



## Individual care plans seen as a ‘tick-box exercise’ by some approved centres, say Mental Health Commission

### Fourteen approved centres were consistently non-compliant over three-year period

**January 2020:** A new report published today by the Mental Health Commission has shown that 14 of Ireland’s in-patient mental health units have been consistently non-compliant with individual care planning practices over the past three years.

The ‘*Individual Care Planning 2016-2018 in Review*’ report gives an overview of compliance with the regulatory requirements relating to individual care planning, and identifies trends in high performance and persistent non-compliance. The report is based on a review of analysed evidence from inspection findings, and a literature review.

While it is now uncommon for a service user in an approved centre not to have a care plan in place, fundamental concerns about the quality of the care plans, in particular service user involvement, the inclusion of appropriate goals, and multi-disciplinary team input, remain.

Recent systematic reviews have shown that regulatory requirements alone may have a limited impact on meaningful improvements in the care planning process. This was highlighted by the Inspector of Mental Health Services 2017 annual report, indicating that while there had been some improvement in terms of services adhering to the specific criteria for compliance, it was seen by some as a ‘tick-box exercise’, and lacked meaningful engagement and a recovery focus.

The Chief Executive of the Mental Health Commission, John Farrelly, said “While the report highlights the majority of approved centres are engaged in individual care planning, it is also clear that care planning is still commonly regarded by some service providers in Ireland as a bureaucratic tick box exercise and administratively burdensome process.”

The care plan is one of the key documents that shows whether or not a service user has been given an active role in decisions concerning their care, whether there is multi-disciplinary input into their treatment, and whether there is a collaborative road-map for their recovery. People’s right to being involved in their own individual care plan is one of the fundamental standards of mental health care and has been proven to lead to better outcomes. The report goes on to detail that it is clear that the consistent creation of meaningful individual care plans is a complex problem, and one that will require a range of interventions to appropriately address.

While the report identifies a range of good practices and significant improvements in care planning across the board, it also identifies some serious issues for the mental health sector. Fourteen approved centres were found to be consistently non-compliant for three consecutive years (2016-2018). Of these, eight approved centres showed improvement in relation to the scope and number of non-compliances; three had only one reason for non-compliance in 2018 and six approved centres had shown either no improvement, or had deteriorated.

“While there have been some significant improvements over the three year review, there are still areas of concern where there is lack of progress”, said Director of Standards and Quality Assurance, Rosemary Smyth. “Progress in both service user engagement with their own individual care plans and multi-disciplinary team involvement in the care planning process has been limited.

“For example, in 2016, 13 approved centres were found to lack sufficient service user involvement in their care planning process. In 2018, this number was still high at 10 approved centres. In 2016, in 16 approved centres, one or more care plans were found to lack necessary multi-disciplinary team input. In 2018, this had only reduced to 14 approved centres. This is disappointing for the Commission, as these areas are essential to meaningful care planning”.

Between the years of 2016 and 2018, a condition relating to individual care planning was attached to the registration of 11 approved centres. These conditions required services to audit their care plans monthly and to submit a report of the results to the Commission.

Of the 11 approved centres with a condition relating to individual care planning, three achieved compliance in 2017 and, importantly, continued to be compliant in 2018. A further four approved centres achieved compliance in 2018.

Four services have continued to be non-compliant despite condition monitoring: the Acute Psychiatric Unit 5B, University Hospital Limerick; the Acute Psychiatric Unit, Tallaght Hospital; the Department of Psychiatry, St Luke’s Hospital, Kilkenny; and St Davnet’s Hospital, Blackwater House, Monaghan.

The Commission has since additionally attached a further five conditions to five approved centres in relation to individual care planning.

Mr Farrelly said the Commission considers individual care planning to be essential to recovery-based care.

He added “Being involved in your care plan is crucial to person-centred and successful integrated holistic care,” he said. “It has direct benefits for service users and their families. It helps everyone to work in partnership with the multidisciplinary team creating a culture of care that involves people in decisions about their own health care and treatment. When people agree with the purpose of their care and treatment, have some choice about it, have a share in the decision-making around, for example, managing medicines and some degree of control, it has the potential to improve health outcomes.

“While the development of guidance materials and use of enforcement actions have shown some effect, it is clear that problems persist. The Commission has identified a number of additional practical initiatives that we will implement in 2020.” Mr Farrelly concluded.

The report also identified a number of positive trends in compliance, and showed that while just 23 (36%) approved centres were compliant with individual care planning regulations in 2016, this had jumped to 38 (59%) centres in 2018. In 2016, four approved centres were found not to have an individual care plan in place at all for one or more residents. In 2018, only one approved centre was found non-compliant in this area. The report stated that it is now very rare for a resident to not have a care plan in place; the non-compliances instead relate to the quality and content of the care plan.

“Given the refresh of ‘*A Vision for Change*’ currently taking place, the policy commitments, national standards and movement towards new models of integrated care, there is now an opportunity to make sure people’s involvement in their own care becomes embedded in practice – for everyone,” added Ms Smyth.

As part of the publication of the report, the Commission has produced a leaflet that will aim to empower service users and their families to demand high quality care plans that involve them in the processes most central to their recovery. Developed in consultation with service users the leaflet will be widely circulated throughout the mental health services.

## **Ends**

### **Notes to the editor**

#### **About the Mental Health Commission**

The Mental Health Commission is an independent statutory body. The primary functions of the Mental Health Commission are to foster and promote high standards of care and good practice in the delivery of mental health services and to ensure that the interests of those involuntarily admitted are protected, pursuant to the Mental Health Act 2001. The Mental Health Commission also has statutory responsibility for the Decision Support Service under the Assisted Decision-Making (Capacity) Act 2015.

#### **Individual Care Planning**

The individual care plan is one of the key documents that shows whether or not a service user has been given an active role in decisions concerning their care, whether there is multi-disciplinary input into their treatment, and whether there is a collaborative road-map for their recovery.

In 2012, the Commission introduced a Guidance Document on 'Individual Care Planning for Mental Health Services', The purpose of this was to demystify the care planning process; assisting services and service users to create care plans that meet the requirements of the Regulations

An Individual Care Plan ("ICP") is defined by Regulation 15 as *"a documented set of goals developed, regularly reviewed and updated by the multi-disciplinary team, so far as practicable with each resident. The individual care plan shall specify the treatment and care required which shall be in accordance with best practice, shall identify necessary resources and shall specify appropriate goals for the resident"*. All registered approved centres are required to have a care plan, as defined by the regulation, in place for each resident.

In 2015, the Commission introduced its *'Judgement Support Framework'*, which provided further guidance for approved centres on best practice in relation to individual care planning, including processes, training and monitoring for care planning. This national guidance describes the action that approved centres must take to ensure that each person receives appropriate care and treatment based on an assessment of their needs and preferences.

The Mental Health Commission is entitled to take enforcement action against care providers that do not meet the Regulation.