

Mental Health Services 2012

Inspection of Mental Health Services

South Wexford Community Mental Health Services

EXECUTIVE CATCHMENT AREA/INTEGRATED SERVICE AREA	Waterford/Wexford Mental Health Services
MENTAL HEALTH SERVICE	South Wexford Community Mental Health Service
HSE AREA	Waterford/Wexford
CATCHMENT POPULATION	75,000
LOCATION	Summerhill Day Hospital, Wexford Maryville Day Hospital, New Ross
TYPE OF INSPECTION	Unannounced
DATE OF INSPECTION	25 July 2012

Summary

- The South Wexford Community Mental Health Service served a population of 75,000 people from two day hospitals based in Wexford Town (Summerville) and New Ross (Maryville). The community mental health team (CMHT) was a well organised and innovative team providing community based client-centred care.
- There was a team coordinator which enabled the team to operate in a very efficient manner and ensured coordination of all services offered by the team and smooth passage of the service user through the care pathway.
- The community mental health team (CMHT) operated two day hospitals which provided care on a sessional basis to people who required acute care outside an in-patient setting. There were also out-patient clinics. The Summerville CMHT provided a seven day service which was nurse-led and had access to a non consultant hospital doctor (NCHD). The Maryville CMHT provided a five day service.
- There was access to a six-bed respite unit as an alternative to in-patient admission. The nurse-led liaison service in Wexford General Hospital was also part of the service. The suicide crisis assessment nurse (SCAN) provided rapid assessment of people with suicidal behaviour in their own General Practitioner's surgery.
- Each new service user had an individual care plan since July 2012 and was an active agent in their own care planning process.
- The service sought service user and carer feedback and was engaged in a programme of quality initiatives.
- The CMHT was not resourced to *A Vision for Change* standards which made for challenges in maintaining its remit to provide care in the community.

Details

Service description

South Wexford Community Mental Health Service was a well developed, well established multidisciplinary team that operated through two day hospitals: Maryville in New Ross and Summerhill in Wexford. It operated, as far as possible within the current resource deficits, as recommended by Vision for Change. There was a team coordinator which enabled the team to operate in a very efficient manner and ensured coordination of all services offered by the team and smooth passage of the service user through the care pathway.

The Summerhill CMHT provided a seven day service which was nurse-led and had access to a non consultant hospital doctor (NCHD). The Maryville CMHT provided a five day service.

The community mental health team (CMHT) operated two day hospitals which provided care on a sessional basis to people who required acute care outside an in-patient setting. There were also outpatient clinics. There was access to a six-bed respite unit as an alternative to in-patient admission. The nurse-led liaison service in Wexford General Hospital was also part of the service. The suicide assessment nurse (SCAN) provided rapid assessment and referral of people with suicidal behaviour attending general practitioners. SCAN also provided training and education in suicide prevention. There were 1,026 service users currently registered to the Summerhill community mental health team and approximately 700 as an active case load. There were 492 service users registered to the Maryville CMHT and approximately 380 as an active case load. Service users generally attended for specific programmes and treatments and there was a clear discharge protocol.

Admissions to St. Senan's Hospital in Enniscorthy had ceased so all service users requiring in-patient admission now went to the Department of Psychiatry (DOP) in Waterford Regional Hospital, where they came under the care of a dedicated in-patient consultant psychiatrist. There was evidence that communication between the community service and the in-patient service was a priority. A community mental health nurse from the south sector team attended the multidisciplinary team meeting each week in the DOP Waterford Regional Hospital and then updated the team at the sector meeting the next day. The consultant psychiatrists had regular weekly meetings with each other concerning service users. Due to lack of NCHDs it was reported there were sometimes lengthy delays in receiving discharge summaries from the DOP. In one of the individual clinical files inspected, the service user had been discharged from the DOP in April 2012 and the discharge report to the sector team was dated July 2012.

Premises

Summerhill Day Hospital was located in Wexford Town and had operated as a day hospital for 19 years. It was a large well-decorated premises that had been recently extended and refurbished to a high standard. It was on two floors and both were wheelchair accessible. There were an adequate number of consulting rooms, a large occupational training kitchen, two waiting rooms, a nicely decorated group room and a shower and toilet. It was planned to have all sector files stored in this day hospital and a room had been identified to provide storage space. There was car parking and it was within walking distance of the town centre.

Maryville Day Hospital in New Ross was not a purpose built facility and it had previously functioned as a veterinary clinic and a private residence before being established as a community mental health service five years ago. Whilst this meant that the building was non-institutional in character, the design did not facilitate the functioning of a mental health day hospital: the corridors were narrow; there was a limited amount of group rooms and interview rooms; sound-proofing was poor; the stairs were steep and many areas were not wheelchair accessible; the access to the building was via a very steep driveway with a gradient that can only have been hazardous to pedestrians and drivers during wet and icy weather and generally challenging to anyone with limited mobility. The premises were well decorated, welcoming and clean throughout. There was limited parking on-site. Service users generally used public transport when coming to Maryville.

Care Pathway

There was an excellent care pathway. Referrals were mainly from general practitioners and the DOP in Waterford. The waiting time for routine appointments had been reduced to two to four weeks, with urgent referrals being seen immediately. There was a protocol for dealing with urgent referrals. A nurse was assigned to cover the “walk-in” service each day where service users seeking treatment might self-present. There was excellent liaison with general practitioners and primary care was a key component in the care pathway. General practitioners could attend review meetings in the day hospital or alternatively the community mental health nurse (CMHN) might attend the primary care centre team meeting. The robust communication with relevant health care providers was facilitated by the sector team practice of having all clinical letters typed and sent within one week.

For assessment the Common Assessment Tool (CAT) was used, which led to an initial care plan. Any member of the multidisciplinary team could provide the initial assessment which was an excellent development. An individual care plan based on recovery principles was then drawn up in conjunction with the service user. There was evidence that this care plan was a working document that was regularly reviewed and the service user’s input valued. The multidisciplinary team met once a week in each day hospital.

The service was in the process of introducing key working where any member of the CMHT could be key workers.

A copy of the individual care plan accompanied the service user if he or she was admitted to the DOP in Waterford. Unfortunately this did not become a working care plan in the DOP but provided information about the service user. Other details were also sent to the DOP on admission.

Staffing levels

POST (SUMMERHILLE AND MARYVILLE COMBINED)	NUMBER WTE
Consultant psychiatrist	2
Sector Coordinator	1
Community Mental Health Nurses	3
NCHD	2
Occupational therapist	1
Psychologist	1.3
Social worker	1.3
Family Therapy	0.1
Addiction Counsellor	1
Nurses based in Day Hospital	16.7
Suicide Crisis Assessment Nurse (SCAN)	1
Administration	2.5

Range of services provided

Service users attended for MDT led groups or individual sessions in the day hospitals and a good range of medical and psychosocial interventions were available. The nurses provided the Wellness Recovery Action Plan (WRAP). Psychosocial/Psychoeducational Intervention for people with recurrent Suicidal Attempts (PISA) was provided by the psychologist. There was a small amount of family therapy available and this was provided by the social worker. The occupational therapist (OT) facilitated community based sports and social inclusion activities, and independent living skills such as cooking. The OT was on leave and had not been replaced at the time of inspection. There was excellent collaboration with the FAS Wexford Consortium job coaches. Service users were also facilitated in their participation in Vocational Educational Committee courses in the local adult education centres and several were pursuing FETAC Level 3 to 5 qualifications in computers, arts and crafts, pre-nursing studies, and also Leaving Certificate and literacy studies. Some MDT staff had training in Cognitive Behavioural Therapy (CBT) approach. The service provided Human Givens Therapy (The Human Givens approach is a set of organising ideas that provides a holistic, scientific framework for understanding the way that individuals and society work). Anxiety management was available. A "Bench Group" which was an activity based group was popular with residents and some of the craft works produced had been exhibited.

The service ran an Eating Disorder Programme with a small team consisting of a nutritional nurse, a psychologist and the family therapist.

There was also a weekly group held on Friday mornings which provided support to those discharged from the DOP that week and to those referred to the Emergency Liaison service in Wexford General Hospital during the previous week, but not admitted to hospital. A medical post-discharge clinic was held at the same time.

The SCAN provided an assessment service to sector GPs for people in suicidal crisis.

Service user input

It was evident that the service user input was valued. There was active contribution from service users to their care plan and an evaluation sheet for service users was incorporated into the individual care plan. Service users who spoke with the inspectors were informed participants in their own care planning process and impressed as being active agents in their own recovery. Service users generally kept a copy of their individual care plan.

A psycho-education programme had been provided for carers during the summer of 2012.

The community mental health team was actively seeking to provide a quality client centred service. To this end, the service was engaged in a cycle of service user and carer feedback facilitated by a researcher from Waterford Institute of Technology who was affiliated to the NHS Institute for Innovation and Improvement.

There was a representative from the National Service User Executive (NSUE) who had input to the CMHT and was part of the project group for introducing key-working and also on the project group for introducing user friendly information.

Quality initiatives in 2012

- There was an excellent information book entitled A Key to Recovery which included information about diagnosis and treatments.
- A Health and Safety Audit had been completed.
- A comprehensive key working system was being introduced.
- An excellent multidisciplinary Common Assessment Tool and Recovery Plan was in operation.
- All new service users had an individual care plan and were active agents in their own care planning.

Operational policies

A specific operational policy and unit profile was in operation in Summerhill Day Hospital and in Maryville Day Hospital. Other policies included seven day service policy, lone worker policy, key working policy and care planning policy.

Planning

There was no written short, medium or long term plan. The current emphasis was on achieving a comprehensive key-worker system.

Conclusions

The South Wexford Community Mental Health Team was a well organised team providing care in the community with a strong emphasis on recovery principles. There was good service user involvement and it was evident that the service user was at the forefront of the service. The assessment process was excellent, with all team members able to provide an initial assessment. There was considerable progress in implementing key working.

Each new service user had an excellent individual care plan. However this care plan was not continued on admission to the DOP in Waterford.

A wide range of therapeutic interventions were available. However there was a shortage of multidisciplinary staff for the size of the population.

It was excellent that a seven day service available. The SCAN and liaison service were also an important part of the overall community service.

The culture in the service was client centred, recovery oriented and with an emphasis on quality improvement.

The inspectors considered that this was a good example of an effective well-managed community service.

Recommendations and areas for development

- 1. The service user's individual care plan should apply to in-patient admission as well as to care in the community.*