

Mental Health Services 2010

Inspection of 24-Hour Community Staffed Residences

EXECUTIVE CATCHMENT AREA	Galway, Mayo and Roscommon
HSE AREA	West
CATCHMENT AREA	Roscommon
MENTAL HEALTH SERVICE INSPECTED	Knockroe House, Castlerea, County Roscommon.
RESIDENCE INSPECTED	Knockroe House
TOTAL NUMBER OF BEDS	15
TOTAL NUMBER OF RESIDENTS	13
NUMBER OF RESPITE BEDS (IF APPLICABLE)	No official beds but respite may be used if necessary.
TEAM RESPONSIBLE	Castlerea Sector
DATE OF INSPECTION	8 April 2010

Description

Service description

Knockroe House was a two storey period house acquired by the Health Service Executive in 1996. Following extension that same year, it was opened for use as a 24-hour nurse-staffed community residence. The house had a mission statement and a philosophy of care. It was reported that the purpose of the house was to maximise the full potential and the worth of all residents so as to gain as much independence within the capability of each person.

Profile of residents

There were nine male residents and four female residents. A service user attended the house for day respite care during weekdays. The age profile of residents was from 37 to 71 years of age. Five residents had an intellectual disability and mental illness. Other diagnoses included Obsessive Compulsive Disorder (OCD), psychoses and bipolar affective disorder. A number of residents had been in the care of the mental health services for between 40 to 50 years.

Quality initiatives and improvements in the last year

The Arts and Crafts room was renovated and refurbished with a new television, computer, dresser, table and chairs from monies allocated from a partnership organisation following an application by the service.

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

The team met once a week at the residence, including the consultant psychiatrist, Non Consultant Hospital Doctor and nursing staff member. A number of residents were reviewed at this meeting. It was reported that all residents were reviewed within a two-month period. These reviews were documented. The individual care plan was a nursing care plan based on the Roper Logan Tierney model. Residents did not sign this individual care plan. It was reported that all residents had their own general practitioner who examined them every three months. The general practitioner kept these medical records and liaised with staff at the residence. The general practitioner called when a resident was acutely ill. Records were maintained of general practitioner visits and a check chart of general practitioner visits was also maintained. All residents were risk assessed.

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

There was a programme of therapeutic activities that included: gym, outings, gardening, music, exercise and relaxation, arts and crafts class, aromatherapy and massage. A twilight programme was also in operation that included bingo, Irish dancing, music and song, literacy and numeracy. In addition activities took place over the weekend including personal shopping, hairdressing, bingo, gym, outings, card games and music and song. One resident attended the community training workshop and one resident was being assessed for suitability for a course.

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

The residence was located in an urban setting in Castlerea. Residents went out accompanied only. It was reported that this was based on individual risk assessment, in particular for reasons of capacity, risk of injury and exploitation. The residence owned a people carrier. A number of residents went home for overnight stays for varying lengths of time during the week and at weekends. Many residents went home for Easter, Christmas and family events.

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

The residence was safe, well-maintained and clean. Accommodation was divided between single bedrooms and twin rooms. There were privacy issues in relation to the twin rooms where the design allowed for no privacy between residents when fully occupied. A regular fire drill was carried out by the service and documentary evidence of this was examined. There was a garden area with outside seating.

Staffing levels (full time in residence)

STAFF DISCIPLINE	DAY WTE	NIGHT WTE
Nursing	1 CNM2 2 Staff Nurses	2 Staff Nurses
Cook	1	0
Multi task attendant	1	0

Team input (sessional)

DISCIPLINE	NUMBER OF SESSIONS
Consultant psychiatrist	One per week
NCHD	One per week
Occupational therapist	0
Social worker	0
Clinical psychologist	0

Describe team input

The team met once a week. Not all residents were reviewed at these team meetings. It was reported that all residents underwent a review after every two months. All residents were seen at these reviews.

Medication

Medication was reviewed weekly as part of the team review. Three residents received depot injections. Residents who went home overnight were given specialised medication boxes in order to facilitate self medication. A medication trolley was used for administering medication in the residence. The prescriptions were examined. There was evidence that any medication prescribed as required (PRN) was not given routinely. There was no clinical room and the medication trolley was kept in the narrow main office where access to it was impeded by necessary office furniture and equipment.

Tenancy rights

The HSE was the owner of the premises. Residents paid a weekly rent. Residents who went on regular leave had the appropriate amount deducted from their rent bill. There was a policy on complaints. It was reported that no written complaints had been made. However the complaints procedure was not displayed in a prominent place but this was rectified during the course of the inspection.

Financial arrangements

An audit of monies and accounts had been undertaken by the Health Service Executive last October. Staff handled only small amounts of petty cash. Monies were mostly managed electronically by the HSE. The service had a financial policy. The financial arrangements were examined and were satisfactory.

Leisure/recreational opportunities provided

The service had a Therapeutic Activity Programme which consisted of music, exercise, relaxation, aromatherapy massage, outings, personal shopping and hairdressing. There was a pool table and an excellent gym on-site. The programme extended to evening times and over weekends. There was satisfactory space within the premises to carry out activities. The service owned a minibus. A register of staff training was available and was examined. There was nearby access to a public walkway within a rural setting.

Service user interviews

One resident requested to speak to the Inspectorate. The resident was happy with their care and treatment. All residents within the premises were greeted by the Inspectorate during the inspection.

Conclusion

There was evidence of much activity within the residence. The activities area was well-maintained and there was evidence of frequent and regular usage.

Recommendations and areas for development

1. The team should use the individual care plan sheet used by the Adult Psychiatric Unit in Roscommon in order to document team meetings. The resident should sign this individual care plan and either have access to it or retain a copy.
2. The complaints procedure should be displayed in a prominent area of the residence.
3. Privacy curtains should be installed in twin rooms or consideration should be given to single room occupation.
4. The residence should have a dedicated clinical room.
5. The service should have a policy in relation to the delivery of person-centred care for persons with an intellectual disability and mental illness.