

Mental Health Services 2012

Inspection of 24-Hour Community Staffed Residences

EXECUTIVE CATCHMENT AREA/INTEGRATED SERVICE AREA	Galway, Mayo, Roscommon
HSE AREA	West
MENTAL HEALTH SERVICE	East Galway
RESIDENCE	Hazel Heights
TOTAL NUMBER OF BEDS	5
TOTAL NUMBER OF RESIDENTS	4
NUMBER OF RESPITE BEDS (IF APPLICABLE)	None
TEAM RESPONSIBLE	Mental Health of Intellectual Disability (MHID)
TYPE OF INSPECTION	Unannounced
DATE OF INSPECTION	21 August 2012

Summary

- Hazel Heights was a 24-hour nurse staffed community residence which provided comfortable accommodation for four residents in a modern house near Ballinasloe.
- All residents attended a programme of activities on a daily basis.
- There were some outstanding structural works to be completed in the house.
- There was a high level of antipsychotic medication prescribing.
- One member of staff had recently completed a 3rd level course in an area of particular relevance to the needs of the residents.

Description

Service description

Hazel Heights was a two storey private residence pleasantly situated in large grounds approximately three miles from Ballinasloe. It opened as a supervised residence in 2004 to accommodate residents moving from St. Brigid's Hospital in Ballinasloe. Although the house was situated in the countryside, it was not isolated and there were other houses nearby.

All residents were under the care of the Mental Health of Intellectual Disability (MHID) team.

Profile of residents

The house accommodated female residents only, three of whom had moved from St. Brigid's Hospital in 2004. There was one vacancy in the house. All residents were voluntary and were independently mobile; none was a Ward of Court.

Quality initiatives and improvements in 2011/2012

- One nurse had completed a course in Challenging Behaviour in Athlone Institute of Technology.
- Advocacy services had commenced and the advocate had met with staff, with a plan to meet residents shortly.
- Work had begun on replacing medication kardexes with medication booklets for prescriptions.

Care standards

Individual care and treatment plan

All four clinical files were inspected. Each resident had an individual care plan which was reviewed six-monthly. Risk assessment was carried out and had been incorporated in the new nursing care plans. A copy of the therapeutic programme in the training centre was in the individual clinical files.

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

All four residents were active during the day. Three residents attended the Training Centre in Ballinasloe daily and the fourth resident attended the Activation Centre in St. Brigid's Hospital daily, Monday to Friday. The residents travelled by hospital minibus and each had an individual programme of activities. Staff attended a monthly meeting in the Training Centre to discuss each resident's progress. Recently, one resident required assessment by a psychologist and in the absence of a psychologist on the team, this service was acquired from a private practitioner.

Each resident had a general practitioner (GP) and attended the GP's surgery when necessary, accompanied by a member of staff. The GP prescribed in the kardexes as required.

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

Residents visited Ballinasloe for shopping, coffee and the cinema. Some residents used the local swimming pool and as the staff had access to a multi people carrier, there were regular trips with the residents. The house was situated in a mainly rural location providing some difficulty in interacting with the local community.

Facilities

The house was a relatively new two storey building, which was owned and managed by a private individual. The accommodation was good with spacious living areas downstairs. All residents had their own rooms and these were all very personalised and homely. Although there were two showers in the house, one of these remained in an unfinished condition and was unusable. Maintenance was good generally, but there was a large obvious crack in the wall of the hallway.

House keeping and cooking was done by one household staff member who worked a 12 hour day. Residents were encouraged to participate in household activities, such as cooking and personal laundry.

Staffing levels

STAFF DISCIPLINE	DAY WTE	NIGHT WTE
RPN	1	1
Care Assistant	1	0
CNM2	0	1 (shared)

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

Team input

DISCIPLINE	NUMBER	NUMBER OF SESSIONS
Consultant psychiatrist	1	None
NCHD	0	None
Occupational therapist	0	None
Social worker	0	None
Clinical psychologist	0	None
Other	0	None

Medication

Medication kardexes were written either by the consultant psychiatrist or by the GP. All medications, except for Depot medication and Clozapine were obtained from a local pharmacy; these medications were sourced from St. Brigid's Hospital. None of the residents were on a self-medicating programme.

Prescriptions were clearly written but were out of date for two residents, having been written more than six months previously. The Medical Council Number (MCN) was not used by one prescribing doctor, as is recommended by the Medical Council. None of the residents were prescribed benzodiazepines and only two were prescribed PRN benzodiazepines i.e. as required. All residents were prescribed antipsychotic and antidepressant medication, and all residents were prescribed more than one antipsychotic. One resident was taking four different antipsychotic medications.

MEDICATION

NUMBER OF PRESCRIPTIONS:	4	%
Number on regular benzodiazepines	0	0
Number on more than one benzodiazepine	0	0
Number on PRN benzodiazepines	2	50%
Number on benzodiazepine hypnotics	0	0
Number on Non benzodiazepine hypnotics	1	25%
Number on PRN hypnotics	0	0
Number on antipsychotic medication	4	100%
Number on high dose antipsychotic medication	2	50%
Number on more than one antipsychotic medication	4	100%
Number on PRN antipsychotic medication	1	25%
Number on Depot medication	1	25%
Number on antidepressant medication	4	100%
Number on more than one antidepressant	2	50%
Number on antiepileptic medication	3	75%
Number on lithium	1	25%

Tenancy rights

The house was rented from a private individual by the Health Service Executive (HSE). Residents paid a weekly rent of €30 to St. Brigid's Hospital and contributed €50 per week for food. Heating and electricity bills were paid for by the HSE. Informal community meetings were held from time to time and it was reported that residents were able to voice issues or complaints. A record of any complaint received was maintained but none had been received recently.

Financial arrangements

Each resident had their own Credit Union account and all residents were in receipt of disability allowance. This was collected from the Post Office by staff and kept securely for residents. Two members of staff signed for any financial transactions.

Service user interviews

One resident spoke informally with the inspector and expressed herself very happy with the house and staff.

Conclusion

The residence at Hazel Heights provided comfortable and pleasant accommodation for the four ladies currently in residence, although there remained some maintenance work to be carried out. Each resident had an individual care plan and there was evidence in the clinical files that reviews by the consultant were conducted regularly. Residents were occupied during the day at therapeutic activities outside the house and there was good collaboration between staff of the residence and those in the Training Centre. All residents were prescribed more than one antipsychotic medication although none of the residents were prescribed benzodiazepines on a regular basis. It was good to see the engagement of staff in further education relating to the specific needs of residents and the impending involvement of an advocacy group in the residence was a very welcome development.

Recommendations and areas for development

- 1. The unfinished shower room should be completed without delay.*
- 2. All maintenance issues relating to the structure of the house should be addressed.*
- 3. The MHID team should be resourced to provide a multidisciplinary approach to management of residents under their care.*
- 4. The team should undertake a review of medications to determine the appropriateness of antipsychotic medication prescribing.*