

# **Mental Health Services 2011**

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

<b>EXECUTIVE CATCHMENT AREA</b>	Donegal, Sligo, Leitrim, West Cavan
<b>HSE AREA</b>	West
<b>MENTAL HEALTH SERVICE INSPECTED</b>	Donegal
<b>RESIDENCE INSPECTED</b>	Rowanfield House
<b>TOTAL NUMBER OF BEDS</b>	16
<b>TOTAL NUMBER OF RESIDENTS</b>	14
<b>NUMBER OF RESPITE BEDS (IF APPLICABLE)</b>	2
<b>TEAM RESPONSIBLE</b>	Sector Team
<b>DATE OF INSPECTION</b>	24 August 2011

## Description

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### Service description

Rowanfield House was a single storey residence constructed approximately 15 years ago. It was located on the main road on the outskirts of Donegal town beside the District Hospital. The building contained both the residence and the day centre, and there were some shared sitting rooms, activities room and one shared bathroom. The site was an open one with a car park outside the main door.

### Profile of residents

Residents were aged between 60 and 80 years, and most had been admitted from long-stay wards in St. Conal's Hospital which was a large Victorian psychiatric hospital in Letterkenny. The most recent person admitted was also from St. Conal's which closed completely in 2010. There were nine female and five male residents. One resident was on continuous week-end respite. There had been no recent discharges.

### Quality initiatives and improvements in the last year

- Bathrooms had been up-graded and re-decorated.
- Some interiors had been re-decorated.

**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**

All residents had nursing care plans, but did not have multidisciplinary care plans. Nurses followed the CASIG model of care.

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

Some residents attended activities in the day centre. One resident was participating in a computer course and three residents attended a Family Resource Group in the town. Outings were arranged by staff and all residents had a holiday each year.

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

Three residents attended an old age group in Donegal where they took part in activities such as bingo and music sessions. At intervals during the year, local groups came into the residence and provided entertainment and engaged with the residents.

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

There appeared to be no definite distinction between the day centre and the residence. Two sitting rooms and the dining room were shared, as was one bathroom. Bedrooms were single, two-bed or four-bed rooms; there were no partition curtains in shared bedrooms. The residence was reasonably well-maintained but the garden was overgrown in parts following the removal of a poly-tunnel. It was due to be reduced in size when the planned construction of a community mental health centre began within months.

**Staffing levels (full time in residence)**

STAFF DISCIPLINE	DAY WTE	NIGHT WTE
CNM1	1	0
RPN	3 (including one RPN from 0900hrs to 1700hrs, Monday to Friday)	2
Household Staff	1	0

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

**Team input (sessional)**

DISCIPLINE	NUMBER OF SESSIONS
Consultant psychiatrist	1 / four months
NCHD	As required
Occupational therapist	None
Social worker	Access if required
Clinical psychologist	Access if required

**Describe team input**

It was reported that residents were not reviewed by a multidisciplinary team but were reviewed by the consultant psychiatrist or NCHD approximately every four months. A review of a number of clinical files indicated that it had been several months since some residents had been reviewed. Residents attended the out-patient department for review or could be reviewed in the residence if required. Activities were provided by the nurses, one of whom was also responsible for the day centre between 0900hrs to 1700hrs daily. Activities available included Solution for Wellness, Reminiscences, Sonas and current affairs. Voluntary groups such as GROW attended weekly.

Physical health needs were looked after by a local General Practitioner (GP). Residents attended the surgery and a physical health examination was carried out six-monthly. A record of this examination was retained in the GP's surgery.

## Medication

Medication was prescribed by both the GP and the consultant psychiatrist and NCHD on the sector team. The medication was procured in a pharmacy in Letterkenny and was pre-packed for each individual resident. Depot medication was given as required and staff of the residence also ran the Clozapine clinic for out-patients. None of the residents were on a self-medicating programme.

None of the residents were prescribed regular benzodiazepines and only one resident used a hypnotic. The service used a prescription booklet which did not have a suitable part for the prescription of single but recurrent prescriptions, such as depot medication. In four instances medications had been discontinued, but there was no signature to indicate who had discontinued the medication and it was not dated in three of these instances. One prescription sheet was practically illegible, the signature was illegible and one prescription was not signed at all. Medical Council Numbers were not used by prescribing doctors.

## MEDICATION

<b>NUMBER OF PRESCRIPTIONS:</b>	<b>13</b>
<b>Number on benzodiazepines</b>	<b>0</b>
<b>Number on more than one benzodiazepine</b>	<b>0</b>
<b>Number on regular benzodiazepines</b>	<b>0</b>
<b>Number on PRN benzodiazepines</b>	<b>2(15%)</b>
<b>Number on hypnotics</b>	<b>0</b>
<b>Number on Non benzodiazepine hypnotics</b>	<b>1 (8%)</b>
<b>Number on antipsychotic medication</b>	<b>13 (100%)</b>
<b>Number on high dose antipsychotic medication</b>	<b>0</b>
<b>Number on more than one antipsychotic medication</b>	<b>6 (46%)</b>
<b>Number on PRN antipsychotic medication</b>	<b>0</b>
<b>Number on Depot Medication</b>	<b>1 (8%)</b>
<b>Number on antidepressant medication</b>	<b>5 (38%)</b>

<b>Number on more than one antidepressant</b>	<b>0</b>
<b>Number on antiepileptic medication</b>	<b>4 (31%)</b>
<b>Number on Lithium</b>	<b>0</b>

### **Tenancy rights**

The building was owned by the Health Service Executive (HSE) and there were no tenancy agreements with residents. A community meeting was held approximately once every two months, but these were not well attended by residents. Staff reported that residents would voice concerns or complaints as they arose. The service adhered to the HSE "Your Service, Your Say" policy of dealing with complaints and there was a notice displayed to this effect in the residence.

Residents paid an individual charge of €80 - €110 per week to the HSE; of this, €45 was for food.

### **Financial arrangements**

Most of the residents appointed staff members to collect pension /disability money which was then brought to the residence. Deductions were then made as per above, and the remainder was held in a safe in the residence. Residents could then choose to lodge money in any of the financial institutions. There was a protocol for staff handling residents' money. Some residents handled their own finances.

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

All residents could leave the residence unaccompanied and many did so. The staff had a car and access to a bus for trips with the residents. There was easy access to the town from the residence.

### **Service user interviews**

Residents were greeted as the inspection was carried out but no resident requested to speak directly with the inspector.

## **Conclusion**

The siting of the day centre in the same building as the residence impacted on the homeliness of Rowanfield as a home for residents; the impression was one of a clinical setting with bedrooms attached. Whilst all residents had nursing care plans, there was little evidence of a multidisciplinary involvement in an individual's care. Some of the bedroom accommodation was unsuitable and to ask four residents to share one bedroom was reminiscent of institutional living. The residence had a good garden area which required some work but the plans for the development of a two –storey building at the rear of the residence for the community mental health centre will likely have an impact on the residential nature of this residence.

## **Recommendations and areas for development**

1. Residents should have a multidisciplinary care plan as per S. 1.3.3 of the Quality Framework in Mental Health Services.
2. Four-bed rooms should not be used.
3. Multidisciplinary team (MDT) reviews of residents should take place at definite intervals.
4. Medication sheets should be completed fully by the prescribing doctor.
5. Medical Council Numbers (MCN) should be used by prescribing doctors in line with Medical Council recommendations.