

# Mental Health Services 2012

## Inspection of Mental Health Services in Outpatient Services

<b>EXECUTIVE CATCHMENT AREA/INTEGRATED SERVICE AREA</b>	Limerick, North Tipperary, Clare
<b>HSE AREA</b>	West
<b>OUTPATIENT SERVICES INSPECTED</b>	Limerick
<b>CATCHMENT POPULATION</b>	34,000
<b>LOCATION</b>	St. Anne's Day Hospital, Roxboro Road, Limerick
<b>SECTOR TEAM</b>	B1
<b>DATE OF INSPECTION</b>	17 April 2012

### Summary

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- The outpatient clinic was located in a modern setting in a central area of the city.
- Inspection of the clinical files showed the service had an ability to provide urgent assessments when required.
- All clinical files had very good documentation in terms of communication with GPs.

## **LOCATION**

The outpatient clinic was located in a modern two storey building on Roxboro Road in Limerick city. Although the building was an old building, it had been extensively renovated and modernised. The building housed the outpatient clinic and the day hospital for the sector. All disciplines were located in the building, including psychology, occupational therapy and social work. Two sectors operated out of the building, Sector B1 and Sector B2.

The entrance was locked and admission to the building was accessed by means of a buzzer at the door. This was attended to by the secretary or, in her absence, by the security guard who was present from 0900 hrs to 1700 hrs daily.

CCTV cameras were in operation throughout the corridors of the building, but no signs were displayed indicating their use. The cameras recorded activity in the corridors and were retained for a period of six months.

## **FREQUENCY OF CLINIC**

The sector held two follow-up clinics weekly, each with 24 appointments. Fifteen minute time slots were allocated for each appointment. Patients were given individual times for appointments. One hundred and eighty reviews were seen between January and March 2012.

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

Four new-patient clinics were held at four different times during the week, with six individual appointments available. Between January and March 2012, 26 new patients were seen in the clinic.

## **ACCESSIBILITY OF CLINIC**

The clinic was easily accessible and had some parking on site; it was also served by public transport. The building was wheelchair accessible.

## **SECRETARIAL SUPPORT**

The two sectors, B1 and B2 shared secretarial services from one secretary.

## **FACILITIES FOR STORING RECORDS**

Patient records were stored on site and were retained in the clinic for five years following the last consultation. After that time, the records were relocated to another site. Records were not destroyed.

## **ROOMS AVAILABLE**

### **WAITING AREA**

There was a very pleasant waiting room, comfortably furnished with access to drinking water. There was a good display of relevant leaflets and information on commonly prescribed medication and conditions.

### **CLINIC ROOMS**

There were five interview rooms available for consultation; these rooms were also used as the offices of the team members.

### **COMMUNITY MENTAL HEALTH NURSE ROOM**

Depot clinics were run in conjunction with the outpatient clinics. The sector also ran one clozapine clinic per month where bloods were taken.

### **Referral Process**

Referrals were generally made by the general practitioner (GP) and all referrals were discussed by the multidisciplinary (MDT) team at the weekly MDT meeting. The team members decided which member of the team would see the patient for the initial consultation as not all people referred were seen by a medical member of the team. If a person newly referred required a prescription, this was provided by the consultant or the NCHD after consultation. There were no nurse prescribers on the team.

### **Procedures for Follow-up**

Each member of the team who saw a patient gave out their own follow-up appointment, with the result that there were a number of appointment books for each clinic. Appointments were not made by a receptionist or secretary. Clinical files for forthcoming clinics were usually retrieved by a nurse or occasionally by the secretary.

Although the service had a system of follow-up for patients who failed to attend appointments, there was evidence in at least one clinical file that this was not always followed through.

<b>TOTAL NUMBER OF SERVICE USERS ATTENDING</b>	300/320
<b>AVERAGE NUMBER OF SERVICE USERS ATTENDING PER CLINIC</b>	24
<b>WAITING TIME FROM REFERRAL TO CONSULTATION</b>	People referred urgently were seen within 24 hours. The average waiting time was two weeks, with a maximum waiting time of three weeks.
<b>CLINICAL FILES</b>	Clinical files were easily retrieved and were easy to follow. Designating OPD entries on blue pages made it easy to distinguish these as outpatient notes.

## CONCLUSIONS

The outpatient clinic for Sector B 1 was located in very pleasant surroundings in a renovated building in Limerick city and had a quiet and calm atmosphere at the time of inspection. The building provided a number of interview rooms as members of the team were based in the building. All referrals were discussed by the MDT and the team had recently decided on a practice whereby different members of the team would see patients for an initial assessment rather than each patient being seen by a medical member of the team. The system for making follow-up appointments was not streamlined and was somewhat cumbersome.