Hazel Heights

ID Number: RES0041

24-Hour Residence – 2018 Inspection Report

Hazel Heights
Creagh
Co. Roscommon

Community Healthcare Organisation:
CHO 2

Team Responsible:
Mental Health Intellectual Disability

Total Number of Beds:
6

Total Number of Residents:
5

Inspection Team:
Martin McMenamin, Lead Inspector

Inspection Date:
30 January 2018

Inspection Type:
Unannounced Inspection

The Inspector of Mental Health Services:
Dr Susan Finnerty MCRN009711

Date of Publication:
24 July 2019

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

Hazel Heights was situated in a rural setting just off the old Athlone road approximately 6km from Ballinasloe. A two-storey building, it was a purpose built 24-Hour residence. Hazel Heights was owned and operated by the HSE as a community based residential facility since 2004. The service provided long-term mental health care for individuals with an intellectual disability and a mental illness. All residents were under the care of the mental health and intellectual disability service. The residence could accommodate six residents. At the time of the inspection, five residents were living in the residence. There were no future plans for the residence.

Residence facilities and maintenance

Hazel House was a two-storey building. The residence had a large open hall reception area leading to two sitting rooms and a spacious kitchen and dining room. The bedrooms were located upstairs; there was no lift. There were lots of personalised decorations and pictures. The residence had a very homely and welcoming atmosphere.

There were five bedrooms, and six beds in the residence. One double bedroom was shared by two residents. There were no privacy screens in the shared bedroom.

The landlord was responsible for the exterior of the premises with the HSE responsible for internal repairs and redecoration. The external appearance of the residence was well maintained and recent maintenance had been undertaken to repair potholes in the driveway and to footpaths near the front of the house. The house was in a very good state of decorative repair. There were no future plans in place for renovations or further refurbishments.

Resident profile

There were five residents in total in Hazel Heights at the time of the inspection. All residents were male and all were voluntary. None of the residents had a physical disability. All residents had been previously long-term residents of St. Bridget's Hospital Ballinasloe. All residents had an intellectual disability at the time of the inspection.

Care and treatment

There was a policy on individual care planning. All residents had an individual care plan (ICP). A key worker was assigned to each resident and all key workers were health care assistants.

The ICPs did not have full multi-disciplinary team (MDT) input; only care staff of the residence were involved. Residents' self-expressed needs were reflected in the ICPs. The ICPs were reviewed on a three-monthly basis. MDT review meetings were attended by the resident and nursing staff. These meetings took place every month in St. Joseph's, in the Creagh Centre in Ballinasloe, but were due to commence in the residence. Whilst all residents had a multi-disciplinary care plan, input related mostly to the interventions of care staff in the residence.

Six-monthly psychiatric evaluations were documented in the ICPs inspected.

Physical care

There was a policy on physical care and general health. All residents had their own GP. All residents received a six-monthly physical examination, although it was planned to extend this to 12 monthly. Residents received information and had access to appropriate national screening programmes. Residents had access by referral to other health services, where required, such as chiropody, occupational therapy and other community services.

Therapeutic services and programmes

There was a policy on therapeutic programmes. Therapeutic services and programmes were not delivered on-site in Hazel Heights. Residents attended therapeutic programmes off-site in St. Joseph's Day centre.

Recreational activities

There were recreational activities available in Hazel Heights. There were outings such as walking, art, bingo, cinema, bowling, social drinking, football matches, and singing sessions. Residents went to dinner on Saturday nights using the residence's people carrier.

Medication

There was a policy on medication management. There was a Medication Prescription and Administration Record (MPAR) for each resident, which contained valid prescription and administration details. While medication booklets met best practice standards, the booklets were worn and torn in many cases, which could potentially obliterate some prescriptions.

The GP and the pharmacist prescribed medication for the residents. No resident was self-medicating at the time of inspection. A local chemist supplied medication in the form of blister packs to Hazel Heights.

Medications were stored appropriately and legally within the residence. Resident medication was managed by the visiting clinical nurse manager 2 who supervised a number of residencies in the locality. The health care assistants in Hazel Heights were due to undertake training to assist residents with their medication.

Community engagement

The location of the residence facilitated community engagement. Hazel Heights was close to a neighbouring house. There was no public transport services immediately adjacent to the residence, but the residence had its own people carrier to access community activities. Residents attended football matches and local concerts. Residents also visited their families, and all residents had close family involvement. There was community in-reach where the Legion of Mary visited on occasionally.

Autonomy

Residents had free access to the kitchen to prepare meals or snacks, with assistance needed in some cases. Residents were free to determine their own bedtime. Residents did not have a key to their own bedrooms but staff could lock residents' bedrooms if requested.

Residents assisted with all domestic activities where appropriate. They could receive visitors at any time. All residents needed supervision to leave the residence.

Staffing

Staff training records indicated that all staff had up-to-date training in Basic Life Support, fire safety, recovery and the management of violence and aggression.

Staff Discipline	Day whole-time equivalent (WTE)	Night WTE
Clinical Nurse Manager	Visited to administer medications ¾ times daily and	1
Registered Psychiatric Nurse	CNMII On-call	CNMII On-call
Health Care Assistant	2	1
Multi-Task Attendant	0	0

Team input (Sessional)

Discipline	Number of sessions
Occupational Therapist	As required (recently appointed)
Social Worker	No Social Worker currently on the team
Clinical Psychologist	As required
Other Speech and Language Therapist	As required

Medical Staff	Frequency of attendance at residence
Consultant Psychiatrist	As required
Non-Consultant Hospital Doctor	No NCHD

Complaints

There was a complaints policy in place in Hazel Heights. The complaints process was displayed on the noticeboard. The clinical nurse manager 2 was responsible for the initial handling of complaints. There was a complaints log. Community meetings were held every week and minutes were maintained. There was a suggestion box in the reception of Hazel Heights.

Risk management and incidents

There was a risk management policy in place. The policy was implemented in the residence. Risk assessments were carried out for residents and regularly reviewed by the multi-disciplinary team. Incidents were initially reported to the clinical nurse manager 2 who was contactable 24 hours a day.

The residence was physically safe. The fire extinguishers were in date, and fire escapes were easily accessible. There was a first aid kit.

Financial arrangements

There was a policy on managing residents' finances, personal property. Residents paid a monthly fee which covered food and utilities. All residents had a credit union account.

All residents required assistance with their financial arrangements, and their banking tasks were supported by staff. Appropriate procedures were in place for staff handling residents' money. Staff maintained individual amounts of money for residents. Amounts were drawn down for residents' needs.

Residents contributed to a kitty for food and groceries and their consent to this was documented. Residents' finances were audited by the clinical nurse manager 2.

Service user experience

Only one resident was present in the residence during the inspection and was being nursed in bed due to the influenza virus and was unavailable for comment.

Areas of good practice

1. The residence had a very homely, welcoming, safe and supportive appearance and was in a very good state of repair.

2. All residents had an individual care plan and a schedule of meaningful activities.

Areas for improvement

1. Medication charts should be better maintained.

2. The MHID team should be resourced to provide the full multi-disciplinary input to the treatment and care of the residents.