Mental Health Services 2011

Inspection of Mental Health Services in Day Hospitals

DAY HOSPITAL INSPECTED	Willowdale
EXECUTIVE CATCHMENT AREA	HSE West
HSE AREA	Limerick, Clare and North Tipperary
CATCHMENT POPULATION	50,000
LOCATION	Raheen Limerick
TOTAL NUMBER OF PLACES	700 per annum
DATE OF INSPECTION	27 August 2011

Details

Service description

This day hospital service was provided from a community mental health centre on the outskirts of Limerick city. Its population was based in the disadvantaged inner city as well as across a geographically spread rural hinterland. It was opened in the mid-nineties in an adapted private residence in its own grounds. Staff reported that the building was about one hundred years old. A prefabricated extension has been added in recent years. The building was in need of redecoration and on the day of inspection it was being painted. It opened Monday to Friday, from 09.00h-17.00h. It was on a bus route and staff reported there was a good bus service to the city centre. A more limited service was available to rural service users and the service had adapted to facilitate those service users. Staff reported that there were some organisational boundary issues as some patients travelling to Willowdale had to bypass another day hospital to get there.

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?	**One**
How many service users are attending?	**50-100 per week**
Is there a facility for providing hot meals?	**No**

Referral procedure

Two consultant psychiatrists admitted patients to the day hospital. One consultant served a population of 35,000. The other served a reduced population of 15,000 and also provided a psychotherapy service. One multidisciplinary team (MDT) served both sectors.

Referrals were accepted from general practitioners (GPs), the Accident and Emergency Department of Limerick Regional Hospital, the acute psychiatric unit and the out-patient clinics. The service had its own referral forms. A meeting was held with GPs in the area in November 2010 to inform them of the services available and the referral procedure. Staff reported that relationships with GPs were good.

A phone call was made each morning to the acute unit for information on admissions and discharges. A weekly in-patient ward round was held by the consultant psychiatrist and attended by staff from the centre. Potential referrals to the out-patient service were identified and subsequently discussed at the community mental health team meeting. Staff reported that an assertive outreach nurse was in place to facilitate ease of access and review of care for those presenting in crisis or with deliberate self harm. The nurse saw each service user on three occasions prior to discharge from the in-patient

service to discuss follow-up and relapse prevention. Discharged service users were seen in the community review clinic within two weeks. In the case of two clinical files examined, new service users had been seen within days of referral.

Staffing levels

POST	NUMBER WTE	SESSIONS PER WEEK
Consultant psychiatrist	2	4 each + 1 group
Nursing staff	5	6 each
NCHD	1 registrar+ 1 senior house officer	Full time
Occupational therapist	1	5 sessions per week
Psychologist	1	Full-time
Social worker	1	6 (shared with in-patient unit)
Activities therapist	1	1 day per week
Addiction worker volunteers	2	2 days (supervised by consultant psychiatrist)

Range of services provided

Staff reported that multidisciplinary team meetings were held weekly. At these meetings a treatment plan was decided upon and entered into the clinical notes for all new service users. At that stage management of risk was discussed and the case was allocated to the relevant discipline. A referral book contained information on referrals made to different team members and in addition, a team meeting book documented decisions made. Thereafter, each discipline decided on its own care plan and this was entered into the clinical notes independently by each discipline. Progress was discussed at team meetings and entered into the clinical notes, but not into a care plan.

This system was under review and a new care plan was being piloted elsewhere in the mental health service which staff hoped would be introduced to Willowdale in the near future. It was already in place for a small number of service users. In the case of one clinical file examined the individual care plan had not been signed by the staff member or service user.

Service users attended a variety of groups which were held weekly, fortnightly or monthly i.e. Wellness, Recovery Action Plan (WRAP), education for new service users and their families, anxiety management, Mindfulness, medication management, confidence building and assertiveness and a substance misuse group. The consultant psychiatrist did group psychotherapy, focussing on anxiety and relationship issues. In addition, service users attended for individual sessions with members of the multidisciplinary team.

Domiciliary visits were conducted by the occupational therapist, social worker and community mental health nurse. The senior house officer occasionally visited people at home who had declined to engage with the service.

A range of information leaflets were available in the waiting area. However there were no leaflets on specific mental disorders or their treatment. There was no internet based program.

Service user input

A representative of the Irish Advocacy Network visited the service every six weeks. Contact details were displayed on the notice boards.

Copies of 'Your Service Your Say' were available and staff reported that service users were encouraged to complete these. Staff reported that complaints were few and tended to be about waiting times.

No service user spoke to the inspectorate on the day of inspection.

Quality initiatives in 2011

- The building was being redecorated on the day of inspection.
- A reorganisation of nursing roles had resulted in service users being able to attend on days that suited them. The staff nurse in the day hospital coordinated the clozaril and depot clinics and phlebotomy. Staff reported that consequently, service users got more individual time.
- This rearrangement had also resulted in reduced waiting times for people attending for appointments.
- Staff reported that the introduction of the new individual care plan would facilitate greater service user involvement in formulating and signing of their care plans. One clinical file in which the new system was operational was examined and this had been done.

Operational policies

Mental health service policies for the catchment area were available on the intranet.

The service had its own policy on admission, discharge and incident reporting.

The risk management policy was being revised in light of a violent incident which occurred in another day hospital. A safety statement was being prepared for the service. All service users were assessed for risk prior to referral and if they were deemed to be a risk to others that person was seen on the ward and not in the day hospital. Violent incidents had occurred in the past as some people referred to the service had belonged to gangs and had been armed. The service was security conscious. Access doors were locked and admittance was by use of a code or swipe card. All offices had two exit points although there were no observation panels on the doors. Staff reported the latter would be considered as part of the Safety Statement. Staff reported that they had requested a security officer be assigned to the service but that had not been done at the time of inspection.

A record of nursing staff training was maintained by the service and seen on the day of inspection.

Planning

Staff reported that consideration was being given by senior management to extending the opening hours of the service so that it would eventually be open for seven days on a 24 hour basis. In addition, staff reported that consideration was being given to the rearranging of sector boundaries to better facilitate the urban/rural nature of the service.

Conclusions

This day hospital provided a community based mental health service in line with Vision for Change principles. A range of services was provided to people with mental disorders. Good links appeared to have been established with both the in-patient service and the GPs in the area as well as to local non-statutory agencies. Nursing staff reported good relationships within the service so that all members of the MDT worked well together. However, one mental health team was particularly under-resourced. Various staff members reported that this limited the service that could be provided given the deprived nature of parts of the population.

Recommendations and areas for development

1. *The new individual care plan should be introduced as soon as possible.*

2. *All disciplines should contribute to the development of the individual care plans at the multidisciplinary team meetings.*

3. *Care should be taken that the individual care plan is signed by the service user as well as the staff member.*

4. *Boundary issues which result in service users having to bypass one day hospital to get to another should be examined.*

5. *Written and web-based information on mental disorders and their treatments should be made available to patients and their families.*

6. *The multidisciplinary teams should be fully resourced.*