

National Overview of Inspections of 24-hour Nurse-staffed Residences 2010

Introduction

In 2010 the Inspectorate continued its inspections of 24-hour nurse-staffed residences and a number of 24-hour nurse-staffed residences (community residences) were selected throughout the country for inspection. Thirteen residences were inspected and individual reports on each of these were published by the Mental Health Commission during 2010. This report presents an overview of the facilities, therapeutic services and programmes, physical structure and profile of residents in these selected residences, amongst other features. Unlike the situation pertaining to approved centres under the Mental Health Act 2001, there are no statutory regulations governing the functioning of community residences. Nevertheless, the Inspectorate was keen to conduct such inspections to assess and ensure that the quality of care and treatment for the residents concerned was appropriate to their needs.

How information was gathered

Thirteen community residences located throughout the different Health Service Executive (HSE) regions were selected for inspection. Inspections were announced, though some residences had only 24-hours notice of the planned inspection. Information was gathered through the inspection process, through discussion with staff and residents who wished to speak with the Inspectorate during the visit. Following the inspection a draft report was forwarded to the Local Health Manager (LHM) for factual correction before being presented to the Mental Health Commission prior to publication.

Overview of residences inspected

Residence	Number of places	Number of residents	Age profile of residents	Team responsible	Care Plan type
HSE South					
Glenmalure House, Cork	18	17	unknown	Community Mental Health Team (CMHT)	Nursing
Cherryfield House, Killarney	16	16	24 - 80 years	Rehabilitation	Multidisciplinary Team (MDT)
Ardamine, Courtown	11	11	60 - 88 years	Rehabilitation	MDT
HSE Dublin Mid-Leinster					
Unit D, Vergemount	26	24	Over 65 years	Psychiatry of Old Age	Nursing
Ashford House, Longford	15	14	38 - 78 years	CMHT	Nursing
Quilca, Terenure	10	10	32 - 74 years	CMHT	Nursing
HSE Dublin North East					
Weir Home, Dublin	23	22	39 - 77 years	Homeless Team	Nursing
Gallen House Dublin	16	15	28 - 68 years	Rehabilitation	MDT
Woodvale, Monaghan	16	14	33 - 80 years	Rehabilitation	MDT
HSE West					
Knockroe House, Castlerea	15	13	37 - 71 years	CMHT	Nursing
Ashbrook House Mohill	19	12	41 - 75 years	Rehabilitation & CMHT	MDT
Unit 9A, Merlin Park, Galway	28	24	42 - 76 years	CMHT & Rehabilitation	Nursing

Residence	Number of places	Number of residents	Age profile of residents	Team responsible	Care Plan type
HSE West					
Treatment Centre, Swinford	5	5	44 - 64 years	CMHT	MDT

Discussion

Profile of Residents

All residents had diagnoses of enduring psychiatric illness and were resident because of their inability to live independently. Most of the residences catered for residents with a range of age from 24 years upwards. In two residences all residents were over the age of 60 years, but it was evident that many of the residents in other houses were also well advanced in years, a situation necessitating the provision of an increased level of physical nursing care. Many of the residents had been living in the houses for a number of years and many had been resident in a psychiatric hospital prior to moving to the community residence.

Privacy

Only three homes provided all single accommodation (Weir House, Woodvale and Cherryfield). Two provided mostly single bedrooms (Merlin Park and Ardamine) whilst the remaining provided bedroom accommodation in twin, triple or up six-bed rooms (Vergemount). Many of the rooms were quite small and there were no partitions in the rooms with more than one resident.

Facilities

The community residences inspected encompassed a range of buildings including a mid-19th century former poor house (Ashbrook House), 1970s style semi-detached houses amalgamated as one (Ashford House, Ardamine) and purpose-built residences (Woodvale, Unit D Vergemount). The standard of decor and furnishings was generally satisfactory but some residences were in need of modernization or re-decorating (Cherryfield House, Glenmalure, Ashford House). Unit D in Vergemount and Unit 9A in

Merlin Park were more reminiscent of small institutions rather than community residences.

Individual Care Plans/Therapeutic Services and Programmes

Six of the residences were under the care of a rehabilitation team and multidisciplinary individual care plans were in operation in five of these. Although the Treatment Centre in Swinford was not under the care of a rehabilitation team, multidisciplinary care plans were being used. Nursing care plans were in operation in all other residences. All residences had a system for ensuring review by the multidisciplinary team, consultant psychiatrist or the non consultant hospital doctor (NCHD), although the frequency of such reviews between houses varied. In general, a review took place six-monthly although in the Treatment Centre Swinford, Cherryfield and Vergemount, residents were reviewed by the consultant psychiatrist or the multidisciplinary team weekly. In all other cases, the psychiatric review was held annually.

In most community residences, residents attended a variety of activities outside the house such as day centres, day hospitals, local community activities, the National Learning Network and supported employment amongst other activities. Residents from Unit D Vergemount did not generally leave the residence and residents in Knockroe left the house only when accompanied by a staff member.

Staffing Levels

Residence		Day	Night	Number of places
HSE South				
Glenmalure House	Nurse	2	2	18
	Attendant	1	0	
Cherryfield	Nurse	2	2	16

Residence		Day	Night	Number of places
House	Attendant	1	0	
Ardamine	Nurse	1	1	11
	Attendant	1	0	
Dublin Mid-Leinster				
Unit D, Vergemount	Nurse	5	2	26
	Attendant	2	1	
Ashford House	Nurse	3 (split time)	2	15
	Attendant	2 (split time)	0	
Dublin Mid-Leinster				
Quilca	Nurse	2	1	10
	Attendant	0.75	0	
Dublin North East				
Weir Home	Nurse	3	1	23
	Attendant	2	1	
Gallen House	Nurse	2	2	16
	Attendant	2.5	1	
Woodvale	Nurse	3	2	16
	Attendant	2	0	
HSE West				
Knockroe House	Nurse	3	2	15
	Attendant	2	0	
Ashbrook House	Nurse	2	2	19
	Attendant	2	0	
Unit 9A, Merlin Park	Nurse	3/4	2	28
	Attendant	2	0	

Residence		Day	Night	Number of places
Treatment Centre, Swinford	Nurse	2	2	5
	Attendant	1	0	

In general the level of staffing was similar across all residences, with two nursing staff on duty at night in most residences. However, staff levels in Weir House and Unit 9A Merlin Park were lower than other residences with two staff at night for 23 and 28 residents, respectively. There was only one staff member on duty in only one residence, Ardamine.

Tenancy/ Rent

All the community residences were owned by the HSE except Weir House, which was leased to the HSE by a religious denomination and residents paid a weekly rent in all except one residence (Treatment Centre, Swinford). In Quilca and Ashbrook, the rent was assessed on means but in all other houses the rent ranged significantly from €60 (Ashford) to €153.25 (Unit D Vergemount, Unit 9A Merlin Park and Knockroe) per week.

Physical Health

General Practitioner's (GP) provided a very satisfactory service in all residences and in most cases, attended to all physical health complaints. In addition, the GP conducted annual physical health reviews in all but two of the residences (Ashford and Weir House) where this was carried out by the non consultant hospital doctor (NCHD). There was no system for ensuring a regular physical health review in Woodvale.

Self-Medication

The practice of residents assuming responsibility for their own medication had been introduced in many of the houses and operated in Glenmalure, Cherryfield, Gallen House, Knockroe House and Ashbrook House.

Summary

This report presented a review of thirteen 24-hour nurse-staffed community residences in which people with enduring mental illness live in a supported environment and identified a number of relevant issues.

A Vision for Change (AVFC) recommended that community residences should be under the remit of a rehabilitation team (p.109 AVFC) but only four of our sample were solely under the care of a rehabilitation team. In two residences, residents were under the care of either the rehabilitation or the community mental health team. In the HSE areas where the remaining residences were located, there was a rehabilitation team in the super catchment area, but not in the catchment area concerned. This highlighted the importance of resources being shared within super catchment areas. However, it was encouraging to note that where the residence was under the care of a rehabilitation team, individual care plans had been implemented. The introduction of a self-medication programme in some of the residences was welcome and to be encouraged in situations where a recovery model of care was planned.

Areas of concern related in many instances to the physical structure of buildings. Many of these were too large to be properly described as homes. *A Vision for Change* recommended that community residences should accommodate no more than ten residents (pg. 109 AVFC), yet there were more than ten residents in 11 of the 13 residences inspected. The physical structure of buildings also included the unacceptable situation whereby residents in shared rooms had no privacy.

An analysis of the age profile of residents revealed an increasing cohort of ageing residents, which had clear implications for both the staffing of residences and for the residents themselves. In some instances, the physical health needs of residents superseded their mental health illness.

In regard to financial arrangements, it was unclear to the Inspectorate why there was such a large discrepancy in the amount of rent paid by residents in different houses.

Staffing levels were quite consistent throughout the residences regardless of the number of residents, although there were some anomalies: there were three staff by day for 18 residents in Glenmalure and three staff for five residents in the Treatment Centre, Swinford. The residence with the greatest number of residents was Unit 9A Merlin Park which had five/six staff for 28 residents. All residences had two/three staff by night with the sole exception of Ardamine, which had only one member of staff rostered for night duty.

The Inspectorate intends to continue its inspections of selected community residences throughout 2011.

Recommendations

1. Supervised residences should be under the care of a rehabilitation team.
2. Premises should have accommodation which provides privacy for residents, particularly in bedrooms.
3. Services should review the staffing levels in residences, particularly for night-time supervision.