

Mental Health Services 2011

Inspection of Mental Health Services in Community Mental Health Centres

DAY HOSPITAL INSPECTED	Maryville Community Mental Health Centre
EXECUTIVE CATCHMENT AREA	Wexford Mental Health Service
HSE AREA	HSE South
CATCHMENT POPULATION	24,400
LOCATION	New Ross, Co. Wexford
TOTAL NUMBER OF PLACES	60 places per month
DATE OF INSPECTION	26 May 2011

Details

Service description

This community mental health service was opened four years ago and replaced a one-day per week outpatient clinic which was held up to that time. It was situated in a stand alone building in New Ross which was previously a private residence and veterinary surgery. The building although old, was clean, bright and airy. It opened Monday to Friday from 09.00h-05.00h and provided a day hospital and outpatient service to the town of New Ross and the rural population of County Wexford. It was the base for the Community Mental Health Team which provided an outreach service from there.

Many people attending were dependent on the bus service which served different areas on different days of the week and so services were tailored to facilitate those people who used public transport. Staff reported that people whose primary diagnosis was addiction or learning disability and where there was an absence of acute or enduring mental illness were redirected to a more appropriate service.

Premises

CHECKPOINT	RESPONSE
Is the premises part of a psychiatric hospital?	No
Is the premises an independent building?	Yes
Is the premises purpose built?	No
Is the premises accessible by public transport?	Yes
Is the premises the sector HQ located in D/H?	No
How many activity rooms are there for service users?	5
How many service users are attending?	20 per day approx.
Is there a facility for providing hot meals?	No

Referral procedure

The area was serviced by one community mental health team. Referrals were made to the team by general practitioners (GPs), staff from the acute in-patient unit in Waterford Regional Hospital, the liaison service in Wexford General Hospital and the Suicide Crisis Assessment Nurse (SCAN). There was evidence in the clinical files examined that patients were seen promptly after referral. Referrals were assessed by the multidisciplinary team in the mental health centre and the consultant psychiatrist could be contacted if necessary. Where admission was being considered, the assessments were faxed to Waterford prior to admission. A Common Assessment Tool, which included a risk assessment, had been developed. All patients admitted to the in-patient service in Waterford were referred on discharge back to the day hospital. A daily teleconference was held with staff in Waterford to discuss the progress of in-patients from the area. There were three in-patients from the area in Waterford on the day of inspection.

Staff reported good relationships with local general practitioners.

Staffing levels

POST	NUMBER WTE	SESSIONS PER WEEK
Consultant psychiatrist	1	Full time
Nursing staff	ADON 1 Staff nurses 4 CMHNs 1	Shared with sector Full time Full time
NCHD	1	Full time
Occupational therapist	1	0.5 Wholetime Equivalent
Psychologist	1	Full time (on long term leave not replaced)
Social worker	1	Full time
Activities therapist	0	0
Other – Suicide Crisis Assessment Nurse (SCAN)	1 (cnm2)	Full time

Range of services provided

The service provided a community-based multi-disciplinary service for people with acute or enduring mental ill-health. The multi-disciplinary team met each Monday morning and the nursing staff met every morning and after the out-patient clinics to discuss issues related to patient care. Home visits were done by the community nursing staff, the social worker and the occupational therapist as needed. Outpatient clinics were held in the building by the CMHT.

Sector team meetings were held in the sector headquarters in Summerhill in Wexford each Thursday and the consultant psychiatrist and the Acting Director of Nursing (ADON) from the service attended these meetings.

Staff reported that each service user had an individual care plan (ICP) and these were reviewed every week on a rotational basis with the patient. There was a facility for the patient to sign the care plan. In addition a 'self review' form had been developed which was completed by the patient before the meeting and which fed into the ICP review. This had been done in the case of two clinical files reviewed. The service was participating in the National Mental Health Collaborative in association with the Mental Health Commission which had targeted the development of individual care plans.

People attended for group or one-to-one interventions. Groups were held on anxiety relapse prevention, Solution for Wellness and relaxation. A 'Footprints' group, held over a twelve week period, provided psychoeducation on a range of social interaction skills, in areas identified by the patients during their assessment. Staff reported that a peer led family support service was being considered for the Summer months.

A post-discharge group was held every Friday morning for service users who had been discharged from in-patient care and for those who had been referred to the Accident and 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 occupational therapists ran groups on creative writing, social circuits, sports and cooking. The internet was used to facilitate access to information for patient use.

The Suicide Crisis Assessment Nurse (SCAN) provided an assessment service to sector GPs for people in suicidal crisis.

Information about local social and self help services was provided on a notice board in the activities room. Service users had access to FETAC level 3 courses through the Wexford Adult Education Service.

Service user input

A representative of the Irish Advocacy Network participated in the National Mental Health Collaborative and attended the service as needed. Service users evaluated all groups that they attended the centre and a record was kept of these evaluations. Staff reported they were trying to resource training to facilitate service user led groups and they were collaborating with SHINE for this. Staff reported that a service user representative sat on the management team.

One service user who was interviewed reported they were happy with the service.

Quality initiatives in 2011

- Staff, service users and a family member participated in the National Mental Health Collaborative.
- Staff reported that a system of direct referrals from GPs had been introduced. Assessments were done by members of the multi-disciplinary team. For training purposes two people had done the assessments and supervised each other. Each assessment was discussed at the MDT meeting the following week. If necessary the consultant psychiatrist could be contacted before that.
- A common assessment tool had been developed which was used by all staff who did intake assessments.
- Daily teleconferencing had been initiated in March 2011 to facilitate communication between the community mental health service and the in-patient unit in Waterford.
- Most staff have had training in cognitive behaviour therapy skills.
- Nursing staff have introduced a system of weekly peer supervision.
- A family support group had been meeting for eighteen months.
- Staff reported that an information booklet for service users was being developed.
- Performance indicators were being collected on a monthly basis since April 2011.

Operational policies

Operational policies particular to the community services were being developed. A number of policies were in draft form e.g. Referral/Care Pathway policy. This covered admission and discharge, key working, procedure for urgent referrals, eligibility, exclusion criteria, in-patient admission and service user and family or advocate involvement. Operational guidelines in relation to key working, the Common Assessment Tool and Care Plan reviews were also in draft form. A risk assessment policy was in place as was a policy on the maintenance of records. Staff reported that records of staff training were kept in St. Senan's Hospital and that incident reporting was per HSE guidelines. A copy of the HSE Incident Reporting Policy and the Wexford Mental Health Service Management of Risk policy was made available to the Inspectorate.

Planning

Staff had made links with the community care team to develop a 'one stop shop' which would facilitate access to all health services.

Staff reported that the enhanced mental health service which was provided meant that the existing building was too small for the level of activity it supported. As well as out-patient clinics, more staff were based in the centre and more groups were being held. Because of this, they felt that a larger building was required.

Conclusions

This modern Community Mental Health Service provided a patient centred service to users of the service in Co. Wexford. The staff appeared to be enthusiastic and had initiated new systems for ensuring that patient needs were met. The Common Assessment Tool was a useful addition to the service and there seemed to be a commitment to work in partnership with service users. Tight referral arrangements between the in-patient unit and the community service had been developed to ensure that the service was seamless.

Recommendations and areas for development

1. Work on the development of policies should be completed as soon as possible.
2. Consideration should be given to accessing larger premises