

## Crisis House 2010

EXECUTIVE CATCHMENT AREA	Carlow Kilkenny South Tipperary
HSE AREA	South
CATCHMENT AREA	Carlow
MENTAL HEALTH SERVICE	Carlow Kilkenny
NAME OF TEAM	Greenbanks Crisis House
TYPE OF INSPECTION	Announced
DATE OF INSPECTION	27 May 2010

### PROFILE OF SERVICE

The Greenbanks Crisis House was opened in 2003, following the closure of the admission unit in St. Dymphna's Hospital. The building was a stand alone house in its own grounds on the outskirts of Carlow town. Staff reported that residents aged 18-65 years, were admitted for both respite and crisis resolution. There were twelve beds in single room accommodation, of which four were crisis beds. Since January 2010, 34 residents out of 108 had been admitted in crisis. On the day of inspection, there was one crisis and six respite residents.

### Profile of Service Users

A crisis was defined as being less than 72 hours, as recommended in *A Vision for Change*. Staff reported that after that time, a decision was made by the community mental health team regarding continuation, change of status to 'respite', or discharge from the facility. Most residents deemed 'respite' had a length of stay of two-three weeks, although there could be exceptions to this depending on need. People entering the facility tended to have psycho- social problems and were deemed to be psychiatrically stable. Those who were acutely ill, at risk of suicide or deliberate self harm, under the influence of drugs or alcohol, or at risk of falling or wandering were not admitted. A risk assessment was completed on admission.

### Referrals

Referrals were made from the out-patient department or by the community mental health nurses. It was possible for known patients to self refer.

### Relationship with General Practitioner's

Notifications were sent to general practitioners when residents entered the facility and when they were discharged. Formal discharge summaries were not sent. General practitioners were contacted to request up-to-date prescriptions and information about physical conditions. General practitioners were formally notified of the existence of the service when it opened.

## Staffing

Staff reported that two community mental health teams admitted to the service and multidisciplinary team meetings were held weekly in the house. The Inspectorate was informed that residents were medically reviewed at least once per week and medical staff could be accessed in emergency. There were eight nursing whole-time-equivalents allocated to the service.

	Day	Night
Nurses	1 CNM2+1 staff nurse	2 staff nurses
Household	1	

## Premises

The two-storey building appeared to be structurally in good condition. However, it was some years since it was last painted and the decor was stale and dull. Paint in one bedroom was chipped and there was peeling in the upstairs shower room and toilet. Just nine rooms had washhand basins. All bedrooms had their own lockers and wardrobes. Two sittingrooms were provided, one smoking and one non-smoking. One room upstairs was used as an office. Staff reported that the kitchen was HACCP compliant. There was access to a garden area and an internal courtyard.

## Records

Fire inspections and fire drills were held regularly. Fire equipment was checked monthly and a record was available.

Staff reported that an environmental health inspection was held annually.

The Food and Safety Authority had visited on 15 March 2010 and identified a difficulty with fridge temperatures. Staff reported that this was being monitored with a view to replacement or repair.

No Health and Safety inspection had been conducted in the service.

Clinical files were transferred from other parts of the service to the Crisis House when residents entered.

## Individual Care Plans

On the day of inspection staff reported that multidisciplinary care plans based on those in use in the Department of Psychiatry were being piloted in the service. Residents did not attend review meetings. Staff reported that meetings were discussed with residents prior to and after they were held. Residents had an opportunity to sign the care plans at that point. Residents were informed they could have a copy of their individual care plan if they wished. However, they did not request this. The clinical file of the one crisis resident was examined and an individual care plan was in place.

The Inspectorate had since been informed that the individual care plans had been formally adopted for the service and that residents attended their individual care plan reviews.

## Recreational Activities

Residents had access to television and games as well as to some gym equipment. Staff reported this latter was not used often. Longer term residents could avail of the 'skill base' programme in St. Dymphna's Hospital. Residents were encouraged to go to town or visit families where possible. Visitors were encouraged in the house but not in bedrooms in order to protect the privacy of other residents.

### **Meals**

Meals were cooked on the premises. One resident reported that there was no choice of menu, but the food was good. Staff reported that if a resident wanted an alternative menu, this could be arranged.

### **Medication**

Medication was accessed from the community pharmacies and kept in a locked clinic room. The staff had access to emergency equipment.

### **Information**

Written information on housekeeping matters, psychiatric conditions and treatments was available. Staff reported that verbal information was given in addition to this.

### **Audits**

A service satisfaction questionnaire had been completed and was available. Community meetings were held to obtain feedback from residents about housekeeping matters. Staff reported that an audit was planned to assess the impact of the crisis house admissions on those of the acute unit. An external review group was examining the impact of the service for the purpose of deciding on future developments.

### **Service User Input**

Service users had a limited role in the management of the service through the regional advocate of the Irish Advocacy Network. Informal feedback was obtained at community meetings and through the satisfaction questionnaire.

### **Governance**

Specific policies in relation to the crisis service were in place. These were on: access, referral procedure, receiving clients, client entitlements, departure, transfer to department of psychiatry and medications. These were reviewed annually and signed off by the catchment management team, although this had not yet been done for those policies reviewed this year. Staff reported these were in addition to other policies applicable throughout the rest of the service.

### **Service user interviews**

Two residents were interviewed and both said they were satisfied with the service.

### **Conclusion**

Greenbanks House was the first crisis house to be inspected by the mental health Inspectorate. The emphasis was on the community management of mental health difficulties for people who could avoid hospital admission. Figures supplied by the service indicate that the service was meeting an identified need in the community. The house appeared well run and had developed its own policies which were not required by legislation.

If such houses were to avoid the stigma associated with in-patient care it is important that they are well maintained and in keeping with standards generally applicable in the community. The service had not been able to ensure that this took place.

### **Recommendations**

1. The interior of the building should be painted with an emphasis on service user input.
2. Structures should be developed to ensure service user input into future developments in the service.
3. The planned audit of the impact of the service on admissions to the acute unit should proceed
4. There should be a Health and Safety inspection under the *Safety, Health and Welfare at Work Act, (2005)*.