

# **Mental Health Services 2011**

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

<b>EXECUTIVE CATCHMENT AREA</b>	Carlow, Kilkenny, South Tipperary
<b>HSE AREA</b>	South
<b>MENTAL HEALTH SERVICE INSPECTED</b>	Carlow Kilkenny
<b>RESIDENCE INSPECTED</b>	Altamount
<b>TOTAL NUMBER OF BEDS</b>	13
<b>TOTAL NUMBER OF RESIDENTS</b>	13
<b>NUMBER OF RESPITE BEDS (IF APPLICABLE)</b>	3 Step-down beds
<b>TEAM RESPONSIBLE</b>	Rehabilitation
<b>DATE OF INSPECTION</b>	26 October 2011

## Description

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### Service description

Altamount was a 13-bed 24-hour supervised community residence which was purpose-built in 1993. It was situated on the outskirts of Kilkenny. It was a single storey building and each resident had their own bedroom. The emphasis in the residence was on Recovery. Ten places were allocated for rehabilitation and were under the care of the rehabilitation team. The remaining three places were used as step-down places for people discharged from the Department of Psychiatry in St. Luke's Hospital in Kilkenny and were under the care of the sector teams.

### Profile of residents

The age range of the residents was between 30 years and 72 years. A number of residents had come from another community residence that had closed down.

### Quality initiatives and improvements in the last year

- There was a strong emphasis on Recovery in the residence.
- Each resident had an individual care plan.
- There was a bio-psychosocial profile on each resident.

## **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**

Each resident had an individual care plan that was up to date and regularly reviewed. There were regular team meetings in the residence and staff attended the rehabilitation team meetings. The senior registrar attended the residence on a weekly basis. There was access to occupational therapy, social work and psychology through the rehabilitation team and the sector teams.

Each resident attended a general practitioner as appropriate.

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

Most of the residents attended therapeutic services and programmes outside the residence during the day. A number of residents attended the day centre and others attended programmes in the Industrial Therapy Unit. The programmes included yoga, exercise, woodwork and art sessions. There was also gardening in the residence. A number of outings were also arranged for the residents every year.

Although there was a kitchen in the residence there were no cookery programmes and residents were not allowed to cook their own meals.

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

The residence was situated on the outskirts of the city. It was near a busy road. However residents were able to go to a nearby shopping centre. They used local shops, coffees shops, local banks and credit unions as required. Due to the location of the residence transport was required to go to the city centre.

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

Altamount was well-maintained and welcoming. It was situated in spacious gardens which were nicely kept. The building was single-storey, which was an advantage for the more elderly residents. Each resident had their own room which were of good size and were decorated with personal items. There were sufficient bathrooms, toilets and showers. There was a sink in each bedroom. Each bedroom could be locked.

There was a television room which was comfortable and another sitting room which was nicely decorated. An activity room had a treadmill and bicycle which could be used under supervision. The dining room was pleasant and well lit.

**Staffing levels**

STAFF DISCIPLINE	DAY WTE	NIGHT WTE
CMN2	1	0
RPN	1	2
Household staff	1	0

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

**Team input**

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

**Describe team input**

The nursing staff attended the rehabilitation multidisciplinary team meeting where residents' care was reviewed. The occupational therapist also attended this meeting. The senior registrar attended the residence on a weekly basis and reviewed residents as necessary.

**Medication**

No resident was self medicating. Medication was prescribed by the rehabilitation or sector team and the prescription was brought to the general practitioner who prescribed it on the medical card form. The prescription was then collected from the pharmacy by the resident. Each person's medication was kept separately in a box for ease of administration. The residence had an excellent medication policy. Medication was prescribed in a booklet form. Many of the prescriptions were out of date with some prescriptions dating to 2009. Medical council numbers (MCN) were not used by prescribing doctors. Three residents were prescribed three different antipsychotic medications. Only one resident was prescribed PRN benzodiazepines.

**MEDICATION**

<b>NUMBER OF PRESCRIPTIONS:</b>	<b>11</b>	<b>%</b>
<b>Number on regular benzodiazepines</b>	<b>3</b>	<b>27%</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>4</b>	<b>36%</b>
<b>Number on PRN hypnotics</b>	<b>0</b>	<b>0</b>
<b>Number on antipsychotic medication</b>	<b>10</b>	<b>91%</b>
<b>Number on high dose antipsychotic medication</b>	<b>4</b>	<b>36%</b>
<b>Number on more than one antipsychotic medication</b>	<b>6</b>	<b>56%</b>
<b>Number on PRN antipsychotic medication</b>	<b>3</b>	<b>27%</b>
<b>Number on Depot medication</b>	<b>1</b>	<b>9%</b>
<b>Number on antidepressant medication</b>	<b>7</b>	<b>64%</b>
<b>Number on more than one antidepressant</b>	<b>0</b>	<b>0</b>
<b>Number on antiepileptic medication</b>	<b>5</b>	<b>45%</b>
<b>Number on Lithium</b>	<b>0</b>	<b>0</b>

### **Tenancy rights**

The residence was owned by the HSE and the residents payed rent. The residents paid €75 into a "kitty" which covered bed board and utilities.

Community meetings took place regularly and minutes of these meetings were kept. There was a complaints procedure.

### **Financial arrangements**

All residents had an account with a bank, post office or credit union. Money management programmes were in place for some residents. There was a money management profile for each resident and financial records were well kept. Each resident had a pocket money book and an account of their savings kept in the residence and which they could refer to at any time. There was a money management policy specifically for the residence.

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

A number of outings were arranged during the year for the residents. There were two television rooms with DVD players. The residents were free to come and go during the day. The day centre and industrial therapy unit arranged various recreational activities during the day.

### **Service user interviews**

The Inspectorate spoke with one resident. They stated that they were very happy in Altamount. They liked the freedom and the opportunity to go to the shops as well as attending day activities. They were happy with the fact that they had a single room and liked the privacy that this provided.

### **Conclusion**

Altamount was a well maintained welcoming residence. It was excellent that all the residents had single bedrooms and that it was single storey. Most residents were occupied during the day with both therapeutic programmes and recreational activities. The standard of record keeping was excellent and each resident had an individual care plan. Money management was meticulous and each resident had their own bank account.

Unfortunately there was no opportunity for residents to do their own cooking in the residence.

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

1. *Opportunities should be provided for residents to prepare their own meals.*
2. *All prescriptions should be in date, and doctors should use MCNs when writing prescriptions.*