

Mental Health Services 2012

Inspection of Mental Health Services in Day Centre

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| EXECUTIVE CATCHMENT AREA/INTEGRATED SERVICE AREA | Limerick, Clare, North Tipperary |
| HSE AREA | HSE West |
| MENTAL HEALTH SERVICE | Limerick |
| DAY CENTRE INSPECTED | Inis Cara Day Centre |
| CATCHMENT POPULATION | 191,303 |
| LOCATION | Limerick |
| TOTAL NUMBER OF PLACES | 26 places per day |
| AVERAGE NO OF WEEKLY ATTENDEES | 51 attendees on the register |
| DATE OF INSPECTION | 19 April 2012 |

Summary

- Inis Cara House provided a rehabilitation day centre for people with enduring mental illness.
- Service users attended for specific interventions according to assessed need
- There was evidence of multidisciplinary involvement in care, although there was no psychologist on the Rehabilitation team.
- Comprehensive risk assessments were not routinely provided by referrers.
- Service users were encouraged to attend further training with the National Training and Development Institute or FAS, but this did not necessarily result in them being able to access employment opportunities.

Details

Service description

The rehabilitation team provided a dedicated rehabilitation service from Inis Cara House for people with serious mental illness. Staff reported that referrals were accepted from the five community mental health teams and a decision about whether or not case management should be shared or carried by the rehabilitation team was then made, based on the needs of service users. People attended from both urban and rural areas although in practice some of the catchment area was too far away to facilitate attendance.

There was one referral to the date of inspection in 2012 and no discharges. Staff reported that attendees were not necessarily registered if they were referred for targeted interventions e.g. group work. Staff reported that some service users remained on the attendance register as they chose to continue using the service as a peer facility with other service users.

Staff reported a current caseload of fifty-one. The service operated Monday to Fridays 0900h-1700h.

Premises

The premises was a modern stand-alone single storey building, located unobtrusively on a residential street near the city centre. It was originally intended as a nursing home but had been used as a day centre for ten years. It was easily accessible by public transport and staff reported that some attendees used their own transport to access the centre. There were ten rooms available for service users. The building was well designed and spacious and the furnishings were of a high standard.

There was a well equipped kitchen. On the day of inspection several service users were preparing a meal. Staff reported that service users could choose to avail of this or to purchase their own food nearby. However, as people attended for short periods and specific interventions, a hot meal was not always required.

Care Pathway

Referrals were from the CMHTs and referral forms were used. Service users attending the day hospital could be referred to Inis Cara for specific interventions as part of their treatment plan. There was evidence in the clinical files of referral letters from day hospital or other community services. The referral forms included a basic risk assessment, however in the clinical files examined, that section was not always completed. Comprehensive risk assessments were not sent by the referrer.

Initial medical assessments were carried out. Individual Care Plans in accordance with the Regulations were not generally used although there was evidence of multidisciplinary care meetings having taken place in some clinical notes.

A case management system was in operation.

The clinical notes were integrated and sequential. However, it was sometimes difficult to identify entries made by the different disciplines.

Follow-up in the case of non-attendance was by means of phone call or referral to the community mental health nurse on the appropriate mental health team.

Staffing levels

| POST | NUMBER | SESSIONS PER WEEK |
|-------------------------|---|---|
| Consultant psychiatrist | 1 Rehabilitation Consultant | As needed |
| Nursing staff | 2 WTE (1SN+1CNM2) | Full time |
| NCHD | 1 SHO | As needed |
| Occupational therapist | 1 | CMHT access |
| Psychologist | 0 | Difficult to access on CMHT |
| Social worker | 1 | Full time + CMHT access for shared care service users |
| Activities therapist | 1 ANP (CBT, psychosocial interventions) | Access to Rehabilitation team |
| Attendant | 1 | 5 days |
| Music Therapist | Sessional | 1 day (VEC) |
| Art Therapist | Sessional | 1 day(VEC) |

Community Mental Health Team (CMHT), Staff Nurse (SN), Clinical Nurse Manager (CNM), Advanced Nurse Practitioner (ANP), Senior House Officer (SHO), Cognitive Behaviour Therapy (CBT)

Range of services provided

The rehabilitation service had no psychologist. Those service users availing of shared care could avail of the services of the team psychology service. Staff reported that the demands on this service by the community mental health team meant their psychology service could be difficult to access.

Service users attended to avail of specific services according to their assessments and expressed interests. Individual support and cognitive behaviour therapy (CBT) was provided, as well as a number of groups e.g. money management, Wellness Recovery Action Plan (WRAP), gardening, a women's group, a crafts group, medication management. Staff reported that some people attended services which were based on the St. Joseph's Hospital campus because of their space requirements i.e. pottery and art. Outings were arranged with the help of the voluntary group 'Le Ceile' who also arranged evening activities in their own premises.

A range of recreational activities was provided, including a pool table, keyboard and guitar.

The National Training and Development Institute (NTDI) provided a one year programme for mental health service users. People were taught skills in socialisation, catering, computing and photography. However, there were no open employment opportunities after completion of the course, so that service users were often re-referred back to the rehabilitation service.

Staff reported linkages had been made with FAS to enable service users avail of work experience. Although this was more difficult than previously because of the recession, it was happening in one instance. Some service users were attending a computer course in the Centre for the Unemployed.

The range of information leaflets was poor. There was little information available on various mental illnesses or treatments.

A member of the Irish Advocacy Network visited every 2-3 months.

Service user input

A newsletter for and about Recovery had been developed by one of the service users with the assistance of staff. It was published with the help of the local Mental Health Association.

Staff reported that service users and their families with their permission, were encouraged to attend their multidisciplinary case reviews.

A staff/service user planning group took place each Friday where issues of concern were discussed and suggestions were made for future activities e.g. more outings or educational activities.

Quality initiatives in 2012

- Weekend planning groups had commenced. These facilitated outings to Galway, Ennis, Lough Gur and Ballyhoura. Two service users were encouraged to go alone to Ennis and staff reported they enjoyed this experience.
- Groups were initiated according to patient need i.e. a men's group, crafts group.

Operational policies

Policies, which were held on the IT system included risk management and incident reporting. There was an admission policy but staff felt this was not applicable as they did not 'admit' people to a community based service. There was no referral policy available to the Inspectorate on the day of inspection. The service did not have a policy on Learning Disability. Staff reported there were no people with learning disability attending the service on the day of inspection. A record was not kept of staff having read the policies.

Staff training had been reduced because of funding issues so that some staff members had not attended training or refresher courses in the prevention and management of violence and aggression. Staff reported that Recovery focussed training was ongoing throughout the service.

The HSE complaints leaflet 'Your Service Your Say' was available. However the complaints officer was not clearly identified.

Planning

The closure of a second day centre in the city, Gerald Griffin House, was being considered because of resource issues. If that were to occur, consideration would be given to facilitating this group of service users in Inis Cara House.

The development of a peer support group was being considered for some areas which were located too far from the day centre to facilitate attendance. Queries about insurance and Garda clearance were being considered.

Conclusions

This rehabilitation service was located in a comfortable, modern building which was well furnished and maintained. Referrals were made by the community mental health teams and were managed following consultation, by either the rehabilitation team or under a 'shared care' arrangement with the teams.

A range of therapeutic activities were provided and good use was made of ancillary therapists from the VEC. There was evidence of service user involvement in the planning of the service and outings were organised which staff reported were enjoyed by service users.

Training opportunities were provided by NTDI. However, staff reported that bottlenecks in the service existed which resulted in service users being referred back to rehabilitation as there were few opportunities for open employment.

There was evidence in the clinical files examined of multidisciplinary team meetings and of multidisciplinary input into patient care. Individual care plans as defined by the Regulations were not used.

Policies seemed to be intended for in-patient services primarily and did not reflect the community base of the service. Some policies were not available.

Risk assessments were not routinely done for new referrals.

Staff reported that training had been reduced so that they had not accessed courses in the prevention and management of violence and aggression.

The number of new referrals for 2012 at one was very low, although staff later indicated to the Inspectorate that this did not necessarily reflect some referrals, which were not documented. There were no discharges in the year to the date of inspection.

Recommendations and areas for development

- 1. Risk assessments should be completed for all new referrals to the service.*
- 2. The reason for the low number of referrals should be explored.*
- 3. The multidisciplinary team staffing should be completed.*
- 4. Staff training should recommence.*
- 5. Although as a day hospital, the service was not obliged to have individual care plans in accordance with the Mental Health Act (Approved Centres) Regulations 2006, consideration should be given to introducing them in the interests of best practice.*
- 6. The complaints pathway should be clearly identified for service users.*
- 7. Consideration should be given to introducing identifying stamps or differently coloured labels for each discipline in the clinical files.*
- 8. Policies for the service should be reviewed and a record kept of staff having read them.*
- 9. Notwithstanding the current economic impasse, the bottleneck in service provision which resulted in reduced employment opportunities after completion of NTDI training should be explored.*