

# Mental Health Services 2012

## Inspection of Mental Health Services in Day Hospitals

<b>EXECUTIVE CATCHMENT AREA/INTEGRATED SERVICE AREA</b>	Waterford/Wexford
<b>MENTAL HEALTH SERVICE</b>	Waterford/Wexford
<b>HSE AREA</b>	South
<b>DAY HOSPITAL</b>	Brook House
<b>CATCHMENT POPULATION</b>	Waterford City: 54,000 Tramore area: 24,000 South Kilkenny: 12,000
<b>LOCATION</b>	Waterford
<b>TOTAL NUMBER OF PLACES</b>	Up to 70 per day
<b>AVERAGE NO OF WEEKLY ATTENDEES</b>	300-400
<b>TYPE OF INSPECTION</b>	Part of Whole Service Evaluation
<b>DATE OF INSPECTION</b>	26 June 2012

### Summary

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- The service's literature described it as a day centre rather than a day hospital.
- The service provided more diversional therapies rather than more meaningful therapies based on individual assessed need as would be expected from a day hospital service.
- There were no admission and discharge policies specific to the service.
- Multidisciplinary care planning was not used by the service.

## Details

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### Service description

Brook House was a community based Day Hospital, established in 1990, initially as a day centre under the auspices of Waterford Mental Health Services. Between October 2011 and February 2012 the premises had been completely renovated including a new roof and new windows and major internal and external reconstruction, although the premises was not described by staff as purpose-built. On the day of inspection it was reported by staff that the service was in transition from a day centre to a day hospital, although plans were to continue to provide full day socialisation programmes to clients with an enduring mental illness as part of its day centre component.

It was a Monday to Friday service operating between the hours of 0900h-1700h. The current literature on Brook House centred more on its day centre service provision rather than its reported day hospital service provision. The day hospital was located on the south west side of Waterford City on the Cork Road and as such, was accessible by public transport with a bus stop right outside the door.

Four sector teams admitted to the day hospital.

Length of attendance varied from between one to two sessions to six to eight weeks, based on individual need.

### Premises

The building was a stand-alone facility in a community setting in an urban area. None of the four admitting consultant psychiatrists was based at the day hospital but were based at the Department of Psychiatry, Waterford Regional Hospital, so the building was not used as a sector headquarters. There were three large activity rooms available for use and an adequate number of smaller rooms/offices for individual one-to-one sessional work.

A hot meal in the form of soup and sandwiches was provided from St. Otteran's Hospital kitchens, mainly to attendees of the day centre component of the facility. The premises were wheelchair accessible.

### Care Pathway

Four clinical files were examined by the inspector. There were no multidisciplinary team care plans. Each discipline: nursing, medical, social work and occupational therapy, entered separately into a clinical file. There were no composite set of clinical files.

Four consultant psychiatrist-led teams admitted to the day hospital.

It was reported that turnover was high with an average of 40 new referrals per month and an average of 40 discharges per month. Referrals were made by general practitioner (GP), and following in-patient discharge where appropriate, and from the out patients department. Any referral who did not make initial contact was contacted again.

Four clinical files were examined. Most clinical input was from medical and nursing and some input from occupational therapy was also noted. It was reported that social work and psychology kept separate clinical notes. This did not allow for a clear pathway of care and treatment to be garnered from reading the clinical files.

Upon discharge from the day hospital, the non consultant hospital doctor (NCHD) wrote a detailed letter to the service user's GP.

**Staffing levels**

POST	NUMBER	SESSIONS PER WEEK
Consultant psychiatrist	4	Two, twice per week; one, once per week; one, sessional
Nursing staff	4	Based on site
NCHD	4	Accompanying consultant psychiatrists + sessional
Occupational therapist	1	Four times per week
Psychologist	0	Access from other teams
Social worker	1	Based on site
Activities therapist	0	-
Other – Team Coordinator	1	Based on site
Art therapist	1	One day per week
Yoga therapist		3 sessions per week

**Range of services provided**

The list of therapies/groups made available to the inspector was indicative of a day centre. Groups such as Anxiety Management, Coping Skills Group, Occupational Therapy Recovery and Healthy Lifestyle Group and Solutions for Wellness did take place. However the remaining groups and activities on the “Therapies/Groups Available in Brook House” list were more as one might expect to find in a day centre: music group, art group, head massage, sewing group, Cook It – a nutritional education group, bingo, quizzes, card games, snooker, trips out and hairdresser.

Information on peer advocacy and relevant contact details were available in the facility. There was a wide variety of information on voluntary groups and support groups available to service users in Waterford.

Domiciliary visits did take place by either the Community Mental Health Nurse (CMHN) alone or with the consultant psychiatrist and sometimes with the occupational therapist.

Each day, depot medication was administered to between eight to ten service users by the nursing staff of the day hospital.

It was planned to continue on with the day centre component of the service. The service employed a driver to bring attendees from far-reaching areas who were more vulnerable and whose needs were more of a socialisation nature. These attendees received a bowl of soup and sandwiches at the centre at lunchtime.

**Service user input**

Staff of the day hospital informed service users of the inspection in process and that an inspector was available to listen to any service user who wished to speak with them. No service user wished to speak to the inspector. Service users were greeted during the course of the inspection by the inspector.

**Quality initiatives in 2012**

- The facility was reported to be moving away from day centre activity to day hospital activity.
- The service was beginning to facilitate the early discharge of residents from the Department of Psychiatry, Waterford and some residents prior to discharge.

### **Operational policies**

A full suite of policies was available in the day hospital. However, these were more relevant to the in-patient service in the DOP. It was reported that there were no admission and discharge policies specific to the service. Risk assessment was not used. The service did have a risk management policy. A record of incidents was maintained by the director of nursing but copies of these were not available in the facility.

It was reported that a number of nursing staff had been trained in cognitive behaviour therapy (CBT) and dialectical behaviour therapy (DBT). There was no evidence that these skills were being utilised from examination of the list of "Therapies/Groups Available in Brook House".

### **Planning**

It was reported that there was no written plan for the service. It was subsequently reported following the inspection that the Executive Management Team was in the process of drawing up a 5 year plan for the development of the Waterford Wexford Mental Health Service which included Brook House.

## **Conclusions**

Brook House was reported to be evolving from a day centre to a day hospital. From the literature available in the facility, it still very much described itself as a day centre. The "Therapies/Groups Available in Brook House" list was representative of a more day centre approach to care in the use of diversional therapies rather than on individual treatment approaches to care one would expect to find in a day hospital. Social work and psychology kept separate clinical notes and this did not allow for a clear pathway of care and treatment to be garnered from reading the clinical files.

## **Recommendations and areas for development**

- 1. The service should provide, or indicate that it provides, more meaningful one-to-one therapies and groups to cater for the assessed needs of service users who require acute community care and treatment.*
- 2. If the facility is to operate as a day hospital then it needs to promote itself as such by changing the brochure's description to indicate that it is a day hospital and not a day centre.*
- 3. The service should have admission and discharge policies.*
- 4. Multidisciplinary care planning should be used for attendees of the day hospital.*
- 5. The clinical files should contain input from social work and psychology.*