

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

DAY HOSPITAL INSPECTED	Alorstar Day Hospital
EXECUTIVE CATCHMENT AREA	Galway, Mayo and Roscommon
HSE AREA	West
CATCHMENT POPULATION	413,383
LOCATION	Portumna
TOTAL NUMBER OF PLACES	50 per week
DATE OF INSPECTION	31 May 2011

Details

Service description

Alorstar day hospital was a detached building, formerly a private residence, which was situated in the heart of Portumna. The service operated from Monday to Friday between 0900h and 1730h. The multidisciplinary team (MDT) met once per week.

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?	No
Is the the sector HQ located in Day Hospital?	Yes
How many activity rooms are there for service users?	5
How many service users are attending?	50 per week for individual sessions
Is there a facility for providing hot meals?	No

Referral procedure

Referral to the day hospital was made by the general practitioner (GP), the Portumna sector team attached to St. Brigid's Hospital, Ballinasloe, and by out-patients. The activity of the day hospital was captured electronically by each staff member who was responsible for inputting their own activity and statistics were then collated on a monthly basis.

Staffing levels

POST	NUMBER WTE	SESSIONS PER WEEK
Consultant psychiatrist	1	As required
Nursing staff	2 CNM2s and 2 RPNs	Full time
NCHD	2	As required
Occupational therapist	0	0
Psychologist	1	As required
Social worker	1	As required
Activities therapist	0	0
Other – Addiction therapists	2	As required

Range of services provided

The multidisciplinary team (MDT) met once per week on Wednesdays. Each member of the MDT carried out generic assessments of individuals who had been referred. There was no waiting list and all individual members of the MDT had a case load averaging about 16 service users. Regular review of the Recovery Care Package (MDT care plan) was undertaken by the key worker. The psychologist on the team worked between Portumna and Gort. It was reported to be also an asset to nursing staff in terms of training in Dialectical Behaviour Therapy (DBT), in training in suicide prevention (STORM) and in interlinking with individual members of the team. There were two social workers, one based in Portumna and the other based in Gort. There were two addiction counsellors one based in Portumna and the other based in Gort. All staff undertook a reflective practice session once per month and availed of regular clinical supervision with an outside psychotherapist. One RPN attached to the day hospital also covered one of the low support community residences.

Service user input

There was information on peer advocacy supplied by the Irish Advocacy Network (IAN) which included the name of the peer advocate and contact number. The peer advocate called usually on days when the day hospital had clinics operating. A carer's support group was also operational.

Quality initiatives in 2011

- There was evidence of regular audits such as clozapine and lithium. An audit journal of all audits was compiled.
- The service was preparing to undertake a service user satisfaction survey.

Operational policies

The service had a full suite of policies for the overall East Galway services. The day hospital also had service-specific policies such as an admission policy and a lone working policy. All day hospital attendees had been risk assessed and this was reviewed on an on-going basis. All staff had undergone recent training in Crisis Prevention Intervention (CPI), Cardio-Pulmonary Resuscitation (CPR) and fire safety. There had been no written complaint to the service. The day hospital operated a suggestion box for service users and families/carers.

Planning

A proposal had been made by senior nursing staff to form a new nursing team with current staff from Callow View Community Residence, which was due to close shortly, combined with the staff member from the Interventions Team, to provide a high level of support initially to service users who have moved to independent living. The new team would absorb the current case load in home care, support extended hours in the day centre and take referrals from the MDT. It was envisaged that it would operate as a rapid response service to service users who needed intensive periods of care in their home.

Conclusions

Alorstar was a well-run and well-managed service. There were excellent examples of MDT working. Each service user was assigned a key worker and had an MDT care plan following a core assessment by a member of the MDT. MDT working was strong and a wide range of therapies was offered. There was evidence of service user involvement.

Recommendations and areas for development

1. The proposal to provide an out-of-hour's service for the mental health service in the sector warrants positive consideration.