

Mental Health Services 2010
Inspection of Mental Health Services
in Day Hospitals

DAY HOSPITAL INSPECTED	Connolly Norman House
EXECUTIVE CATCHMENT AREA	Dublin North Central/North West Dublin
HSE AREA	Dublin North East
CATCHMENT AREA	North West Dublin
CATCHMENT POPULATION	33,000
LOCATION	North Circular Road, Dublin 7
TOTAL NUMBER OF PLACES	20/21
DATE OF INSPECTION	16 March 2010

Details

Service description

The day hospital for the Cabra sector of the North West catchment area was situated in Connolly Norman House, on the North Circular Road. The house had previously been the residence of the resident medical supervisor of St. Brendan's Hospital and was located in its own grounds. There was a separate building for treatment of people with addictions, and a facility used by Eve Holdings, for training service users.

The day hospital occupied four rooms in the building; other rooms in the house were used by administration personnel. There was a large activities room, a kitchen, an office and a small interview room.

It was open daily Monday to Friday, from 0900h to 1900h and closed for one hour at lunchtime. The service catered for eight clients, and service users attended variously on a sessional basis, a few days a week or daily if necessary. Some service users were brought to and from the day hospital by minibus.

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
Are the premises the sector headquarter located in day hospital?	Yes
How many activity rooms are there for service users?	4
How many service users are attending?	20/21
Is there a facility for providing hot meals?	No

Referral procedure

Referrals to the day hospital were made by the consultant psychiatrist or the senior registrar, and were mainly from either the out-patient clinic or from the in-patient unit. Only referrals from the Cabra sector were admitted. Referral was initially by verbal communication, following which a written referral on a referral form was forwarded. Referral to the day hospital was seen as an alternative to admission to the acute in-patient unit, and all referrals were discussed at the multidisciplinary team meeting. Referrals were not accepted from general practitioners.

Staffing levels

POST	NUMBER WTE	SESSIONS PER WEEK
Consultant psychiatrist	1	Based in the day hospital
Nursing staff	1 CNM2 1 staff nurse 1 student nurse	Full-time Full-time
Non consultant hospital doctor (NCHD)	2+ 1 Senior registrar	Based in the day hospital
Occupational therapist	1 (team)	Access to
Psychologist	1 (team)	Access to
Social worker	1 (team)	Access to
Activities therapist	0	0

Range of services provided

Service users attending the day hospital were reviewed regularly by the consultant psychiatrist or senior registrar. As those patients who presented acutely unwell improved, they were referred for follow-up to the outpatient clinic.

A multidisciplinary team meeting was held once weekly, at which all service users of the team were discussed. A nursing care plan was drawn up for each service user, and a key-worker system was in operation.

Activities in the day hospital were mainly nurse-led, but groups on Cognitive Behaviour Therapy, anxiety management, WRAP (Wellness Recovery Action Plan) programmes and 'Mindfulness' were provided by psychologists, occupational therapists and social workers. Other activities available included relaxation, one-to-one sessions, social skills groups, goal planning and support counselling. From time-to-time, specialists in areas such as gardening, beauty therapy and cooking were brought in to provide additional activities. A teacher from the National Adult Learning Association provided literacy classes, which had proved very popular.

Very good links had been developed with the National Learning Network service, and 'Fresh Start' nearby, and some service users of the day hospital had graduated to these vocational training services. Literacy classes were arranged through the occupational therapy service. Domiciliary visits were not undertaken by the day hospital team

Service user input

There were regular meetings between service users and staff. Service users were involved in planning activities in the day hospital. They planned cooking days and participated in shopping for cooking ingredients. They were involved in gardening projects in the unit.

Quality initiatives in 2010

- A gardening project, led by a professional gardener was completed.
- Demonstrations were given by a qualified beautician and chef.
- The Family Support Group provided psycho-educational meetings which could be accessed by the carers of the day hospital users.
- A 'Mindfulness' Group was initiated.

Diagnoses (all attendees in past month)

The service did not keep an easily accessible record of the diagnoses of attendees at the day hospital. A review of the diagnosis of the 18 current attendees showed a significant preponderance of depressive illness, with some service users having more than one diagnosis. One attendee had been attending for many years.

DIAGNOSIS	NUMBER
Affective disorders	11
Psychotic illness	1
Anxiety disorders	1
Addiction disorders	2
Personality disorders	1
Average length of stay (number of days)	1 – 1.5 years

Operational policies

The service did not have policies specific to the day hospital. It was governed by the policies of the community service of the mental health service of the catchment area, such as policies on emergencies in a community service and service users 'going missing'. In view of the recent publication of the Codes of Practice issued by the Mental Health Commission, it was planned to develop new policies which would include those relevant to the day hospital.

An incident book was kept and the Mental Health Commission was notified of incidents and deaths of service users. Staff were facilitated in training and had received training in manual handling, hygiene, STORM (Skills based Training On Risk Management), ASSIST (Applied Suicide Intervention Skills Training), and CPI (Crisis Prevention Intervention). A register of staff training was kept.

Planning

Plans for the day hospital were on hold following recent changes to the overall plans for St. Brendan's Hospital. It had been proposed to develop a new day hospital for the Cabra and Mater Hospital on the present site, but these plans were now uncertain.

Conclusions

The day hospital at Connolly Norman House provided a service to 20/21 service users five days a week. Despite the large size of the house, the day hospital facilities were confined to a rather small area. Referrals were from the sector, and the day hospital accepted acutely ill patients as an alternative to hospital admission. The day hospital served as the headquarters for the sector team, which allowed for easy access to the consultant and non consultant hospital doctor's (NCHD's). Activities were nurse-led, and were augmented by a series of demonstrations and groups in other activities of daily living by professionals in those areas.

It was disappointing to note that despite having an occupational therapist, psychologist and social worker on the team, none of these professionals had designated sessions in the day hospital. The service did not use multidisciplinary care plans. The average length of stay, in the region of one to one and a half years was long, particularly when the staff had developed very good relations with local vocational and personal development services.

Recommendations and areas for development

1. In view of the rather cramped nature of the premises, consideration should be given to providing more space for the day hospital.
2. Designated sessions by members of the multidisciplinary team should be incorporated into the programme of activities to provide a full multidisciplinary approach to treatment.
3. There should be multidisciplinary care plans for all service users.