

# Specialist Rehabilitation Unit

## Bloomfield Hospital

2018/2019

### Description

The Specialist Rehabilitation Unit (SRU) in Bloomfield Hospital was developed as a 15-bed unit which opened in October 2018 within the approved centre. Due to failure to recruit staff initially, the unit was limited by the Mental Health Commission to operating with eight beds only. The unit had seven inpatients at the time of the inspection. The SRU provides specialist inpatient rehabilitation for all Community Healthcare Organisations (CHOs) under a service level agreement with the HSE.

### Referral process

Referrals from rehabilitation teams nationally are made to the HSE Steering Group for specialist rehabilitation units and inclusion/exclusion criteria are applied by the HSE steering group. Where inclusion criteria are met, the person is referred to the rehabilitation team in Bloomfield Hospital.

The referral documentation is then reviewed by the consultant psychiatrist in rehabilitation, clinical nurse manager 3 (CNM 3) and members of the multi-disciplinary team (MDT). An assessment of the referred person is undertaken in that person's local hospital or community service by the consultant in rehabilitation, the CNM 3 and members of the MDT. This assessment also considers the local rehabilitation services to support the person on their discharge from the SRU.

Consent is obtained from the service user to take part in the programme where possible; however, patients detained under the Mental Health Act 2001 are also accepted for admission.

### Specialist rehabilitation unit team

Consultant psychiatrist	1
CNM3	1
CNM2	1
Nursing staff	9
Clinical nurse specialist	1
Peer support worker	1
Mental health support workers	7
Senior occupational therapist	1
Senior clinical psychologist	0.5
Music therapist	Access as required

Art therapist	Access as required
Senior social worker	0.5
Visiting GP	As required

## Assessment

The assessment of each person includes:
Camberwell Assessment of Need, Health of Nation Outcome Scale, Clinical Global Impression Scale, Social Functioning Questionnaire, an evaluation of service user experience, and physical health assessment.

## Therapy programme

The therapy programme includes:
Healthy eating, art therapy, music therapy, cognitive behavioural therapy, cooking, computer skills, Breakfast Club, Wellness Group, WRAP, social skills, cooking skills, budgeting skills, smoking cessation, health promotion, and decider skills.

Recreation activities include:
Movie nights, board games, cards, and arts & crafts.

Peer support is an integral part of the rehabilitation programme and assists the service user in goal setting and community integration.

## Discharge Planning

Prior to admission, assessment is made as to whether the referring CHO has the capability to provide ongoing rehabilitation for the person following discharge from the SRU. A care coordinator from the referring CHO is appointed to liaise with the SRU MDT, the service user and their family throughout the service user's stay in the SRU. It was not clear exactly how discharge of service users to appropriate rehabilitation services would be effected.

## Conclusion

The SRU in Bloomfield opened in 2018 and was accepting referrals across all CHOs. This has resulted in the HSE providing "out of area" inpatient SRUs, which is not in line with best practice. The difficulties in recruiting suitably trained staff had largely been resolved and the MDT was now appropriately staffed.

The SRU was a well-designed unit with sufficient space. Recent renovations had been completed which were appropriate to providing a rehabilitation service. There was a formal referral and admission pathway from the referring CHO to the SRU.

The SRU now has sufficient and appropriately trained staff to provide a rehabilitation programme for 15 residents.

The availability of rehabilitation teams in CHOs, in addition to lack of appropriate accommodation, hampered the HSE in committing to providing ongoing rehabilitation and accommodation following discharge, leading to the risk that service users would be discharged to more restrictive care without ongoing rehabilitation.