

# Mental Health Services 2012

## Inspection of Mental Health Services in Outpatient Services

<b>EXECUTIVE CATCHMENT AREA/INTEGRATED SERVICE AREA</b>	Waterford/Wexford/South Kilkenny
<b>HSE AREA</b>	HSE South
<b>OUTPATIENT SERVICES INSPECTED</b>	Psychiatry of Old Age (POA)
<b>CATCHMENT POPULATION</b>	15,000 over 65 years
<b>LOCATION</b>	Dungarvan,
<b>SECTOR TEAM</b>	POA team Waterford and South Kilkenny
<b>DATE OF INSPECTION</b>	26 June 2012

### Summary

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- The POA team provided a comprehensive range of community based services and had robust liaison with primary care, public health nurses, medicine for the elderly and voluntary groups.
- About 400 persons over 65 years were referred to the POA team each year and the average age of patients was 80 years.
- The POA team was multidisciplinary in its focus, however, clinical psychology and social work posts were not adequately resourced.
- The post of clinical nurse specialist in dementia care had become vacant and this impacted significantly on the service available to carers, families and patients.

## **LOCATION:**

The Psychiatry of Old Age (POA) outpatient service was located at the rear of St. Joseph's Community Hospital in Dungarvan in the same location as the day centre and the Newtown community mental health team. The premises was a single story building and the office and clinic space was shared with the Newtown sector team

## **FREQUENCY OF CLINIC:**

The POA team provided weekly outpatient clinics on Tuesday afternoons in Dungarvan and on Monday mornings in the Department of Psychiatry, Waterford Regional Hospital. There were six appointment slots in Dungarvan and 16 appointment slots at the Regional Hospital POA outpatients.

## **IS THERE A SEPERATE NEW PATIENT CLINIC:**

The POA team provided three new patient assessment slots each week in the outpatient clinics. The POA team provided domiciliary assessments also.

## **ACCESSIBILITY OF CLINIC:**

The POA outpatient clinic was in a single story building which was wheelchair accessible. There was ample car parking available. There was no public transport directly to the clinic and patients had to pay for a taxi if required. Whilst this expense had previously been covered by the HSE this was no longer the case.

## **SECRETARIAL SUPPORT**

There was one full-time secretary, however, there was no replacement for periods of leave.

## **FACILITIES FOR STORING RECORDS**

Clinical files were stored in a central records office in Waterford Regional Hospital and transported to the outpatients as required.

## ROOMS AVAILABLE:

### WAITING AREA:

There was a large waiting area for service users attending the service. Waiting room facilities included television, magazines and information on self-help. The area was quiet and calm on the day of inspection and in good decorative order. The POA team provided information on services and voluntary groups, such as the Alzheimer's Society for service users and families.

### CLINIC ROOMS:

The outpatient services had two interview rooms and one clinical room available for medical and nursing staff. Rooms were adequately soundproofed to provide privacy.

### COMMUNITY MENTAL HEALTH NURSE (CMHN) ROOM:

The CMHN used the clinical room during the outpatient clinics but was largely mobile, providing a domiciliary service and also liaising with the Cappoquinn Day Centre in west Waterford and the Alzheimer Care Day Centre in Passage East. The CMHN liaised extensively with the Public Health Nurse who was located in St. Joseph's Community Hospital on the same site as the outpatient clinic.

<b>TOTAL NUMBER OF SERVICE USERS ATTENDING</b>	Not available.
<b>AVERAGE NUMBER OF SERVICE USERS ATTENDING PER CLINIC</b>	six
<b>WAITING TIME FROM REFERRAL TO CONSULTATION</b>	Appointment usually provided within one month. More urgent cases seen within a week.
<b>CLINICAL FILES</b>	Three individual clinical files were inspected. The comprehensive scope of care and standard of documentation were excellent. Families were fully involved in care planning and there was evidence of extensive and timely liaison with other healthcare providers. The letters to GPs were of an outstanding quality, were sent within a few days of the patient being seen, and detailed concise information on treatment plan, time scale and also flagged issues likely to require attention in the future. Care provided by the POA team was multidisciplinary.

## COMMENTS

The POA team and outpatients was inspected in the context of the POA overall service delivery.

The POA team, whilst hospital based, provided a wide spectrum of community services, including the outpatient clinic in Dungarvan. The range of services provided made for a comprehensive and seamless care pathway for patients and their families. Services included a liaison service to the 500 bed regional general hospital and joint sessions with medicine for the elderly, nursing home and domiciliary assessment and management. Referrals were predominantly from general practitioners. In 2011, there were 395 new referrals seen, 317 persons were discharged and 1674 domiciliary CMHN visits were provided.

The post of clinical nurse specialist in dementia care had become vacant and this left a significant gap in the services provided, which had included a community based dementia care service, education and support to families and facilitation of the Fair Deal nursing home scheme.

The POA team comprised: a consultant psychiatrist; two non consultant hospital doctors; 0.3 Whole-time equivalent (WTE) assistant director of nursing; two community mental health nurses; a 0.2 WTE clinical psychologist; one occupational therapist; and access only to a social worker. All the MDT had extensive engagement with carers and families. Social work and clinical psychology were not adequately resourced.

The POA service did not have a dedicated headquarters, and had no day hospital facility. In 2011 there had been 22 POA admissions to the Department of Psychiatry (DOP), Waterford Regional Hospital. At the time of inspection, there were no dedicated POA beds in the approved centre, however, the clinical director advised that following current renovations there would be six dedicated POA beds located in a ward within the DOP. A respite bed was available at St. Aidan's Hospital and there were a small number of long term beds there also. The POA service had no provision for a memory clinic or a pre-senile dementia service.