

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

<b>DAY HOSPITAL INSPECTED</b>	Lincarra Day Hospital
<b>EXECUTIVE CATCHMENT AREA</b>	Dun Laoghaire/Dublin South East/Wicklow
<b>HSE AREA</b>	Dublin Mid Leinster
<b>CATCHMENT AREA</b>	Wicklow
<b>CATCHMENT POPULATION</b>	33,000
<b>LOCATION</b>	Bray
<b>TOTAL NUMBER OF PLACES</b>	20 day hospital + 80 day centre places per day
<b>DATE OF INSPECTION</b>	25 March 2010

## Details

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### Service description

The day hospital service at Lincarra centre was integrated with the provision of a day centre service in an old converted industrial unit on the outskirts of Bray. It was on two levels, with offices and bathrooms upstairs and additional offices, the kitchen a large day room and toilets downstairs. There was no ceiling on the day room, but the whole building was covered by a corrugated roof which leaked and there was evidence of watermarks on the ceilings in the offices. The windows throughout the building were plastic. An iron staircase led to the upper floor which was unsuitable for some people. As a result some services had been relocated to the ground floor. A large roll-up garage door provided direct access to the day room. The stone floor had been painted. The large open space had been divided into different functional areas, and the staff had made efforts to make the space warm and inviting. Nevertheless the building remained intrinsically unsuited to purpose. The kitchen area was in poor condition. Staff reported that approval had been granted to upgrade this and work was due to start soon. There was no garden.

Two sector teams (for Bray and North Kilcoole) worked out of the centre and it provided a sector headquarters for Bray.

At referral, patients were allocated to either the day hospital or day centre, following an assessment interview by medical or nursing staff. The treatment programme was decided according to need.

The centre is open Monday to Friday 0830h to 1700h. It was within walking distance of Bray.

Hot meals were provided with a choice of menu.

### Premises

CHECKPOINT	RESPONSE
Is the premises part of a psychiatric hospital?	No
Is the premise an independent building?	No
Is the premises purpose built?	No
Is the premises accessible by public transport?	Yes
Is the premises the sector Headquarters or located in the district hospital?	For one sector
How many activity rooms are there for service users?	5
How many service users are attending?	Relapse Prevention 44 / Socialisation 4 / Day Hospital 9 / Contact group 6  Total 63
Is there a facility for providing hot meals?	Yes

### Referral procedure

Patients were referred to the day hospital by the sector psychiatrists in consultation with the client. They were referred from the out-patient clinics or in-patient care.

Staff reported that a consultation service was provided with general practitioners in the area and effort had been put into developing good relationships. General practitioners were encouraged to initiate treatment regimes with their patients prior to referral, but this sometimes did not happen. Staff pointed out that non medical card patients had to pay for their medication if it was prescribed by the general practitioner, but not if it was prescribed by the psychiatrist. This acted as a disincentive in some instances for treating patients at primary care level. There was no waiting list for services. Five or six new referrals were accepted to the service per week.

A key worker was assigned to each patient. It was the function of the key worker to explain to the patient the function of the centre and familiarise them with their treatment plan and housekeeping matters. On admission, patients were assigned to one of three treatment categories. If assigned to assertive community treatment, patients were designated as day hospital patients. Alternatively, people could be assigned to relapse prevention or socialisation and they were then designated as day centre patients.

### Staffing levels

POST	NUMBER WTE	SESSIONS PER WEEK
Consultant psychiatrist	2	6
Nursing staff	5	0
Non consultant hospital doctor	2	10
Occupational therapist	0	0
Psychologist	0.3	0
Social worker	1	0
Activities therapist	0	0
Care Staff	2	0

### Range of services provided

Staff reported that the Bray team held multidisciplinary team meetings weekly and all team members attended. Outpatient services only were provided by the other team who held their sector meetings in the hospital.

Nursing care plans were in place. Staff intended introducing multidisciplinary care plans linked to risk assessments, as these were not provided by referrers. Medical, nursing, social work and psychology notes were held in separate files. The psychologist had recently begun making entries in the medical notes although the main body of those notes were held until the intervention was completed and then they were filed in the medical notes. Some difficulty was identified for staff from different parts of the

services being able to access notes. Staff reported these issues could be addressed by an appropriate information technology system and this was being explored.

Non-attendance at the service was addressed initially by a phone call and this was followed up by a domiciliary visit if necessary.

Group meetings were held on stress and relaxation. An eight-week programme for carers was delivered by nursing staff. Group members were invited to form an independent support group after this. SHINE support group met regularly. One nurse was training in Cognitive Behaviour Therapy and provided a service to patients supervised fortnightly by a consultant psychiatrist with a dual qualification in cognitive psychotherapy.

A Snoozelan multisensory room was available. It had been moved downstairs during the year to facilitate accessibility. A patient library had been developed. An art therapy group was approved by FETAC at level 5. A gym was available where light exercise was encouraged under staff supervision. In addition, cookery, basic computer skills, and light industrial work was available for day centre patients.

Patients referred to day hospital were referred to stress management groups.

### **Service user input**

Staff reported that service users were consulted about their individual care plans. Staff obtained their views with regard to their meal preferences and consulted with the catering staff in Newcastle Hospital who were helpful and addressed patient requirements.

There was a complaints procedure. On the day of the inspection an investigation was taking place into a complaint made by a patient.

Staff acknowledged that service user input was not formalised and that this was an area that needed to be addressed.

**Quality initiatives in 2010**

- The catering department had been contacted following consultation with service users about their preferences and meals had been changed accordingly.
- There was now no smoking in the building.
- A social care student had initiated a programme on healthy diet. Service users learnt about budgeting and nutrition and were taken out to restaurants.
- The need for a program to improve self-esteem was identified and a social skills program was developed.
- Outside organisations had been invited to come to the centre to give talks to the service users i.e. SHINE.
- The Snoozelan multisensory room had been moved downstairs.
- Outings took place with attendees in small groups.

**Diagnoses (all attendees in past month)**

<b>DIAGNOSIS</b>	<b>DAY HOSP</b>	<b>DAY CENTRE</b>
Affective disorders	6	13
Psychotic illness	3	38
Anxiety disorders	0	0
Addiction disorders	0	0
Personality disorders	0	0
Other – Learning Disability	0	3
Average length of stay (number of days)	10-20 days	90-270 days

### **Operational policies**

Policies were available on risk management, incident reporting and staff training. The policy on admission and discharge was not available. The policy on staff training referred to medical training only and not to nursing or other staff members.

Procedures were available on non-attendance, community case load management, safety issues. These were reviewed in January 2007 but not signed by the Director of Nursing.

### **Planning**

Staff believed that the day service should be linked with a primary care network based in the Bray area. There was a significant deprived urban population there as well as a large nursing home population, which would support the need for community mental health services. While some discussions had taken place around future developments, there was uncertainty about this, as no primary care centre appeared to be planned for Bray at present.

### **Conclusions**

Staff were engaged with the model envisaged in *A Vision for Change* in providing community services for people with mental illness. However, inadequate resources were being provided to allow this service to develop in line with modern requirements.

### **Recommendations and areas for development**

1. The premises were old and unfit for purpose and should be replaced.
2. Long term plans for the future development of the service should be developed.
3. Case notes should be integrated.
4. Multidisciplinary care plans should be introduced as soon as possible.
5. All members of the team should contribute to the case notes.
6. The multidisciplinary team should be fully resourced.
7. The kitchen should be replaced as soon as possible.
8. Service user input should be formalised.