

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

DAY HOSPITAL INSPECTED	Ros Na Suan
EXECUTIVE CATCHMENT AREA	Galway, Mayo and Roscommon
HSE AREA	West
CATCHMENT AREA	Roscommon/Athlone
CATCHMENT POPULATION	60,000
LOCATION	Roscommon
TOTAL NUMBER OF PLACES	10
DATE OF INSPECTION	6 April 2010

Details

Service description

The day hospital was located in a bungalow in the town of Roscommon. The bungalow was small and had limited space. It was easily accessible by public transport. It opened seven days a week from 0900h to 1730h. A core group of nursing staff were available Monday to Friday and staff from Roscommon Mental Health Services provided cover at weekends. There were two day centres, one nearby in the town serving service users from Roscommon and another based in Athlone.

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?	NO
How many activity rooms are there for service users?	3
How many service users are attending?	10 daily
Is there a facility for providing hot meals?	NO

Referral procedure

Referrals came from the Roscommon and Athlone sector. There was a referral policy in place. Routine referrals were sent to the multidisciplinary team (MDT) meeting every Thursday. Most referrals came from outpatient clinics and urgent referrals were dealt with through the Emergency Department or by arrangement with the consultant psychiatrist.

Staffing levels

POST	NUMBER WTE	SESSIONS PER WEEK
Consultant psychiatrist	1	1
Nursing staff	2.5	33
Non consultant hospital doctor (NCHD)	1	1
Occupational therapist	0.5	<1
Psychologist	0	0
Social worker	0	0
Activities therapist	0	0
Other – Household	0.5	5
Receptionist	1	10
Alcohol counsellor	0.5	5

Range of services provided

The day hospital provided mainly individual sessions of cognitive behaviour therapy or supportive counselling. Weekly multidisciplinary team meetings were held attended by the consultant psychiatrist, the non consultant hospital doctor (NCHD), social worker, community mental health nurse (CMHN), day centre staff, staff nurse from the Department of Psychiatry, workshop managers and staff from the local day centre and the day hospital. Staff from Athlone day centre communicated to the team meeting by telephone and the addiction counsellor had an arrangement in place to provide and receive feedback from the team meeting.

The day hospital did not use individual care plans. Nursing care plans were reviewed regularly.

Service user input

One service user spoke to the Inspectorate and was generally satisfied with the care and treatment provided. Staff shortages were noted as an issue as this sometimes limited service provision. The service user commented that initial contact through Emergency Departments could be improved and suggested that a service user should be on interview panels for staff being recruited to mental health services. A need for respite beds was highlighted particularly as beds were being decommissioned and the future of the Department of Psychiatry was uncertain. The service user drew attention to a welcome development in the Roscommon Mental Health Services that facilitated funding of the consumer panel.

Quality initiatives in 2010

- An audit of student placements had been completed.
- Staff reported that due to staff shortages in the day hospital, quality initiatives had been a low priority.

Diagnoses (all attendees in past month)

This information was not available on the day of inspection and the service did not supply it as requested.

Operational policies

All of the policies had been signed by staff to indicate that they had read and understood them. There was no admission policy as required by the Code of Practice on Admissions, Transfers and Discharges. A discharge policy was in place. A range of health and safety and risk management policies were in place.

Planning

There were plans for a new purpose built day hospital and sector headquarters. It was being built at the time of the inspection and will be located in the town as part of a new primary care centre.

Conclusions

The premises that housed the day hospital limited the volume of service users that could attend. Staff shortages and the skill mix of staff limited the range of treatments that were provided and most work was provided on an individual basis and comprised medication or individual counselling. From this perspective the day hospital operated more like an outpatient clinic.

The service did not submit any factual corrections to this report.

Recommendations and areas for development

1. The function and operation of Ros Na Suan day hospital should be reviewed.
2. Individual care plans should be introduced.
3. Ros Na Suan staff should be familiar with the Codes of Practice relating to: Working in Mental Health Services with People with Intellectual Disabilities; Admissions, Transfers and Discharges to and from an Approved Centre; Notification of Deaths and Incident Reporting.
4. An admission policy should be implemented.