

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

DAY HOSPITAL INSPECTED	St. Columba's Day Hospital
EXECUTIVE CATCHMENT AREA	HSE Dublin Mid Leinster
HSE AREA	Dublin West/South West Mental Health Service
CATCHMENT POPULATION	253,046
LOCATION	Crumlin, Dublin
TOTAL NUMBER OF PLACES	21
DATE OF INSPECTION	21 April 2011

Details

Service description

St. Columba's day hospital was situated on the ground floor of a former monastery in a suburban area of Dublin. It was set back from a main road in its own grounds. The upper floor of the two storey building served as a continuing care unit. In addition to housing the day hospital the ground floor also served as the sector headquarters and housed the community outreach team. In spite of the age of the building, a warm welcoming atmosphere pervaded it. It was recently decorated making good use of colour to enhance the natural light of the building. Service users' art works hung on the walls.

There were five toilets with wash-hand basins for patient use in one block of the building. Although this area had been recently repainted, there was evidence of peeling paint and dampness. There was a musty smell, which staff reported was always present. There was no accessible toilet for the physically disabled.

The exterior of the building remained institutional in appearance. Although surrounded by green space this was underused. Staff reported that attempts had been made to develop a garden for service users in the past, but initial developments had been vandalised.

Staff reported the service was open from 0900 to 1700 hours, Monday to Friday for 10-16 patients daily. Groups were run until 1500 hours and this was followed by individual sessions with staff members. Average length of attendance was six weeks. Some people attended for the full day while others attended for specific groups according to need.

Hot meals were provided by the Ballyfermot Resource Centre. There was a choice of a hot dish, salad or toasted sandwich.

Most people accessed the service themselves by public transport and a taxi service was provided for a small number of patients who were not in a position to do that.

Premises

CHECKPOINT	RESPONSE
Are the premises part of a psychiatric hospital?	No
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?	Yes
How many activity rooms are there for service users?	2
How many service users are attending?	10-16 daily
Is there a facility for providing hot meals?	Yes

Referral procedure

The Crumlin community mental health team admitted patients to the service. Patients were referred from the in-patient or the out-patients clinic with a view to providing a crisis intervention service, or follow-on care. Referral letters accompanied patients and in the case of discharged in-patients their discharge care plans were faxed to the day service. Risk assessments accompanied the referrals.

Staffing levels

POST	NUMBER WTE	SESSIONS PER WEEK
Consultant psychiatrist		4 hours
Nursing staff	1 A/CNM2 +2 RPNS	
NCHD		6 hours
Occupational therapist		As required from CMHT
Psychologist		2 hours or as required from CMHT
Social worker		5-6 hours or as required from CMHT
Other		Yoga 1.5 hours Working artist 2 hours Drama (student placement) 12 weeks since January 2011

Range of services provided

Two multidisciplinary team meetings were held weekly. Staff reported these were attended by all disciplines, the home care team and day hospital staff. The best mix of home care or day care for each patient was decided at that meeting.

Each patient had an individual care plan (ICP) which was signed by the consultant psychiatrist usually on a monthly basis. Staff reported that the ICPs were prepared with the patient although there was no documented evidence for this. They also reported that patients sometimes refused to co-operate with the development of ICPs. This was not recorded. Staff reported that the care plans were prepared almost exclusively by nursing staff. The care plans inspected reflected this, with little input from disciplines other than medical or nursing. They did not reflect a multi-disciplinary approach to care. The disciplines who attended the MDTs were not recorded. Responsibility for interventions to achieve the targeted goals identified in the care plans was sometimes too general.

A number of weekly group meetings were held: - yoga, art, communication, socialisation and a 'Creative Expression' recovery group. Education groups were held on topics such as sleep hygiene, medication, 'Solution for Wellness', news and current affairs, cookery and goal setting. Staff reported that social outings took place regularly.

In addition, every patient was encouraged to join in activities run by the local parish e.g. a walking group.

A notice board displayed information about local services and the HSE complaints procedure. There was little evidence of written information about specific mental health conditions and their treatment, although staff reported verbal information was given in the various groups. Patients did not have access to the internet to research information about mental health available.

Although information was displayed which was sourced from the Irish Advocacy Network website, contact information for the Advocate was not displayed.

Service user input

Service users had been encouraged to run some groups e.g. the news and current affairs group. In some instances groups have been run on a 'shared leadership' basis.

A service user group met monthly.

A multidisciplinary senior staff group managed the affairs of the service, but there was no service user representative on this.

Quality initiatives in 2011

- A drama student from Maynooth was on placement in the service at the beginning of the year. The group was felt to be very beneficial to patients and appreciated by them. However this was done on a voluntary basis and ended with the student placement.
- The socialisation group had increased the number of outings it undertook during the year. It was linked to the Solution for Wellness group.
- New blinds had been bought for the windows, facilitating privacy.
- New chairs, delph and indoor plants had been bought. Purchases were funded by the Mental Health Association and HSE.
- A creative expression group had been initiated.
- The art group had been shortlisted for an Arts Award.
- A student occupation therapist was scheduled to commence on the week following inspection and would be supervised by the team occupational therapist.
- Work had commenced on improving care plans.

Operational policies

A range of policy documents relating to all community services were available. This included policies on admission and discharge, risk management incident reporting and staff training. A record was kept of training attended by staff which was available on the day of inspection. All policies were reviewed by the Organisational Policy Group.

The risk management policy expired on 24.1.2011. Staff reported that it was being reviewed.

Planning

Staff reported that a number of plans for the replacement of the old building had been discussed at senior level within the service in the past. However, these seem to have been put on hold and they were unaware of any recent plans for the development of the service.

Conclusions

This service provided care for a small group of patients who might otherwise be in hospital. The focus was on recovery. In spite of the nature of the old building staff had succeeded in working with its strengths to facilitate a service that was provided in a bright welcoming space.

In spite of this some deficits remained. The toilet block was damp and smelly and unsuitable for use in a modern health service. The age of the building meant that space was poorly used. Staff reported that some rooms were very large while there was a lack of small interviewing spaces. The exterior of the building was institutional in appearance and the grounds were underdeveloped. Within the clinical files, individual care plans were completed mainly by nursing staff and did not reflect a multi-disciplinary approach to care.

Plans for the future development of the service were unclear.

Recommendations and areas for development

1. *The toilet block should be refurbished.*
2. *Care plans should reflect a multidisciplinary approach to care. Attendance at team meetings should be recorded. Individual care plans should be reviewed to ensure greater specificity of responsibilities for treatment goals.*
3. *Consideration should be given to facilitating patient access to internet programmes relating to their mental health e.g. The ORCHID patient information system.*
4. *Contact details for the Irish Advocacy Network should be displayed.*
5. *Consideration should be given to how best to include service user representation in the development of the service.*