Hilltop House

ID Number: RES0115

24-Hour Residence – 2017 Inspection Report

Hilltop House,
Co. Dublin

Community Healthcare Organisation:
CHO 9

Team Responsible:
Intellectual Disability

Total Number of Beds:
5

Total Number of Residents:
5

Inspection Team:
Sandra McGrath

Inspection Date:
16 August 2017

Inspection Type:
Unannounced Inspection

The Inspector of Mental Health Services:
Dr Susan Finnerty MCRN009711

Date of Publication:
20 April 2018

Contents

Introduction to the Inspection Process

This inspection and report were guided by the themes contained in the Mental Health Commission Quality Framework.

Services will be aware of the Audit Toolkit deriving from the Quality Framework and may wish to consider using this Toolkit in pursuing service improvement within the residence involved.

Service description

Hilltop House was a community residential service for people with intellectual disability. There were five residents living in the house. The house was a bungalow on a rural back road in County Dublin. The residence was owned by the HSE and operated by St. Joseph's Intellectual Disability (SJID) Services. The residence was not purpose-built but had been taken over by the HSE in approximately 2012. During the course of inspection, information was obtained from the clinical nurse manager (CNM) 2 and assistant director of nursing (ADON).

The bungalow was in close proximity to a village and residents required staff support at all times to access amenities. There was a new bus route accessible from the house, but no resident travelled independently at the time of inspection. The function of the service was continuing care.

Resident profile

The age range of residents in Hilltop House was between 62 and 83 years. Four residents had lived in the house for approximately 15 years and one had lived there for approximately 4 years. The residents were physically mobile, with one resident requesting the use of a wheelchair on outings. The house had small corridors and would not be able to facilitate wheelchair access in its current state. Four residents went to day services, and one was retired and accessed the community as he wished. The inspector spoke with one resident who engaged in conversation with staff and with the visiting inspector. Another three residents returned to the house during the inspection.

All residents were voluntary and there were two wards of court at the time of inspection.

Care and treatment

All policies utilised within the house were generic policies of St. Josephs Intellectual Disability Services (SJIDS), including the policy on individual care plans (ICPs). The multi-disciplinary team (MDT) met every Tuesday in the Central Support Office (CSO) in Swords. Staff could attend, as could the resident, if required.

Each resident had a six-monthly psychiatric review and was seen more often as required. Members of the team did not visit Hilltop House in any planned capacity. All residents had an ICP, which was reviewed on a six-monthly basis or more frequently, if required. Residents and family members were invited to ICP reviews and these took place within Hilltop House. Members of the MDT would attend ICP meetings if required but generally did not attend. The physiotherapist was involved with one resident at the time of inspection and visited the resident in Hilltop House. One resident was on a modified consistency diet and had been assessed by a speech and language therapist (SALT) and reviewed within the last year. There was no SALT input at the time of inspection.

Pictorial timetables were used to support communication, specifically for non-verbal residents. Easy-read documents were available for all residents to ensure information was accessible. There was a key worker system in place to ensure identified goals were followed up and that outcomes were monitored and reviewed.

Physical care

The SJID service policy on physical care was utilised within Hilltop House. All residents attended a GP practice in the next town and routine six-monthly physical examinations were undertaken by the GP. Information on relevant screening programmes was provided, both when appointments were offered and in preparation for attending a particular appointment. Visual aids were used to support residents' understanding of the process where necessary. Staff of Hilltop House facilitated appointments as all of the residents required support. External medical services were accessed through GP referral and residents attended hospital appointments as appropriate. Residents attended HSE dental services, and the chiropodist visited the house monthly.

Therapeutic services and programmes

There was a generic SJID service policy on therapeutic services. There were no structured programmes delivered within the service or organised by the service. Four residents attended day services and one resident was retired. The age profile of residents meant they mostly engaged in recreational activities and less in therapeutic programmes. There was evidence of individual programmes that supported positive mental health, including how to manage low mood and negative thought processes.

Medication

The SJID service policy on medication management was used. Medications were prescribed either by the psychiatrist or the residents' GP. Medications were supplied by a local community pharmacy close to the house on a named-patient basis. It was noted that the Medication Prescription and Administration Record (MPAR) was in two parts, with separate prescription and administration record sheets. This format had been reviewed and updated by SJIDS to minimise potential risk, but the new format had yet to be implemented. There were no residents self-administering medication at the time of inspection. Blister packs were provided by the pharmacy if a resident was visiting family or going on holiday.

Community engagement

Residents were actively involved in the local community. There was a strong emphasis on enabling community engagement, and staff supported residents to go to the local village. It was reported that residents had good links with the local community centre. Residents were known within the locality and one gentleman enjoyed meeting neighbours in the local pub.

Two residents attended mass each Sunday. The local priest visited the house on occasion, as did members of the Legion of Mary. There was a hairdresser who called to the house when required.

There was transport available to the house for outings and also to collect residents from day services. No resident travelled independently.

Autonomy

Residents' had free access to kitchen facilities and could prepare meals and snacks if they wished. Mostly, residents preferred staff to prepare food and drinks, but two of the ladies accessed snacks independently. The weekly grocery shop was delivered to the house, and residents could request their favourite foods to be added to the list.

Residents were free to choose how to spend their time in the house and were respected in this. They could come and go as they pleased but sought and needed staff support to do so. Families and friends were welcome to call to the house at any time, but efforts were always made to protect mealtimes within the house.

The bathroom doors could be locked but bedroom doors could not.

Residence facilities and maintenance

The house was detached and set on large gardens, which were well maintained. The exterior of the house was well maintained but required cleaning: Windows were dirty and moss was growing around the edges of the premises. At the time of inspection, the interior of the house was being painted. Flooring in the kitchen/dining area and bathrooms required replacing and the CNM2 informed the inspector that funding had been approved and the job had gone to tender.

The residence was a four-bed bungalow. There was one double room and three single rooms. Two male residents shared the double room, and the three female residents had single rooms. There were two shower rooms, which also had toilets, and an additional toilet for residents. There was black mould on the ceiling of one shower room due to a leak in the roof. The leak had been fixed but the shower room had not been repaired. There were two sitting rooms in the residence: one was known as the "gentleman's" sitting room as the male residents tended to relax there, and both were shared areas. There was an open-plan kitchen-cum-dining room. There was a utility room with laundry facilities and a separate sluice room. Two bedrooms

were being painted at the time of inspection. The other two bedrooms were clean and personalised to include family photographs and individual property and possessions.
There were two sitting rooms and a dining area and residents had access to outdoor space. Maintenance of the premises was the responsibility of the maintenance department in SJIDS. Management of the residence indicated that maintenance was undertaken on request and response rates varied depending on priority.

Staffing

Staff Discipline	Day whole-time equivalent (WTE)	Night WTE
Clinical Nurse Manager	2 (Mon-Fri 8am – 5pm and one day of the weekend)	0
Registered Psychiatric Nurse	2	1
Health Care Assistant	1	0
Multi-Task Attendant	0	0

Team input (Sessional)

Discipline	Number of sessions
Occupational Therapist	None at time of inspection
Social Worker	On request
Clinical Psychologist	On request
Other	Physiotherapist

Medical Staff	Frequency of attendance at residence
Consultant Psychiatrist	2 (1 with main responsibility for the service)
Non-Consultant Hospital Doctor	2

A chiropodist came to the residence monthly and the physiotherapist was involved with one resident at the time of inspection.

The CNM2 maintained staff training records to ensure that staff were scheduled for necessary training. Staff had up-to-date training in fire safety, Basic Life Support, and the Mental Health Act 2001. The therapeutic management of violence and aggression was not used in the house, but staff had up-to-date training. Service-wide training records were also maintained by the nurse practice development officer.

Staff meetings took place monthly and minutes of meetings were available for review. Staff had signed signature sheets to say they had read and understood policies, and the CNM2 had responsibility for ensuring staff were aware of new policies or changes to existing policies.

Complaints

There was a service-wide policy on complaints. The complaints process was included in the Hilltop House resident information booklet in an accessible format. The complaints process was also displayed, as were the contact name and phone number of the advocate who was available to residents. Minor complaints were addressed by the CNM2 in charge of the residence. Formal complaints were escalated to management and formally addressed by the complaints officer in line with the service policy. Minor complaints were recorded in a complaints log. Monthly house meetings were held and minutes of these meetings were available for review. Issues raised were addressed appropriately and within a reasonable time frame.

Risk management and incidents

The residence implemented the SJID service-wide policy on risk management. There were site-specific risk assessments and individual clinical risk assessments available for review.

There was a named risk manager. All incidents were reported through the National Incident Management System and were reviewed by the ADON. Any required actions were communicated to and enforced by staff within the residence.

The residence had an emergency kit, first aid kit, defibrillator, and suction machine. All fire extinguishers were in date and were regularly checked by a qualified external contractor.

Financial arrangements

The SJID service-wide policy on financial management was adapted and implemented to meet the specific needs of a community residence. Residents paid a weekly charge of €100, which covered bed, board, and essentials. Residents paid for individual items they wished to purchase and paid prescription charges.

Each resident had an individual bank account and access to their accounts. Two staff signed all transactions and records and receipts were maintained. Residents also signed transactions where possible. Records were reconciled monthly by the CNM2 or the most senior staff member on duty. There was no formal process for the independent audit of service users' monies at the time of inspection.

Procurement cards were in use in the house for expenditure on things like groceries and other small capital spending.

Service user experience

There was one resident at home during the morning of inspection. The resident engaged with staff and with the inspector and appeared relaxed and happy in his environment, as well as with both the staff and the inspector as a visitor to the service. Three residents returned to the house in the afternoon and were observed to be relaxed and aware of the routine of the house. Dinner time was briefly observed by the inspector and staff were seen to be respectful of residents' specific needs and preferences around mealtimes.

Areas of good practice

1. There was evidence of residents having a valuable presence within their local community and of staff supporting residents to maintain contacts within the community

2. Improvements had been made with regard to privacy and there was only one shared room (double) at the time of inspection.

3. There was strong governance in the house and evidence of good communication between members of the staff team.

Areas for improvement

1. The building required repair and improvement.

2. Residents were all over age 65 and the residence could not meet their changing physical needs in its current state because it could not accommodate wheelchairs or walking aids comfortably due to narrow doorways and corridors.

3. The implementation of the new Medication Prescription and Administration Record was required.