

Mental Health Services 2011

Inspection of 24-Hour Community Staffed Residences

EXECUTIVE CATCHMENT AREA	Dublin West, Dublin South West, Dublin South City
HSE AREA	Dublin Mid-Leinster
MENTAL HEALTH SERVICE INSPECTED	Tallaght
RESIDENCE INSPECTED	Beaufort House, Tallaght
TOTAL NUMBER OF BEDS	9
TOTAL NUMBER OF RESIDENTS	9
NUMBER OF RESPITE BEDS (IF APPLICABLE)	0
TEAM RESPONSIBLE	Rehabilitation Team, Sector team
DATE OF INSPECTION	31 May 2011

Description

Service description

Beaufort House was a large detached house located on a main road in Tallaght village, in West Dublin. It had close neighbours on each side and parking in front of the house. The house was built in the 1950's / 1960's and opened as a supervised residence in 2001. Residents were under the care of the rehabilitation and sector teams and the team had emphasised a Recovery model of care particularly in the last year. The residence was fully occupied on the day of inspection.

Profile of residents

Residents ranged in age from 44 - 78 years of age. Only one resident was over the age of 65 years. There were four female and five male residents. Two of the residents had been resident since the house opened as a supervised residence in 2001. All residents were voluntary. The most recent admission to the house had been in the week prior to the inspection. Prior to that, the most recent admission had been in March 2011.

Quality initiatives and improvements in the last year

- The Recovery model of care had been adopted by the team in the last year.
- Recovery groups, such as Education on Diet and Healthy Living, Exercise and Relaxation had been introduced into the house.
- A Horticulture Group had been set up, and one resident was in the course of completing a Diploma in Horticulture.

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 Physical health reviews

The clinical files of a number of residents were examined, and all residents had an individual care plan which they signed. These individual care plans were reviewed six-monthly by the multidisciplinary team (MDT), but residents were reviewed monthly. ROVA (Risk of Violent Assessment) and FACE (Functional Analysis of Care Environment) assessments were carried out on all residents and the service was in the process of conducting more in-depth risk assessments using the Health Service Executive (HSE) matrix.

All residents were under the care of a local general practitioner (GP). When necessary, residents attended the GP in the GP's surgery accompanied by a member of staff. Residents brought their medication kardexes with them on visits to the GP, who prescribed medication as appropriate. Six-monthly physical examinations were carried out by the non consultant hospital doctor (NCHD).

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

Four residents attended Day Centres within the area and some were able to travel independently. Most residents attended a Cookery Group which had recently commenced in the residence. Other residents engaged in individual interests.

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

The location of the residence made it quite possible for residents to participate in local activities, with public transport available. Staff reported that some residents became involved in local activities. One resident was a member of a local Art group. Others attended the local cinema, went for coffee and went shopping in the local area. Not all residents could go out independently.

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

Beaufort House was well situated in a residential area of Tallaght. The house was reasonably well maintained and had a large, well-kept garden with a vegetable and herb area. There was a medium sized sitting room, dining room and kitchen on the ground floor. Three bedrooms, one double and two single bedrooms were also located on the ground floor. Upstairs, there were two double bedrooms and one single. Although the rooms were of reasonable size, none of the double rooms had facilities in the rooms to provide privacy for the occupants. There were two shower rooms, one of which was in fair condition only.

Staffing levels (full time in residence)

STAFF DISCIPLINE	DAY WTE	NIGHT WTE
Clinical Nurse Manager (CNM) 2	1	0
Staff Nurse	1	1
Care Assistant	1	1

Add more rows if needed. Clinical Nurse Manager (CNM), Registered Psychiatric Nurse (RPN), Non Consultant Hospital Doctor (NCHD).

Team input (sessional)

DISCIPLINE	NUMBER OF SESSIONS
Consultant psychiatrist	One per month
Non Consultant Hospital Doctor (NCHD)	One per week
Occupational therapist	None
Social worker	None
Clinical psychologist	None

Team input

Multidisciplinary team (MDT) meetings were held monthly, although the team had no occupational therapist or clinical psychologist. There was no access to a dietician. The MDT met with residents at the team meeting in the house and in addition, the NCHD attended the house weekly. Some residents were also seen at out-patient clinics. Residents were under the care of either the rehabilitation or sector team but there was a plan for the rehabilitation team to take over the care of all residents.

Medication

Written prescriptions were filled in the local pharmacy. Two residents were in the process of establishing a self-medicating programme. Depot medication was given in the residence. Benzodiazepines were not widely prescribed and two thirds of residents were not prescribed a hypnotic. Most residents were prescribed antipsychotic medication. Some prescriptions had been written more than six months previously.

MEDICATION

NUMBER OF PRESCRIPTIONS:	9	%
Number on regular benzodiazepines	2	22%
Number on more than one benzodiazepine	0	0
Number on PRN benzodiazepines	0	0
Number on benzodiazepine hypnotics	1	11%
Number on Non benzodiazepine hypnotics	2	22%
Number on PRN hypnotics	0	0
Number on antipsychotic medication	7	78%
Number on high dose antipsychotic medication	2	22%
Number on more than one antipsychotic medication	2	22%
Number on PRN antipsychotic medication	2	22%
Depot Medication	2	22%
Number on antidepressant medication	2	22%
Number on more than one antidepressant	0	0
Number on antiepileptic medication	5	56%
Number on Lithium	0	0

Tenancy rights / Community meetings

The house was owned by the HSE. Rent was in the region of €90 per week, but there was a facility for this to be tailored to a resident's ability to pay. There was no arrangement for regular community meetings, but the CNM discussed items of concern with residents regularly. Plans were well advanced for the residents to move to a new, purpose-built residence in Lucan later in the year and residents were aware of this proposed move.

Financial arrangements

Each resident had their own individual bank account. Deductions to the HSE were made from these accounts. Staff retained some money from residents and gave it out when requested by the resident.

Leisure/recreational opportunities provided

Residents used local facilities of shops, cinema and restaurants. A car was being provided to the service from the week following the inspection which would result in staff being able to bring residents on outings. Staff reported that some residents made limited use of local activities.

Service user interviews

The Inspectorate spoke with all the residents present in the house on the day on inspection. All residents were happy with the care and treatment received in the house. All residents were aware of the proposed move to new purpose built accommodation in Lucan and were looking forward to it. All residents had an opportunity to discuss and sign their individual care plans and all commented on the friendly, helpful staff in the house.

Conclusion

The residence at Beaufort House was a warm, homely place for nine residents. It had a well kept and attractive garden and was conveniently located in a residential area. The standard of decor and maintenance was good and there was evidence of a clear Recovery model of care by staff. Residents were reviewed regularly by the MDT and all had individual care plans.

Recommendations and areas for development

1. The residence should continue to promote the Recovery model of care for all residents.
2. The residence should arrange a more formal house meeting with residents on a regular basis to ensure that all residents are offered the opportunity to feedback to staff on any issues or concerns they may have, with the option to attend these meetings if the resident so wished.
3. The residence should ensure that all residents have access to health and social care professionals as required.
4. The plan for the transition of all residents to the rehabilitation team should progress.
5. Doctors should write their Medical Council Numbers when writing prescriptions and any prescriptions which were more than six months old should be re-written.