

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

DAY HOSPITAL INSPECTED	Kilrush Day Hospital
EXECUTIVE CATCHMENT AREA	Clare, Limerick, North Tipperary
HSE AREA	West
CATCHMENT POPULATION	20,000
LOCATION	Kilrush, Co. Clare
TOTAL NUMBER OF PLACES	25 per day
DATE OF INSPECTION	20 July 2011

Details

Service description

Kilrush Day Hospital, a former convent, was opened in 1986 as a day hospital and was located in the grounds of the Community Hospital in Kilrush, Co. Clare, near the centre of the town. Operating hours were from 0900h to 1700h Monday to Friday. The day hospital covered the West sector of Clare and extended from the outskirts of Ennis to Loop Head and from Kildysart to Miltown Malbay. The aim of the day hospital was to provide an accessible, responsive and equitable community based service that was oriented towards the service user. The day hospital provided "crisis slots" on a daily basis in which the NCHD was available should such service user crises occur during the week. A community mental health nurse (CMHN) covered day hospital attendees during the weekend should a crisis occur.

The day hospital had a Snoezelan room, a Family Therapy room, a fully-equipped exercise room and an occupational therapy kitchen. There were shower facilities for service users should the need for such arise.

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 sector HQ located in Day Hospital?	Yes
How many activity rooms are there for service users?	6 plus offices
How many service users are attending?	25 per day excluding out patients
Is there a facility for providing hot meals?	Yes

Referral procedure

There was one point of referral to the Day Hospital from the West and North Sector teams headed by the one consultant psychiatrist. The multidisciplinary teams (MDTs) of both sectors met each Thursday between 1100h and 1200h during which any referrals were discussed. General practitioners (GPs) referred service users to the MDTs. Any inpatients or outpatients of both MDTs may also be referred to the day hospital. Following the acceptance of a referral, a key worker from the MDT was allocated to the service user for screening and assessment. The service aimed to see crisis referrals within 24 hours, urgent referrals within a week and routine referrals within a month.

Staffing levels

POST	NUMBER WTE	SESSIONS PER WEEK
Consultant psychiatrist	1	This information was not provided by the service upon request by the Inspectorate.
Nursing staff	4 (2 Clinical Nurse Specialists, 1 Community Mental Health Nurse, 1 Clinical Nurse Manager 2)	
NCHD	0.5	
Occupational therapist	0.5	
Psychologist	1.0	
Social worker	0.5	
Activities therapist	0	
Other – Art therapist	0.2	

Range of services provided

The MDT used the Functional Assessment of the Care Environment (FACE) and the Health of the Nation Outcomes Survey (HONOS) as assessment tools. No care plans were used in the day hospital but there were plans to introduce multidisciplinary care planning in the immediate future. Domiciliary visits did not occur routinely but as a crisis intervention. A clinical contact triggered by a service user crisis may take place in the day hospital or in the service user's home. One CMHN was on call over weekends to cover Clare Mental Health Services should such a crisis occur. Following assessment by the key worker an appropriate therapeutic programme was commenced in consultation with the service user and the service user's family where appropriate. Should numbers demand, appropriate needs-based groups for specialist intervention such as Solutions to Wellness and Anxiety Management were activated.

Service user input

Service users were occupied in groups and in one-to-one session work at the time of inspection. The contact details of the Irish Advocacy Network (IAN) Representative were displayed in a prominent position in the day hospital. The advocate called a number of times a year or whenever contacted by a service user.

Quality initiatives in 2011

- The FACE had been introduced.
- The development of CNS clinics in GP practices in the primary care setting had taken place.
- Assertive outreach was being developed by the service. A consultant psychiatrist from Devon, England, had visited the service to see how assertive outreach might be developed in a tailor-made and streamlined fashion.
- A Creative Energies Group (Drama and Song) to develop social skills and performance on stage was ongoing.
- The CNM2 had completed Cognitive Behaviour training and the nurse prescribing course.
- A Gardeners Group had been instigated.
- A CMHN was undergoing a “Train the Trainers” course in Prevention and Management of Aggression and Violence (PMAV).
- In a joint initiative nursing staff and social workers of both sectors (West and North) were facilitating eight to 10 week recovery groups.
- The day hospital took undergraduate students from all disciplines for placements.

Operational policies

The day hospital had a Unit Profile and a full suite of policies including an admission policy and a discharge policy. All incidents were reported and placed on the STARSweb system. The Assistant Director of Nursing for the sector was the complaints officer. The Historical Clinical Risk Assessment (HCR-20) was the standard risk management policy and procedure. All staff had received mandatory training in cardio pulmonary resuscitation and manual handling. Update training in PMAV was about to be rolled out.

Planning

The day hospital had a five-year plan called "Action Plan 2007". The kernel of the plan was to facilitate more specialist intervention for service users in the community setting in line with *A Vision for Change*.

Conclusions

Kilrush Day Hospital was well-located in the Community Hospital in the heart of the town. For patients who lived outside the town, access could be difficult as there was no public transport. Approximately 25 service users attended the day hospital every day for one-to-one specialist sessions or for specialist groups provided by the multidisciplinary team members of the sector team. The provision by the service of "crisis slots" was a good practice.

Recommendations and areas for development

- 1. Multidisciplinary care plans should be introduced for service users.*