

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

DAY HOSPITAL INSPECTED	Day Hospital, Block 7, St. Mary's Orthopaedic Hospital
EXECUTIVE CATCHMENT AREA	North Lee/North Cork
HSE AREA	North Lee Mental Health Services
CATCHMENT POPULATION	56,000
LOCATION	Gurrabraher, Cork City
TOTAL NUMBER OF PLACES	90
DATE OF INSPECTION	1 September 2011

Details

Service description

This day hospital was situated in an independent building within the grounds of St. Mary's Orthopaedic Hospital in the north of Cork City. It was open Monday to Friday 0900h-1700h and was situated about two miles from the city centre. It was open since 2001 and was on a main bus route. A service was provided by two community mental health teams and the building was the sector headquarters for one of these. Three out-patient clinics were held in the building as well as a number of groups.

Premises

CHECKPOINT	RESPONSE
Are the premises part of a psychiatric hospital?	No
Are the premises an independent building?	Yes
Are the premises purpose built?	No
Are the premises accessible for public transport?	Yes
Is the sector HQ located in Day Hospital?	Yes (one CMHT)
How many activity rooms are there for service users?	5
How many service users are attending?	89
Is there a facility for providing hot meals?	No

Referral procedure

Referrals were accepted from in-patient and outpatient care as well as the Home Based Team. A referral form was completed for new referrals.

Staffing levels

POST	NUMBER WTE	SESSIONS PER WEEK
Consultant psychiatrist	2	3
Nursing staff	3	Full time
NCHD	3	3
Occupational therapist	1	0.3 X 3 OTs from community mental health teams.
Psychologist	1	Based in day hospital
Social worker	1	Based in day hospital
Activities therapist	0	0
Other	1.2	Psychotherapists

Range of services provided

Service users attended the service for specific interventions only i.e. groups or individual psychotherapy or support. The following groups were provided - wellness and recovery, relapse prevention and psychosocial education. An anxiety management group ran for eight weeks and a relaxation group was held two afternoons per week.

Multidisciplinary Team (MDT) meetings were held either in the day hospital or at the acute unit in Mercy University Hospital. Staff reported that meetings had been relocated to the hospital recently because of staff shortages.

Multidisciplinary care planning was not used. Staff reported that health and social care professionals who attended MDT meetings recorded their own goals for the patients. They subsequently made entries into the medical section of the clinical files. Nursing and medical notes were not integrated.

Two clinical files were examined. There was no risk assessment for one service user. A new risk assessment form and policy were awaiting approval by senior management.

Staff reported that domiciliary visits were carried out by community mental health nurses, social workers and members of the Home Based Team which was also based in the centre. Depot clinics were held on Mondays and Thursdays.

Service user input

A focus group for service users had been conducted when the service was being set up. This had influenced the form of the new service i.e. some groups were held three days per week, at the suggestion of service users.

Staff reported that at the time of inspection no formal system for the involvement of service users existed although informal feedback was positive about the service.

Information on the Irish Advocacy Service was available and staff reported that the representative visited as needed.

Quality initiatives in 2011

- An audit of people presenting with psychotic symptoms was being conducted to assess their follow-on care.
- An audit of service activity in City North had taken place.
- A psychotherapist had been employed for one team for one day per week. Professional supervision was in place.

Operational policies

The service had had limited success in developing specific policies for the day hospital. There was no admission and discharge policy. An Operational Framework Document provided guidance on referral, discharge, risk management, education, advocacy and audit. However, this was still in draft form although it was developed three years ago.

A Risk Management group met monthly in the acute unit. However the staff were unaware of how that related to the day hospital service. A policy on incident reporting was available, and an incident book was kept. However, staff were unaware of whether a system was in place for reviewing or learning from incidents at a local level.

Staff reported that mandatory training was available, and courses in violence and aggression, manual handling and cardio-pulmonary resuscitation (CPR), had been completed. In addition, staff had received training in dialectic behaviour therapy and rational emotive therapy. One staff member reported he was to attend cognitive behaviour therapy (CBT) training in September.

Planning

Staff reported that plans were in hand for the development of a more acute service which might have a role in the prevention of hospital admissions. They hoped to introduce an early intervention group for people with schizophrenia.

Conclusions

This day hospital was situated in a disadvantaged area of Cork city. The building was the sector headquarters for one of the community mental health teams it served. It was bright and well maintained for the most part although two toilets were in need of refurbishment. Both had mould growing on the ceilings. One had peeling paintwork. One of these was being redecorated at the time of inspection.

While staff reported that multidisciplinary team meetings took place and were attended by the various disciplines there was little evidence from the documentation that an integrated approach to care took place. Multidisciplinary care plans did not exist and clinical notes were not integrated. Policies were underdeveloped and staff were unsure about governance procedures.

On the positive side, plans were in hand to expand the service to include more people with enduring mental illness. Staff were planning to introduce a group for the management of psychotic symptoms and for family education and support. Mandatory and elective staff training continued to be provided in a difficult economic climate.

Recommendations and areas for development

1. *Clinical notes should be integrated.*
2. *Multidisciplinary care plans should be introduced.*
3. *A risk assessment should be completed for all attendees.*
4. *Policies should be reviewed so that where necessary, community specific policies should be introduced.*
5. *Refurbishment of the toilet areas should continue.*
6. *Plans to develop the acute service should continue.*