

INSPECTORATE OF MENTAL HEALTH SERVICES

WHOLE SERVICE EVALUATION WATERFORD MENTAL HEALTH SERVICES 2012

Introduction

The Inspectorate of Mental Health Services continued its programme of whole service evaluation (WSE) in 2012 with an inspection of four catchment area services, one of which was the Waterford MHS. Waterford/Wexford comprised an integrated service area, with a catchment population of 250, 577 persons, for the delivery of the MHS in the south east. The inspection visit, carried out from the 25th to the 27th June 2012, aimed to evaluate the range of services and integration of care pathways provided to service users in Waterford. Waterford had a population of 113,707 persons across urban and rural areas and delivered services via three sector teams and specialist teams dedicated to rehabilitation, psychiatry of old age and child and adolescent mental health.

The inspection visit was unannounced. During the course of the inspection, inspectors had the opportunity to meet with several members of the service who facilitated the inspections and were most helpful.

The services inspected were:

- Department of Psychiatry (DOP), Waterford Regional Hospital
- St. Otteran's Hospital, Waterford
- City sector team outpatients in Brook House, Waterford city
- West sector team outpatients in Newport House, Dungarvan
- Day Hospital Brook House, Waterford city
- Psychiatry of Old Age team outpatients, Newport House, Dungarvan
- Child and Adolescent Mental Health Service (CAMHS) team outpatients at Waterford Regional Hospital
- Day Centre services at the Activation Therapy Unit (ATU), St. Otteran's Hospital
- Day Centre, Newport House, Dungarvan

The report for each of these individual units is available in the Inspector of Mental Health Services Inspection reports 2012 on the Mental Health Commission website.

Approved Centres

In-patient care was provided by two approved centres with a total of 98 in-patient beds.

The Department of Psychiatry (DOP), on the lower ground floor of Waterford Regional Hospital (WRH) had 44 beds and provided in-patient care for the counties Waterford, South Wexford and South Kilkenny. It was a busy unit with five General

Adult sector teams, two Psychiatry of Old Age teams and two Rehabilitation teams all admitting residents to the unit. Residents admitted from the Wexford catchment area had a consultant psychiatrist team dedicated to their care whilst in-patient in the DOP. The DOP was laid out in a 10-bed acute and a 34-bed sub-acute section. Building work was underway so as to provide an expanded unit with enhanced facilities. This was to be welcomed, especially in relation to those residents accommodated in the acute section, where current facilities were unsuitable and counter-therapeutic. It was planned to have a six bed section in the refurbished unit dedicated to psychiatry of old age residents and this was to be welcomed also. At the time of inspection, individual care plans were not in place for all residents, however, the service addressed this and at the re-inspection visit in November 2012 all residents had an individual care plan. The DOP was one of the expert centres for the provision of ECT and continued to maintain excellent standards in this regard. Multidisciplinary teams were very poorly resourced with health and social care professionals and this was reflected in the scope of services provided to in-patients and more particularly in the provision of care pathways in the community.

St. Otteran's Hospital a 54-bed approved centre had been built in 1835 and was located in Waterford city. It was in the process of reducing its bed complement and the service expected to close St. Monica's ward by September 2012. Most of the residents of St. Monica's ward had moved to nursing homes. The closure of this ward would mean that in the future no resident would be accommodated in the older part of the building. The Rehabilitation team and the Psychiatry of Old Age team had responsibility for the care of residents. There was good integration of in-patient and community based treatment for both rehabilitation and psychiatry of old age service users.

Community Services

General Adult: Four sector teams provided community mental health care to Waterford County. The West sector and the City sector teams were visited.

The City sector team served a population of 52,000 and the outpatient clinic was located in Brook House, Cork Road, Waterford. The City sector team comprised a good range of multidisciplinary staff, however, team resources were not in line with A Vision for Change recommendations. The West sector team Newport outpatient's service was located to the rear of St. Joseph's Community Hospital in Dungarvan and served a population of 49,000.

Both sector teams shared the following features. There were no sector headquarters and the multidisciplinary teams were dispersed across different locations. There was little evidence of a multidisciplinary culture in the delivery of care. Outpatient appointments were provided by medical staff. The waiting time from referral to appointment was five to ten days and urgent referrals were seen at the next clinic. Communication between the sector team and the GP was good and shared care was common. Service users might be referred from the outpatients to the day hospital or day centre and referral documentation did not generally specify the intervention required. Discharge planning was not evident in the individual clinical files inspected.

Brook House Day Hospital was based in newly renovated premise. Four sector teams referred service users to Brook House and there was an average of three to

four hundred attendances per week. Brook House was reported to be evolving from a day centre to a day hospital. From the literature available in the facility, it still very much described itself as a day centre. The “Therapies/Groups Available in Brook House” list was representative of a more day centre approach to care in the use of diversional therapies rather than on individual treatment approaches to care one would expect to find in a day hospital. Social work and psychology kept separate clinical notes and this did not allow for a clear pathway of care and treatment to be garnered from reading the clinical files. There was no admission and discharge policy for the day service.

Newport House Day Centre in Dungarvan, was managed by the Rehabilitation team, and provided an excellent therapeutic programme and individuals were referred for specific therapeutic programmes based on assessed need. There were 22 attendees daily and individual care plans were evident. The day centre had a recovery ethos and there was good service user involvement. There was good multidisciplinary teamwork in place.

The Activation Therapy Unit (ATU) served a catchment population of 125,000 and was located in the 19th century St. Otteran’s Hospital building. The building required some refurbishment. The Rehabilitation team and four sector teams referred service users to this service and thirty persons attended each day. There was an excellent programme of activities, however, staffing resources made for difficulties in maintaining this. All attendees received a small stipend. A unique feature of this service was the laundry where eight service users worked and received an additional payment for their participation. The laundry catered for the personal laundry of in-patients in the hospital.

Child and Adolescent Mental Health Services (CAMHS):

There was one CAMHS team located on the campus of Waterford Regional Hospital. The team provided care for children up to 18 years of age. An additional consultant psychiatrist was required for the team. There was good multidisciplinary teamwork. Despite the provision of twenty child and adolescent in-patient beds in the region there was difficulty of access, especially in an emergency situation. There was no day hospital provision in the Waterford CAMHS.

Psychiatry of Old Age (POA) Services:

This team served the Waterford and South Kilkenny population of 15,000 persons over 65 years of age. There was no team base, with MDT member being dispersed across three different locations. Despite this, the POA team was a well managed MDT with clear roles and communication and provided an integrated care pathway for service users and their families. An inspection visit was made to the POA team at the Newport House out-patients’ clinic. The individual clinical files inspected showed excellent care planning in both the short and long term, collaborative working with

GPs, families and carers. There was no day hospital facility and this was a particular challenge in providing community based care. There was no early-dementia service and no memory clinic. The POA consultant psychiatrist provided a liaison service for older persons at Waterford Regional Hospital. Initial assessments were usually carried out in the service user's home. The post of clinical nurse specialist was not in place and this made for a deficit in the provision of dementia support and education for families and nursing homes.

The catchment area mental health services did not provide dedicated services in the following three areas. Nonetheless, a mention is made here for the purpose of providing a clear overview of Waterford MHS.

1. Mental Health and Intellectual Disability (MHID): There was no MHID team within the integrated service area. MHID services were provided by a voluntary service the Brothers of Charity.

2. Liaison Psychiatry: Liaison psychiatry services, such as they were, were not inspected as part of this WSE, however, they were reported on in the 2010 inspection reports. WRH, in addition to its medical and surgical in-patients and 10 outpatients services was also one of eight Regional Cancer Centres. Waterford MHS did not have a dedicated Liaison service. As a result sector medical staff provided approximately 400 liaison consultations to the medical/surgical wards at WRH annually. Emergency consultations were also provided to the Emergency Department; there were approximately 1,000 per annum. There was a MHS nurse specialist post in liaison psychiatry in the emergency department. The Mental Health Services for Older Persons (MHSOP) provided liaison services to St. Patrick's Hospital, Waterford City and Dungarvan Community Hospital.

3. Forensic Mental Health Services: There was no regional Intensive Care Rehabilitation Unit (ICRU) and no Forensic Mental Health team within the integrated service area. Forensic mental health services came under the remit of the National Forensic Mental Health Service based at the Central Mental Hospital, Dundrum, Dublin. There was no governance structure in place for the provision of an integrated forensic mental health service throughout Ireland.

Conclusion

The Waterford catchment area was part of the Waterford/Wexford integrated service area. This had required the development of the DOP as the acute admission unit for Waterford and South Wexford and management and clinical staff had worked hard to achieve this transition and to develop an integrated care pathway. The DOP was undergoing extensive renovation to render it a more suitable environment, in particular for high dependency residents.

The community based services were varied in their quality. Some had a recovery ethos with therapeutic programmes based on assessed individual need and good multidisciplinary teamwork. Others functioned as more traditional day centres with no clear service plans, with poor multidisciplinary teamwork and little evidence of individual care planning.

The sector teams were historically under-resourced and the culture of multidisciplinary teamwork was generally not well developed. This was evident in the clinical files inspected across the service. Additional health and social care professional posts had been applied for. The service needed to address the development of multidisciplinary teamwork and individual care planning.

Inspectors spoke with some health and social care professionals by telephone, because representatives of this group were not in attendance at the WSE feedback meeting which was attended by management, nursing and medical personnel. Robust and representative governance structures and processes were required to facilitate the development of this service in line with *A Vision for Change* policy.