

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

DAY HOSPITAL INSPECTED	Ennis Day Hospital
EXECUTIVE CATCHMENT AREA	Limerick, North Tipperary, Clare
HSE AREA	West
CATCHMENT AREA	Clare
CATCHMENT POPULATION	c.28,000
LOCATION	Ennis
TOTAL NUMBER OF PLACES	Unlimited
DATE OF INSPECTION	9 September 2010

Details

Service description

The Day Hospital in Ennis was situated in the grounds of the former psychiatric Hospital on the outskirts of Ennis town. The building was constructed in 1986.

The day hospital was open from 0900h to 1700h daily, Monday to Friday and was open through lunch hour. A decision had recently been taken not to provide lunch on site any longer, but service users could be provided with lunch vouchers as required.

The building also provided accommodation for the sector team and out-patient clinics were held on the premises. There was little contact with the local day centre, as service users had to be referred to the rehabilitation team in order to attend.

Premises

CHECKPOINT	RESPONSE
Is the premises part of a psychiatric hospital?	No
Is the premises an independent building?	Yes
Is the premises purpose built?	Yes
Is the premises accessible by public transport?	No
Is the premises the sector HQ located in D/H?	Yes
How many activity rooms are there for service users?	2
How many service users are attending?	Number not provided
Is there a facility for providing hot meals?	No

Referral procedure

All referrals were from the Sector East team. Referrals were accepted from general practitioners (GPs), who referred both elective and crisis referrals. A referral form was used by the sector. Attendees who self-referred were also seen and assessed by the nurse. Referrals were discussed at the multidisciplinary team meetings which were attended by the Clinical Nurse Manager (CNM) in the day hospital. Residents of the approved centre who were being referred following discharge were also discussed at the meeting. A programme of therapy was decided by the team. The day hospital was also used as an alternative to hospital admission for some acutely ill patients.

Some service users had been attending the day hospital for years.

Staffing levels

POST	NUMBER WTE	SESSIONS PER WEEK
Consultant psychiatrist	1.5	Based in the day

		hospital
Nursing staff	3	Full-time
Non Consultant Hospital Doctor	1	Based in the day hospital
Occupational therapist	1	Based in the day hospital
Psychologist	1	Based in the day hospital
Social worker	1	Based in the day hospital
Activities therapist	0	0
Other – Art Therapist	1	1 session /week

Range of services provided

Most attendees at the day hospital had individual care plans and the same clinical files were used throughout the service.

Therapies were provided for groups and individuals. The nurse ran groups in WRAP (Wellness Recovery Action Plan) and a Healthy Living Programme. Other groups were relaxation and cookery run by the occupational therapist. Anxiety management courses were run jointly by the occupational therapist and social worker. Some groups were run by service users, such as crochet, music and cookery.

There was a very limited service for providing medication to service users and only two people attended daily for medication.

All members of the team carried out domiciliary visits.

Service user input

Service users were involved in their individual care plans. The advocate visited the day hospital regularly.

Quality initiatives in 2010

- The day hospital was part of the national collaborative framework on care plans under the direction of the Mental Health Commission.

Diagnoses (all attendees in past month)

No information was forwarded on diagnoses of service users attending the day hospital.

Operational policies

The service did not have a comprehensive range of policies. A record of incidents was kept and discussed at team meetings.

Planning

There were no specific plans for the future of the day hospital and it was stated that any future plans would be dependent on staffing levels. It was reported that the staffing complement of nurses had fallen from five to three in recent times. It had been hoped to train more nurses in the wellness recovery action plan (WRAP) and Recovery groups but this plan was dependent on availability of nursing staff.

Conclusions

The day hospital in Ennis was well located in a purpose-built building which also housed the sector headquarters. As a result, the multidisciplinary team members were easily accessible and were engaged in the provision of therapies to service users. Individual care plans were in use and notes were integrated.

Many of the attendees at the day hospital had been attending for a considerable period of time and it seemed that such service users might be more suited to a day centre facility. It was also surprising to note that the day hospital did not limit the number of service users attending the day hospital as this could be expected to affect the resources available for more acutely ill service users and thereby prevent a hospital admission.

Recommendations and areas for development

1. A review of current attendees should be undertaken with a view to ascertaining the most appropriate day care facility for them.
2. The operational policy should be reviewed and updated. It should include reference to the Mental Health Commission's Codes of Practice on Admissions, Transfers and Discharges to and from An Approved Centre, Notification of Deaths and Incident Reporting and Guidance for Persons Working in Mental Health Services with People with Intellectual Disabilities.