

# Mental Health Services 2013

## Inspection of 24-Hour Community Staffed Residences

<b>EXECUTIVE CATCHMENT AREA/INTEGRATED SERVICE AREA</b>	Carlow, Kilkenny, South Tipperary
<b>HSE AREA</b>	South
<b>MENTAL HEALTH SERVICE</b>	Carlow
<b>RESIDENCE</b>	Sacred Heart Hostel
<b>TOTAL NUMBER OF BEDS</b>	9
<b>TOTAL NUMBER OF RESIDENTS</b>	9
<b>NUMBER OF RESPITE BEDS (IF APPLICABLE)</b>	0
<b>TEAM RESPONSIBLE</b>	North Sector Community Mental Health Team
<b>TYPE OF INSPECTION</b>	Unannounced
<b>DATE OF INSPECTION</b>	17 October 2013

### **Summary**

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- The community residence was clean, bright and each resident had their own bedroom.
- Multidisciplinary care plans were used and these were signed by those residents who were able or willing to do so.
- There was very good and happy interaction between the residents and staff as noted by the inspector.
- The showers were not fit for purpose as most residents required assistance from staff for showering purposes and both showers were too small and narrow to be ergonomically suitable for such purposes.

## Description

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### Service description

Sacred Heart community residence was situated on the campus of the Sacred Heart Hospital off the Old Dublin Road in the centre of Carlow Town and had been used, prior to its present use, for the accommodation of the Mercy nuns who had worked in the aforementioned hospital. The residence was clean, bright and well decorated. It was divided into a male side and a female side. The residence had been used for its present purpose since July 2002. The philosophy of care was to provide a structured day where each resident had a sense of purpose, in which individual ability and awareness, both physical and emotional, were supported.

### Profile of residents

All residents had an intellectual disability and mental illness. There were five male residents and four female residents. Age range was from 52 to 78 years. There were no Wards of Court. The resident group required more physical assistance as the years progressed.

### Quality initiatives and improvements in 2012/2013

- A new garden fence and a shed had been installed at the back of the garden.
- A number of grab rails had been affixed to the shower for assistance purposes.

## Care standards

### Individual care and treatment plan

Multidisciplinary care plans were used and these were signed by residents who were able or willing to do so. Multidisciplinary team (MDT) meetings occurred weekly on Tuesdays in St. Dymphna's Hospital, Carlow. MDT care plans were Recovery orientated. Physical health reviews were carried out by the residents' general practitioner (GP). Residents normally attended their GP's surgery. Psychiatric reviews were carried out every three to six months by the consultant psychiatrist and each resident had a physical review by their GP every six months. Residents did not have access to a specialist rehabilitation team. There was evidence of risk assessments in all clinical files examined by the inspector. Staff presented as being positive and proactive.

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

Three residents attended the Dolmen Centre (activation centre) and six residents attended the Castle Centre (activation centre). Both activation centres were situated on the campus of St. Dymphna's Hospital.

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

The residence was situated in an urban setting. There was very good interaction between staff and residents and a party was held every Friday evening to celebrate the weekend.

### Facilities

Each resident had their own bedroom which featured many of their personal effects.

The two showers for use by residents were small, narrow and not fit for purpose. On most occasions, because of the reduced mobility and age of residents, staff were required to assist all residents, bar two, with their personal hygiene. Because of this the showers were not suitable for such purpose.

**Staffing levels**

<b>STAFF DISCIPLINE</b>	<b>DAY WTE</b>	<b>NIGHT WTE</b>
CNM2	1	0
RPN	1	1
Household staff	1	0

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

**Team input**

<b>DISCIPLINE</b>	<b>NUMBER</b>	<b>NUMBER OF SESSIONS</b>
Consultant psychiatrist	1	Once per week and when required
NCHD	1	When required
Occupational therapist	1	Sessional
Social worker	1	When required
Clinical psychologist	1	When required

### **Medication**

The consultant psychiatrist prescribed most medication. The GP prescribed medications for physical complaints. The prescription booklets had photographic identification of the resident. The standard of prescribing medication was excellent as was the documentation of the administration of medication. No resident was partaking in a programme of self medicating. Depot injections were administered by nursing staff of the residence.

### **Tenancy rights**

The Health Service Executive (HSE) owned the building. Residents paid rent every week. There was a flat rate of rent charged and this was €75 per week which came by standing order from each resident's personal bank account. This charge included all food and utilities. There was no kitty or social fund. The complaint procedure was highlighted in a prominent area of the residence.

### **Financial arrangements**

The HSE's policy on residents' personal property and possessions applied. All residents had their own bank account. Staff handled petty cash and all records were audited by the HSE accounts personnel on a regular basis. All records were well maintained and detailed. All residents were presumed to have capacity and there were no Wards of Court.

### **Service user interviews**

No resident requested to speak to the inspector but were greeted by the inspector during the course of the inspection and a number of residents spoke informally with the inspector.

### **Conclusion**

The Sacred Heart community residence was located in the centre of Carlow Town. It was a ground floor residence, formerly accommodation for Mercy nuns who had worked in the Sacred Heart Hospital. Multidisciplinary care plans were used and these were signed by residents who were able or willing to do so. The residents had a full daily activity programme of therapeutic activities. There was very good and happy interaction between the residents and staff as noted by the inspector.

The showers were not fit for purpose as most residents required assistance from staff for showering purposes and both showers were too small and narrow to be suitable for such purposes.

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

- 1. The showers must be made to a size that would be suitable for staff to assist residents.*