Mental Health Services 2012

Inspection of Mental Health Services in Day Hospitals

EXECUTIVE CATCHMENT AREA/INTEGRATED SERVICE AREA	Dublin North City
MENTAL HEALTH SERVICE	St. Vincent's Hospital, Fairview
HSE AREA	Dublin North Central
DAY HOSPITAL	Crannog Day Hospital
CATCHMENT POPULATION	97,000
LOCATION	St. Vincent's Hospital, Fairview
TOTAL NUMBER OF PLACES	Day Hospital 26 Home Care 7
AVERAGE NO OF WEEKLY ATTENDEES	Day Hospital 30 Home Care 7
TYPE OF INSPECTION	Unannounced
DATE OF INSPECTION	4 September 2012

Summary

- Crannog Day Hospital provided a good community service as an alternative to admission.
- The day hospital offered a seven day service and was open from 0800h to 2000h.
- The emphasis on providing psychotherapy was excellent.
- All service users had a working individual care plan drawn up by the multidisciplinary team. It was recommended that the service user have a more formal input into their care plan and this should be documented.
- The staff were knowledgeable and were keen to improve the service.

Details

Service description

Crannog Day Hospital covered a population of 97,000 and was located in the grounds of St. Vincent's Hospital, Fairview. Four community mental health teams referred to the day hospital. The day hospital was staffed by its own team of nurses and doctors who took over clinical responsibility for the service user on admission to the day hospital. The resident was then referred back to the sector team on discharge from the day hospital. There was input from the psychotherapy department and the substance abuse department. There was also a homecare team attached to the day hospital.

The day hospital offered a seven day service and was open from 0800h to 2000h.

Premises

Crannog Day Hospital was located in the grounds of St. Vincent's Hospital Fairview but had its own entrance. It was a bright modern purpose-built unit that was very welcoming for service users. It was well maintained and very clean.

There were five interview rooms, a group room, one relaxation room and a kitchen for cookery groups. There was also a dining room where service users could have soup and sandwiches and a garden space where a small gardening project was in operation.

The day hospital was accessible by public transport and had adequate car-parking space. The premises were wheelchair accessible.

The entrance hall and other rooms were filled with relevant mental health and other agency information in the form of leaflets and posters.

Care Pathway

Four community mental health teams (CMHTs) referred service users to the day hospital. A referral form was used. Each referred service user was assessed by medical and nursing staff, using a pre-admission assessment form. An initial individual care plan was drawn upon admission, followed by multidisciplinary care plan after the multidisciplinary team meeting. Each service user was assessed as to their psychotherapeutic needs and then referred for appropriate psychotherapy. Emphasis was placed on providing "talking therapies". Each service user was assigned a key worker who coordinated their care. There was a weekly multidisciplinary team meeting at which individual care plans were reviewed.

It was obvious that the individual care plan was a working document for the nursing staff which was excellent. However there was little documented evidence of how the service user was involved in drawing up their care plans. For example very few of the care plans were signed by the service users and there was no record of service users' views or wishes documented.

Only two of the four CMHTs referring service users attended the multidisciplinary team meetings. Community mental health nurses from the other sectors would attend at other times. Great efforts were made by the nursing staff in the day hospital to ensure that there was regular communication between themselves and the sectors teams about their patients. Staff stated that it would be helpful if all sectors sent a representative to the weekly team meeting.

Discharge was carefully planned. A new discharge summary was at a pilot stage and this appeared to be an excellent document developed by the nursing staff.

The service had developed a database of service users. However this was confined to the centre itself and could not be used to coordinate care across other areas of the service.

Staffing levels

POST	NUMBER
Consultant psychiatrist	sessional
Nursing staff	7 Plus 2 nurses on home care team
NCHD	1 senior registrar 2 NCHDs
Occupational therapist	0
Psychologist	Access
Social worker	0
Activities therapist	0
Other	Access to substance abuse department

Range of services provided

There was a strong emphasis on providing psychotherapy for service users. All nursing staff were trained in a core skills programme in cognitive behavioural therapy. Cognitive Analytical Therapy (CAT) and family therapy were also available. Service users could be referred to the psychotherapy department for specific therapies. There was a six to eight week waiting time for appointments but emergencies could be prioritised.

Service users could be referred to outside agencies for counselling. These included Oasis Counselling, Dublin City University Healthy Living Centre and Northside Counselling.

The home care team consisted of two nurses and provided a service to all four sectors. Their case load was approximately seven per day.

A detoxification service was provided and there was also a clozapine initiation service and facility for provision of depot medication as required.

Service user input

An ex-service user was due to provide group sessions. There was a plan to increase families' feedback using evaluation forms to ascertain the views of service users.

There was a suggestion box for service user comments and an evaluation form to ascertain service users' views of the service. There had also been a focus group to determine service users' views. There was an information booklet and information about diagnosis and medication for service users.

The advocate did not attend the day hospital and staff and service users have not been successful in contacting the advocate.

Quality initiatives in 2012

- A new discharge form was being piloted which should result in providing excellent discharge information.
- There was an emphasis on psychotherapy and all nursing staff were trained in a core skills programme in cognitive behavioural psychotherapy.
- There were plans to develop and use a common assessment tool. Work was being done to encourage sector teams to buy into this.
- Staff development through training and research was emphasised in the day hospital.

Operational policies

There was a wide range of policies that were specific to the day hospital and the home care team. There were also service-wide policies available. Incidents were reported and audited where required. Training of staff was deemed important within the service.

Planning

There were no written service plans. There were plans to involve the sector teams more in attending the multidisciplinary team meetings and in developing a common assessment tool. This would aid in achieving a more efficient service.

Conclusions

Crannog Day Hospital impressed as being a very vibrant active day hospital that was well managed and provided an excellent service. The premises were spacious and welcoming. The emphasis on psychotherapy was particularly good – this was despite the fact that there were very few health and social care professionals available. Instead nursing staff had trained in CBT in order to provide this service. The availability of the substance abuse department and the psychotherapy department provided excellent resources for service users and it was good to see service users being encouraged to use counselling services available in the community.

There was an impression that staff were continuously striving to improve the service, for example, by trying to introduce new discharge summaries and common assessment tools.

It appeared that great effort was put into improving communication between the day hospital and the referring community mental health teams and this may need to be more formalised, such as having a representative from the CMHTs at the MDT meetings.

All service users had multidisciplinary care plans and it was obvious that these were working documents. However it would be important that service users' views and plans are incorporated into the care plans and that this is documented.

Recommendations and areas for development

1. The service user should be more formally involved in their care plan and this should be documented.

2. Advocacy services should be provided on request for service users in the day hospital.