on to a less supportive environment and, if feasible, to independent living. The community residence had its own bus. The day centre was adjacent to the residence. There were no official beds set aside for respite although respite residents were catered for from time to time.

### Profile of residents

The age range of residents was from 43 to 83 years of age. There were five male residents and six female residents. One resident was a Ward of Court. The most recent admission to the residence occurred five months previous to the date of inspection. Some residents had been living in the premises for up to twelve years. A number of residents had, over the years, moved on to low support housing and independent living. One former resident had been discharged home. Referrals to the community residence were made by the Rehabilitation and Recovery team.

### Quality initiatives and improvements in the last year

- The laundry area had been moved from the kitchen area to an area upstairs for hygiene reasons.
- The garden area was excellent and was currently being developed.
- All bedrooms had been painted and decorated last year.

## **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 and treatment plan which all residents signed. All residents had their own GP who carried out physical health reviews at least annually or sooner if required. Routine bloods and an ECG were carried out annually on all residents. Records pertaining to GP attendance were maintained by the GP but matters were discussed between the GP and staff of the residence when necessary and with the residents' permission. The consultant psychiatrist and/or the non-consultant hospital doctor (NCHD) attended the community residence twice a month to carry out reviews of residents. All residents had a psychiatric review completed every six months. A risk assessment (Sainsbury Clinical Risk Assessment) was completed on admission to the residence and reviewed when necessary on all residents. Each resident was also assessed using the Camberwell Assessment of Need (Short Appraisal Schedule). On the day of inspection staff presented as positive and proactive.

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

Two residents attended the local Adult Education Centre each week. A core group of residents attended the day centre next door each day where regular therapies were undertaken such as: arts and crafts, music therapy, pottery and keep fit sessions and one resident was taking part in a FÁS training scheme (gardening).

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

The community residence was urban-based. No resident was a member of a local group in the community. Residents went alone or in each others' company to shops, the cinema, for coffee or for a pint in the local pub at evening time. One resident had to be accompanied by a member of staff due to their clinical physical condition for reasons of safety. There was no bus system but the town centre was a ten-minute walk away and easily accessible.

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

The residence was large in size and spacious with two large sitting rooms that each had a TV. Rubber strips on some steps in both stairs in the residence had suffered wear and tear and could pose a potential hazard to slipping or tripping. All bedrooms were large and had single occupancy. There was documentary evidence that the Health Service Executive (HSE) Fire Officer attended on a regular basis. It was reported that the fire alarm was tested weekly. The garden was magnificent and large and well-maintained and bounded by a large stone wall. Although the bedrooms had been decorated last year the general areas such as the hall, corridors and landing were in need of redecoration and the rubber strips and carpet along both stairs were in need of replacement. The residence had one bath and two showers – the "small" shower and the "big" shower. The "big" shower needed to be upgraded. Residents had allocated time to manage their laundry.

**Staffing levels (full time in residence)**

STAFF DISCIPLINE	DAY WTE	NIGHT WTE
Registered Psychiatric Nurse	2 ( 0800h-1700h) 1 (1700h-2000h)	1
Household	1	0

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

**Team input (sessional)**

DISCIPLINE	NUMBER OF SESSIONS
Consultant psychiatrist	1
NCHD	1
Occupational therapist	0
Social worker	1
Clinical psychologist	1

**Describe team input**

The Rehabilitation and Recovery team met each Monday in the Department of Psychiatry, Waterford Regional Hospital. The team met twice a month in the community residence including the community mental health nurse (CMHN) attached to the team and the social worker and psychologist when required.

There was only one member of nursing staff on duty at night in this high support community residence.

## Medication

Each resident had a prescription book with photographic identification. Medications were reviewed at individual resident's team reviews and when needed. Prescriptions were written by the consultant psychiatrist, the Non Consultant Hospital Doctor (NCHD) and the General Practitioner (GP). Depot medications were administered when prescribed. All residents had their own personal information file; this was excellent as it also contained information on individual diagnoses and information on the effects and side effects of medication pertinent to each resident. The residence also used a modern prescription administration system consisting of a tablet pack in a strip format with the time of dose and date on each pack.

All residents were on antipsychotic medication and six residents were on more than one, with one resident on four antipsychotic medication. The number of residents on benzodiazepines was low and no resident was on more than one benzodiazepine. Prescriptions were easy to read but medical council numbers were not used by the prescribing doctors. Some prescriptions were dated 2009 and 2010.

## MEDICATION

<b>NUMBER OF PRESCRIPTIONS:</b>	<b>11</b>	<b>%</b>
<b>Number on regular benzodiazepines</b>	<b>2</b>	<b>18%</b>
<b>Number on more than one benzodiazepine</b>	<b>0</b>	<b>0</b>
<b>Number on PRN benzodiazepines</b>	<b>1</b>	<b>9%</b>
<b>Number on benzodiazepine hypnotics</b>	<b>0</b>	<b>0</b>
<b>Number on Non benzodiazepine hypnotics</b>	<b>2</b>	<b>18%</b>
<b>Number on PRN hypnotics</b>	<b>0</b>	<b>0</b>
<b>Number on antipsychotic medication</b>	<b>11</b>	<b>100%</b>
<b>Number on high dose antipsychotic medication</b>	<b>3</b>	<b>27%</b>
<b>Number on more than one antipsychotic medication</b>	<b>6</b>	<b>54%</b>
<b>Number on Depot Medication</b>	<b>6</b>	<b>54%</b>
<b>Number on PRN antipsychotic medication</b>	<b>2</b>	<b>18%</b>

<b>Number on antidepressant medication</b>	<b>4</b>	<b>36%</b>
<b>Number on more than one antidepressant</b>	<b>0</b>	<b>0</b>
<b>Number on antiepileptic medication</b>	<b>3</b>	<b>27%</b>
<b>Number on Lithium</b>	<b>4</b>	<b>36%</b>

### **Tenancy rights**

The HSE owned the premises. Community meetings occurred on the first Wednesday of each month and were logged in the Community Meetings book. The complaint procedure was highlighted for all to see and there was also a suggestion box available. No written complaint had been made to the staff of the community residence.

### **Financial arrangements**

Each resident paid a weekly rent of €70.00. Each resident had a bank account. All patient accounts including payment of rent was carried out electronically. Staff handled small value petty cash. The community residence had a financial policy and procedures.

### **Leisure/recreational opportunities provided**

On Wednesdays there was a doubling of staff for a certain amount of hours and this allowed for staff and residents to partake in outings etc. Visits to Fota Wildlife Park in Cork was a frequent and enjoyable outing, as was swimming, bowling, walking, eating out, trips to the beach (during the summer) and to the cinema. It also allowed for staff to undertake the weekly shopping at the local supermarket. A dinner dance for service users of Waterford mental health services occurred annually at Christmas time and both staff and residents attended this in a hotel in Waterford City. The garden was large and a lovely place to sit in and to enjoy during the summer. Barbeques were held in it during the summer time.

### **Service user interviews**

One resident requested to speak to the inspector. The resident was happy with their care and treatment and was aware of their care plan. The peer advocate attended when necessary and contact details were displayed in the residence.

### **Conclusion**

Springmount Community residence must be commended in many ways. It used a modern and safe system for the administration of medicine to residents. In addition, there was photographic identification of each resident on the cover of their individual prescription booklet. The excellent individual resident information packs included information on diagnoses and information on the effects and side effects of medication. The service also used individual multidisciplinary care and treatment plans and there was evidence in these of multidisciplinary care planning and regular review. The residence also had a suite of policies and procedures. Each bedroom had been recently decorated although the general areas such as the hall, stairs and landing areas and the walls within the residence were in need of refurbishment and redecoration, the stairs in particular, in its current state, posed a safety issue.

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

- 1. The steps on both stairs in the residence should be refurbished and made safe.*
- 2. Two members of staff should be on duty at night, one of whom should be a registered psychiatric nurse.*
- 3. The general wall areas within the residence are in need of redecoration.*
- 4. The "big" shower was in need of refurbishment and upgrading.*
- 5. Medical council numbers should be used in the prescription sheets by prescribing doctors.*
- 6. Prescriptions dated more than six months should be reviewed.*