

Mental Health Services 2012

Inspection of Mental Health Services in Day Hospitals

EXECUTIVE CATCHMENT AREA/INTEGRATED SERVICE AREA	Kildare , West Wicklow
MENTAL HEALTH SERVICE	North Kildare Mental Health Service
HSE AREA	Dublin Mid Leinster
DAY HOSPITAL	Celbridge Day Hospital
CATCHMENT POPULATION	70,000
LOCATION	Celbridge, Co. Kildare
TOTAL NUMBER OF PLACES	10 attend each day
AVERAGE NO OF WEEKLY ATTENDEES	19
TYPE OF INSPECTION	Unannounced
DATE OF INSPECTION	22 May 2012

Summary

- The day hospital was part of an impressive community mental health service which had a home care service, a service for those with enduring mental illness and a day centre.
- There was an excellent care pathway for service users from the point of referral, through assessment, individual care planning, treatment and therapy, to discharge. This had resulted in a decrease in the need for in-patient care.
- There was an ethos of evaluation, research and training among the staff and an intention to develop an effective and efficient service.

Details

Service description

The day hospital in Celbridge was part of an active community service which included a home based treatment team (Home Care Service) and a clinical nurse specialist team (the CNS Team) which looked after service users with enduring mental illness. There was also a day centre in Kilcock.

The service was currently amalgamating the North East and North West sector teams to provide a comprehensive efficient community service. The final stage in amalgamation was imminent.

The day hospital was open five days a week during office hours. However the community team provided a weekend service which comprised of two nursing staff. Service users in the day hospital attended for a full day programme.

The service was extremely seamless with ease of movement for service users between home care team and day hospital, depending on need. This had resulted in a marked reduction of reliance on inpatient care.

Premises

The day hospital was located in the Health Centre which also housed primary care and public health nurses. The health centre was near the centre of Celbridge and near a shopping centre.

The premises were very small and cramped for the level of service provided. There was a deficit of clinical rooms and offices were shared.

Car parking was available outside the building. Public transport was available for some areas and a Health Service Executive (HSE) bus was available for those living in more inaccessible areas. The premises were wheelchair accessible.

There was a kitchen/dining area where service users were free to make tea or coffee. Service users could buy food and prepare their own meals.

Care Pathway

The care pathway was exemplary. General Practitioners (GP) used a referral form which indicated the urgency of the referral. GPs were encouraged to phone or fax if the referral was urgent. Assessments were made by the consultant psychiatrist and referred to the day hospital or home care service as appropriate. A number of assessments were completed which included the Functional Analysis of Care Environment (FACE), TWEAK, which is an alcohol use assessment, Positive and Negative Syndrome Scale (PANSS), Hamilton depression scale as well as assessments for anxiety, mania and borderline personality disorder. Blood investigations were also performed. From these assessments an individual care plan (Treatment and Care Plan [TCP]) was devised. The service user had full input into the care plan and received a copy. Family input was encouraged and there was evidence of multidisciplinary input.

Each service user had an initial 72 hour nursing care plan that outlined short term goals.

There were weekly multidisciplinary team meetings in the day hospital where all attendees of the community service were discussed. All service users at the day hospital were reviewed regularly by the consultant psychiatrist.

Discharge procedures were good with reports available for the GP and other relevant services.

Clinical files were maintained in the day hospital and were in excellent order.

Staffing levels

POST	NUMBER	SESSIONS PER WEEK
Consultant psychiatrist	2	4
Nursing staff	2	Full time
NCHD	4	Full time with input to Acute Unit
Occupational therapist	2	Full time on team
Psychologist	1	Full time on team
Social worker	2	Full time on team
Activities therapist	0	Full time on team
Addiction Counsellor	1	1

Range of services provided

There was a wide range of therapies available. These included discussion groups, relaxation, healthy living, stress management and mindfulness, all provided by the nursing staff. A number of staff had trained in dialectical behaviour therapy (DBT) and they offered a comprehensive DBT programme. Cognitive behavioural therapy (CBT) was provided by the psychologist and the Wellness Recovery Action Plan (WRAP) was provided by the occupational therapist.

Individual therapy was offered by all the multidisciplinary team.

Service user input

There was no peer advocate service available for service users. There was no forum for service user feedback and no comment box in the day hospital.

The service had completed the EOLAS project which was designed for people with major mental health difficulties, their families and close friends. The project used both service user and clinician knowledge and experience to provide information, education and support for service users.

Quality initiatives in 2012

- The EOLAS Project enabled education and support to be provided for service users, family and close friends. This Project had been evaluated by Trinity College Dublin.
- There was an excellent DBT programme and a number of nurses, occupational therapist, medical staff and psychologist had all been trained in DBT.
- The community mental health team provided training and education to other parts of the mental health services.
- The North East and North West Kildare Mental Health Service was being amalgamated, which was already demonstrating a more stream-lined and efficient service.
- The community service took part in a Value for Money assessment comparing a comprehensive community service (a service which had access to a day hospital and home care team) with a traditional model service (in-patient orientated service with no access to day hospital or home care team).
- An evaluation of the home based service for patients with acute mental illness in North Kildare, called Building Blocks, had been completed.
- A set of Amalgamation Protocols had been established for the amalgamation of the North East and North West sectors.

Operational policies

There was a suite of specific day hospital policies as well as catchment-wide policies. An incident record was maintained and reported to senior management. Feedback was obtained. There was a risk management policy and each service user had a risk assessment.

Planning

There was no written plan for the day hospital or the community service. However there were regular management meetings. Amalgamation of the two sectors was discussed at a regular team meeting held every two weeks.

The service had submitted plans to obtain a second psychologist.

Conclusions

The day hospital, home care team and clinical nurse specialist service for those with enduring mental illness, as well as the community mental health team provided a seamless service for service users.

There was an excellent care pathway which was carefully managed through referral, assessment care planning and discharge. The individual care plans were excellent and a wide range of formal assessments were used.

The enthusiasm and knowledge of all the staff was impressive. As well as focus on patient care there was also enthusiasm for evaluation, research and training.

The facilities in the day hospital were too small and cramped, with too few interview and group rooms. More office space was also required. It was difficult to see how the service could be expanded unless further space became available.

Overall this was an extremely impressive community service of which the day hospital was an integral part.

Recommendations and areas for development

- 1. Advocacy services should be made available for the service users.*
- 2. Evaluation and feedback by the service users should be obtained.*