

# Individual Care Plan Audit 2017, Owenacurra Unit, Midleton, County Cork

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## BACKGROUND

Owenacurra Residential Unit became an approved centre under the Mental Health Act in December, 2016. As part of this process, various procedural changes occurred. This included updating Care-Planning procedures.

Individual Care Plan: is a plan of care that describes, in an easily accessible way, the services and support being provided to the individual. It is a collaborative and structured approach to care between service user, service provider and family. It is a documented set of needs and goals, regularly reviewed and updated by the resident's MDT. It identifies the necessary resources to achieve specified goals and needs.

## AIM

- To ensure compliance with Mental Health Commission's guidelines for best practice relating to patient care.
- To help analyse the views of some of those concerned, including service users, and multidisciplinary team members.

## BENEFITS OF UNDERTAKING AN AUDIT

Generally, an audit helps to improve the quality of service and to encourage sustained improvements with each audit cycle.

## STANDARD

- Mental Health Commission, judgement support framework (2017)
- Owenacurra Residential Unit, Policy Book (2016)

## METHODOLOGY

Five service users' charts were randomly selected from 20 Owenacurra Residential service users – at audit baseline and three months later. ICPs were assessed against a number of MHC guidelines. Following the first sampling, changes were implemented with view to bringing ICPs into line with MHC standards and charts were reviewed 3 months later.

## OBJECTIVES OF INDIVIDUAL CARE PLANS

- ICP is one of the key assessment tools for every service user and its objective is to fit the service to the user, to optimise recovery and to identify appropriate discharge plans and follow-up arrangements.
- To understand the complex therapeutic needs of individual service users for respite and long-term patients at Owenacurra Residential Unit.

## FINDINGS

### BASELINE FINDINGS:

Advocate or family member had input into ICP	Yes in 0%
Resident's signature indicating participation into ICP	Yes in 100%
All MDT members signed ICP	Yes in 0%
Key nurse signed weekly review	Yes in 100%
Resident's Needs clearly identified	Yes in 20%
Resident's Goals clearly identified	Yes in 40%
Action / Intervention clearly identified	Yes in 20%

### 3 MONTH REVIEW FOLLOWING MDT DISCUSSION, PLANNING AND RESOURCE ALLOCATION:

Advocate or family member had input into ICP	Yes in 0%
Resident's signature indicating participation into ICP	Yes in 100%
All MDT members signed ICP	Yes in 100%
Key nurse signed weekly review	Yes in 100%
Resident's Needs clearly identified	Yes in 100%
Action / Intervention clearly identified	Yes in 100%

40% of the service users are involved in therapies provided at the Unit (e.g. art-therapy sessions, Tai-chi, social skills development, creative expression, outings, holistic teachings, music group, Tuesday movie and guided meditation sessions). There is evidence that ICP outcomes are monitored and managed appropriately.

There were deficiencies in ICPs at baseline. Review at 3 months identified improvements in ICPs. Overall there was good compliance with MHC guidelines re ICP at completion of the audit cycle. This improvement followed on from a period of consultation, gap analysis, and subsequent resource allocation, and planning. However some deficiencies remained - there was no involvement of advocates or family members during the MDT Care Plan meeting.

## DISCUSSION

Owenacurra Residential Unit became an approved centre in December, 2016. This prompted review of practices in a number of areas, including Individualised Care-Planning. Additional resources were made available in terms of Allied Health Professionals to allow more meaningful care-planning. The quality of ICPs are improving gradually.

## RECOMMENDATIONS

- To involve advocate/ family member in the MDT ICP meetings. Carers' input would be beneficial, for example, in identifying service users' needs. For example, patients with different co-morbidities (e.g. hearing or visual impairment) would benefit in the presence of next of kin to identify their baseline level of functioning.
- To have on-going fully resourced MDT ICP meetings. It is important for continuity of care for residents that all relevant disciplines have input into care-planning.
- To repeat the auditing cycle in 3 months to ensure improvements continue and are sustained.
- To aim to increase the sampling size in the next audit.