

Mental Health Services 2011
Inspection of Mental Health Services
in Day Hospitals

DAY HOSPITAL INSPECTED	St. Canice's Day Hospital
EXECUTIVE CATCHMENT AREA	Carlow/Kilkenny/South Tipperary
HSE AREA	HSE South
CATCHMENT POPULATION	85,000
LOCATION	Kilkenny
TOTAL NUMBER OF PLACES	24 per month
DATE OF INSPECTION	25 August 2011

Details

Service description

This day service, established in the 1980s, was provided from an adapted ward on the first floor of St. Canice's Hospital. While some effort had been made to brighten its appearance, it nevertheless maintained its institutional atmosphere. While very spacious, some large common rooms had to be locked as they were in such poor decorative order. The main sitting area was drab and uninviting. The offices were former bedrooms. They had high small windows and thick institutional doors.

The service provided follow-on care for former in-patients of St. Canice's Hospital as well as for a newer outpatient population. The age range was 18 to 65 years, with the average age being approximately 30 years. An average of twelve service users attended each day. Of these some came for medication review and others for depot injections. A small number attended for group or individual interventions by the clinical nurse specialist (CNS). Outpatient clinics were held by each mental health team every week. About two-thirds of those attending lived at home, the remainder in hostels run by the mental health service.

Hot meals were provided for some service users according to need.

Referrals were accepted from three general adult and one rehabilitation team. The service was open 0900h-1700h Monday to Friday. Situated on the outskirts of the city, it was served by a local bus. A daily bus or train served the needs of rural patients. However, service users also used their own resources to access the service e.g. family assistance, or they drove themselves.

Premises

CHECKPOINT	RESPONSE
Are the premises part of a psychiatric hospital?	Yes
Are the premises an independent building?	No
Are the premises purpose built?	No
Are the premises accessible by public transport?	Yes
Is the sector HQ located in Day Hospital?	No
How many activity rooms are there for service users?	4
How many service users are attending?	12 per day
Is there a facility for providing hot meals?	Yes

Referral procedure

Three general adult community mental health teams and one rehabilitation team referred to the service. Referrals were accepted from the psychiatry of old age team in exceptional circumstances.

The service had a referral form. Service users were referred from outpatient care.

Staffing levels

POST	NUMBER WTE	SESSIONS PER WEEK
Consultant psychiatrist	4	4
Nursing staff	2.5	Full time
NCHD	4	4
Occupational therapist	0	Service of team OT was available, as required by other teams
Psychologist	0	Team psychologist was available as needed
Social worker	0	Team social worker was available as needed
Activities therapist	0	0
Family therapist	2 family therapists	Family therapy service was frequently used, according to staff.

Range of services provided

Multidisciplinary meetings were held weekly. Rehabilitation and Recovery meetings were held in the day hospital while community mental health team meetings were held in the Department of Psychiatry in St. Luke's Hospital. These were attended by the CNS or CNM3. New referrals were discussed there, as well as any difficulties regarding case management.

Staff reported that multidisciplinary Care Plans were being used in the service. However, an examination of the clinical files showed this was true only in some cases. Of the four clinical files examined, only two had multidisciplinary care plans. Neither was signed by the patient. The notes generally reflected a biological bias to treatment and there was little evidence in the files that an integrated approach to care was in place. None of the files examined had psychology, social work, occupational therapy or family therapy reports included.

The CNS ran groups on Solutions for Wellness, anxiety and coping strategies, in addition to providing one to one counselling sessions. Staff reported that groups on coping strategies could be adapted to various disorders. These were time limited to 6 weeks. After this, people were referred to GROW or SHINE support groups. SHINE had developed a support group for men only (MEN'S SHED), which staff reported that men found helpful.

In addition CEART, a self-help group focussing on relaxation had been introduced in 2011. This group was originally developed for people with physical conditions but had expanded its remit to those with mental health difficulties.

Reports of interventions by the CNS were kept by her until the intervention was complete, when they were included in the main file. Copies of two sets of her clinical notes were made available to the Inspectorate. Staff reported that these patients did not have multidisciplinary individual care plans and so the interventions were not linked to those treatment goals.

Staff reported that domiciliary visits were conducted by the CNM3 and social work staff as necessary.

The clinical files examined were well maintained. There was no front page detailing patient demographic information.

There was evidence in the clinical notes of frequent communication with general practitioner (GP) services.

Service user input

A number of service users were spoken to in the course of the inspection. All expressed satisfaction with the service.

Members of a group which was being held on the day of inspection asked to speak to the Inspectorate. They reported that the group was very helpful to them. They complained about the frequent changes of doctors and said they found this frustrating. They did not know the names of their consultant psychiatrists. They said the community mental health nursing (CMHN) service was helpful and they felt the CMHN would be available to them if they needed help urgently. One person suggested that a leaflet or booklet with the contact numbers of local organisations, be made available.

Quality initiatives in 2011

- Plans were ongoing for the service to move to the recently vacated St. Luke's ward on the hospital grounds in October 2011.
- Staff reported that an Assessment, Care Planning and Records Integrations System was being introduced and would address many of the issues identified when fully operational.
- The ORCHID IT-based patient information project was linked to the service in the last year. A FAS worker came one evening per week to help patients access the system and help with curricula vitae preparation. This service was supervised by the social work team leader.
- 'Link-Up' a forum of statutory and voluntary agencies involved with mental health services met every month. A joint presentation was being prepared for World Mental Health Day 2011.
- A Consumer Panel was established in October 2010. This was facilitated by mental health staff and included relatives and carers. Issues discussed were relayed to the clinical governance group and the senior management team.
- Staff reported that training had commenced to facilitate the transition of the service from being hospital to community based.

Operational policies

Staff reported that all Health Service Executive (HSE) and local policies were in operation in the day hospital. The service had admission and discharge, risk management, incident reporting policies.

Staff reported they had access to mandatory and other training although no cover was provided when they were absent. A record was kept in the ACNO's office.

Planning

Because of the institutional nature of the building, it was planned that the day hospital would move to the recently vacated St. Luke's ward in October 2011, on a temporary basis. This was an independent building and staff felt it would be an improvement on their current location. A Home Based Treatment Team would be based there.

Staff reported that plans were at an advanced stage for a further move to a new Primary Care Centre in two years time. This would be located on the other side of the city. It was hoped that this new service would be available seven days per week and would provide care to a more acutely ill population than was the case at the time of inspection.

Conclusions

This day hospital was inappropriately housed in an old psychiatric hospital. It was institutional in appearance. The standard of decor was poor. Staff felt the imminent temporary move to the vacated St. Luke's ward would improve the service but as a long term solution it was unacceptable that the day hospital be located within the grounds of the old hospital.

The clinical notes focused on biological aspects of patient care and multi-disciplinary care plans were underdeveloped. Staff reported that the Assessment Care Planning and Integrated Records System which was being developed would help address these deficits. Good links appear to have been made with community organisations and information on these was displayed on notice boards.

Recommendations and areas for development

1. *Plans to move to a community based model of care provision should continue.*
2. *Multi-disciplinary care plans should be introduced for all service users and these should be signed by the patient. Clinical notes should reflect a biopsychosocial model of care.*
3. *The introduction of sequential notes should be considered. A front page with details of demographic information should be included in the clinical files*
4. *The training needs of staff should be considered to facilitate the role change involved in developing a community based service.*
5. *Care should be taken that all policies are pertinent to a community based service.*
6. *Information should be provided to service users on the roles and functions of staff members within their treating team. Service users should be consulted on the type of local information that would be helpful to them.*