

# Beech Haven

ID Number: RES0043

## 24-Hour Residence – 2018 Inspection Report

Beech Haven  
Creagh  
Ballinasloe  
Co. Galway

Community Healthcare Organisation:  
CHO 2

Team Responsible:  
Mental Health Intellectual Disability

Total Number of Beds:  
4

Total Number of Residents:  
4

**Inspection Team:**  
Mary Connellan, Lead Inspector

**Inspection Date:**  
22 January 2018

**Inspection Type:**  
Unannounced Inspection

**The Inspector of Mental Health Services:**  
Dr Susan Finnerty MCRN009711

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## Contents

Introduction to the Inspection Process.....	5
Service description .....	5
Residence facilities and maintenance.....	5
Resident profile.....	6
Care and treatment.....	6
Physical care.....	6
Therapeutic services and programmes.....	7
Recreational activities.....	7
Medication .....	7
Community engagement .....	7
Autonomy .....	8
Staffing .....	8
Complaints .....	9
Risk management and incidents .....	9
Financial arrangements.....	9
Service user experience .....	9
Areas of good practice .....	10
Areas for improvement.....	10



## 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

Beech Haven was a four-bed, 24-hour, nurse-staffed residence in a rural setting close to Ballinasloe, Co. Galway. The single-storey residence was owned by the HSE and had been operating as a 24-hour residence for approximately 15 years. At the time of inspection, Beech Haven was providing continuing care for four residents with a dual diagnosis of intellectual disability and psychiatric illness.

A working group had been set up at CHO 2 management level with the aim of moving the residence to the social care model. The short-to-medium-term plan was to make the residence Health Information and Quality Authority (HIQA) standard compliant. The working group included the assistant director of nursing and two clinical nurse managers (grade 3), and had input from psychology and all other disciplines.

## Residence facilities and maintenance

Residents in Beech Haven were accommodated in single bedrooms, one of which had an en suite bathroom facility. All of the bedrooms were personalised. There was one large and one smaller bathroom. The main bathroom was not suitable for residents with mobility needs. The sitting room was formerly a bedroom, and the wardrobes were used as storage cupboards.

There was a dining room combined with a sitting room in the same area as the nurses' station. The kitchen was in need of modernisation. There was also a utility room with laundry facilities. The carpet in the hallway was loose and needed to be stretched to ensure that residents using walking frames were not at risk of tripping. Wheelchair access was through the backdoor only.

The exterior of the residence was well maintained. The back garden had a patio area overlooking a farm, and the grounds were kept by the HSE maintenance department. The front driveway was muddy and in need of attention/maintenance.

## Resident profile

At the time of the inspection, Beech Haven was providing accommodation for four female residents. They were aged between 50 and 79, and the duration of their stay ranged from two months to two-and-a-half years. A number of the residents had physical disabilities, and the accommodation in the house was not ideal for their needs: The front door was not wheelchair accessible, the bathroom had not been adapted, and the bedroom corridor was too narrow to accommodate wheelchairs.

## Care and treatment

Beech Haven did not have a policy in relation to individual care planning. All of the residents had a nursing care plan rather than a multi-disciplinary individual care plan (ICP). At the time of the inspection, new ICPs were being developed in the wider service, but residents at Beech Haven were continuing to work with nursing care plans. Residents had input into their care plans, where applicable.

A key worker system was in operation in the residence. Additionally, each resident had been assessed in relation to person-centred care and in terms of improving their outcomes. This assessment had been completed by representatives from the American Association on Intellectual and Developmental Disabilities (AAIDD). The outcomes were not evident in the respective clinical files and the inspector was informed that they were with the business manager.

There was evidence in the clinical files that the consultant psychiatrist saw each resident at least every six months, but a six-monthly psychiatric review was not documented in any of the files. Multi-disciplinary team meetings were not held in the residence; they were held weekly in St. Brigid's Hospital in Ballinasloe. Residents and nursing staff could attend.

## Physical care

Beech Haven did not have a policy in relation to physical care and general health. All residents had access to a GP, and GPs visited the house if necessary. Routine physical examinations of residents were completed by the GP annually or more often if required. These were not documented in the residents' clinical files.

Residents had access to appropriate national screening programmes, and this was recorded in their clinical files. They were provided with information in relation to the screening programmes. Residents also had access to other health care services, including dental, physiotherapy, dietetics, chiropody, and speech and language therapy.

## Therapeutic services and programmes

Beech Haven did not have a policy in relation to therapeutic services and programmes. Therapeutic programmes, including socialisation, were delivered in the residence by health care assistants and nursing staff. One resident attended the Deerpark day centre in Ballinasloe daily, and one attended a training centre daily. A bus service came to the residence to transport residents to their activities.

## Recreational activities

Residents in Beech Haven had access to a variety of recreational activities, including TV, games, hand massage, exercise, and art. They had regular access to a hairdresser and beautician. Residents could do flower arranging classes, and they visited coffee shops. They had also attended a light show that was designed specifically for people with an intellectual disability.

## Medication

Beech Haven had a policy in relation to medication. Medication was prescribed by the residents' GP, the consultant psychiatrist, or the non-consultant hospital doctor. A Medication Prescription Administration Record (MPAR) system was in operation, and each resident had an MPAR. These contained comprehensive prescription and medication administration details, which were well documented.

At the time of inspection, no residents were self-medicating. One resident had medication supplied in a blister pack. Some of the health care assistants had completed training in the administration of medication from blister packs and, at the time of the inspection, it was proposed that this practice would commence in the near future.

Medicines were provided by a local pharmacy, and pharmacy staff visited the house monthly to conduct a stock check and remove out-of-date or unused medications. Medication was stored appropriately and legally within the house.

## Community engagement

Beech Haven's rural location, on a busy road outside of the town, did not facilitate community engagement. Residents needed support or accompaniment to engage in community activities. They went bowling, visited restaurants, and took walks in a local park. Beech Haven had access to HSE transport to facilitate outings. This had to be pre-booked because the vehicle was shared by nine residences. Residents also used a local taxi service.

There was in-reach into the residence from the local community, including visits by the chiropodist, beauty therapist, and hairdresser.

## Autonomy

Residents had full access to the kitchen but were always accompanied. Food was prepared by staff on-site, and the health care assistant did the shopping. Residents were free to determine their own bedtimes, and they could receive visitors at any time. Residents were not restricted in terms of when they could leave the residence, but it was appropriate for them to be accompanied by staff when they did so.

## Staffing

Staff Discipline	Day whole-time equivalent (WTE)	Night WTE
Clinical Nurse Manager		
Registered Psychiatric Nurse	1	1
Health Care Assistant	2	1
Multi-Task Attendant		

### Team input (Sessional)

Discipline	Number of sessions
Occupational Therapist	Weekly and as required
Social Worker	0
Clinical Psychologist	Weekly and as required
Speech and language therapist	As required

Medical Staff	Frequency of attendance at residence
Consultant Psychiatrist	Infrequent
Non-Consultant Hospital Doctor	As required

The nursing staff were registered psychiatric nurses. It was reported that none of the nursing staff were trained in the care of Intellectual Disability. On the day of inspection, the nurse in charge was an agency nurse and it was evident that a number of the nursing staff were not permanent employees. It was evident that the nurse was very familiar with the residents and their assessed needs; however, there was no identified person in charge with responsibility for the residence.

## Complaints

Beech Haven had a policy in relation to complaints and used the HSE comment, compliments and complaints process, *Your Service Your Say*. Residents were informed of how to make a complaint. There was a nominated complaints officer, and a complaints log was maintained. There had been no complaints since 2014. The Trust in Care procedure was adhered to.

There was no suggestion box in the residence. Community meetings were not held in Beech Haven.

## Risk management and incidents

Beech Haven had a policy in relation to risk management, which was being implemented throughout the residence. Each resident was regularly risk-assessed, including a falls-risk assessment. Incidents were recorded in an incident report book and reported to the assistant director and progressed, as required.

The residence appeared to be physically safe, and the fire exits were accessible. The fire extinguishers were serviced regularly and in date. Staff had access to a first aid kit.

## Financial arrangements

Beech Haven did not have a policy in relation to residents' finances. There was a set weekly, per-person charge for food and rent. Residents had credit union accounts, and appropriate procedures were in place in relation to staff handling residents' money, with two staff signing for all transactions.

Residents did not contribute to a kitty or social fund. Residents' finances were audited at the end of each month.

## Service user experience

The inspector chatted with residents throughout the course of the day. The residents appeared content and settled in the residence. The residents voiced no complaints and were enjoying activities with the care staff.

## Areas of good practice

1. Each resident had recently been assessed by the American Association of Disability. While the individual assessments were not available at the time of inspection, it was reported that the service has undertaken a service-wide review and the outcomes were for discussion within the area management team.
2. Care staff had or were completing training in the safe administration of medication.

## Areas for improvement

1. No nursing staff were trained in Intellectual Disability.
2. Nursing staff on duty were agency staff and it was reported that a number of staff nurses are agency as opposed to permanent employees. There was no identified person in charge with responsibility for the residence.
3. The wider service was adopting a multi-disciplinary team review process for each individual and were developing new care plans. This had not happened for the residents in Beech Haven at the time of the inspection.