

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

<b>DAY HOSPITAL INSPECTED</b>	Loughrea Day Hospital
<b>EXECUTIVE CATCHMENT AREA</b>	Galway Mayo Roscommon
<b>HSE AREA</b>	HSE West
<b>CATCHMENT POPULATION</b>	110,100
<b>LOCATION</b>	Loughrea, Co. Galway
<b>TOTAL NUMBER OF PLACES</b>	120
<b>DATE OF INSPECTION</b>	1 June 2011

## Details

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### Service description

The Loughrea sector team headquarters was located within Loughrea day hospital. The Loughrea sector team served a population of 30,000. The day centre was located in the centre of Loughrea town and was open Monday to Friday from 0900h to 1700h. Nursing staff operated a week-end service. Service users were referred to the week-end service and each service user referred had a specific plan of care for the week-end. The space in the building was limited and there was very poor wheelchair access. The team were actively pursuing more suitable accommodation.

### 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 by public transport?	Yes
Is the sector HQ located in Day Hospital?	Yes
How many activity rooms are there for service users?	5
How many service users are attending?	120
Is there a facility for providing hot meals?	No

### Referral procedure

Service users were referred by general practitioners (GP), in-patient or outpatient services. Referrals were allocated to members of the multidisciplinary team (MDT). All referrals were assessed by one or two members of the MDT team working jointly. The assessment process was person-centred and lengthy consultations were held. There was emphasis on family involvement. All team members carried out home based treatment and there was a rapid assessment for emergencies. There was close liaison with GPs through two monthly liaison meetings.

**Staffing levels**

POST	NUMBER WTE	SESSIONS PER WEEK
Consultant psychiatrist	1	As required
Nursing staff	6	Full time
Non consultant hospital doctor	1 plus GP trainee	As required
Occupational therapist	1	As required
Psychologist	1	As required
Social worker	1	As required
Cognitive Behavioural Therapist	1	As required
Addiction Therapist	1	As required

**Range of services provided:**

There was strong multidisciplinary working in this sector team. Every service user had an up-to-date individual multidisciplinary care plan. There was a weekly multidisciplinary team meeting in the Day Hospital. Each service user was assigned a care co-ordinator following a core needs assessment.

The service user had access to occupational therapy, social work, psychology, addiction counselling and cognitive behavioural therapy.

A wide range of individual and group therapy was carried out. The programmes provided included Wellness and Recover Action Plan (WRAP), anxiety management, cognitive behavioural therapy, assertiveness training and stress management. An eating disorder programme was also held.

The service provided an Early Intervention Service, an Acute Service, a Crisis Resolution Service and an Assertive Outreach Service. Domiciliary visits were provided by each team member where indicated.

**Service user input**

There was strong service user input into the services offered. Service users were involved in sector business meetings, education and were represented on different committees. There was also a carers group.

There was no service user satisfaction survey conducted.

Voluntary agencies such as AWARE, GROW and SHINE also held groups on the premises of the day hospital.

### **Quality initiatives in 2011**

- Loughrea sector team was very active in clinical audit. This included the consultant psychiatrist being a member of the Audit Steering Committee.
- Audits included an assessment and referral audit, an audit of blood monitoring with lithium and an audit of the weekend service in the sector.
- The weekend service was opened in 2008 and provided an excellent service for service users at weekends and bank holidays. It was a nurse run service.
- The seamless nature of the service was evident with movement between the different care options available according to service user needs.
- Every service user had an up-to-date individual care plan and a care co-ordinator.
- The service had received a number of awards as a service of excellence. This included HSE Team Working Award 2007, a Taoiseach's award for Excellence in Public Services in 2008 and the National Service User Executive awarded the service the title "Best Community Mental Health Team in the Country" in 2010.

### **Operational policies**

There were a number of policies available including a policy on lone working which was excellent. The catchment area policies, including risk management policy, applied and were readily available.

There were local policies on contingency planning, referrals, admissions, lithium monitoring, weekend services and clozapine monitoring.

Incidents within the service were reported and audited, as required.

### **Planning**

There were sector business meetings held monthly which had service user involvement and planning took place at these meetings. There was no written plan available for the sector.

Plans include sourcing a new day hospital building and it had been suggested that a local Care of the Elderly hospital could provide a premises.

### **Conclusions**

The service offered to service users through the day hospital was excellent and well deserving of the awards that it had received.

Each service user was assigned a care co-ordinator and had an individual care plan following a core assessment by a member of the multidisciplinary team. Multidisciplinary team working was strong and a wide range of therapies was offered. There was liaison with GPs through regular meetings and there was evidence of service user involvement.

This appeared to be a very seamless service where service users' needs were thoroughly assessed, there was access to multidisciplinary team members as required and the service user could move through different packages of care depending on need.

**Recommendations and areas for development**

1. *There should be a written plan for the service.*