REPORT

OF THE

INSPECTOR OF MENTAL HOSPITALS

for the Years Ending

31st December 1988 and 1989

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Introduction

To the Minister for Health

In pursuance of the provisions of Sections 247 and 248 of the Mental Treatment Act, 1945, I am submitting to you my report for the year ending 31st December, 1988 and the year ending 31st December, 1989 on psychiatric hospitals and services and the care of patients therein. This is the first complete report since my appointment in November, 1987.

The report is presented in two parts. The first contains a general commentary on the inspections, deals with the issues of manpower and training which, in view of the way the services were developing, I felt were of considerable importance and gives an overall view of the problems found in the hospitals. The remainder of the Report is devoted to the detailed inspection of hospitals and their services.

I carried out the inspections on all the hospitals except those in the Eastern Health Board area which were inspected by Dr Liam Hanniffy, Assistant Inspector of Mental Hospitals. In addition, Dr Hanniffy assisted me on a number of the other inspections and we were also assisted by Mr Martin Hynes, Psychiatric Nursing Advisor at the Department of Health. Mr David Smith of the Department of Health, assisted in the preparation of the report and it was typed by Ms. Ann Tarpey also of the Department. Finally, I would like to thank all those who helped us during our inspections.

Dermot Walsh,
Inspector of Mental Hospitals

GLOSSARY

ACNO	Assistant chief nursing officer
Catchment Area	Refers to the area traditionally served by a district mental hospital. In many cases, catchment areas correspond with county boundaries. In Dublin and Cork, the catchment boundaries correspond in most cases with those of the community care areas of the health boards.
Clinical Director	The clinical director is the consultant psychiatrist responsible for a psychiatric hospital and services in the catchment area served by the hospital. Clinical directors may also be known as resident medical superintendants, see RMS below.
CNO	Chief nursing officer
De-designation	The term used to indicate that a part of a psychiatric hospital has been formally separated from the hospital and its patients are no longer considered to be psychiatric patients. Accommodation for the elderly and the mentally handicapped in a number of hospitals has been de-designated.
Integration	May refer to the integration of male and female patients in the same ward or the integration of male and female nursing staff or both.
Long-Stay Patient	A patient who has been continuously hospitalised for over one year.
New Long-Stay Patient	A patient who has become continuously hospitalised for over one year in the past year.
NCHD	Non-consultant hospital doctor. A doctor in one of these posts is usually in training for a consultant post or as a general practitioner.
PLANNING FOR THE FUTURE	Title of the Report of a Study Group on the Development of the Psychiatric Services. December 1984, (PL. 3001).

PUM	Acronym for person of unsound mind. Such persons are a category of patient who may be admitted to and detained in a district mental hospital under section 162 of the Mental Treatment Act, 1945.
RMS	Resident Medical Superintendent. The RMS is the consultant psychiatrist responsible for a district mental hospital with defined functions under the Mental Treatment Act, 1945.
Sector/ Sectorisation	**Planning for the Future** (see above) described sectorisation as the process of providing a comprehensive service for a population of known size normally resident within a clearly defined district. The recommended population for a sector is 25–30,000. In many parts of the country, psychiatric services are organised in sectors on the model recommended in the report.
Temporary Patient	A patient detained in a psychiatric hospital for 6 months at a time under the Mental Treatment Act, 1945.

CHAPTER ONE

THE PSYCHIATRIC SERVICES IN 1988 AND 1989: AN OVERVIEW

GENERAL COMMENTS ON INSPECTIONS

Our inspections of psychiatric services were guided by two main considerations. The first concerned the quality of the service. The second concerned the availability of an alternative to hospitalisation and the extent to which the recommendations of the policy document for the psychiatric services, **Planning for the Future,** had been implemented or were in the course of implementation. Our overall impression was that the quality of psychiatric services in Ireland was variable. Some services provided in-patient care of a high quality and offered good community services as an alternative to institutional care. On the other hand, there were services where the quality of in-patient care was poor and little progress had been made in providing a community alternative. In general terms, most progress had been made where the hospital was of small size (i.e. under 400 beds) and least where hospitals were large (i.e. over 400 beds). This reflected the general organisational and administrative difficulties associated with large institutions, the range of disabilities among their patients and the difficulties of organising good rehabilitative programmes in them. It was significant that services which had little to offer by way of a community alternative to hospitalisation had a rate of hospitalised persons per head of catchment population six times greater than services with community facilities.

THE LARGE INSTITUTION

The larger institutions gave the impression of lacking appropriate administrative and clinical direction and of being resistant to rational management from a constructive planning point of view. Too often such institutions seemed to lack formal policies about the types of patients to be admitted. Where such policies existed they sometimes were not implemented. Because an alternative to hospitalisation did not exist, a vicious circle may have resulted whereby inappropriate admissions to hospital continued to occur. The situation was aggravated in hospitals where either there were no restrictions on the number of admission beds or where beds could easily be provided by the transfer of patients from admission facilities to longer stay accommodation.

Lack of Rehabilitation

Another major difficulty in most hospitals, but particularly the larger hospitals, was the lack of rehabilitation. Too often on inspection we were struck by the large number of patients who spent their day in purposeless inactivity. Staff did not appear to be aware of the need for rehabilitation which could have been carried out on a day-to-day basis in wards or did not know how to go about it. In some cases we formed the impression that consultant medical staff had ceased to look after long-stay patients and concentrated their activities on the acute population. In one service, four consultants were employed exclusively with an in-patient complement of 30 beds and yet one other consultant, within the same service, was responsible for the care of 400 long-stay patients. Another major concern of ours was the substandard physical conditions and living arrangements that existed in many hospitals, particularly in the larger hospitals. Many patients lacked personal clothing and were clad from a common pool of hospital clothes all looking drearily similar. The absence of personal wardrobes was also noted and in many cases, particularly in male accommodation, lavatory and bathing facilities were dirty and inadequate without basic essentials such as soap, towels and hot water.

Integration

Progress towards integrated nursing and the integration of patients by sex within hospitals was pursuing a slow and tortuous path and in many cases was still unresolved or incomplete. In one instance, an attempt to integrate nursing staff led to industrial action. This episode is the subject of separate consideration later on in this report.

Planning

We were struck, too, by the general lack of a planned and programmed approach to service development. Regular meetings between health board executives and professionals working towards identified objectives and targets as recommended in **Planning for the Future** did not take place. Although we were aware that considerable restraints had been imposed on the services by reason of capital and non-capital restrictions, we believed that the amount of money expended on the Irish mental health services was considerable but that its application was often misdirected.

The Elderly

Two groups of patients continued to pose particular problems for the psychiatric services. The first of these was the elderly. It was our impression that because adequate and comprehensive medico-social care for the elderly in this country had developed slowly, the psychiatric

services had taken on this burden by admitting elderly persons with dementia, who were not in need of psychiatric care and would have been more appropriately placed in a community-oriented and comprehensive geriatric service. Because such a service did not always exist, they had been too readily accepted in psychiatric hospitals,thereby putting a considerable burden on admission facilities. In addition there was the further problem that as many as 50 per cent of the existing long-stay patients in some cases had become elderly and were inappropriately placed in a psychiatric setting. Their care was linked to the wider problem of properly organised services for the elderly. We hoped that the implementation of the recommendations of the Report of the Working Party on Services for the Elderly, **The Years Ahead — A Policy for the Elderly** would go some way towards dealing with this problem.

The Mentally Handicapped

The problem of the mentally handicapped remaining in psychiatric hospitals also needed highlighting. Although the admission of mentally handicapped persons without psychiatric illness to psychiatric hospitals had virtually stopped, considerable numbers of mentally handicapped patients remained in the hospitals. In some instances, they constituted a quarter of all patients. In certain areas, the number of mentally handicapped militated against the rehabilitation of other patients and the mentally handicapped themselves. In most hospitals, the mentally handicapped had been segregated from other patients, in separate accommodation, but it was our view and recommendation that such patients without significant psychiatric disturbance should have been cared for by the mental handicap services.

De-designation

This is a term used to indicate that part of a psychiatric hospital has been formally separated from the hospital and its patients are no longer considered to be psychiatric patients. Accommodation for the elderly and mentally handicapped has been de-designated in some psychiatric hospitals and this procedure is becoming increasingly common. In 1989, there were approximately 320 persons residing within the grounds of psychiatric hospitals, being looked after by the nursing staff of these hospitals, who were not regarded as being patients of the psychiatric hospital. These arrangements gave rise to some anxiety in as much as some of these people, particularly the elderly, may have had psychiatric needs that were not being adequately catered for. Many such elderly patients had little or minimal impairment from psychiatric causes and were capable of community placement if suitable accommodation were available. It was hoped that de-designation would not prevent such

opportunities being offered to these people, as to all others in care. The same applied to the mentally handicapped. Because of the danger that they would be forgotten and their rehabilitation and community resettlement prospects neglected, a circular was issued to health boards by the Department of Health in 1988 in relation to the standards which must be met before approval would be given to de-designate a building.

PSYCHIATRY AND PRIMARY HEALTH CARE

Planning for the Future emphasised the important role of general practitioners in psychiatric care in acknowledgement of the considerable component of psychiatric morbidity encountered in primary care. The improved and expanded teaching of psychiatry to medical students and, more particularly, the placement of general practice trainees in psychiatric settings were to be welcomed in this respect.

In some regards, however, psychiatric practice tended to draw patients away from general practice into specialist psychiatric care and retain them there. A re-orientation on the part of some mental health professionals was needed so that they could see themselves as having a true training and advisory function in relation to general practitioners and other primary care professionals, helping them to deal with cases themselves rather than taking them into the specialist psychiatric network. The scope for mental health professional involvement in general practice settings was therefore considerable. It must be conceded, however, that in some respects the organisation of general practice in Ireland made this difficult to achieve.

MANPOWER AND TRAINING

There were significant changes in psychiatric nursing during 1988. Following five years of negotiations, agreement was reached on a new method of promotion. This agreement was necessary because the old system, which was based on seniority, contravened equality legislation. Interviews were held during 1988 to select candidates for permanent appointment to nursing officer and deputy nursing officer posts. The nursing officer grade replaced the grades of ward sister and charge nurse. The traditional arrangements whereby male nurses cared for male patients and female nurses cared for female patients on hospital wards, also changed significantly. This integration of nursing staff began in some hospitals more than a decade ago but was strongly resisted by nursing staff in others. Integration followed the implementation of legislation on equality in the work place. This brought psychiatric nurses into line with other health professionals and helped to normalise the ward situation.

As in the public service generally, there were some redundancies among nurses and many vacancies were not filled. It was difficult at this stage to judge what effect the reduction in staff numbers would have on the service. In many cases the reduction in staff numbers was paralleled by a reduction in-patient numbers and in other cases it coincided with the reorganisation of services.

Prior to 1989 there was a reduction in the number of student nurses being trained. Of greater concern was the abandonment by several health boards of training of existing staff. We hoped that this would be a temporary situation and that any additional skills required to cope with changes taking place in the service, would be provided for by the on-going training of existing staff.

Consultant Requirements in Psychiatry

There was apprehension that more trainees were being accepted through the post graduate training programme in psychiatry than could be absorbed as consultants in the forseeable future. This was mitigated by the high proportion of psychiatrists who were unavailable for consultant appointments outside restricted geographical areas. We considered that the intake to the training programme should be restricted, as far as possible, to candidates who were of a high quality and willing to work anywhere in the country. Every person accepted into the training programme should have the potential to become a consultant. The trainee/consultant ratio should be such that every trainee in return for the time and money spent in training him or her, should be willing to serve anywhere in the country as required. Thus the reciprocal responsibility of service to trainee and trainee to service could be adequately discharged.

Recommendations

We recommended that four years of senior registrar training should be a qualification for a consultant post and that senior registrar posts should be expanded from the level in 1989 to the numbers required. The selection of persons for senior registrar training would be of crucial importance and should stress capacity for service organisation and delivery equally with academic ability. For the purposes of senior registrar training the country should be regarded as a single entity and as far as possible the rotation should include a mandatory year or two in a comprehensive psychiatric service. This segment of psychiatry should receive the greatest emphasis as the majority of consultant posts for the forseeable future would be in such a setting. Greater emphasis should be placed on rehabilitation and on management techniques in training in psychiatry.

In Dublin there was fragmentation of teaching resources because of the number of clinical schools and professorships distributed in a variety of teaching locations with little communication between them. We recommended that this unsatisfactory situation should be rationalised and that in particular, services of an appropriate kind be twinned with one another. A general hospital psychiatric unit should have a close relationship with psychiatric hospital services and students should be rotated between the two.

The situation concerning psychologists, social workers and occupational therapists was far from satisfactory. In certain services there appeared to be doubt and confusion about the role and function of these professionals. In one or two cases their usefulness to the psychiatric services was questioned. The importance of recruiting such personnel to the psychiatric services as co-professionals with other team members needed to be recognised. Their involvement was imperative if services were to be recognised by the Royal College of Psychiatrists as accredited medical training centres.

STATISTICS

We have included in Appendix 1 brief statistical information. The data presented show only the bare essentials.The Health Research Board has been publishing detailed information on admissions and discharges to and from psychiatric hospitals since 1963. In-patient numbers (excluding the private hospitals) continued to decline and stood at 8,494 in 1989 compared with 11,876 in 1983. Hospitalisation rates per thousand of the population varied considerably as did the rate at which they were reducing. Two of the largest hospitals, St. Brendan's, Dublin and Our Lady's, Cork showed significant reductions in 1988. Some of these reductions, however, had been brought about by the transfer of patients to other hospitals. There may have been differences between statistics given in the main body of the report and those in the Appendix. This was because the statistics in the report related to information available on the date of inspection. The statistics in the Appendix relate to the 31st December of the relevant year.

PARTICULAR PROBLEMS — 1988

There were certain services in the country which presented problems in 1988 of such a degree that in our opinion they merited special mention in this report. They are set out below under their appropriate health boards.

Eastern Health Board

The main concern about the psychiatric service of the Eastern Health Board related to St Brendan's Hospital, Grangegorman. In common with every psychiatric service throughout the country, budgetary constraints and rationalisation of services called for urgent policy decisions which could only be effected by a cohesive management structure composed of medical, administrative and nursing personnel. Regrettably such a structure did not obtain at St Brendan's. This appeared to have caused endless confusion and frustration to clinical directors and to other medical, administrative and nursing staff of all grades. We recommended that this situation needed be tackled as a matter of urgency.

Another concern was the lack of consultation in the evolution of service policies. Both this and a marked hiatus in meaningful communications led to a noticeable fall in staff morale. Unrealistic objectives and target dates for specific goals resulted in a credibility gap between management and service deliverers. Perhaps the most significant flaw in the St Brendan's services was the manner in which its admission units were being used. Too many catchment areas funnelled their admissions to St Brendan's. The resulting over-crowding led to the situation whereby patients had to be lodged out to other wards at night for bed accommodation. In general, there was a lack of a therapeutic milieu. A custodial ambience prevailed throughout the hospital wards.

On the credit side was the establishment of a resettlement team and while it was only a short time in existance at the time of our visit we were nevertheless impressed with the dynamism of its personnel and had reason to hope for a brighter picture to emerge in the future.

Mid Western Health Board

Conditions in St Joseph's Hospital, Limerick were quite unsatisfactory. In many cases, the wards were untidy and dirty and there was an almost total lack of rehabilitation for longer stay patients. We recommended that there be no further admissions to St Joseph's Hospital and that, as soon as possible, all admissions from the catchment area should be sent to the psychiatric unit in the Regional Hospital, Limerick and that no transfers take place from there to St Joseph's. Certain adaptations to the Unit were necessary to implement this recommendation and it was recommended that these should be carried out as quickly as possible.

In November 1988 an unnecessary strike occurred in St. Joseph's in which members of the nursing staff walked off the wards without

organising any emergency cover. This happened after the local branch of the Psychiatric Nurses Association placed pickets on the hospital on Monday 14th November. Nurses who were members of the Irish Transport and General Workers Union did not pass the pickets while a dozen or so nurses who were members of the Irish Nurses Organisation simultaneously reported sick. The Psychiatric Nurses Association gave a verbal notice at 8.25 p.m. on Sunday 13th November, to the Assistant Chief Nursing Officer on duty, that they would be placing pickets on the hospital at 7.15 a.m. on the following morning. The only nurses working in the hospital for the two days were the Chief Nursing Officer and six Assistant Chief Nursing Officers. Together with the medical, paramedical and administrative staff they maintained a limited service to patients at the hospital. Catering and household staff carried out their normal duties. Patients at the Regional Hospital Unit were discharged on Monday 14th. The immediate cause of this dispute was alleged to have been the assignment of a female nursing officer to a male ward. This surely could not be a justification for over 200 nurses to abandon their patients. It must be recorded as the most shameful episode in the annals of mental health care in this country. It is unlikely that so many patients were ever before, so suddenly and so wantonly placed at risk, all in pursuance of a cause which had so little justification. That this was done by members of a caring profession, whose role was to protect and care for highly dependent patients, was incomprehensible.

North Western Health Board

We regarded the admission facilities in St. Conal's Hospital, Letterkenny as unsatisfactory. We recommended that, as soon as possible, all admissions be directed to the psychiatric unit in the General Hospital, Letterkenny with no further admissions or transfers to St Conal's. It was, in our view, imperative that the Unit in the General Hospital should have reverted to its original and intended function as a psychiatric unit to enable the psychiatric service for this county to develop.

South Eastern Health Board

We believed that conditions in parts of St. Dympna's Hospital, Carlow were unacceptable, both physically and from the point of view of lack of rehabilitation and other activity. As the Eastern Health Board had agreed to take responsibility for the County Kildare psychiatric services and had bought premises in the county for this purpose which were currently lying idle, we recommended that negotiations between the two health boards involved take place as a matter of urgency to effect the transfer of responsibility and to enable the South Eastern Health Board

to plan services for County Carlow in conjunction with the existing Kilkenny service.

Southern Health Board

We were seriously concerned about the organisation, administration and quality of psychiatric services in Cork. We were unhappy about the irrational sectorisation of Cork services as exemplified by certain sectors having their in-patient base outside their own catchment area. We were also unhappy about the general organisation of the services and in particular the lack of effective communication and planning between management and professionals. We were very critical of the standards of care provided in Our Lady's Hospital which were not acceptable to us. We expressed our apprehension about the virtual abandonment of long-stay patients in this hospital and the absence of rehabilitation facilities. Subsequent to our inspection, however, the Southern Health Board undertook a specific project whereby the Grey Building of 23 wards where conditions had been worst, was progressively emptied by the transfer of patients to St Stephen's Hospital, Sarsfieldscourt. At the end of 1988 this process was well under way and it was expected that it would be completed during 1989. We welcomed this initiative but believed that the transfer of patients from one institution to another, albeit of a considerably higher standard, was only the beginning of a process which should have led ultimately to community resettlement of as many of these patients as possible. In this regard we were somewhat concerned that the move to Sarsfieldscourt included West Cork patients who might have been appropriately placed in alternative residential accommodation in Clonakilty or Bantry or elsewhere in West Cork prior to rehabilitation and community placement.

We were concerned about the care of the mentally handicapped by the statutory services and, despite the existence of a co-ordinating committee, by the absence of a plan for dealing with the unsatisfactory conditions in St Raphael's, Youghal which accommodates over 200 patients. As indicated in the report of inspection we believed that a separate administrative arrangement should have been set up to bring a co-ordinated and integrated approach to providing services for the mentally handicapped in the Southern Health Board area. The present arrangement whereby the health board service to the mentally handicapped was provided by the psychiatric service of the North Lee team was unsatisfactory.

We believed that the North Cork psychiatric team should have had its in-patient presence within its catchment area, possibly at Mallow, and

not in Glanmire. We recommended that the in-patient base for all four Cork catchment teams, in Skibbereen, in the Regional Hospital in Cork, St Anne's, Shanakiel and for the North Cork team should have become independent and self sufficient. We have also recommended that under no circumstances should further admissions continue to Our Lady's or to St Stephen's.

We believed that the Psychiatric Unit, Tralee, General Hospital which had been completed and was lying idle, should have been opened to provide all in-patient services for County Kerry and that the admission unit in St. Finan's should have been closed and no further admissions or transfers should have occured to that hospital.

Western Health Board

We were very unhappy about the Galway services. We were not convinced that appropriate planning and consultation had occurred between management and professional personnel in relation to these services. We were particularly concerned at the poor quality of service available in St Brigid's Hospital, Ballinasloe, its admission policies and and lack of rehabilitation and community facilities. We found it worrying that this hospital still accepted up to 300 admissions per year from the West Galway catchment area and that these were not dealt with by the psychiatric unit in Galway Regional Hospital. We were perturbed that there were approximately 250 West Galway patients in St. Brigid's and no adequate rehabilitation was being provided by the West Galway service for resettlement of these patients in their catchment area of origin. We believed that facilities should have been given to the West Galway service to transfer these patients for rehabilitation to West Galway. We made the suggestion that some vacant units in Merlin Park Hospital be made available for this purpose.

Child Psychiatry

The lack of adequate child psychiatric services outside Dublin, Galway and to a lesser extent Cork was disturbing but we were encouraged in the knowledge that plans were afoot by more than one health board to create consultant positions in child psychiatry and to build up a comprehensive service.

DEVELOPMENTS — 1989

Southern Health Board

Perhaps the most significant development was the progress towards closure of the Grey Building in Our Lady's Cork which was the subject of critical comment in 1988. By the end of 1989 the numbers of wards

in this building had been reduced to 7 from the 1988 figure of 23. This reduction had been effected by the transfer of large numbers of patients to St. Stephen's, Sarsfieldscourt. The Board was to be applauded for this action but considerable problems remained to be dealt with in the Southern Health Board area. Among these were the closure of the remaining wards in the Grey Building, the remedying of shortcomings in St. Raphael's Hospital Youghal, the necessity of opening the psychiatric unit in the General Hospital at Tralee, the provision of in-patient facilities for the North Cork service within its catchment area, the provision of more appropriate locally based in-patient facilities for the West Cork service than were available in Skibbereen and community resettlement from Sarsfieldscourt.

Eastern Health Board

In the Eastern Health Board area the closure of the Lower House in St. Brendan's just before Christmas was a significant development for the Dublin service and reduced patient numbers in St. Brendan's to approximately 400. Notwithstanding, three catchment area teams were still admitting patients to St. Brendan's and it was important that this situation be terminated as soon as possible by the provision of appropriate in-patient accommodation in the Vergemount catchment area, and at the James Connolly Memorial Hospital and St. Vincent's Hospital Fairview for the three north Dublin teams which still sent patients to St. Brendan's. Elsewhere in the Eastern Health Board area further progress was made by the provision of additional community based facilities. In addition, negotiations were proceeding towards planning the provision of services in the Kildare area by the Board.

North-Western Health Board

In the North Western Health Board, the opening of the psychiatric unit in Letterkenny General Hospital was most encouraging and, because of the generous bed allocation provided, should have obviated the necessity to admit or transfer anyone to the parent hospital, St. Conal's.

Western Health Board

In the Western Health Board we continued to be unhappy about the Galway services. Not a great deal of progress had been made towards ensuring that West Galway provided a comprehensive service for its catchment area and it was discouraging that large numbers of patients from West Galway were still being admitted to St. Brigid's, Ballinasloe. We understood that plans were afoot to provide accommodation for the psychiatric service in a number of units in Merlin Park, Galway which should have helped to end West Galway admissions to Ballinasloe and would further provide for the transfer and rehabilitation of a

number of West Galway patients in St. Brigid's. Matters in relation to Ballinasloe were given an added urgency by the necessity of deciding on the future of the New Building in that hospital which housed almost 200 elderly patients and which was in need of refurbishment at considerable cost or abandonment with provision of care elsewhere. The Unit in Roscommon General Hospital was ready for occupation and we hoped that its use, together with an expanded community provision, would bring to an end admissions to St. Patrick's Castlerea.

Mid-Western Health Board

In the Mid West in 1988 we were very critical of conditions in St. Joseph's Hospital, Limerick. We were glad to say that considerable progress was made during 1989 towards rectifying the various defects in this service pointed out in 1988. Much still remained to be done but at least the will and the mechanisms towards improvement had been set in place. We recommended that as far as possible admissions to in-patient care in Limerick, which were above the national average in any case, should be reduced and confined to the psychiatric unit in Limerick Regional Hospital. Because of some physical limitations imposed by the existing structure, the Department jointly with the local service providers, was examining, as a matter of urgency, the structural changes necessary to ensure that this unit would cope with all admissions, without transfer to St. Joseph's, from as early a date as possible.

South-Eastern Health Board

In the South East we welcomed the opening of the auxiliary hospital in Kilkenny as a day treatment facility for that service. In Waterford we were happy that provision was being made to continue general hospital psychiatric accommodation in Ardkeen and it was satisfying that there was a commitment in this service to restrict admissions to Ardkeen and eliminate them altogether from St. Otteran's. We were pleased that a site had been acquired by the Tipperary service for day centre and other community facilities in the centre of Clonmel and also that negotiations were proceeding smoothly between the Mid Western and South Eastern Health Boards on the provision by the Mid West of a self contained service, based on Nenagh for Tipperary North Riding. Conditions in St. Dympna's Hospital Carlow were commented on adversely in 1988 and, unfortunately, the situation persisted in 1989. We were hopeful that with the transfer to the Eastern Health Board of services for County Kildare, the fundamental problems affecting the Carlow service would begin to be rectified. We were worried about the large number of mentally handicapped patients in all of the South Eastern Health Board hospitals and particularly in Clonmel where they numbered 100. It was important that negotiations proceeded with local

mental handicap agencies to enable some of these patients to transfer to services more appropriate to their needs than to have continuing care provided for them in the psychiatric hospitals.

North-Eastern Health Board

We acknowledge that agreement had been reached in the North East that services for County Meath would be provided from Ardee rather than from Mullingar as had been the case. However, we were unhappy that these services had so far been developed only in a rudimentary fashion and that the search for an in-patient base for the service still remained elusive.

We were also concerned that the long-stay in-patients from County Meath currently cared for in St. Loman's Hospital, Mullingar may have become lost between the two services and ended up as nobody's responsibility. There was a particular urgency about rehabilitating some of these patients back to community placement.

Midland Health Board

We welcomed the de-designation of mentally handicapped patients in St. Loman's Hospital, Mullingar which occurred during 1989. Nonetheless the admission rate and the numbers of patients who became long-stay during 1988 remained disturbingly high. We were happy to see that a high support community residence was opened in Longford and that there was progress in the provision of day care in Athlone, Mullingar and Longford. In the absence of the immediate availability of accommodation in Mullingar General Hospital, we urged the refurbishment of the existing admission unit as a matter of urgency.

In St. Fintan's Portlaoise we were happy to see major developments in providing specialised and recently refurbished and redecorated mental handicap units for 75 patients. Similarly we noted, with some reservations, the reorganisation of the admission facilities.

CHAPTER TWO

EASTERN HEALTH BOARD

The Eastern Health Board delivers its psychiatric service through ten catchment area services with a total population of 1,250,000.

These individual catchment area services are based on community care areas or combinations of these.

		Population
Area 1.	Dun Laoghaire	120,000
Area 2.	Dublin South East	121,000
Area 3.	Dublin South Central	95,000
Area 4.	Dublin South West	150,000
Area 5.	Dublin West	109,000
Area 6.	Dublin North West	142,000
Area 7.	Dublin North Central	133,000
Area 8.	Dublin North East	187,000
Area 9.	Kildare	103,000
Area 10.	Wicklow	90,000
Total		1,250,000

In addition, the Eastern Health Board is responsible for providing forensic psychiatric services on a national basis at the Central Mental Hospital, Dundrum.

ST. BRENDAN'S HOSPITAL, DUBLIN — 1988 INSPECTION INSPECTED ON 11TH AND 18TH JANUARY, 1988

Introduction

The situation in St. Brendan's Hospital has to be considered in the context of its history. It was established in 1810 and was known as the Grangegorman Mental Hospital until the 1930s. At that stage it catered for the city and county of Dublin as well as counties Wicklow and Louth. St. Ita's Hospital, Portrane served as an auxiliary hospital. In the 1930s St. Brigid's Hospital, Ardee was established to serve county Louth and admissions from that county to St. Brendan's ceased. During the 1960s beds became available in a number of sanatoria due to the

decline in the incidence of tuberculosis. These were availed of for psychiatric patients to relieve the overcrowding in St. Brendan's. As a result Newcastle Hospital in County Wicklow and St. Loman's in Ballyowen became part of the psychiatric service.

Initially St. Loman's served as an auxiliary hospital in a similar manner to St. Ita's and was eventually given a defined area in south west Dublin as its catchment area. Newcastle Hospital was designated to serve the psychiatric needs of the population in county Wicklow and St. Ita's was given a defined area in north county Dublin as its catchment area. Agreement was reached with the St. John of God Hospital in Stillorgan and St. Patrick's Hospital to provide beds on an agency basis for the catchment areas of Dun Laoghaire and south central Dublin respectively. Further in-patient beds were made available at St. Vincent's Hospital Fairview to serve north central Dublin and at Vergemont Hospital to serve south east Dublin. The plan was that St. Brendan's would provide acute services for Dublin north-west until acute facilities were developed at the James Connolly Memorial Hospital, Blanchardstown.

In 1988 St. Brendan's continued to be used as an acute admission facility for areas 2, 6 and 7. It also continued to admit patients from other areas of Dublin and to accept transfers from other hospitals. Some of these admissions were patients who were deemed to be unmanageable by their local catchment area hospital. In-patient numbers continued to fall and one building had been demolished. There was serious concern about the physical condition of the Lower House and there were plans for its closure.

General Description of the Service

Admission Wards

In 1988, admission wards 3A and 3B were situated in a relatively modern two storey building on the west side. Ward 10A was a 30 bedded female admission ward in a separate building close to wards 3A and 3B. Wards 3A and 3B which were male and female admission wards respectively were originally designed and built as 25 bedded integrated admission wards. On the 11th January, 1988 there were 43 patients in ward 3A and on the 18th January, 1988 there were 52. To reduce overcrowding twelve patients slept in a unit close to ward 10A. This area was quite separate from the building housing wards 3A and 3B and was originally meant to be office accommodation. As these extra twelve beds were inadequate, varying numbers of patients were lodged out in other wards at night. The female admission ward 10A,

which had 38 patients in what used to be a 30 bedded ward, did not have a dayroom.

The external factors contributing to the problem of overcrowding were:

—Pressure to admit elderly patients to St. Brendan's.

—The admission of disturbed patients from other catchment areas (statistics were not available on the day of our visit).

—The admission of patients from the catchment area of St. Vincent's Hospital, Fairview when the beds from the latter hospital were full.

—Admissions, particularly at weekends, from other Dublin catchment areas not providing a comprehensive service e.g. the Dun Laoghaire area.

The problem was compounded by internal organisational arrangements such as:

—There were 17 consultants on the rota of St. Brendan's. This meant that the decision to admit a patient could be made by a consultant who would not again see that patient or have any subsequent responsibility for his/her care.

—There were three catchment area teams for which these wards were a primary admission facility.

—There was no leader or leaders with the necessary authority and responsibility to deal effectively with such matters.

The degree of overcrowding inevitably led to pressure for the transfer of patients, particularly those over 65 years, to long-stay wards.

The Lower House

On the day of our visit, the Lower House, a three storey building which was part of the original hospital, housed about 400 patients. Reports had indicated that it had serious structural defects and was also regarded as a fire hazard. It had been accepted policy, for a number of years past, that it should close. The quality of care for patients on the two lower floors appeared to be quite good. The same could not be said in regard to male wards on the top floor. Patients seldom left the

wards. The toilets were dirty and patients had no privacy while being bathed.

Our assessment of this building was overshadowed by proposals for its imminent closure.

Buildings on the West Side

The buildings on the west side of St. Brendan's consisted of three separate ward blocks, a day centre for persons of no fixed abode and the industrial/occupational therapy buildings. On the day of our visit these buildings accommodated up to 300 patients and would continue to accommodate them for the immediate future. Units 1A, 1B and 1C had six wards which were described as "long-stay chronic". Despite reasonably generous staffing, there was no patient-centered activity and most patients were sitting about doing nothing. Ward 1B, especially the toilets, was unacceptably dirty. In the secure unit, wards 8A, 7O and R day space for patients appeared to be restricted. Between all the wards there were six to seven patients secluded in side rooms. There were no recreational or occupational activities taking place on any of these wards. Ward 23, which was a 20 bedded integrated rehabilitation ward, was not carrying out any rehabilitation. The reason given was a shortage of staff. The day centre for persons of no fixed abode appeared to be providing a useful service. The industrial therapy unit had about 90 attenders, 60 of whom were day patients and most resided in hostels near the hospital. Only two or three of the in-patient attenders came from the long-stay wards. A majority of in-patient attenders were from the admission wards.

The main problems we identified in 1988 were:
(a) overcrowding on admission wards
(b) lack of cleanliness on several wards
(c) lack of patient centred activity on wards
(d) the poor organisation of senior medical staff.

Community Facilities

There were three sheltered workshops in the area. "Tolco" in Finglas had 63 people attending, "Tolco" in Cabra had 52 and there were 50 in Thomas Court Centre in Dublin 8. "Tolco" was a limited company chaired by a consultant psychiatrist at St. Brendan's and it had a 10 member board. There was a day centre on the North Circular Road for the Cabra sector which had 67 patients on its books and had an average of 15 attenders daily. This occupied the ground floor of a house which had a 10 place hostel upstairs. On the day of visiting, St. Dympna's alcohol treatment centre had 18 male and 5 female in-

patients. A further 60 to 80 attended on a daily basis, mainly for medication. Admissions to this unit came from all areas of Dublin and occasionally from other parts of the country. Plans were being developed for a non-residential, decentralised, treatment programme for alcoholism. Adare House on the North Circular Road was a high support hostel with 12 places which opened in October, 1986. Up to January 1988, between 40 and 50 people had passed through it and were mostly accommodated in flats and in unsupervised hostels.

In addition to the workshops at Finglas and Cabra, "Tolco" managed the hostels which were in the main situated on the North Circular Road. Tolco's involvement in the hostels included collecting the rent, paying regular bills such as gas, electricity and telephones and employing the houseparents.

Hostel residents were generally in receipt of Disabled Persons Maintenance Allowance or Supplementary Welfare Allowance. A majority of them attended a workshop each day, either at Tolco or the industrial therapy unit in St. Brendan's. Where transport was necessary, they used public transport to get to the workshop.

Cost

The cost of the service at St. Brendan's in 1987 was £16.609 million.

ST. BRENDAN'S HOSPITAL, DUBLIN — 1989 INSPECTION

INSPECTED ON TUESDAY 21ST NOVEMBER, 1989

Developments since last inspection

1. The number of patients in the hospital had continued to decline and it was hoped that the ward in the Lower House would be closed before Christmas.

2. A management team had been established with the specific responsibility for the delivery of a total care service on the campus of St. Brendan's Hospital.

3. Individual programmes were being introduced in ward areas.

4. The physical environment in a number of ward areas had improved and this was something we hoped would continue.

5. The management team was in the process of setting up a day hospital. The kitchen areas had been improved, a new conference

centre had opened at the nurse education centre and work was underway on a new ECT treatment suite. A nurse specially trained in behavioural therapy was working in the rehabilitation programme.

The Service

Sustained efforts had led to satisfactory admission policies operating at St. Brendan's and admissions from other areas, with the exception of Areas 2, 6 and 7, had practically stopped — with the exception of a small number of patients admitted to the secure area and this was done by arrangement. The lodging out and inappropriate admissions appeared to have been brought under control. From the 1st January 1989 to the day of our visit, 1,485 patients were admitted to St. Brendan's Hospital. Of this total, 1,001 came from Area 6, 109 from Area 7, 233 from Area 2 and 142 were from outside the EHB area.

Area 6

Area 6 was still serviced by St. Brendan's Hospital. Services being put in place would facilitate Area 6 becoming independent of St. Brendan's Hospital. It was also hoped that Area 7 would soon be in a position to become independent of St. Brendan's. Area 2 would not be in a position to withdraw totally from St. Brendan's until the in-patient facilities at Vergemount were extended so that they could cope with all types of admissions.

There were 9 hostels attached to St. Brendan's Hospital with 60 patients on the day of our visit. There were 13 hostels in Area 6; eight of these were on the North Circular Road area with 170 patients on the day of our visit.

Staffing

The complement of nursing staff, including area 6, consisted of: chief nursing officers (2) — one assigned to area 6 and child psychiatry and one with exclusive responsibility for St. Brendan's, assistant chief nursing officers (11), nursing officers (27), deputy nursing officers (26), registered psychiatric nurses (311), trainee psychiatric nurses (18), community nurses (23), part-time nurses (9), job-sharing nurses (5), nurse tutor (1), domestics (79), attendants (54), and nursing assistants (17), giving an overall total of nursing and allied staff of 583.

General Overview of Inspection–1989

Due to the enormous commitment and dedication of the staff, St. Brendan's, the old mainstay of the psychiatric system in Dublin, was experiencing major transition, with a considerable reduction of the in-patient population and on-going changes in the patterns of admission.

We were pleased to report that considerable progress had been made in St. Brendan's since our last inspection. Management was in control of the situation and had clear ideas as to the direction the service would take in the years ahead. We recognised that it would take time to sort out all of the problems and difficulties associated with a city centre hospital like St. Brendan's. We had confidence, that with clear leadership and direction, the staff would respond and all treatment areas remaining on campus would be active, innovative and dynamic thus playing a vital if not crucial role in the overall psychiatric service of the Eastern Health Board. We were pleased to note that the overcrowding and lodging out problems at the admission complex were under control.

We were particularly pleased that the health board recognised the needs of those patients with chronic and severe disabilities and that a specific team had been established to look after them. This new development in St. Brendan's ensured that the health board had a commitment to develop a comprehensive service giving priority to the needs of the most seriously psychiatrically ill, those patients with chronic mental illnesses, the chronically disabled and the elderly who might have been ignored in the past in favour of more glamorous recipients of health care. The admission unit block needed redecoration and required special management attention once the problems associated with the closing of the Lower House were sorted out. We suggested that ward 3A on the ground floor become an active, integrated, admission unit and that the upstairs ward 3B be converted to continuing care for the new long-stay patients with emphasis on the active rehabilitation of those patients.

The block containing wards 1A, 2A, 1B, 2B, 1C and 2C required immediate management attention. In-patient care in these wards, though benevolent, was insular and would reinforce the public perception of institutional stigma if the public had access to these parts of the hospital. These wards were divided at some stage in the past by a series of complicated partitions. On the day of inspection, the block accommodated 92 patients in six wards ranging from 13 to 17 patients per ward. In spite of the small number of patients in each ward it must be said that, as they were organised at the date of inspection, the patients' privacy and dignity on the wards was not enhanced, even with the best efforts of the staff. The patients in this block appeared to fall into the continuing care category and some if not all had the potential for rehabilitation. We suggested that these wards be amalgamated and integrated and that an active, comprehensive, rehabilitation programme be established for all of the patients residing in this block. The wards required redecoration.

Recommendations

1. To facilitate the many changes required in St. Brendan's, we recommended that Area 6 should reorganise its services away from the campus of St. Brendan's. Efforts also needed to be made to ensure that Area 7 provided a comprehensive service without having to rely on the admission wards in St. Brendan's Hospital. Area 2 continued to rely heavily on St. Brendan's and it was desirable that this area provided a comprehensive local service.

2. The canteen facilities for patients and relatives in St. Brendan's needed to be upgraded as the position at the time of inspection was most unsatisfactory.

3. The use of the admission unit block to be reviewed, with a view to having one active, integrated, admission unit and a continuing care rehabilitation unit. Both wards required redecoration.

4. The use of the long-stay block to be reviewed with a view to having three integrated and active therapeutic areas specialising in the care of patients requiring continuing support.

5. Wards 7A and 8A to be amalgamated into one unit for patients who required care in a secure environment.

6. Pictures, curtains and potted plants to be provided for units O, R, 8A and 8B to make the wards more homely.

7. Ventilation in the homeless persons admission unit to be improved and the day unit to be redecorated.

8. Out patient clinics for Cabra to be moved from the assessment unit to an appropriate location off campus.

9. Individual care plans for all patients to be introduced and used in all wards enabling the cumbersome report system of day report/ night report/book report and other books to be replaced. Care plans would stimulate nurses to review constantly their own role so that the service offered to the patients could be improved.

10. Ward 10A to be redecorated and the floor covering of the corridor to be repaired following the installation of a heating system. This ward needed some additional space. The ECT treatment programme from this area to be moved.

ST ITA'S HOSPITAL, PORTRANE — 1988 INSPECTION

INSPECTED ON 8TH AND 31ST MARCH, 1988

General Description of the Service

The hospital, situated close to the seaside in North County Dublin, is about 16 miles from the city centre. The hospital was an auxiliary mental hospital until about 1964 when it began to admit patients from its catchment area of Dublin north city and north county. Up to 1964, patients came to St.Ita's by way of transfer from other Dublin hospitals, mainly St. Brendan's Hospital, Grangegorman. Most of the patients transferred to the hospital were mentally handicapped or chronically mentally ill.

Prior to 1988 the Hospital had been developing two distinct services, that for the mentally handicapped and that for psychiatric patients. The catchment area for psychiatry was Dublin north city and north county and the catchment area for mental handicap was all of the Eastern Health Board area. Wards had been changed so that the mental handicap service occupied all the wards to the left of the main entrance. There were separate therapy units for each service. The mental handicap section was known as St. Joseph's Mental Handicap Service.

St. Joseph's Mental Handicap Service

There were 405 mentally handicapped in-patients in St. Ita's. There was a community hostel in Balbriggan with 10 places, a hostel in Swords with 10 places and a further 10 places in the former staff houses outside the gates of St. Ita's which were converted to hostels. About 50 patients had been rehabilitated from St. Ita's to outside accommodation.

On the north side of Dublin there was a large workshop in Swords known as Maryfield Industries which had 70 attenders each day including 15 from hostels. On the south side, the Good Counsel centre in Ballyboden had 70 patients in residence and 30 day attenders with a further 10 patients in hostels.

Cheeverstown House, Templeogue had taken 10 patients and was to take a further 20. They were to be replaced by 30 mentally handicapped from St. Brendan's Hospital. It was suggested to us that some voluntary organisations were discharging to the community those clients they were unwilling or unable to cope with and these clients then had to be admitted to the St. Joseph's service.

The number of mentally handicapped in St. Ita's had remained virtually unchanged over the previous 12 years. There was a children's unit in

the grounds which was being phased out and it was proposed to use the accommodation to establish a national unit for the mentally handicapped with visual and hearing impairments e.g. children who were victims of rubella.

Cost

The budget for 1988 for St. Ita's Hospital was £9.9 million (pay) and £2.2 million (non-pay).

Staffing

The clinical director of the Eastern Health Board's mental handicap service spent one day a week at St. Ita's. There were two consultant psychiatrists, including one who was resident medical superintendent for the whole hospital. There were two registrars and four visiting general practitioners. There was no psychologist or social worker for the mental handicap service.

There was an acting chief nursing officer and six assistant chief nursing officers. There were two community nurses in mental handicap, one for the north side and one for the south side. Other nursing staff were not assigned exclusively to either the mental handicap or psychiatric service. Two hundred and twenty-nine nurses (mostly male) reported to the acting CNO for mental handicap, while the 257 other nurses (female) were under the CNO, psychiatry. It was proposed to allocate nurses exclusively to each service and it was hoped to have this done by May, 1988.

There were separate grades of attendants and domestics on each ward. It was proposed that there would be no demarcation between these grades. There was integration of staff and patients in some of the mentally handicapped wards and in the therapy areas associated with them.

General Comments

We were very impressed with the dynamic leadership in the St. Joseph's service — medical, nursing and administrative. This was reflected in the enthusiasm of the nursing and ancillary staff who had a sense of pride in their hospital and services, and the general decor of hospital and grounds which we found pleasantly surprising. It was obvious that the scheme of minor capital grants was judiciously used. The demolition of the remaining prefabricated buildings was necessary as a matter of urgency and the activities in these buildings transferred to the main building as the patient population decreased. The hospital's remoteness

was compensated for by the design, decor and scenic attractiveness, all of which we believed had contributed to high staff morale.

Recommendations

1. The precise role of St. Ita's within the Eastern Health Board's mental handicap service, together with its relationship with the voluntary mental handicap agencies needed to be clarified. In particular, admission and transfer policies needed to be clearly understood by each of the services.

2. Because of its size and geographic isolation, the hospital was unlikely to have a long term future as a mental handicap institution and for this reason its scaling down needed to be planned.

3. Nursing staff to be allocated exclusively to the mental handicap service and the division of male and female staff under separate CNOs to be discontinued.

ST. JOSEPH'S MENTAL HANDICAP SERVICE — 1989 INSPECTION

INSPECTED ON 20TH NOVEMBER, 1989

There were 400 beds in the St. Joseph's service and on the day of our visit there were 397 patients, 224 male and 173 female. Of these patients, 294 were voluntary, 55 temporary and 48 PUM. There were 30 admissions to the St. Joseph's service in 1988; 28 voluntary, 5 temporary and 1 PUM. There were 16 discharges and 5 deaths. There were 18 wards in the St. Joseph's complex; seven male, five female, six integrated. Fourteen of these wards were locked. All of these wards were situated to the left of the main entrance to the building.

There was a large workshop in Swords called Maryfield Industries which had 70 attenders each day including those residing in hospital.

There were three hostels, two in Swords and one in Balbriggan with 23 places and 21 in residence on the day of our visit. The service had a full time physiotherapist and a hairdresser, dentist and chiropodist on a sessional basis. Twelve patients from the St. Joseph's service were discharged to Cheeverstown House since our last inspection. There was very little contact between Cheeverstown and St. Joseph's. Ten patients were admitted from St. Brendan's and three patients admitted from other areas (Sleepy Hollow, Peamount, Ballyboden). There were thirteen patients in the mental handicap service in St. Ita's from outside the

EHB area and two from outside the State. Four patients were on special daytime nursing.

Cost
The budget for the mental handicap service in 1989 was £5.5 million.

General Comments
The services at St. Ita's had been reorganised since our last inspection. All of the wards left of the main entrance had become mental handicap wards. In addition wards 11,12 and 13 (the 72 bed unit) and the farmyard area, consisting of play areas and therapies, remained part of the mental handicap service. This area was not visited on this occasion as the patients had returned to their wards by the time our visit of inspection was completed. The mentally handicapped service at St. Ita's was free standing, had its own management structure and its own nursing and care staff. However they did have a problem in recruiting suitably qualified staff to work in the service. The standard of care in the wards appeared to be satisfactory. There were plans to de-designate St. Joseph's Mental Handicap service and ongoing discussions were taking place on this issue.

There was an in-service training programme for staff and discussions were taking place with An Bord Altranais with a view to establishing mental handicap nurse training in the Eastern Health Board.

Recommendations
1. The role of St. Joseph's mental handicap service within the Eastern Health Board area and its relationship with the voluntary mental handicap agencies needed to be clarified.

2. The idea of training nurses for the mental handicap register to be actively pursued.

3. The canteen facilities left a lot to be desired. There was a need for a review of this area to make it more acceptable to patients and visitors.

4. There was a need to review the utilisation of space in the 72 bed unit to find adequate storage space. Unit 12 in this area required sluicing facilities and unit 11 required redecoration. The gutters to be cleaned annually in order to preserve the fabric of the building.

5. The fire officer to examine the fire alarm panel in unit 11 and advise if any alteration in the arrangements was necessary.

6. Unit R required redecoration and dampness in the dayroom should have been attended to. Individual lockers suitable for the type of patients on this ward to be purchased.

7. Unit G required special attention. We suggested the patients in the area be assessed with a view to reducing the overall numbers and that individual programmes be tried for the disturbed patients who remained on this ward.

8. The lift to Units A, B and C to be repaired. Unit A required redecoration and the broken lockers should have been repaired.

9. Unit B Male required upgrading and redecoration. A small sink was required in the toilet area.

10. The skip situated at the rear of Unit C to be relocated in a more suitable location. The swill bin in this area to be covered and relocated.

11. The dump adjacent to Units A, B and C to be closed. The problem with rodents from the area was apparently under control. However on the day of our visit smoke from this dump was permeating through the corridors of the hospital.

12. Internal signposting of wards should have reflected the present situation in the hospital. Incorrect wall signs to be removed.

ST. ITA'S HOSPITAL PSYCHIATRIC SERVICE — 1988 INSPECTION

INSPECTED ON 31st MARCH, 1988

In 1988, St. Ita's had a catchment population of 200,000 serving Dublin north county and postal area 5 of Dublin city. At the time of our visit there were 402 psychiatric in-patients in St. Ita's Hospital in addition to the 405 mentally handicapped making a total of 807 in-patients. This compared with 870 in-patients on 31st December 1986 and 941 on 31st December 1982.

Of the 402 psychiatric patients, 367 were long-stay and 35 were in the acute psychiatric unit. The number in the acute unit was low in comparison to the catchment were population. The ages of the 367 long-stay patients were as follows:

AGE	NUMBER
45–54	31
55–64	67
65–69	60
over 70	209

A physical restructuring of services at the hospital involving a movement of psychiatric, mentally handicapped and geriatric patients to separate locations had taken place. A one hundred bed unit at Reilly's Hill was vacant.

The catchment area had been divided into three sectors based on Raheny (pop. 50,000), Coolock (pop. 50,000) and North County (pop. 100,000). The Raheny sector team ran St. Francis' Day Hospital. There was a hostel with nine residents at Grange Park Grove in Raheny and out-patient clinics were held at Vernon Avenue and Kilbarrack Health Centres.

The Coolock sector would have its headquarters and a day facility for up to 20 attenders at the recently acquired facility beside Artane Castle. There was a hostel in Priorswood. It was planned to develop the site at Woodville House as a sector headquarters, day hospital and day centre as well as a high support hostel.

The north county sector has its headquarters at St. Ita's. There were clinics at Swords, Balbriggan and Rush and a nine place hostel in Swords. It was hoped to get approval for a new admission unit in Swords for the North County area. Kilrock House was being transferred to the St. Ita's team and would be used as a medium support hostel. It would also provide day care facilities. Two houses at Tonlegee Road had been combined to provide six to eight places as a social training unit known as Bymier Unit. Mahylock Community Workshop continued to operate successfully.

Staffing

There were five consultant psychiatrists and nine non-consultant hospital doctors at St. Ita's. It was proposed that two of them, including the clinical director, would hold joint appointments with the EHB and Beaumont Hospital when the psychiatric unit at Beaumont opened.

There were two social workers but no psychologist. One occupational therapist worked in St. Francis' Day Hospital in Raheny and an occupational therapist who was also a nurse worked in St. Ita's. There were 14 community psychiatric nurses, eight of whom made domiciliary

visits while the other six worked in day facilities or supervising hostels. As mentioned earlier, nurses were not allocated exclusively to the psychiatric or mental handicap service. Negotiations were taking place with staff who had been given the opportunity of opting for the mental handicap, geriatric or psychiatric service. At the time of our visit, staff were making their choices known. In future one CNO would be responsible for both the mental handicap and geriatric services which were to be de-designated and the other CNO would be responsible for the psychiatric service.

General Comments

Most of the patients in this hospital had been institutionalised for the greater part of their lives. In many of the wards we saw patients who had been transferred from St. Brendan's down through the years. This seemed set to continue with a possible transfer of a further 100 patients from the Lower House in St. Brendan's. It was difficult to oppose such a move as the accommodation and standard of care in St. Ita's was superior to that available in St. Brendan's. All of the wards were clean and generally well maintained although the level of patient activation was somewhat less than that on the mental handicap side. On the other hand the non ward areas were often dirty. Some corridors, stairways and parts of the grounds close to some of the wards were unacceptably dirty and neglected.

Recommendations

1. The psychiatric unit at Beaumont Hospital to open, having a clearly defined catchment area of manageable size and be independent of St. Ita's.

2. The acute in-patient facility for, and the catchment area of, the remaining (St. Ita's) catchment area to be clearly defined.

3. The practice of transferring patients to St. Ita's from other psychiatric hospitals to cease once the problems created by the closure of the Lower House in St. Brendan's were resolved.

4. De-designation of the geriatric service to proceed in tandem with the de-designation of the mentally handicapped service.

5. The skills of staff required for the de-designated services to be determined together with the abolition of the artificial distinctions currently made between attendant, auxiliary and domestic grades.

6. Greater attention to be given to the cleanliness of some corridors, stairways and external areas close to the hospital.

7. The long term use of the hospital to be planned so that capital money was not spent on parts of the hospital which had no medium or long term use.

ST. ITA'S HOSPITAL, PORTRANE — 1989 INSPECTION

INSPECTED ON 22ND NOVEMBER, 1989

General description of the Service
Out-patient clinics were held in Balbriggan, Rush, Swords, Coolock, Kilbarrack, Vernon Avenue and St. Ita's itself. There were also out-patient facilities at the day hospital in Raheny. The community facilities were not inspected on this occasion. Mahylock Workshop in Coolock was operating successfully. There was a day hospital in Raheny (St. Francis's) with 30 places, a day centre in Kylemore Road, Artane with 25 places and 99 persons were referred to these centres in 1989.

There were 84 hostel places with 71 persons in residence on the day of our visit.

Hospital Base
Physical restructuring of services had taken place at St. Ita's Hospital since our last inspection. The geriatric services were situated in wards to the right of the main hospital building whilst the psychiatric services were situated in the free standing admission block and the Reilly's Hill complex.

The staff at St. Ita's were to be congratulated on the marvellous progress they had made in the restructuring and reorganising of services at the hospital.

There were 392 patients in the St. Ita's Hospital psychiatric service on the day of our visit; 205 male and 187 female. The status of the patients was; 159 voluntary, 124 temporary, 101 PUM and 3 Form D. (The Form D's are persons who were transferred to St. Ita's from St. Brendan's prior to the 1945 Mental Treatment Act. We recommended that their status be reviewed with a view to having them regraded as voluntary patients.)

There are 18 wards in St. Ita's Psychiatric Hospital: eight male, eight female, one integrated and one locked. There were 732 admissions to

St. Ita's in 1989 of which 548 were voluntary and 184 were temporary patients. Seven hundred and eighteen persons were discharged from St. Ita's and there were 33 deaths. Six female and 11 male patients were transferred to the long-stay wards in the last twelve months and there were six admissions to the geriatric facilities and seven discharges.

Cost

We were unable to ascertain the cost of the psychiatric or geriatric service as all costs are tied up in the overall costs of St. Ita's Hospital. (Twelve of the wards at St. Ita's were geriatric wards and 252 patients were over 65 years of age).

Staffing

There were four consultants and a clinical director working in the St. Ita's service. In addition there were seven registrars and three sessional general practitioners. There were seven administrative staff in St. Ita's. There were 232 nursing and allied staff consisting of one CNO, six ACNOs, 15 nursing officers, 25 deputy nursing officers, 154 staff nurses, 14 student nurses, four state enrolled nurses and 12 community psychiatric nurses. There were three other psychiatric nurses working in the community and one occupational therapist. There was no psychologist working in this service. There was one psychiatric social worker and one occupational therapist in the Raheny sector, and one occupational therapist who was also a nurse in St. Ita's. There were 25 domestic staff on the wards, 47 attendants and four porters. Chiropody, physiotherapy, hairdressing and dentistry were done on a sessional basis.

General Comments

We were very impressed with the standards of hygiene and cleanliness in the wards. Noticeable too was the sense of pride the staff had in all of the wards we visited. The minor capital grants scheme had upgraded many of the wards and they were of a very high standard.

The grounds of this hospital were very well maintained and attractively laid out, but some of the corridors in the hospital approaching the wards were in a poor condition. There was a problem in some areas with dampness and fungus on the walls which needed attention.

Recommendations

1. The health board to enter into discussions with Beaumont Hospital with a view to clarifying the position of the acute psychiatric unit on the hospital campus. The uncertainty regarding this Unit was

detrimental to the overall development of a comprehensive psychiatric service in this part of Dublin city.

2. All of the residents of the hostels on the grounds of St.Ita's Hospital and some of the in-patients in the Reilly's Hill complex to be assessed with a view to relocation in premises in the community more suited to their needs. This exercise to take account of important personal relationships with friends, family and any local attachments.

3. The prefabricated buildings, formerly wards 9 and 11 to be demolished.

4. Bedside lockers/combination units to be provided for the dormitory area of Unit 9. Consideration to be given to partitioning this dormitory to afford greater privacy for patients.

5. The dormitory in Unit 6 to be partitioned to afford greater privacy and the lighting to be improved considering the type of patients resident on the ward.

6. A greater effort to be made to make Unit 7 and Unit 1 more homely. Furniture needed to be reupholstered in Unit 7. The dampness/fungus problem in Unit 1 male to be attended to.

7. Patients on "Form D" to be reviewed and their status regraded appropriate to their present circumstances.

8. There were insufficient mirrors in some sanitary blocks. This matter to be attended to and broken mirrors replaced. We suggested good quality mirrors of varying size be provided in all areas and in particular the geriatric wards. Mirrors to be fixed at a suitable height. Unit 2 female is a good example of the use of mirrors.

9. It should have been possible to separate the budget for the psychiatric, geriatric and mental handicap services and attempts should have been made following the separation of the staffing structures.

PSYCHIATRIC UNIT, VERGEMOUNT, CLONSKEAGH, DUBLIN — 1988 INSPECTION

INSPECTED ON 28TH APRIL, 1988

General Description of the Service

The catchment area was, broadly, community care area 2 of Dublin south city with a current population of 100,000. Some parts of area 2 were not served by the Vergemount Unit in 1988. By including all of area 2 it would have a catchment population of 120,000. It was proposed that St. Vincent's, Elm Park would provide services for a sector (40,000) of the catchment area.

Patients from the Vergemount catchment area were also admitted to units 3A and 3B of St. Brendan's and the long-stay patients from this area were also in St. Brendan's. Two 32 bedded psycho-geriatric units had been built in Vergemount but were not occupied at the time of our visit. It was proposed to transfer 50-60 elderly patients from the Lower House in St. Brendan's to these units.

There was a 20 place hostel in Mount Pleasant and a seven place hostel in Irishtown. A hostel at 70 Grosvenor Road currently used by "Gheel" for autistic children was to be developed as a high support hostel for area 2. A former school on Milltown Road had been purchased for use as a day centre. Out-patient clinics were held at Baggot Street Hospital and Mount Pleasant. Clinics were no longer held at Vergemount, although a small number of out-patients were seen there. Some out-patients may also have been seen at St. Brendan's Hospital.

Facilities at Vergemount

On the day of our visit the psychiatric unit had 29 beds, 17 female and 12 male. The main building was single storey with a male and a female dormitory, two offices for doctors, a nurses office, a kitchenette and toilet facilities. The dormitories were screened by curtains. Each patient had access to a wardrobe. There were no observation facilities and there were no single rooms.

Day accommodation was provided in a temporary building. The temporary building also contained an occupational therapy department which seemed to concentrate mainly on craft work. This building also housed a social skills training area, a conference room, a sitting room and a dining room.

Staffing

The clinical director of the catchment area was based at Vergemount. A consultant psychiatrist worked two sessions each week in Vergemount and was otherwise based in St. Brendan's and another consultant psychiatrist for Area 2 was based at St. Brendan's. A fourth consultant psychiatrist for Area 2 was a psychotherapist based in Mount Pleasant. A psychiatrist (non-consultant) worked five sessions each week in Vergemount and five sessions in St. Vincent's Hospital, Elm Park and was paid by the Eastern Health Board. There was one NCHD based in Vergemount and two NCHDs based in Mount Pleasant. NCHDs who worked in St. Brendan's and Mount Pleasant were on call for this area at night and at weekends. There was a team psychologist who worked in Mount Pleasant. There were two social workers, one of whom worked part-time in St. Brendan's. There were two occupational therapists in Vergemount. An administrator for this area was based in Mount Pleasant. Nursing staff were part of the pool of staff at St. Brendan's and, apart from two or three who had been assigned to Vergemount on a long term basis, were rotated every few weeks. There was a nursing officer and two staff nurses on duty on the day of our visit. We were informed that this was the normal staffing although in the past they would have had six or seven nurses on duty each day. There were two nurses each night; one male and one female. A community nurse was based at Vergemount. There were two nurses in Mount Pleasant (Psychotherapy Unit) and two community psychiatric nurses attached to the hostel in Mount Pleasant.

Admissions

There were 230 admissions in 1987 of whom 27 were first admissions. We were unable to ascertain the number from the area who were admitted to St. Brendan's but we did learn that 65 of the 230 admissions were first admitted to St. Brendan's and subsequently transferred to Vergemount. Most of the admissions to Vergemount were by appointment. If patients were disturbed they would go to St. Brendan's. The average length of stay was from six to eight weeks. A small number of alcoholics who were admitted were detoxified and referred to the St. Dympna's alcoholism service. The psychotherapy unit at Mount Pleasant took referrals from all catchment areas in the E.H.B. and some referrals from other health boards.

General Comments

We concluded that facilities and staffing levels at the psychiatric unit at Vergemount could not provide a comprehensive admission facility for this catchment area. The division of facilities into separate buildings which were not physically linked, was a serious disadvantage. The

absence of single rooms and a nurses' observation station were difficult to understand. Based on information available, this area needed 45 acute beds. There were proposals to divide the catchment area into three sectors of 40,000 with two consultants for each sector. One sector would be run by the two consultants attached to St. Vincent's, Elm Park. Formerly, the catchment area was administered from St. Brendan's which was now in the process of decentralising the administration of services. It appeared that a more thorough analysis of service needs, together with comprehensive planning for such services in this area, merited urgent attention. This would have provided the necessary impetus to accelerate the provision of appropriate community-based services.

Recommendations

1. Negotiations with St. Vincent's Hospital regarding catchment area services to be concluded quickly.

2. The catchment area to be sectorised with a consultant responsible for each sector.

3. All consultants to operate from and to be based in facilities within the catchment area.

4. Sector teams to be responsible for the rehabilitation of long-stay patients from their sector who were in St. Brendan's.

5. Nursing staff for the catchment area to be detached from the general pool at St. Brendan's at the earliest opportunity.

6. A plan for the catchment area services to be drawn up with realistic time scales and identified responsibilities.

PSYCHIATRIC UNIT, VERGEMOUNT, CLONSKEAGH — 1989 INSPECTION

INSPECTED ON 16TH AUGUST, 1989

General description of the Service

The catchment area of this service was broadly community care area 2 of Dublin south city with a population of approximately 100,000. It was envisaged that it would eventually cater for all of Area 2 with a catchment population of 120,000. It was also envisaged that St. Vincent's Hospital, Elm Park would cater for a section of this catchment

area with a population of approximately 40,000. However, little progress had been made on this proposal.

Sectorisation had not yet been introduced, mainly because of the difficulty in acquiring premises and also due to the fact that a considerable number of the catchment area patients were still being cared for in St. Brendan's Hospital. Until planned alterations to the existing unit at Vergemount were carried out, and arrangements made with St. Vincent's Hospital as to their involvement in the area services, sectorisation would be difficult. However, sectorisation was regarded as a priority and was to be undertaken as soon as possible. Consideration was also being given to establishing a sector headquarters at Glenmalure House as a pilot project for further sectorisation.

An area headquarters was established at 31/33 Mount Pleasant Square in 1988. These houses were the property of the Board and a psychotherapy unit and a hostel were being operated from there. The psychotherapy service was operated on a sessional basis. The hostel, catering for 16 residents, had been retained but developed into a rehabilitation hostel with two community psychiatric nurses in charge. When the psychotherapy service contracted, the premises formerly occupied by this service became the area headquarters.

There is also a low support hostel at Kerlogue Road, Ringsend providing 7 places. It was planned to establish a high support hostel at 70 Grosvenor Road.

The need for the development of further hostel accommodation was recognised. Discussions were on-going with other voluntary housing agencies in the area, e.g. Vergemount Housing Trust, with a view to cooperating on the acquisition of properties for use as hostel accommodation.

It was hoped to open a day hospital in Milltown before September 1989. This was an old national school situated on Milltown Road opposite Shamrock Rovers' former grounds. The entire building has been renovated. The initial staffing would be one registrar, one staff nurse and one senior occupational therapist and this would be increased as the patient numbers rose.

During 1989 an out-patients clinic was opened at Baggot Street Hospital to cater for patients living in the eastern section of the catchment area. This clinic was held one day a week. Out-patient clinics had been

discontinued at Vergemount but they had expanded the service at Mount Pleasant, with clinics held every day except Mondays.

An alcohol counselling unit had been opened at Baggot Street and served Areas 1 and 3 in addition to the Vergemount catchment area. The unit was non-residential and patients requiring detoxification were treated in acute units in their respective catchment areas. It was planned to have the service operating a seven day week, 9.00a.m. to 10.00p.m.

Two new psycho-geriatric units were opened in September 1988 catering for 64 patients and were fully operational at the date of inspection. Two beds were reserved as assessment beds. The initial input was from the Lower House of St. Brendan's Hospital to facilitate the closure of that area, but all transfers were from catchment area 2. Future admissions were to be directly from the catchment area.

Vergemount — Acute Unit

The admission unit of Vergemount had 29 beds. Some patients from this catchment area were admitted directly to units 3A and 3B of St. Brendan's Hospital which also had a residue of long-stay patients from Vergemount. In all, on the day of visit, St. Brendan's Hospital had 78 patients from the Vergemount catchment area and of this number approximately 25 could be regarded as acute admission cases.

General Comments

The existing facilities and the staffing levels at the psychiatric unit remained unsuited to, and incapable of, providing a comprehensive admission facility for the catchment area.

Admissions to Vergemount were seen by appointment and disturbed patients were usually transferred to St. Brendan's. The average length of stay was six to eight weeks. We felt that this facility needed an admission unit of 45 to 50 beds to obviate the necessity of transfer to St. Brendan's Hospital. Our recommendations in 1989 were similar to those in 1988:-

Recommendations

1. Negotiation with St. Vincent's Hospital regarding catchment area services to be concluded quickly.

2. The catchment area to be sectorised with a consultant responsible for each sector.

3. All consultants to operate from and be based in facilities within the catchment area.

4. Sector teams to be responsible for the rehabilitation of long-stay patients from their sector who were currently in St. Brendan's.

5. Nursing staff for the catchment area to be detached from the general pool at St. Brendan's at the earliest opportunity.

6. A plan for the catchment area services to be drawn up with realistic time scales and identified responsibilities.

ST LOMAN'S HOSPITAL, PALMERSTOWN, DUBLIN — 1988 INSPECTION

INSPECTED ON 26TH MAY, 1988

General Description of the Service

The catchment area for St. Loman's Hospital in 1988 was community care areas 4 and 5 and north Kildare. It had a total population of approximately 300,000. Area 4 covering Crumlin, Drimnagh, Walkinstown and Tallaght, had a population of about 150,000. Area 5 covering Ballyfermot, Palmerstown/Clondalkin and Lucan has a somewhat smaller population. All of County Kildare, with a population of 112,000, would be a separate catchment area when arrangements for the transfer of responsibility for the services were completed between the Eastern and the South Eastern Health Boards. The South Kildare service was being provided from St. Dympna's Hospital, Carlow.

In-patient accommodation consisted of 190 beds at St. Loman's Hospital. This hospital opened in 1950 as a sanatorium for the treatment of tuberculosis. It was used as such for only a few years. In 1961 it was opened as an auxiliary hospital to St. Brendan's and was used initially for adult female patients who were transferred from St. Brendan's. In 1966 it began to admit patients directly and also to take male patients. Orginally in a rural setting, several housing estates had been built towards the back of the hospital and the road at the front of the hospital had become a dual carriageway taking westbound traffic out of Dublin. Like other former sanatoria, it consisted of a number of single-storey, flat roofed units with many windows and easy access to the outdoors. There were 70 acres of land surrounding the hospital. Despite the small number of beds, it catered for all admissions from its catchment area. There were no locked wards and despite this it was rarely necessary to transfer any patient to the secure wards in St.

Brendan's. The nurses' home at St. Loman's had been converted to take 40 elderly patients from St. Brendan's.

Community Facilities

There were 91 hostel places in ten locations. Eight were unsupervised hostels rented from the local authorities. Ballydowd House was a training hostel with eight places. Kilcock Day Hospital had an average of 22 attenders each day. St. Agnes's Day Centre in Crumlin had 36 daily attenders, Ushers Island Day Centre had 35 daily attenders and Chapelizod Enterprise Centre had 38 daily attenders. About 30 day patients attended the Industrial Therapy Unit at St. Loman's each day. In addition to patients who were seen at the hospital, out-patient clinics were held from one to three times each week at Ballyfermot, Clondalkin, Curlew Road, Carbury, Celbridge, Tallaght and Kilcock. There was a high support hostel at Grove House in Celbridge.

A former monastery, St. Columba's, Crumlin had been purchased and renovated for use as a sector headquarters, day hospital and high support hostel. There were a small number of day attenders. A premises in Tallaght, formerly owned by Glen Abbey, had been purchased and renovated for similar use for the Tallaght sector.

Staffing

There were seven consultant psychiatrists including the acting clinical director, two psychiatrists and eight NCHDs. There were two social workers and two occupational therapists, one of whom was part-time. There was no psychologist. Of the 180 nurses in this service, 50 worked in the community. Nursing staff included one CNO, four ACNOs, eleven community psychiatric nurses, one behaviour therapist and one counsellor in alcoholism.

Cost

The service cost £5 million per annum or £15 per head of catchment area population in 1988. Approximately 74 per cent of this expenditure related to St. Loman's Hospital. Of the 20 per cent of the budget which was non-pay, £250,000 was for drugs. As in the other EHB catchment areas, drugs continued to be dispensed at the psychiatric out-patient clinics.

General Comments

In 1988, St. Loman's provided psychiatric services for north Kildare and a mainly working class area of Dublin, the population of which had doubled in the previous 20 years. It had the lowest number of psychiatric beds per 1,000 population in the country. With one

consultant psychiatrist for about 45,000 population, its ratio was well below the accepted norm of one for each 25-30,000. It had a well developed network of clinics, day centres and hostels although the number of day centre and hostel places with which they were coping was also below the norms recommended in **Planning for the Future.** It had strict admission guidelines and a policy of early discharge. Elderly patients not previously known to the service would not be admitted without a prior domiciliary visit from a member of the consultant staff. A children's psychiatric unit, mainly for autistic children, was set up in a unit in St. Loman's. This had always been administratively separate from the St. Loman's adult service. Most of the patients on this unit were to transfer to new premises at Court Hall. The remainder, who were adult and mainly mentally handicapped, were to remain. Some mentally handicapped from St. Brendan's were to be transferred to vacant places in this unit.

The transfer of elderly and mentally handicapped to the campus of St. Loman's, while expedient from the St. Brendan's point of view, could only lead to St. Loman's assuming many of the characteristics of the traditional institution.

It was refreshing to go right through a psychiatric hospital where doors were open and where all units were used for admissions. It was, however, disappointing to note that these units, while admitting from a number of sectors, related to one consultant rather than to a sector. While nursing staff were integrated, only unit A with 17 beds had patient integration. It would have been more appropriate for each unit to be integrated and to relate to a sector. Apart from unit C, the wards were generally clean and well decorated. Externally, apart from the area around the child psychiatric unit, the grounds were well maintained.

The practice of dispensing drugs at out-patient clinics was a doubtful expedient. It had the effect of keeping patients within the psychiatric service and swelling the numbers attending the clinics. Presumably many of these patients could have been more appropriately looked after by their general practitioner. Apart from unit D which had an activity room, there did not appear to be any programme of planned activities on most wards.

Finally, it must be said that the milieu of this hospital and its services was one of dynamic progress. This obviously stemmed from the enthusiasm of its management team, which had percolated to all members of the staff with whom we came in contact, both in the

hospital and in the community. They were particularly complimented for the St. Columba's Unit at Crumlin Road.

Consideration should have been given to an administrative evaluation of the St. Loman's service so that the benefits of this model of service could have been applied more widely. A great deal of clinical material was already available from the St. Loman's case register and other published material.

Recommmendations

1. Separate catchment area services to be set up for Areas 4 and 5.

2. The sector headquarters and day facilities at Crumlin and Tallaght to be opened without further delay.

3. Day patients attending industrial therapy at St. Loman's to be directed instead to community based facilities.

4. The dispensing of drugs at out-patient clinics to be reviewed and discontinued, at the earliest opportunity.

5. Planned programmes of daily activities to be introduced on all wards.

6. Continuity of care between the sector and the hospital to be introduced by having each unit integrated and relating to its own sector.

7. As with all psychiatric facilities in the Eastern Health Board and indeed nationally, the lack of input provided by psychologists needed review.

ST. LOMAN'S HOSPITAL, PALMERSTOWN, DUBLIN — 1989 INSPECTION

INSPECTED ON 24TH NOVEMBER, 1989

General description of the Service

The catchment area served by St. Loman's service in 1989 constituted five main sectors. These were Crumlin and Tallaght which together comprise community care area 4, Ballyfermot, Ronanstown and Clondalkin which collectively comprise community care area 5 and North Kildare which comprises part of community care area 9. The combined population of these five sectors was difficult to estimate

accurately because of continuing growth. This was particularly true of Tallaght and Ronanstown, two of the new towns in the Dublin area, and of the dormitory towns of Dublin in North Kildare such as Celbridge, Leixlip and Maynooth. The figures from the 1986 census gave a population of 304,000 but this figure under-estimated the real situation because of the population growth in the area since then. The catchment population of St. Loman's accounted for approximately 10 per cent of the national population and was by far the biggest in the country. The ideal model catchment area was approximately 100,000 which St. Loman's area exceeded by a factor of three and a half. Indeed the size of one of the St. Loman's sectors was equivalent to that of the entire service of the county of Kilkenny, for example. Plans existed however for the reduction of the St. Loman's service to a number of individual services as will be described later.

Community Facilities

In 1989, there were 12 community residences providing accommodation for 111 patients distributed throughout the catchment area but centred predominantly in community care area 5. These included a high support hostel for 14 patients in Celbridge, County Kildare and a medium support hostel for 8 patients at The Manse in Lucan. There was also a high support hostel in Armagh Road, Crumlin for 20 patients and a medium support hostel for a further 20 patients in St. Mary's Flats in the Phoenix Park. The rest of the community residences were low support and in one of them patients ran their own affairs completely, paid their own rent and managed their renting arrangements with Dublin Corporation. Most of the low support accommodation was rented corporation housing.

Sector headquarters and day hospital/day centre facilities were provided in Tallaght and in Crumlin. In addition there was a day centre accommodating 40 patients and with capacity for double that number in Walkinstown. A sheltered workshop with rehabilitation and training facilities, combined with day centre industrial activities and catering for approximately 40 patients existed on an industrial estate in Chapelizod.

The service centred on its in-patient unit, St. Loman's Hospital, which had an average daily bed occupancy during 1988 of approximately 160, slightly over 0.5 beds per 1000 of population.

There were 157 patients in the hospital on the day of our visit, 90 male and 67 female. One hundred and twenty five of the patients were voluntary and 32 were temporary.

There were 1444 admissions during 1989 of which 90 per cent were voluntary, and 11 per cent of the patients were aged 65 and over.

Cost

The cost of the St. Loman's service during 1988 was £5.2 million of which £250,000 was spent on drugs. It was estimated that 26 per cent of the total revenue expenditure was on facilities outside the hospital and that the drugs bill was split equally between in-patient and out-patient services. The grounds of this hospital were well maintained and attractively laid out.

Developments during 1988

Within St. Loman's the billiard room was closed as a sleeping facility thus reducing the number of beds available. In addition a fire started by a patient in St. Joseph's destroyed day accommodation so that this had to be moved to the observation dormitory resulting in a reduction of a further six beds.

The conversion of a former nurses' home premises, renamed Beech Haven, to accommodate 35 elderly long-stay patients from St. Brendan's, to assist in closing the Lower House in St. Brendan's, had added 40 patients to St. Loman's. This unit was entirely staffed by St. Loman's staff. Plans for unit B which had provided a service for children with psychiatric/mental handicap disorders since the early 1960s, remained unsettled although some patients had been moved out of this unit. In any case, unit B as it was called was not part of the St. Loman's psychiatric service although nursing was the responsibility of the chief nursing officer of St. Loman's.

The major developments in the community component of the St. Loman's service were the formal opening of the combined day hostel and high support facility in Armagh Road, Crumlin, called St. Columba's, and the opening of the day facility and sector headquarters in the former Glen Abbey building in Tallaght.

Finally, the closing of the long established but in many senses unsatisfactory day centre at St. Agnes' Road, Crumlin, and its replacement by a much larger and more suitable premises in Walkinstown in a former school premises called St. Damien's also took place.

General Comments

The catchment area was manifestly unwieldy. Certain parts of it require further development in relation to community facilities, day accommodation and so on. This applied particularly to the Ballyfermot

and Clondalkin sectors where there were no day facilities and to the Tallaght area and part of Crumlin where community residences were non-existent. Within the hospital, although nursing staff were integrated, most of the units in the hospital were still single sex. While the catchment area was sectorised, this sectorisation broke down at the level of the hospital and there was discontinuity of care as between the out-patient and in-patient components. There were inadequate occupational and industrial facilities within the hospital and many patients were still unoccupied. Some parts of the hospital were physically shabby and in poor decorative order. The hospital did not have a teaching/training relationship with any other service.

Plans for the Future

The main development plan for the St. Loman's area was adopted by the Eastern Health Board in late 1987 and remained the blueprint for the future. The main thrust of the plan was to split the Dublin component of the St. Loman's service into two separate and autonomous services catering respectively for the community care areas 4 and 5. The main impediment to this development was the establishment of separate in-patient facilities in areas 4 and 5 prior to abandonment of St.Loman's Hospital as an in-patient unit. Various possibilities had been discussed such as the use of Cherry Orchard Hospital to provide services for area 5 and the possibility of providing in-patient accommodation in the Tallaght day centre site, with the ultimate prospect of all in-patient services for area 4 being provided in the psychiatric unit at the proposed general hospital in Tallaght. It was understood that this unit would be included in phase 1 of the Tallaght development.

The North Kildare service would become part of an integrated service for County Kildare to be managed by the Eastern Health Board. Premises for sector headquarters, service headquarters and for high support hostels etc. were acquired during 1987 by the Eastern Health Board to provide the County Kildare service. An additional allocation had been given to the EHB for 1990 to enable them to assume responsibility for psychiatric services for all of County Kildare.

Within St. Loman's Hospital, integration of male and female wards was needed, and preliminary steps to achieve this in relation to St. Joseph's unit and unit D had been taken. Negotiations were taking place to try and provide an adequate psychological service for the St. Loman's service. In addition attempts were being made to improve the social work component in the hospital which was inadequate.

Recommendations

1. There was a need to develop the Kildare service as soon as possible and it was hoped that in-patients from Kildare would use this service and no longer rely on St. Loman's.

2. It was most desirable to have continuity between in-patient and out-patient care. The need for all wards to be admission wards to be reviewed. We suggested that each clinical team have their own integrated admission wards and backup continuing wards which could accommodate both their male and female patients.

3. All out-patients to be encouraged to attend a day centre/therapy department off the campus of St. Loman's thus relieving the pressure of space in the industrial therapy department and making places available for those patients on the wards of St. Loman's who were still unoccupied.

4. The mental handicap unit to be removed from St. Loman's as soon as possible. The plans to build three bungalows to be actively pursued.

5. The day programme for the elderly to be moved to an area where the persons attending would have more space and the programme could continue without interruption. The old billiard hall might have been a suitable location.

6. Unit C required upgrading and redecoration.

7. In order to reduce the overcrowding and minimise the lodging out arrangement there was a need for a review of the utilisation of the available space in the hospital.

8. The kitchen area needed to be upgraded. The wall at the food preparation area required immediate attention.

9. The external fabric of some wards was in need of attention as the cladding was deteriorating. Remedial work was required on the corridors following the installation of the new heating system and the Roman Catholic Church required redecoration.

10. It was extremely important to plan for independent services for areas 4 and 5 as St. Loman's might not have been in a position to cope adequately with service demands from these areas in the years ahead.

NEWCASTLE HOSPITAL, COUNTY WICKLOW — 1989 INSPECTION
INSPECTED ON 2ND FEBRUARY, 1989

This hospital, which was originally a sanatorium, first admitted psychiatric patients in 1966. It served all of County Wicklow with a population of just over 90,000. Annual admissions were in the region of 400. The hospital was staffed by three consultant psychiatrists, five non-consultant hospital doctors, two social workers, a psychologist and 65 nurses. There were a total of 46 hostel places in six locations. Out-patient clinics were held at 10 locations in the county. This service was probably the most communitised service in the country. In 1987 the service at this hospital cost £1.95m.

General Description of the Service

Newcastle Hospital provides in-patient psychiatric services for County Wicklow with a population of 97,000. This population has grown from 66,000 in 1971 and it was estimated that it will be 166,000 by the year 2,005. The first patients were admitted in 1966 while a community service had been established since 1963. Prior to 1966 Wicklow patients were admitted to St. Brendan's Hospital. It was estimated that there were 350 Wicklow patients in Dublin hospitals, mainly at St. Ita's and at St. Brendan's, when Newcastle opened in 1966. All of them were transferred from St. Brendan's on a phased basis and rehabilitated. In 1988, 11 non Wicklow patients who were long-stay in St. Brendan's Hospital were taken to Newcastle for rehabilitation. There were 84 in-patients on the day of our visit. There were 415 admissions in 1988, of whom 115 were first admissions. The admission rate at 4.3 per 1,000 was among the lowest in the country.

Staffing

There were three consultant psychiatrists employed, including the clinical director. There were five NCHDs plus a locum and the service was accredited for the training of psychiatrists. There were two social workers and one psychologist. There was no occupational therapist. There were 59 nurses employed. Five nurses were attached to the Lincara centre in Bray, two in the Kilmullen Enterprise Centre in Newcastle and one in the day centre in Arklow. There were six administrative staff. The budget for 1989 was £2.1 million.

Community Facilities

The catchment area had been divided into three sectors as follows:—

Sector	Population
Bray and North East Wicklow	46,463
Arklow and South West Wicklow	22,000
Wicklow and West Wicklow	28,728
Total	97,191

Each sector had a consultant and a sector team. There were 800 people in psychiatric care in the community. Hostels with a total of 52 places were located in Arklow, Bray, Enniskerry, Newtownmountkennedy and Newcastle. Out-patient clinics which were located at 10 centres, took place weekly or fortnightly. In addition to the Kilmullen Enterprise Centre in Newcastle, a day centre in Arklow with 15 places opened in November 1988. The Lincara Centre in Bray which had 50 places but with capacity for 70 places, was opened in September 1988. A regular liaison service was provided for the general hospitals in the region including Loughlinstown Hospital. Domiciliary consultations were carried out at the request of the general practitioner.

The Hospital

Newcastle Hospital was a former sanatorium, situated on its own grounds just outside Newtownmountkennedy. Its population fluctuated from 75 to 94 with an average of 84. Two wards were in adjoining single storey units which were built in the 1940s. A third ward, which was referred to as a high support hostel, was situated on the ground floor of the old building, the upper floors of which were vacant.

There was an industrial therapy unit, Kilmullen Enterprise Centre which was built in 1986. There were 35 to 40 attenders each day, of whom 15 to 20 were day patients.

The former RMS's house had become a ten place integrated hostel. All the hostels were run by management committees including sector staff and all the residents were reviewed monthly. All of the hostels were run by a limited company, Lincara Ltd, which was set up for this purpose.

General Comments

This was a most impressive psychiatric service. It did not have many new, extensive or expensive facilities but it did have a dedicated and imaginative staff who had used the resources available to them in a practical and imaginative way. The very low in-patient numbers, the extensive network of community interventions, the cleanliness and decor of hospital wards and environs and regular review of each patient's progress together with comprehensive medical nursing notes of these reviews were indeed impressive and marked this service apart.

No recommendations were made following this visit. The hospital had kept extensive records on the development of the service and carried out regular reviews. We would have liked to see information on this service being made more widely available.

ST JAMES' HOSPITAL PSYCHIATRIC UNIT — 1988 INSPECTION

General Description of the Service

This 50 bed purpose built unit in the grounds of St James' Hospital was opened in 1985. It replaced a former tuberculosis unit which has been used for psychiatry since 1971. It was run by St Patrick's Hospital to provide a catchment area service for community care area 3 but it was proposed that in the near future the unit would be administered by St James' and that the community service for the catchment area would remain the responsibility of St Patrick's. In addition to the 50 in-patient beds there were 50 day places with 20 to 30 attenders each day. Consultant psychiatrists held joint appointments with St Patrick's Hospital. There were 27 nurses, four social workers, four occupational therapists, one woodwork instructor and one clerical skills instructor. They catered for a population of 95,000 but this would increase by about 10,000 when the catchment area boundary would become co-terminous with community care area 6. There were about 450 admissions each year.

In December 1987 the in-patient services and the day hospital were transferred to a new purpose-built unit, with St James' Hospital to take over the management of the in-patient unit in January 1989. The management of the community services was to be retained by St Patrick's Hospital. A co-ordinating management committee, with representatives from both hospitals and the Eastern Health Board, had been set up.

With regard to community based facilities, there were four hostels in operation in the St James' services providing a total of 28 places. Three of these were low support and one was a medium support hostel. There was a sheltered workshop providing a total of 40 places, plus 20 training places for catchment area patients. This workshop was situated in and administered by St Patrick's Hospital.

The Unit

The building is a two storied complex surrounding a square court-yard. The ground floor contains Beckett's Ward which is a convalescent unit, and the first floor contains the acute admission area known as St Martha's Ward. Both wards were fully integrated. The unit catered for 51 in-patients and had 535 admission and 523 discharges during 1989. The day hospital had 50 places, the average daily attendance being 30.

All out-patient clinics were based at the out-patients department of St James' Hospital. There were 9 clinics spread over a five day week and they catered for new patients, return visits, depot clinics etc.

The entire unit also had an important teaching role for Trinity College for medical and paramedical students, in addition to postgraduate training. There were also several ongoing research projects under the direction of the professor of psychiatry, Professor Webb, and the senior lecturer, Dr Dinan.

Staffing
The staff complement of the Unit was as follows:-
3 full-time consultants, 2 part-time academic consultants, 1 senior registrar/lecturer, 6 S.H.O./registrars, 1 senior clinical psychologist, 1 senior social worker, 3 social workers, 1 head occupational therapist, 3 occupational therapists, 2 occupational therapist instructors, 2 part-time assistant chief nursing officers (1 St Patrick's/1 St James' Hospital) 1 charge nurse, 2 deputy charge nurses, 24 nurses, 4 community nurses, 1 charge nurse (day hospital), 1 charge nurse, 1 nurse and 1 instructor who worked in the sheltered workshop. There were also 3 medical secretaries, 2 telephonist/receptionists, 3 out-patients receptionists, 2 hostel supervisors, cleaning and domestic staff. All staff were based in and worked from the psychiatric unit.

General Comment
The hygiene, decor and therapeutic milieu of the St James' Unit were of a very high quality.

Recommendations
1. The catchment area served by St James's should be sectorised.

2. We recommended the provision of additional medium and high support residential facilities for the St James' service.

CENTRAL MENTAL HOSPITAL, DUNDRUM — 1988 INSPECTION

INSPECTED ON 1ST SEPTEMBER, 1988

General Description of the Service
On the day of our visit there were 88 patients in the hospital, of whom eight were female. Eighteen of the patients were transferred from psychiatric hospitals under section 207 of the Mental Treatment Act, 1945 and the rest were patients referred by the courts or transferred

from prisons under orders of the Minister for Justice. This latter group included long and short-stay patients. Of the longer stay Department of Justice patients, some had been found guilty but insane and others had been found unfit to plead by reason of mental illness. Most had been in Dundrum for a very long time and four of them were elderly. The shorter stay Department of Justice patients were usually young males on remand awaiting trial or prisoners transferred because of some acute psychiatric disturbance such as a suicide attempt.

The Central Mental Hospital was largely as built in the mid 19th century and most of the patient accommodation was provided within the fabric of the original building. There were seven units within Dundrum. All were locked and patients were locked in individual cells at night apart from some dormitory accommodation in ward 7. The ward accommodation was arranged on three stories. Ward 1 contained 33 male patients who were a mixture of those recently admitted and longer stay and disturbed patients. It was the "acute" unit of the hospital as it had the most recently arrived and disturbed patients. Twelve of these were accommodated in what was called 1B or "the back". This opened at right angles from the main ward 1 and contained twelve cells. At the time of the visit, six of these cells were occupied but the number with patients during the day varied considerably. All were occupied and locked at night. These cells were dark and gloomy with no lighting apart from the spy hole in the door. Patients had no access to toilet facilities during the night and used chamber pots which were slopped out in the morning. Generally these cells were forbidding places and hardly conducive to therapeutic activity. There was a plain bare day room attached to unit 1 and there was access to two enclosed yards or airing courts one of which had a water closet bowl in a corner affording absolutely no privacy and no visible method of washing one's hands or drying them. Across the way from the original building there was a new building completed two years earlier at a cost of £2 million. This has secure accommodation for 30 persons but had never been used.

Cost

The Dundrum service cost approximately £3 million in 1987.

Staffing

In September 1988 the staff consisted of an acting clinical director, one consultant psychiatrist, two psychiatrists and three registrars. There were 90 attendant staff, only four of whom had formal nursing qualifications. The staff were paid at prison officer rates and had appreciable amounts of overtime. They were therefore earning more

than nurses in the psychiatric services. There were also ancillary, domestic, ground and maintenance staff. There was one social worker but no psychologist and no occupational therapist.

General Comments

The position of Dundrum was, from all possible points of view, highly unsatisfactory. No clear plan existed for its future or for the psychiatric services to be provided for the Irish prison service, although it was gratifying to hear that the medical team in Dundrum was providing regular clinics in Mountjoy and other prisons. Dundrum was the vassel of two separate administrations, the Department of Justice and the Eastern Health Board. It had no permanently appointed medical director for over four years prior to 1988, no psychologist and no properly organised occupational or rehabilitation services and relationships with the overall prison service were loose and poorly defined. In consequence, the psychiatric expertise available in Dundrum was not being availed of to improve conditions generally in Mountjoy and the other prisons. At one time there had been regular monthly meetings between the Dundrum staff and the prison staff to discuss overall problems of Mountjoy which had psychological implications and to discuss clinical matters concerning individual patients. Unfortunately these had ceased. There was continuing uncertainty about what was to happen to Dundrum and what use was to be made of the new building, which at one time or another had been identified for usage by young offenders, drug abusers and AIDS sufferers. The uncertainty surrounding the role of Dundrum was demoralising for its staff. This may have explained some of the obvious shortcomings in the service. We concluded that it was time that agreement was reached between the Eastern Health Board, the Department of Justice and the Department of Health as to the future of Dundrum.

Patients detained under Section 207 of the Mental Treatment Act

At the time of our visit there were 18 section 207 patients, six of whom could have been returned to their parent hospitals without too much difficulty. Another three appeared quite suitable for return but had become thoroughly institutionalised in Dundrum. Another person, who was no longer psychiatrically ill but considered a danger because of homicidal tendencies which did not arise from mental illness, was thoroughly institutionalised.

The remaining nine patients constituted the group needing accommodation in the Central Mental Hospital. No more than another 20 or so Department of Justice patients met the same criteria. This was why it seemed perfectly reasonable to suggest that the entire psychiatric

needs of the forensic psychiatric service could be met by the new but unoccupied unit.

Recommendations

1. A comprehensive psychiatric forensic service to be made available to the Irish prison service operating within the framework of overall medical services as recommended in the **Report of the Committee of Inquiry into the Penal System.**

2. As many as possible of the current long-stay patients in Dundrum, whether section 207 or Department of Justice patients, to be relocated to their own psychiatric services, if they were still psychiatrically ill, or otherwise discharged if this was not the case. It was heartening to note that there had already been five discharges of section 207 patients to parent psychiatric hospitals in 1988 and that there was only one transfer under this section to Dundrum in 1988.

3. The use of Dundrum for patients with short-lived disturbances within the existing prison system to cease and these problems to be dealt with in another setting. If recommendation two and three were implemented, the true psychiatric component of Dundrum would be down to about 30 patients.

4. The existing building in Dundrum to be closed. As an immediate measure, the four geriatric patients in ward 7 to be transferred to their parent hospitals. The remaining patients in ward 7 could then be moved to ward 4 and ward 7 could be closed. Within a very short time the number of female patients would decline from eight to four and at the date of inspection there could be no basis for continuing with the female section in Dundrum. The remaining four could be redistributed to alternative facilities, such as their local psychiatric hospitals.

5. The new unit to be opened to provide for all the future residential needs of the psychiatric forensic service and the old building closed.

6. The re-deployment of existing staff to be pursued as an urgent necessity. Recruitment of other appropriate professionals would be required, such as psychologists, occupational therapists etc.

CENTRAL MENTAL HOSPITAL, DUNDRUM — 1989 INSPECTION

INSPECTED ON 22ND AUGUST, 1989

General description of the Service
On the day of visit there were 85 patients in residence of whom nine were female. Seventeen of this total were detained under section 207 of the Mental Treatment Act 1945 and these consisted of eleven male and six female patients.

An attempt was made to open the former Governor's House in the grounds as a rehabilitation hostel but this had run into difficulties from the staffing point of view.

Staffing
The staff consisted of the clinical director, one consultant psychiatrist, two psychiatrists and three registrars. There were 112 attendant staff, of whom approximately six had full nursing qualifications. Several others had, however, qualifications falling short of this. They were predominantly a young staff with 75 per cent being under 40. There were no ward-based domestic staff but a few domestic staff dealt with public areas. There were twelve kitchen staff and, in addition, garden and maintenance staff. There was one social worker, no occupational therapist and no psychologist.

Cost
The cost was approximately £3 million in 1988.

Future plans for the service
The Eastern Health Board had accepted in principle a proposal to shut the original mid 19th century building and to move patients to the new building in the grounds which had never been occupied. This would necessitate a drop in-patient numbers from 90 to something nearer 60 and the building of an extension to the new building as well as certain internal modifications in the existing new accommodation. These changes could be funded by the sale of surplus land on the Dundrum campus subject to negotiation with the current owners, the Office of Public Works.

The number of patients could be reduced by rehabilitation outwards of some of the older long-stay Dundrum population, either to community residential accommodation or to their parent psychiatric services. There would also be a reduction in the numbers accepted from the judicial

system and from the psychiatric hospitals under the provision of section 207 of the Mental Treatment Act. The numbers detained under this provision had dropped considerably in any case, and no patients had been admitted under this provision for 18 months. There was some uncertainty as to the extent and quality of the additional accommodation required in the new building to facilitate its future role but this was to be decided on before too long.

General Comments

Dundrum was not really suitable for a modern therapeutic function and it was gratifying to know that there were plans for the reduction in-patient numbers and the transfer of the remaining clientele to the new unopened unit with appropriate additions. The physical layout of the building and the large number of untrained staff militated against any real therapeutic possibilities. The conditions in ward 1, and particularly "the back" or ward 1B were unacceptable as much from a humanitarian point of view as from a therapeutic one. This was probably the single most unsatisfactory aspect of Dundrum and it was difficult to envisage it being corrected within the existing physical accommodation.

Within these limitations, staff had managed to create an atmosphere and conditions that at times were reasonably clean and there was much evidence of caring and a considered approach to patients. The three occupational/industrial units were a welcome sign of an attempt to involve and activate patients.

Staffing, if not high in skills, appeared to be quite adequate in numbers. There was no occupational therapist and no psychologist and the staff were not integrated.

Recommendations

1. The proposed transfer and extension of the new building be brought about as quickly as possible.

2. Training of staff in those specific skills necessary for their occupation be proceeded with as quickly as possible.

3. At least one occupational therapist and one psychologist to be recruited for the service as quickly as possible.

4. In the interim, while awaiting the opening of the new unit, thought to be given to a more humane and therapeutic way of dealing with acutely disturbed patients than was the practice.

5. The possibility of transferring long-stay quiet patients, whether to parent psychiatric hospital or otherwise, to be considered.

6. The wider question of providing therapeutic facilities within prisons be explored with the Department of Justice. This would contain many of the acute disturbances in the prison setting without the need to transfer to Dundrum. At the same time it was recognised that, in some cases, a change of milieu could benefit both prisoner and the prison and therefore more interchange between Dundrum and the prison would allow for a flexibly operated forensic service.

7. Thought to be given to the possibility of having psychiatric help more readily available to the prison system than occasional visits from the Dundrum staff.

CHAPTER THREE

MIDLAND HEALTH BOARD

COMMENTS FOLLOWING 1988 INSPECTION OF FACILITIES

Our main concern in this Board was St Loman's Hospital, Mullingar. This hospital had a high residence and admission rate and we were conscious that there was a lack of a clearly defined admission policy which led, we suspected, to unnecessary admissions including those of elderly people. We were also aware that the admission unit was physically unsuited for its purpose and while we welcomed the proposed refurbishment that was shortly to take place, we would have preferred to see a clean break made with St Loman's whereby an admission facility would have been made available in Mullingar General Hospital. Apart from providing better admission accommodation, this would necessarily impose a more selective admission practice to obviate the accumulation of new long-stay patients and ultimately diminish considerably the size of St Loman's. We felt that urgent consideration should be given to the resettlement of the mentally handicapped and elderly patients in St Loman's.

ST LOMAN'S HOSPITAL — 1988 INSPECTION

INSPECTED ON 19TH JULY, 1988

General Description of the Service

The catchment area of the St. Loman's service is sectorised as follows:-

Sector	Population	Admission Rate per 100,000
Mullingar	35,000	9.2
Athlone	28,000	6.5
Longford	30,000	9.8
Total	93,000	

Responsibility for the county of Meath, formerly in this catchment area, had been transferred to the North Eastern Health Board and admissions from county Meath to St Loman's had ceased.

There were 536 patients resident on the day of our visit; of these 316 were male and 220 female. Forty per cent were over 65 and 175 were returned as being mentally handicapped but this figure included patients whose primary disturbance was psychiatric illness and who were additionally mentally handicapped. Because of this it was not possible to give accurate figures for the numbers who were in hospital exclusively because they were mentally handicapped. Twenty six patients were recorded as becoming "new long-stay" in 1987 and of these, nine were aged 65 and over.

There were 834 admissions to St. Loman's in 1987. Of these 63 were from Meath and 121 were aged 65 and over. The admission rate was, therefore, somewhat under 8 per 1,000 of catchment population and was quite above the appropriate norm of 5 per 1,000 population.

Fifty per cent (251) of the patients were detained patients and 167 of these were certified as persons of unsound mind.

The Hospital

On the day of our visit, there were 16 wards in St. Loman's with 14 of the wards being open wards. Eight of these were male, six female and two were integrated. The average number of patients per ward had increased during the previous three years because five other wards had been closed.

Staffing

On the day of our visit, there were six consultants in the adult services of whom one was temporary. One of the permanent psychiatric posts was shortly to transfer to the North Eastern Health Board for County Meath. There was also a temporary child psychiatrist providing a service for the Midland region. This service, curiously, had its headquarters in St. Loman's, Mullingar. The Board employed a senior psychologist who had responsibilities in the St. Loman's catchment area. There were in addition two basic grade psychologists working in the St. Loman's service. There was a post for one social worker in the adult service and one in the child psychiatric service but these positions were unfilled. There was also a vacant post for one occupational therapist. There were five NCHDs and the service was accredited for training by the Royal College of Psychiatrists.

There were 276 nurses including a CNO and five ACNOs. One ACNO was responsible for rehabilitation and the Mullingar sector, one for the admission wards and the Athlone sector, one for the long-stay wards and Longford sector and one for alcoholism and long-stay wards and

the fifth to cover ACNOs on annual leave etc. There were six alcohol counsellors, all nurses, four of whom were community-based. One counsellor was seconded to the Irish National Council for Alcoholism's centre in Mullingar which was largely supported by the health board and an additional two were based in the admission unit. Two nurses had been trained in behaviour therapy course at Dundee. There were 39 domestic staff which enabled each ward to have one staff per day with some wards having two occasionally. There was one full-time hairdresser, a chiropodist on a sessional basis but no physiotherapist.

Cost

The cost of the service at St. Loman's in 1987 was £8.472 million.

Community Facilities

There were three day centres located in Athlone, Longford and Mullingar. Each catered for approximately 25 daily attendances with approximately double this number on the books. There were twelve low support community residences, seven in Mullingar, three in Longford and two in Athlone. Between them they catered for 57 residents. It was hoped shortly to open a high support residence with ten places in Athlone. The Mental Health Association hoped to finance a high support hostel in Mullingar.

General Comments

Our impressions of the St. Loman's service were mixed. There was much to be commended. Five wards had recently been closed in the hospital and there was a commitment to closing others. There had been a decision not to transfer patients from the admission unit to the main hospital and the current unsatisfactory admission unit would shortly be refurbished to an acceptable level. The integration of staff on the wards was almost total. The level of activity in the activation centre was impressive as was the commitment to rehabilitation in the hospital. Some of the more recent furnishings such as in the mentally handicapped ward and the programmes arranged therein were equally heartening. A number of community residences had been established and two high support hostels planned.

On the negative side, St. Loman's was the sixth largest hospital in the country with a high residence rate and a high admission rate. There did not seem to be a developed or enforced admission policy and there was an apparent lack of co-ordinated facilities for the elderly in the catchment area. This, we were told, led to a number of elderly people being admitted unnecessarily to the St. Loman's service. Geriatric facilities in the county comprised 200 beds in St. Joseph's, Longford,

150 in St. Mary's, Mullingar and 100 in St. Vincent's, Athlone. Admissions of the elderly to these facilities and to St Loman's did not appear to be co-ordinated on a priority basis. It was understood that a group had been recently set up to co-ordinate services for the elderly. There appeared to be no outlet for the mentally handicapped currently resident in St. Loman's. It was encouraging to note that there were to be no further admissions of mentally handicapped for long-term residential care. There was a decided lack of activity in some of the long-stay wards, particularly in the male disturbed ward and in the male wards in St. Patrick's.

Recommendations

1. The refurbishment of the admission unit to proceed as rapidly as possible and the policy of not transferring further admissions from the admission unit to the hospital to be implemented as soon as possible.

2. A review of current admission policies to be instituted with particular reference to the non-admission of elderly persons requiring long-term care.

3. Close links to be established with those responsible for the care of the elderly to reduce the demand for admission of elderly persons with dementia and to initiate a development plan for a comprehensive service to the elderly.

4. The number of patients who were primarily mentally handicapped to be accurately assessed and a programme to meet their needs to be drawn up. This would include the investigation of alternative community-based residential care for the mentally handicapped resident in St. Loman's.

5. Buildings on the St. Loman's campus, such as St. Patrick's or St. Brigid's, to be set aside to accommodate the mentally handicapped and the elderly and the possibility of de-designating the buildings to be considered.

6. Long-stay patients not already attending the activity centre and not in the pre-rehabilitation wards, to be included in an extensive rehabilitation programme with substantial ward based components.

7. The legal status of many patients detained as persons of unsound mind to be changed to that of voluntary patients.

8. Personalised clothing to be introduced for all patients.

9. The role of professional staff to become actively therapeutic rather than passive. To this end the deployment and use of staff to be examined with the objective of achieving a clearer focus for their respective roles.

ST LOMAN'S HOSPITAL — 1989 INSPECTION

INSPECTED ON 4TH JULY, 1989

There were 358 patients resident on the day of our inspection. This represented a decline of 178 on 1988, which was largely accounted for by the de-designation of 94 mentally handicapped patients and the transfer of 65 geriatric patients to St. Mary's and St. Vincent's geriatric accommodation. Of the residents somewhat less than 40 per cent were aged 65 and over.

During 1988 there were 838 admissions to the hospital constituting an admission rate of almost 9 per 100,000 of catchment population. During 1988 twenty three patients became new long-stay. The hospital consisted of twelve wards, three integrated, five male and four female. Four wards were in the main building, three in St. Patrick's block behind the main building, another three in St. Brigid's block, both of them built around 1936 and the two admission wards, one male and one female, were in a separate single storey building at some distance from the main hospital. In addition there were the three de-designated mental handicap wards, soon to be increased to four, the day hospital, the day activation programme and the activation centre with its attendant horticultural enterprise.

Cost

The cost of running the St. Loman's service in 1988 was approximately £8 million per annum or close on £90 per head of catchment population per annum.

Community Facilities

There were twelve low support community residences; seven in Mullingar, three in Longford and two in Athlone. Since our visit in 1988 a high support community residence for ten patients had been opened in Longford and a house on Lynn Road, Mullingar was in the process of being acquired as a high support residence and the planning application was going through the planning appeal process. There was also a ten place high support hostel in Athlone so there were approximately 75 patients living in community residences.

Staffing

There were some changes in St Loman's staffing arrangements since our 1988 inspection due to the de-designation of mentally handicapped patients. In 1989 there were 217 nurses working in the adult psychiatric service. Forty eight nurses had transferred to the de-designated mental handicap service. As well as the CNO, there were four ACNOs working in the psychiatric service; the fifth ACNO had moved to the handicapped service as director of nursing. The ACNOs' responsibilities were broadly sectorised.

There were 6 consultants in 1988. In 1989 there were five in the Mullingar service with one post having been ceded to the North East. The clinical director was responsible for the Longford sector together with one other consultant. Two others looked after Mullingar and one consultant looked after the Athlone sector. There was also a temporary child psychiatrist who served the region and was based at Mullingar. There was a senior psychologist and one basic grade psychologist, as compared with 2 in 1988, working in the service.

Unfortunately, there was still neither an occupational therapist, a social worker, nor a physiotherapist in the service.

General Comments

The number of in-patients had fallen substantially from 1988 to 1989, largely because of de-designation of the mentally handicapped and the transfer of some elderly, but the number of psychiatric patients as such had not significantly decreased. In 1988 we commented critically on the high admission rate to St. Loman's, which was among the highest in the country. It was disappointing to see that, contrary to Department of Health policy, three mentally handicapped patients had been admitted to long-term care through the admission unit. In 1988 we were informed that there were to be no further admissions of the mentally handicapped to St Loman's for long-term residential care. The number of patients becoming new long-stay in 1989 at approximately 25 per 100,000 was far too high and a figure nearer 5 and certainly below 10 was what should have been aimed for. We commented in 1988 on the high number of PUM patients in the hospital. The number had fallen in 1989 largely through the de-designation of mentally handicapped patients. Approximately 75 PUM patients in the hospital had their status changed, as many of these were in open wards, an incongruous situation. We were told at the outset that only one ward in the hospital was closed but our experience in going through the hospital conflicted with this as some allegedly open wards were accessed only by means of keys.

We were happy with developments on the mental handicap side, not just that this group had been de-designated but that a positive programme was in place for them and that proper administrative structures had been set up to create policy and to plan for this service. We hoped that this programme would become an integrated and community based one for the mentally handicapped in the two counties of Westmeath and Longford and not just a St. Loman's Hospital handicap programme.

We were reasonably impressed with the activation centre but, as we mentioned in 1988, felt that too many patients were still unoccupied on wards. This situation needed to be vigorously addressed which could only be done by setting up a proper rehabilitation management group with the necessary skills and expertise to ensure that rehabilitation proceeded in as thorough and comprehensive a fashion as possible. In this regard we pointed out that the absence of a professional occupational therapist was a severe drawback. We also instanced the absence of any social worker in the service as another serious shortcoming and hoped that these deficiencies would shortly be remedied. We were pleased with the rehabilitation unit within the hospital and the self care unit from which we understood approximately 20 patients were discharged to the community in 1988. We hoped that this programme of rehabilitation would continue but stressed again that much more was needed for the more impaired patients in other wards of the hospital.

As mentioned in the 1988 report, a comprehensive geriatric service did not yet exist in Westmeath. This led to St. Brigid's and St. Patrick's constituting a major problem for the hospital. These blocks contained six wards and approximately 150 elderly patients. Set up as they were, they were simply containing the elderly in reasonable comfort. Nevertheless, one felt that the problems these people presented were primarily those of the elderly and not of psychiatric illness. If a comprehensive geriatric service had been in operation, these units could have been de-designated and some attempt made at rehabilitation in smaller residential units, off the campus. This would have identified and highlighted the truly psychiatric component remaining patients and led towards more active rehabilitation.

The 150 Meath patients, most of whom were long-stay, remaining in St Loman's constituted a real problem. At the time of our visit admissions from Meath went to St. Brigid's, Ardee and clinics within the county were carried out by the Ardee team. However, care for the long-stay in-patients from that county was carried out in St. Loman's by the St. Loman's staff. This situation was not satisfactory. In order

to settle people in any community, continuity of care across the community/hospital divide is required. This was not possible for patients from Meath in 1989. If this arrangement continued we were not optimistic that there would be any significant resettlement of long-stay Meath patients, many of whom were still quite young and had undoubted rehabilitation potential.

We were gratified with the day care developments in Athlone, Mullingar and Longford. However, it seemed to us that each of these centres should have been developed as sector headquarters with a wider variety of therapeutic and rehabilitative activities.

We noted that plans for the modification of the admission facilities, which were totally inadequate for their purpose, had been submitted to the Department. We regarded proceeding with this work as being of paramount importance.

Recommendations

1. As mentioned in the 1988 recommendations, a plan for the elderly, directed towards specialist geriatric, rather than psychiatric care to be evolved. This to form part of a continuum of care for the elderly in the two counties with the objective of community resettlement in small residential units. Such a programme must develop within the geriatric rather than the psychiatric service. It must be vigorous and co-ordinated with the services for the elderly generally, before de-designation is undertaken.

2. A critical review of the future arrangements for Meath in-patients in St. Loman's to be undertaken, with a view to the ultimate resettlement of some in County Meath through adequate rehabilitation. The best means of achieving this would be through the employment of the County Meath psychiatric staff in the St. Brigid's service.

3. The intensification of the rehabilitation programme for psychiatric medium and long-stay patients in St. Loman's through the appointment of properly qualified occupational therapists to the service and the setting up of an appropriate rehabilitation management and implementation apparatus.

4. The remodelling and adaptation of the admission unit so that it would become suitable for its purpose.

5. The immediate discontinuation of the admission of mentally handicapped persons through the admission unit to St. Loman's Hospital.

6. The recruitment, as soon as possible, of those professionals who should form part of any psychiatric service and who were missing from that of St. Loman's i.e. social workers and occupational therapists.

ST. FINTAN'S HOSPITAL, PORTLAOISE — 1988 INSPECTION

INSPECTED ON 9th AUGUST, 1988

General description of the Service

In 1988 St. Fintan's Hospital provided in-patient services for counties Laois and Offaly which have a population of 113,000. The catchment area had been divided into three sectors of roughly equal size of population.

Sector	Population
Tullamore	39,000
Birr	35,000
Portlaoise	39,000
Total	113,000

The sectors have their headquarters in the towns of Portlaoise, Tullamore and Birr. The headquarters of the Portlaoise sector is in St. Fintan's, Portlaoise.

The Hospital

On the day of our visit there were 270 in-patients, 170 males and 100 females. Seventy-seven per cent of the patients were long-stay having been in the hospital continuously for over 1 year, 29 per cent were aged 65 or over and 22 per cent were mentally handicapped. Forty-four were certified as persons of unsound mind. Ten in-patients had become new long-stay during 1987. There were 574 admissions during 1987 of which 86 were aged 65 or over and 180 were described as being first admissions.

The basic plan of the hospital was that males were accommodated to the left of the entrance and females to the right. The nineteenth century accommodation was augmented in 1936 by two three storey blocks erected at either end on the building accommodating males on the left and females on the right.

Staffing

At the time of our visit there were four consultant psychiatrists, five NCHDs, one psychologist, no social worker and no ocupational therapist. The nurse complement was 171 in total and included one CNO and four ACNOs. One nurse had been trained in behavioural techniques but the behavioural therapy unit was temporarily closed. Three nurses were trained as alcohol counsellors and there was a nurse in charge of each of the occupational, industrial therapy and recreational centres. There were six community psychiatric nurses allocated to the three sectors.

Cost

The cost of running the St. Fintan's service during 1987 was £4.237 million.

A mental health centre with a day hospital and day centre opened in Tullamore in January 1988. About 30 patients attended each day and the sector team operated out of this centre. A similar situation existed in Birr where a mental health centre was set up in a temporary premises in March 1988. The service operated 13 unsupervised hostels; eight of these were in Portlaoise, three in Tullamore and two in Birr. Between them they catered for 60 patients. A small number of St. Fintan's patients made use of rehabilitation workshops in Tullamore and Portlaoise.

Geriatric Facilities

There appeared to be adequate facilities for the elderly in Laois/Offaly. There were 150 patients in Mountmellick and another 60 in Shaen in Portlaoise. In addition there was a number of welfare homes distributed throughout the catchment area in places such as Abbeyleix, Edenderry etc. There was also a small geriatric hospital in Tullamore. There was no geriatrician in the Midland Health Board but there were two geriatric liaison nurses, one for Laois and one for Offaly. These were public health nurses who worked very closely with St. Fintan's and were thereby able to arrange for the transfer to geriatric care of patients who ordinarily would have been dealt with by the psychiatric service and also to place in geriatric accommodation patients who had grown old in St. Fintan's. All of this was reflected in the relatively low proportion of elderly in St. Fintan's population, less than 30 per cent.

Mental Handicap Facilities

There were no specialised residential facilities for mentally handicapped patients in the catchment area and this was reflected in a relatively high

proportion, around 20 per cent, of mentally handicapped patients in the St. Fintan's population.

There was an alcohol service in the former nurses' home which minimised the institutional aspects of the programme and had a more flexible approach towards treatment objectives, so that moderate drinking was seen as a legitimate goal in certain cases. The programme would have liked to concern itself with earlier intervention, particularly through general practitioners, but it was finding this difficult to achieve.

General Comments

It was heartening to reflect on the recent fall in numbers in this hospital, the closure of wards and the planned integration of the admission units. The establishment of mental health centres in Tullamore and Birr was also encouraging. The ability to transfer elderly persons to alternative accommodation, which had resulted in one of the lowest proportions of elderly of any hospital population in Ireland, also merited commendation. If suggestions needed to be made to enhance the service further, they would have been mainly concerned with the provision of community residences with varying degrees of supervision since any further patients to be moved out, we were told, would have needed a higher degree of supervision than that already available. The sizeable number of mentally handicapped people in the hospital required more occupational and behavioural therapy. This was particularly the case for the males. However, the re-organisation of facilities for the mentally handicapped in the hospital had gone a long way towards improving the situation. The care provided for the disturbed patients merited attention. Much of the accommodation in the male disturbed unit where 12 patients resided was not entirely satisfactory. In particular, the sleeping accommodation needed improvement.

Recommendations

1. The degree of supervision required in the community for those patients with potential for rehabilitation to be more accurately assessed and plans to be drawn up for their eventual transfer to suitable community facilities.

2. The possibility of moving mentally handicapped patients to community facilities to be explored.

3. The feasibility of using units with a small number of beds at Tullamore and Portlaoise General Hospital to be examined, if it could be arranged, within the framework of existing hospital

accommodation. This would have been as an alternative to the St. Fintan's admission unit.

4. The need for secure accommodation to be reassessed and consideration to be given to establishing one centre for the health board as an initial step.

ST FINTAN'S HOSPITAL — 1989 INSPECTION

INSPECTED ON 15TH AUGUST, 1989

There were 262 patients in the hospital on the day of our visit, a reduction of only eight on 1988. Of the total, 162 were male and 100 female. There were 78 mentally handicapped patients, 70 aged 65 and over and almost 80 per cent were long-stay. Eight patients had become new long-stay during 1988, of these six were aged 65 and over. There were 638 admissions in 1988, of which 189 were first admissions. This gave an admission rate of approximately six per 1,000 of population. Twenty eight per cent of admissions were alcohol dependent and 99 or 15.5 per cent of admissions were aged over 65 years. Eleven per cent of admissions were involuntary.

Since our visit in 1988 the female block had become the admission unit and occupied two stories only with the third floor being empty. In the former male block, all three floors were occupied by the mental handicap units and, in addition, a further portion of this block was shortly to be occupied by the community care service.

Cost

The estimated expenditure for 1989 was £4.2398 million.

Staffing

There were four consultant psychiatrist posts, including the clinical director post. There were 5 NCHDs, including one general practice trainee, but there was no psychologist, no social worker and no occupational therapist. The nursing complement was 124, of whom one was a CNO and three were ACNOs. Since 1988 the fourth ACNO had been seconded to the mental handicap service. There were four community psychiatric nurses and ten additional nursing staff based in the community. In addition there were three alcohol counsellors and 24 domestics. There was also a nurse working as a recreational therapist and a nurse who was trained and working as a behaviourial therapist.

In 1989 the service operated 13 hostels catering for 47 patients. Of these 13, two hostels had night cover. The other hostels were low

support, that is they had community nurses visiting by day. Seven of these hostels were in Portlaoise, two in Tullamore, and two in Birr. There was a day hospital and a day centre in Tullamore and a mental health centre in temporary premises in Birr. It was planned to open a high support hostel with 15 places in Tullamore. It was also planned to replace the current temporary mental health and day centre premises in Birr and it was also proposed to provide a high support hostel for 15 patients.

Geriatric Facilities
In 1989 there appeared to be adequate facilities for the elderly in Laois/Offaly. However, there was still no geriatrician in the Midland Health Board. The geriatric liaison nurses continued to provide a coordinated approach to the care of elderly psychiatric patients.

The female geriatric ward was very impressive. The brightness, cleanliness and the involvement of patients in orientation and other activities were all notable. By comparison the male rehabilitation unit was drab and generally patients seemed much less occupied.

Mental Handicap Facilities
Services for the mentally handicapped in Laois/Offaly were provided by the Midland Health Board, the Sisters of Charity of Jesus and Mary in Monasterevan and the Laois Association for the Mentally Handicapped. Since the 1st July 1989 an area in St Fintan's had been dedesignated for use as a specialised mental handicap unit which would cater for 60 patients when fully operational. Considerable progress had been achieved over the years, through co-operation between the Board and the existing voluntary and non-statutory services, in pursuing a policy of normalisation for the mentally handicapped in the Midland Health Board area.

General Comments
Since the previous years visit there had been some major developments at St. Fintan's. The first had been the opening of the two specialised and newly decorated mentally handicapped units catering for approximately 60 patients. The grouping together and de-designation of mental handicap patients was to be welcomed. The second had been the opening of the newly designed and decorated admission unit for 45 patients.

As far as the admission unit was concerned we questioned whether the number of beds was not overgenerous for the catchment area and whether arrangements on two floors were necessarily satisfactory. The

confining of admission patients to activities in two upstairs rooms, without access to the occupational facilities of the hospital, also needed to be questioned.

The small number of patients in the two locked wards raised questions as to their continuation. Two possibilities existed; either they be amalgamated as an integrated single unit or be dispensed with altogether. Whereas the average number of patients in the wards generally was over 30, these two wards had approximately a third of that number. In the male locked ward, some of the single rooms with their iron grills and heavy doors with spy holes were not in keeping with the spirit of modern psychiatric care. This was true elsewhere in the hospital too.

The rehabilitation unit with its 33 male and 2 female patients did not give much impression of rehabilitation as the great majority of the patients were long-stay and certainly no great rehabilitatory activities were taking place in the unit itself. The community facilities needed expansion and in this regard it was gratifying to hear that two high support hostels, one in Tullamore and one in Birr were well on the way to becoming a reality. This would enable 30 patients, approximately, to be discharged. We recommended that the former rehabilitation workshop on the Timahoe Road be considered as an industrial training workshop.

The staffing situation concerning ancillary grades such as psychologists, social workers and occupational therapists was unsatisfactory and should have been the subject of some scrutiny although we understood that there were recruitment and employment difficulties in respect of these grades. Behavioural therapy facilities should have been extended so that they could play a useful part in rehabilitation of long-stay patients with a view to giving them the skills necessary for community living.

It appeared that some elderly patients were still being admitted although many of these were quickly transferred to alternative accommodation such as Shaen. However it might have been better if they were sent to these locations in the first instance without having to pass through St. Fintan's.

Recommendations

1. Progress be made as quickly as possible towards providing an admission unit for Laois/Offaly in the General Hospital at Portlaoise. This would lead to the closure of the admission unit in St. Fintan's and the ending of admissions or transfers to that hospital.

2. The provision of an expanded community alternative to hospitalisation to be rigorously pursued and, in particular, the provision of the high support accommodation in Tullamore and Birr to be expedited.

3. Thought to be given to the acquisition of premises suitable for an industrial training workshop outside the hospital. In this regard the rehabilitation building on the Timahoe Road to be considered.

4. The provision of a sector headquarters and day facility in Portlaoise to be proceeded with.

5. Amalgamation or abolition of the two locked wards in St. Fintan's to be proceeded with.

6. The provision of an autonomous mental handicap service for Laois/ Offaly to be investigated with the objective of providing services in the community for the 60 or so mentally handicapped patients in the hospital.

7. The recruitment of ancillary personnel such as psychologists, a social worker and an occupational therapist to be pursued.

CHAPTER FOUR

MID-WESTERN HEALTH BOARD

ST. JOSEPH'S HOSPITAL, LIMERICK — 1988 INSPECTION

INSPECTED ON 29TH JANUARY, 1988

General description of the Service

The catchment population of the County Limerick psychiatric service was 164,570 and it was divided into five sectors as follows:-

Sector	Population
North City and East Limerick	52,939
South East City and Croom	23,772
South West City and Adare/Patrickswell	34,197
Newcastlewest	32,009
Kilmallock	21,653
Total	164,570

There were eleven community residences, three of which were supervised. There was a mental health centre/day hospital at Newcastle West and another, more recently opened, at Kilmallock. There were day hospitals on Roxboro Road and on Shelbourne Road in Limerick City. There was an alcohol treatment centre at Rathbane and the in-patient component of the service was shared between a 50 bed psychiatric unit in the Regional Hospital at Dooradoyle called unit 5B and St. Joseph's Hospital.

Staffing

In January 1988 there were five consultant psychiatrists of whom two were temporary. There was one registrar and six NCHD posts and the hospital was recognised for training by the Royal College of Psychiatrists. There were three psychologists, one of whom was a senior psychologist, two social workers and three occupational therapists. The nursing staff numbered 290 and there were 11 student nurses. There were seven assistant chief nursing officers, one of whom was an acting ACNO. Ten nurses worked in day facilities, five of whom were community psychiatric nurses, and 26 nurses were assigned to unit 5B. About 15 nurses had been trained at the behavioural therapy course in Cork and another

nine were in training in 1988. There were 37 domestic staff available for ward duties. There were 24 maintenance staff and 20 catering staff.

Industrial relations in St. Joseph's had been very difficult prior to 1988 culminating in a strike by nurses in November 1988 over the integration of staff at the hospital. Although the situation had been temporarily settled, the matter had been referred to the Labour Court. Difficulties had also arisen over the staffing of the Newcastle West Mental Health Centre/Day Hospital.

Cost
We were informed that the Limerick service cost £7.5 million a year to run, with an additional £1.5 million approximately for unit 5B.

St. Joseph's
On the day of our visit there were 290 male and 200 female patients resident in St. Joseph's Hospital. Thirty per cent of the patients were aged 65 and over and approximately 90 to 100 were mentally handicapped.

General Comments
Because of an industrial dispute in 1987 concerned primarily with the appointment of nursing personnel to the sector headquarters at Newcastle West, many attempted reforms, particularly those involving nursing personnel, were held up at the time of our visit. In brief, the health board advertised a competition for nursing personnel for the Newcastle West sector headquarters and for a community liaison nurse. The unions blacked the interviews because the hours were 9am to 5pm with no possibility of earning premium payments and were therefore unattractive to senior ward personnel. Nevertheless, nine nurses were placed on a panel. Another ten were placed on a list for a training course in behavioural modification. However, despite these steps, the integration of male and female nursing staff which it was hoped to pursue vigorously went into abeyance and most of the wards on the day of our visit were not integrated.

Admissions to the Limerick service in 1987 were extremely high and represented one admission for every 100 persons of the catchment population. Although two admission units were closed, the same number of patients were being admitted to other wards of St. Joseph's. Conditions on male wards were dirty and in general poor. Given the high number of locked wards and the limited occupational facilities many, if not the majority of patients, had little to occupy them during the day. Most were in bed by 6.30 p.m. on the evening of our visit.

Physical conditions in the male wards could have been improved by such simple remedies as the provision of clean towels in lavatories, of personalised clothing and furniture in wards. There could have been increased participation in behaviour modification programmes by nursing staff under the guidance of the eight nurses already trained in such methods and the ten nurses who were receiving training. There should have been more occupational activities for many of the patients who were currently un-occupied. These programmes should have been so designed that patients were occupied in one way or another until bedtime. On the positive side it must be said that, more than most services, St. Joseph's had, or was about to establish sector headquarters in each sector. Sectorisation within the hospital, however, did not seem to have been brought about.

Recommendations

1. Admissions to St. Joseph's to cease.

2. No transfers to take place from the unit 5B to St. Joseph's.

3. Further suitable patients to be transferred to St. Camillus's Geriatric Hospital and stronger and more positive links to be established between that service and St. Joseph's.

4. Contact to be made with the mental handicap services of the Brothers of Charity at Bawnmore to investigate the possibility of transferring the mental handicap patients currently in St. Joseph's.

5. Consideration to be given to the Fire Officer's recommendation to close some male wards.

6. Physical conditions to be improved in the remaining male wards.

7. Each sector team to have responsibility within the hospital for patients from its own area and to make determined attempts towards community resettlement and rehabilitation for these patients.

ST. JOSEPH'S HOSPITAL, LIMERICK — 1989 INSPECTION

INSPECTED ON 14TH AND 15TH FEBRUARY, 1989

General description of the Service

There were 448 patients in residence on the day of our visit, compared with 490 when the hospital was inspected in January 1988. Of these,

273 were males and 175 were females. Compared to 1988 there were three wards less — 18 instead of 21. This was accounted for by the amalgamation of one ward, St. Theresa's and the closing of two others. Around 80 patients were mentally handicapped and 74 had been assessed by the Brothers of Charity Bawnmore service, and of these 66 would have been suitable for transfer to the mental handicap service of the Brothers at Bawnmore were the necessary revenue resources available. One hundred and thirty three patients were aged 65 and over. The number of elderly patients had declined since 1986 because of transfers to St Camillus' Hospital but unfortunately no further transfers were contemplated. A total of 93 patients had been transferred to St Camillus' Hospital since 1986. A geriatrician had been appointed and apparently it was his opinion that there were no further vacancies available in geriatric accommodation for the elderly who were in St. Joseph's. He was, however, co-operating with the psychiatric service in the general care of the elderly.

There were 1,007 admissions to St. Joseph's in 1988 compared with 1,119 in 1987. Over 100 of these were aged 65 and over indicating that some elderly persons were still being admitted. Domiciliary visits were not done by the psychiatrists prior to admission of the elderly. Admissions came disproportionately from the sectors, understandably so in the case of sector A which was much larger than the others, but there were considerable discrepancies as between the others even though they were approximately equal in size.

There were a further 756 admissions to unit 5B in the Regional Hospital. Thus the total admissions for the year was 1763 or almost 11 per 1000 of population. This was twice the appropriate rate of 5 per 1000.

General Comments

Conditions in St. Joseph's Hospital had improved since the previous inspection in January, 1988. Within wards there was greater cleanliness and less neglect of the physical environment than in 1988. In addition, two wards had been closed. A policy of zoning was being pursued whereby patients with similar characteristics such as mental handicap, geriatric etc. were being segregated into specific zones of the hospital and assigned to various clinical teams. Unfortunately this assignment cut across sector boundaries and was therefore of arguable merit. In many wards patients were unoccupied during the day and there was little rehabilitation. In some male wards patients still appeared poorly dressed and in one ward in particular, male 7, conditions in regard to physical surroundings and patients' behaviour were quite unsatisfactory.

However, this ward was shortly to be moved from its temporary accommodation to the other side of the hospital where presumably conditions were better. In many wards and, even more so in some dormitories, there was manifest overcrowding.

It was said that six wards were locked but one got the impression that a greater number were in fact locked. In a majority of wards, internal doors were locked so that patients did not have access to their bedrooms during the day. Very few wards had well formulated ward programmes and in some wards where they did exist, they were not being adhered to. Internal and external signposting in the hospital was rather poor which made it difficult for visitors to find their way around. For patients who remained on the wards during the day, there was very little activity and too few of the wards had created a stimulating environment. Basic necessities such as combs and toothbrushes were in short supply although in some cases we were informed that they were kept locked in the charge nurse's store where they were of little benefit to the patients in these wards. Patients appeared to spend most of their money on cigarettes which were also being issued from the stores. In a hospital which was clearly conscious of the risk of fire it was surprising to find patients being facilitated to smoke in bed rather than being discouraged from doing so. It was also surprising to find bolts on doors rather than standard locks which would enable the doors to be opened from the inside or outside by staff.

Personalised clothing was issued from a boutique but most patients had nowhere to store their clothes and pyjamas or night shirts were scarce. Patients no longer went to bed at 5.30 pm as was the case in 1988 although the rostering difficulties which led to this practice had not yet been resolved. Many staff were on duty on wards that they were not familiar with and in some wards neither the nursing officer or deputy nursing officer was on duty. Apparently many essential records and ward requisites were kept locked in the charge nurse's store and were not always as available as they ought to be. Essential ward records including medical records, drug records and patients money records were extremely poor to the point of being almost non existent in some wards. Record keeping was not up to an acceptable standard and the drug records in particular, in some instances, appeared to have been improperly entered.

The admission rate for the overall service at almost 11 per 1,000 was among the highest in the country and over twice that deemed to be acceptable. This was very disappointing even though there had been some drop in the numbers admitted to St. Joseph's at the expense of

an increase in numbers to unit 5B. It appeared that patients were not usually admitted to unit 5B after 5p.m. and, that more deprived patients went to St. Joseph's. In previous reports we had stressed the undesirability of admissions continuing to St. Joseph's. Therefore it was particularly depressing to find that still, in 1988 there were over 1000 admissions to St. Joseph's. Patients from outside the catchment area were much more likely to be admitted to unit 5B at the Regional Hospital.

We visited three of the sector headquarters/day hospitals at Newcastle West, St. Anne's, Roxboro and Tevere, Shelbourne Road. We did not visit Kilmallock and the fifth proposed sector headquarters at Raheen had not yet been purchased due to legal difficulties. We were struck by the absence of activity at the three headquarters we did visit. We felt that these centres were clearly being under- and inappropriately used. None of them provided care for seriously impaired persons. The limited number of patients for whom they catered appeared to be largely cases of minor depression and neurotic illness and there was no evidence that this was making any impact on the lowering of the very high admission rate. The use of the Newcastle West facility in particular had to be seriously questioned. A far more cost effective use for this building would have been (as was the case in Midleton in Cork) to use it as high support care for about 40 or 50 seriously impaired people in St. Joseph's which would have led to the closing of two wards in that hospital. This was all the more relevant because of the considerable sums that were being sought to install fire precaution equipment in St. Joseph's.

It could be concluded from the lack of up-to-date medical case notes that there could have been some neglect of patients by the medical staff in St. Joseph's. We regarded this matter as extremely serious as case notes selected at random were seriously deficient. In some cases no medical case notes on the patients' psychiatric condition had been made for several years and in some more recently admitted cases, the only psychiatric case recording was that taken on the patient's admission. This was of course in breach of the legal requirements of the Mental Treatment Act, 1945, as was the continued detention on temporary forms of patients admitted several years previously without re-certification.

There may have been a conflict of interest between the sector teams and the functional teams set up in St. Joseph's. Many key staff appeared to spend a great deal of their time travelling to and attending sector team meetings in day hospitals where there were no patients and not

spending sufficient time where there were patients with real needs i.e. in St. Joseph's. The suggestion that rehabilitation efforts were to be concentrated on the 25 new long-stay patients was perhaps evidence of the further abandonment of long-stay patients. A recent survey had shown that 48 per cent of long-stay patients had only one admission. They came and they stayed and as yet there was little evidence that anybody in the service was committed to bringing about an improvement in the quality of their lives. Patients in St. Joseph's lived in poor and in some cases overcrowded conditions while a centre in Newcastle West with a bed capacity of 40–50 was unoccupied.

We were aware of a distinct lack of balance in the overall planning approach to the Limerick service. This was nowhere more in evidence than in the concentration on a small number of mild to moderately ill new patients in the sector headquarters at considerable expense, with the neglect of more seriously handicapped patients in St. Joseph's. The preoccupation with the new computerised patient management system installed at a cost of almost £200,000 contrasted with the attitude towards records which were, and must always be, kept manually particularly when considered against the background of essential legal documentation. The number of nurses trained, and training in behavioural therapy and the lack of any application of these skills to the most seriously ill patients of the service was disappointing.

The level of competence of nursing staff in St. Joseph's was questionable in that many seemed to depend on multi-disciplinary teams to make decisions which they themselves ought to have made — for example preparing a ward programme. The incorrect entry of drug records showed a lack of understanding of the nurses' responsibilities in regard to the administration of drugs. While acknowledging that there was an ongoing dispute in regard to staff integration, the keeping of male and female patient records in separate offices in St Theresa's ward was absurd. Rostering arrangements which allowed the hospital to be understaffed from 6.45 p.m. to 8.30 p.m. could not be allowed to continue. It seemed that staff in unit 5B were poorly deployed in that the number available for duty was low considering the number who were allocated to the unit. It would seem unusual to have allowed the nurse tutor to take redundancy while there were so many students in training. Similarly, there was a significant number of long-term, temporary nurses employed, while in the previous year or two many permanent nurses left on redundancy. The absenteeism rate warranted further examination.

Recommendations

1. Admissions to St. Joseph's to cease without waiting for the proposed alterations to unit 5B. Much greater discretion be employed in admitting patients to unit 5B and domiciliary screening of elderly persons proposed for admission to be undertaken.

2. Much greater stress to be laid on rehabilitating the long-stay patients in St. Joseph's. This would include drawing up, in the shortest possible time, an individual care plan for each patient.

3. Use to be made of the existing community facilities to rehabilitate these patients at the expense, if necessary, of some of the activities that were currently being pursued in the sector headquarters.

4. The possibility of using the accommodation in Newcastle West as bed accommodation for existing patients in St. Joseph's to be explored.

5. Immediate attention to be given to adequate and up-to-date case records for every patient to fulfil statutory requirements.

6. A review of the current legal status of patients to be undertaken and as many patients as possible to be classified as voluntary.

7. Sector teams to accept responsibility for the rehabilitation of long-stay psychiatric patients from their sector who were in St. Joseph's.

8. Integration of patients and staff to be accelerated.

9. The deployment of nursing staff to be examined with a view to ensuring greater continuity on wards.

10. The mentally handicapped in St. Joseph's to be dealt with as part of a comprehensive service for the region.

OUR LADY'S HOSPITAL, ENNIS, CO. CLARE — 1988 INSPECTION

INSPECTED ON 16TH FEBRUARY, 1988

General description of the Service

The catchment population of the County Clare psychiatric service was 91,000 and was divided into four sectors as follows:-

Sector	Population
East	29,000
West	19,000
North	16,000
South	27,000
Total	91,000

Community services in the area consisted of a day hospital in Kilrush for the West Clare sector which was serviced by a consultant and employed one occupational therapist, two nurses and a community psychiatric nurse. It was intended to open the top floor of the day hospital as a crisis intervention centre. There was also a medium support hostel in Kilrush which accommodated seven to eight patients and had a supervisor present only during the week. Negotiations were continuing on the rental of a house from the housing authority for use as a low support hostel. It was intended to move some of the patients from the supervised hostel to this unsupervised hostel thus making more spaces available. There was a training hostel, Teac na mbeata, with 14 places in the hospital grounds. There were two supervised and integrated hostels in Ennis in addition to four non-integrated unsupervised hostels. Negotiations were proceeding with the Friary in Ennis to acquire a premises for use as a day centre. There was a day hospital in the grounds of the hospital which catered for 12 patients on average per day. A health centre which would provide day facilities was planned for the Shannon sector. In Ennistymon there was a supervised hostel, Prague House, which housed approximately 8 patients. A day centre in the town had about 30 patients on the books with an average daily attendance of about 12 including those patients in Prague House.

Mental Handicap Facilities

There was a co-ordinating committee for the mental handicap services, voluntary and statutory, in County Clare. However, it was not clear whether any significant relationship existed between these services and those providing care for the mentally handicapped in Our Lady's, Ennis who, apart from an initial assessment undertaken by the Brothers of Charity service at Bawnmore, appeared to be working in isolation from the rest of the handicap services for the county.

Geriatric Facilities

There was a geriatrician based in the Regional Hospital in Limerick but there was no specialist geriatrician in County Clare. The residential facility at St. Joseph's was the main service for the elderly in need of long-stay care. Apart from transfers to and consultations in St. Joseph's, there was no close association between these services in the county.

Staffing

There were four consultants including the clinical director,three occupational therapists, one senior psychologist and 1.5 basic grade psychologists, a temporary social worker, 178 nursing staff, of which 1 was a chief nursing officer, 8 assistant chief nursing officers and 4 community psychiatric nurses (one per sector). There were 62 domestic staff divided between the wards, kitchen and laundry which was sufficient to give one per ward each day. There were two permanent NCHDs and three short stay NCHDs. The hospital was recognised by the Royal College of Psychiatrists for training purposes in psychiatry and there was one trainee currently attending the Cork training scheme. There was no longer a nurse training school.

On the day of our visit there were 245 male and 204 female patients. This contrasted with 600 in 1986. Apparently 150 or more patients were discharged during 1986 but the numbers discharged during 1987 had decreased.

The patients resided in 16 wards — eight male and eight female. Of these, 12 wards were in the old building with two male and two female wards in the newer building. A third building, St. Nicholas's and St. Dympna's had been closed while it was undergoing renovation and the patients had been distributed to other wards around the hospital.

In the main building the male patients were to the left of the entrance door (as one faces), on three storeys with two wards to each storey; the females duplicated this to the right of the entrance. Of all the wards in the hospital, we were told that only four were locked but it appeared that in practice more than four were actually locked.

General Comments

While in general we saw evidence of attempts to provide suitable physical surroundings for patients in Our Lady's, particularly in the female wards, a great deal still remained to be done. A particular disappointment were the conditions in the two admission units in the new building which on the whole left more to be desired than did conditions in the older building.

Perhaps the most serious deficiency in Our Lady's was the lack of occupational and rehabilitation activities for patients, particularly for long-stay patients. Virtually all patients appeared to be unoccupied during the day. Staff numbers during the day were sufficient to ensure that occupational and other activities could be undertaken. It seemed to us that many patients could have been resettled in the community,

with varying degrees of support, without too much difficulty. Even minimal occupational and rehabilitational output should have made this possible.

An assessment team from the Bawnmore Mental Handicap Service had assessed all of the 70 mentally handicapped patients in Our Lady's and deemed 52 of them suitable for training for community resettlement and normalisation. We hoped that the Bawnmore service would be helped to bring this about.

While there was some indication that nursing staff were being integrated, the process needed to be accelerated.

We concluded from our visit that the cleanliness of patients and of the physical surroundings, particularly in male units, needed attention. There appeared to be a problem with the laundry in that patients did not get their own clothing back and linen was not returned to the wards having been sent to the laundry. The sleeping space of patients needed, particularly in the two admission wards, to be compartmentalised and broken up by suitable dividers or other arrangements. More wards should have been unlocked and those that were said to be locked should have been locked. Personal lockers should have been provided for all patients and, where they were provided, they should have been used for patients' clothing.

There was accommodation for 100 persons in the community workshop and for another 100 in the old industrial therapy unit. The precise nature of activities of these facilities, and the patients who would be engaged in them, needed to be worked out.

As already stated the Brothers of Charity (Bawnmore) survey team had carried out an assessment of all of the 70 mentally handicapped patients in Our Lady's. The estimated revenue cost of placing one of these patients in the community was about £13,000 per annum, amounting in total to approximately some £650,000 per annum for the 52 who had been assessed as suitable for community placement. The capital costs, based on the provision of two activation centres and ten community residences, would have come to approximately £650,000. The cost of maintaining the average patient in Our Lady's was £13,000 per annum, equivalent to the non-capital costs of community maintenance in the Bawnmore mental handicap service. The question of resource transfers and capital allocation to facilitate the transfer of mentally handicapped patients to community settings should have been examined.

Confused elderly and mentally handicapped patients were still being admitted to Our Lady's. It was imperative that both these routine practices be discontinued. Elderly patients should have only been admitted following domiciliary consultation by a consultant and a general practitioner and other hospitals should have been informed of this changed procedure.

Recommendations

1. The possibility of providing an admission unit in Ennis General Hospital or in St. Joseph's Geriatric Hospital to be explored.

2. A complete reassessment of the rehabilitation programme to be undertaken, with particular emphasis being paid to the large numbers of patients who were unoccupied during the day and who had considerable rehabilitation potential. The use of the community training workshop and the industrial therapy unit, to be examined.

3. Additional community residences for the community resettlement of many of Our Lady's long-stay patients to be provided.

4. As many patients as possible to be transferred to suitable geriatric accommodation in St. Joseph's Hospital with the resulting closure of wards in Our Lady's.

5. The possibilities of resource transfer to the Brothers of Charity in Bawnmore to be explored so that as many as possible of the mentally handicapped deemed suitable by the Bawnmore assessment team be transferred to suitable training and activiation centres for community resettlement.

6. General ward conditions, particularly in relation to cleanliness in male wards, to be attended to.

7. The possibility of opening some completely or partially locked wards to be explored.

OUR LADY'S HOSPITAL, ENNIS, CO. CLARE — 1989 INSPECTION

INSPECTED ON 24TH MAY, 1989

General description of the Service

Our Lady's Hospital housed 347 patients on the day of our visit. Of these just under 70 were mentally handicapped and 132 were over age

65 with 41 aged over 75. This was a reduction of almost 100 on the number resident in February 1988 which was due to the discharge of approximately 50 elderly people to St. Joseph's Hospital, a further 20 long-stay patients to the community and some deaths.

There were 312 voluntary patients, nine temporary patients and two persons of unsound mind in the hospital. There were 583 admissions in 1988 of which 503 were voluntary, 43 temporary and 30 persons of unsound mind. Ninety three persons aged over 65 were admitted in 1988. Of the admissions in 1988, 158 were from East Clare, 149 from West Clare, 190 from North Clare and 143 from the South Clare sector. The overall admission rate was therefore something over 6 per 1,000 population and varied between sectors from slightly over 5 to over 7 per 1,000. In 1988, 18 patients became new long-stay compared with 20 in 1987 and 24 in 1986 — a high figure given an ideal of somewhere around 5 per 100,000.

General Comments

We were pleased to report that there had been significant improvements in the service provided by Our Lady's since our last visit. First and foremost the reduction of approximately 100 in the number of patients was a considerable achievement which we hoped would continue. We hoped that fuller use would be made of the geriatric facilities in St. Joseph's and that the elderly who were considerable in number, particularly the female elderly, would be incorporated into the services for the elderly in the county as these people presented problems of the elderly rather than those of the psychiatrically ill. It was also hoped that the services for the mentally handicapped, of whom there were approximately 70 in the hospital, would not remain isolated from the care of the handicapped in the county generally but an attempt would be made at community placement and normalisation of these people. The total costs, both capital and revenue, would not greatly exceed the current costs of keeping them in Our Lady's. If this were to come about, closer liaison with the specialist mental handicap services would have to be established, and these would have to be invited in on a continuous basis to Our Lady's in an effort to establish a relationship with the mental handicap services and to work towards normalisation.

The improved care for the mentally handicapped and the long-stay psychiatric patient, represented by the formation, restructuring and renovation of accommodation for these groups of patients within the hospital, was to be applauded. However, we had some reservations about the numbers in the mental handicap unit as 45 was a considerable

number of patients and was too many for the rehabilitation programmes designed to assist them.

We were impressed by the rehabilitation unit which was opened in October 1988. It had a manageable number of patients and had already discharged 16 patients into the community. The inputs here were obviously paying off and we hoped that this programme would continue to discharge more patients.

We were particularly gratified to see the improvements that had been made in the upper storey of the admission unit, St. Ciaran's and St. Bridget's. Patient numbers had been reduced and the whole unit had been redecorated and restructured in a generally satisfying fashion. This unit functioned as a filter ward for the rehabilitation ward and this was a sound general policy of progression in rehabilitation. We were also greatly pleased with developments in the community workshop. The management of this unit was well-ordered and the restaurant and other parts of the facility were very impressive indeed. Already two patients had been placed in open employment from this initiative and we hoped many more would follow.

The worry which we expressed about the admission unit, particularly on the male side, continued. It was overcrowded and badly in need of restructuring. We noted however that plans were at hand to reduce the admission numbers from 39 to 30 and to bring about much needed improvements in the privacy and the general atmosphere of this component of the service. We expressed our concern about the physical condition of some of the male wards such as St. Anthony's and St. John's. The decorative condition of these wards was unsatisfactory and large numbers of patients seemed to be unoccupied and without a satisfactory programme of rehabilitation. We noted the plans to provide an intensive care unit of approximately 14 beds but expressed some reservations and hoped that approaches other than confinement would be adopted towards behaviourally difficult patients. We also noted that there tended to be no personalised clothing in the male units.

Recommendations

1. Appropriate admission facilities to be provided to replace the current unsatisfactory facilities. The plans to upgrade the existing unit were noted but also alternative siting of the in-patient unit for the County Clare service with a view to moving ultimately off the Our Lady's campus altogether to be considered.

2. The mental handicap and geriatric components of Our Lady's Hospital to be integrated with the specialist services for the elderly and the mentally handicapped. In addition to improving the lives of these two groups of people the much reduced psychiatric component of the service could then be dealt with more intensively.

3. The physical condition of male wards St. Joseph's, St. Patrick's, St. Anthony's and St. Flannan's to be improved.

4. Patients in these and other wards were in need of more intensive rehabilitation and occupation. In this context the industrial therapy department which was, in parts, drab and forbidding needed to be physically improved and to be expanded so that a wider range of activities could be provided.

5. A day centre or industrial unit in Ennis to be provided as quickly as possible. We noted that the Board was already seeking a suitable premises.

6. Community services, day centre and residential facilities to be provided in the south Clare sectors.

7. Personalised clothing to be introduced.

8. The admission policy and the accumulation of new long-stay patients to continue to be monitored.

CHAPTER FIVE

NORTH EASTERN HEALTH BOARD

ST DAVNET'S HOSPITAL, MONAGHAN — 1988 INSPECTION

INSPECTED ON 8TH NOVEMBER, 1988

General description of the Service
The Monaghan/Cavan psychiatric service based in St. Davnet's Hospital, Monaghan served the combined population of these two counties with a population of 106,000.

Community Facilities
In 1988, there were 15 hostels in operation. One of the hostels was based in Cavan town and catered for 15 patients. The hostel was staffed by four nurses and one domestic. The remaining 14 hostels were distributed throughout the catchment area — three were former hospital houses in the grounds of St. Davnet's. Other hostels were at Castleblaney, Carrickmacross, Ballybay and Smithborough. In all, these hostels accommodated 68 patients. At one time there were over 80 patients in hostels but some patients had moved on to independent accommodation.

There were two day centres in operation, one in Cavan town with 40 patients, and the other with a similar number in Carrickmacross. In addition there was a day centre in St Davnet's Hospital which was attended by 40 patients daily. Projected community developments included the provision of two further supervised hostels in Carrickmacross and Bailieboro. In addition, a need for a further seven supervised hostels had been identified to accommodate long-stay patients from St. Davnet's Hospital. Further developments envisaged were the provision of a day centre in Bailieboro, the site of which had already been approved, but difficulties had arisen concerning title to the property. A site in the grounds of Lisdarn Hospital in Cavan was proposed for a high support hostel.

St Davnet's Hospital
There were 315 people in St. Davnet's at the time of our inspection. It was proposed to transfer the 65 or so mentally handicapped patients to a separate block of the hospital. Of the remaining 250 patients,

approximately 105 were aged over 65 and the Board proposed to accommodate them in the main section of St. Davnet's Hospital which was to be de-designated. It was proposed to transfer the remaining patients to supported hostels in counties Monaghan and Cavan. The hospital authorities believed that additional resources, both revenue and capital, would be required to implement these proposals. Revenue would be required to provide eight extra nursing staff for the hostels and the capital would be required to purchase the hostels. In 1988 some of the hostels operated by the service were owned by the Board with the remainder being rented from the local authorities. Patients did not pay rent but instead gave up a certain amount of money to cover electricity, heating costs, etc.

There were 800 admissions to St Davnet's Hospital in 1987 which at a ratio of 8 per 1,000 was somewhat high.

Cost

The cost of the St. Davnet's service in 1987 was in the region of £5.6 million.

Staffing

On the day of our visit there were four consultants, including a clinical director, each of whom looked after a sector. There were 187 nursing staff of whom one was a CNO, and seven were ACNOs. Thirty of the existing nursing staff were due to move to the separate mental handicap block called Clogher House. As a result, the effective nursing staff for the hospital was in the region of 130. There were 24 domestic staff employed which was sufficient to provide at least one domestic for each ward. This did not include staff employed in the laundry and kitchen. There were five NCHDs (the St. Davnet's service was recognised for postgraduate psychiatric medical training), one social worker, one psychologist and two occupational therapists.

General Comments

In my view, the decision to continue admitting patients to St. Davnet's Hospital following the opening of the 32 bed admission unit in Cavan was questionable. The duplication of admission facilities at the two hospitals serving the same catchment area was not cost effective. Thirty beds for the 50,000 population of Cavan was almost twice the optimal bed to population ratio. The three year plan to transfer psychiatric patients from St. Davnet's Hospital to high support hostels was welcome. Considerable revenue and capital resources had been requested to effect this. Some of the increased resources required to develop the hostels might have been found by examining the use of existing staff

which, per head of population, was comparatively generous. In particular, a reduction in the existing 60 admission beds would have freed up some nursing resources.

The decorative condition of some of the psychiatric wards was poor and in one or two instances there was evidence of overcrowding. The admission units in particular suffered from overcrowding and inadequate day space. Integrated nursing could have been progressed further, particularly in the admission units. There was a marked lack of occupational/activational activities on the long-stay wards. The day centre was not really a day centre in the true sense of the word but seemed to be catering for more general deprivation, such as social isolation which might be dealt with in other ways i.e. by organisations of a more general than a specifically psychiatric kind.

Recommendations

1. Admissions from the catchment area of Monaghan/Cavan to go to the new unit at Cavan General Hospital.

2. Staff to be redeployed from the existing complement to facilitate the transfer of psychiatric patients from St. Davnet's to other community hostel facilities.

3. Some attention in the meantime to be given to the decorative state of the main building.

4. Consideration to be given to reactivating the plan to send a certain number of elderly patients, year by year to St. Mary's Hospital, Castleblaney.

5. The services of the psychologist and behavioural therapist to be made available to long-stay patients, particularly those in the rehabilitation ward.

6. Occupational and industrial therapy programmes to be available to a greater number of long-stay patients.

ST. DAVNET'S HOSPITAL, MONAGHAN — 1989 INSPECTION

INSPECTED ON 8TH AUGUST, 1989

General description of the Service

The St. Davnet's catchment area was sectorised as follows:

Sector	Population
Monaghan	40,000
Carrickmacross	12,000
Cavan	33,000
Bailieboro	21,000
Total	106,000

At the time of our visit there were 16 community residences in operation. All were supervised, except for one on the St. Davnet's Hospital campus which had 15 patients. The majority of these residences were in the Monaghan area. A further four supervised residences were soon to become available — one in Carrickmacross, one in Castleblaney, and two in Cavan. These would provide an additional 38 supervised places and would allow for the closure of a ward at St. Davnet's Hospital. It was hoped to acquire a further 80 supervised places should financial resources allow and this would bring about the closure of part of St. Davnet's Hospital.

The Hospital

There were 259 patients in St. Davnet's in August 1989. There were ten wards, all of which were open and five of which were integrated. Fifty two per cent of the patients were aged over 65 and six were mentally handicapped. Oriel House on the St. Davnet's Hospital campus, containing 40 elderly patients, a minority of whom were St. Davnet's residents, had been de-designated. Clogher House, on the campus of the hospital and accommodating approximately 65 mentally handicapped patients who were nursed by a separate staff, had also been de-designated. Medical care at both Oriel House and Clogher House was provided by a general practitioner from Monaghan town with consultant psychiatric care being given, when required, by St. Davnet's Hospital staff. Adjacent was the newly erected Clogher House day and activation centre catering for 25 patients from the community and accepting a small number of Clogher House residents in its day programme. This number was to increase when administrative and organisational nursing difficulties were overcome.

There were 823 admissions to St. Davnet's Hospital during 1988. This was quite a high admission rate and concealed a much higher (over 10 per 1000) rate from the Monaghan sector compared with those from Cavan. However it was said that the Cavan patients had a longer length of stay when they were admitted than those from Monaghan. The number of patients becoming new long-stay in St. Davnet's Hospital during 1988, at 20, was high. Six were aged 65 or over. An additional 42 beds in Cavan General Hospital were to be opened a month after

our visit to serve as an admission facility for County Cavan. The St. Davnet's Hospital admission facility would continue to be restricted to County Monaghan and one of the two admission units in St. Davnet's Hospital would close. There would be a reduction of 20 beds in St. Davnet's Hospital and redeployment of staff to the Cavan unit.

Staffing

Consultant staffing was the same as in 1988. Of the five NCHD posts only three were currently occupied. There was concern as to how an additional three could be recruited to deal with the Cavan unit. It was felt that there would not be any NCHDs available from the non-psychiatric portion of that hospital. There were 153 nursing staff including one CNO, three ANCOs and eleven nurses employed in community settings. The question of nursing direction of the unit at Cavan General Hospital was being negotiated with the matron of that hospital. It seemed that a core group of nurses would be permanently assigned to the unit. There was no nursing school operating in the service. There was one psychologist, one social worker but no occupational therapist.

Cost

We were informed that the annual cost of the service in 1988 was in the region of £5.8 million.

General Comments

The service was quite expensive to run at approximately £60 per head of catchment population per year. The admission rate to St. Davnet's Hospital was high. The Monaghan sector in particular had one of the highest admission rates in the country, at approximately ten per thousand of catchment population — approximately twice the ideal of five per thousand. Although having a lower admission rate, it appeared that Cavan patients continued to have a longer length of stay and take up more beds in the admission units. It appeared that there was no coherent or integral plan for the care of the elderly in the catchment area. There were only six mentally handicapped patients remaining in the hospital, with over sixty having been de-designated in an autonomous three unit building, which did not form part of the St. Davnet's service and had its own medical and nursing arrangements. It was also gratifying to know that some interest in these patients had recently been shown by the St. Mary's Drumcar service and that the Board was considering a report on the integration and management of all the constituent elements involved in the care of the mentally handicapped in the catchment area to bring about a common approach to the problem.

Apart from the de-designation of patients with mental handicap, numbers in St. Davnet's Hospital, after a period of considerable decline appeared static. There was no appreciable change in resident numbers since our last inspection in November 1988. However the planned acquisition of further supervised hostel accommodation for 120 patients, but with an immediate prospect of only 30, would improve this situation.

We welcomed the opening of the unit in Cavan and the closing of an equivalent number of beds in St. Davnet's Hospital. However, we regretted the continuation of an admission unit in St. Davnet's Hospital for Monaghan patients and hoped that eventually the Cavan unit would deal with the whole catchment area, as 32 beds for a population of 50,000 was almost double the planning norms. We hoped that for the immediate future, no transfers would take place from the Cavan unit to St. Davnet's Hospital. In this regard the number becoming new long-stay in 1988, at 20, was too high.

Although the general level of physical accommodation was acceptable, there were some instances, particularly in the geriatric wards, of overcrowding and of poor decoration. More serious was the apparent lack of occupation and rehabilitative effort in many of the wards where the majority of people did not seem to be actively occupied for long periods of the day. Even in the designated rehabilitation ward we were not impressed with the level of activity nor the commitment to and intensity of a scheduled programme. We indicated our unhappiness in 1988 at the function of the day centre within the hospital and we repeated this in 1989. Bringing patients into the hospital simply to feed them, and to do so for long periods of the day, seemed far less preferable than providing for their needs, appropriately assessed, in the town of Monaghan itself. In addition, because we were told of the critical shortage of nursing staff, it was surprising to hear that at least one staff member was taken up with this day centre from 7.30 in the morning to 11p.m. at night when there might be as few as two patients actually in the centre.

Recommendations

1. The new unit at Cavan to be the sole admission facility for the catchment area and no transfers from it to longer term care in St. Davnet's Hospital.

2. The planned acquisition of community facilities, mostly supervised hostels, to be brought about as quickly as possible in order to reduce the numbers resident in St. Davnet's Hospital.

3. More active rehabilitation to take place within the hospital.

4. An integrated community-based programme of care for the elderly for the catchment area to be put in place to address the care of the elderly in St. Davnet's Hospital with a view to community settlement of these patients as far as possible.

5. A community workshop to be established in the catchment area for psychiatric rehabilitation, containing a number of posts approved for training by the National Rehabilitation Board. Alternatively, the existing community workshop to be enlarged to accommodate a far greater psychiatric component than was currently the case.

ST. BRIGID'S HOSPITAL, ARDEE — 1988 INSPECTION

INSPECTED ON 17TH AUGUST, 1988

General description of the Service

The St. Brigid's service comprised the catchment area of County Louth (98,000 population) and most of County Meath (excluding a southern part containing 16,000) with a population of 80,000. The combined catchment population of the Louth/Meath area was 180,000. St. Brigid's Hospital admitted patients from County Meath, with the exception of a population of 25,000 in southern County Meath which was to become the responsibility of the Eastern Health Board, Blanchardstown service, and ran a day centre in Our Lady's Hospital, Navan. However, out-patient clinics at Kells and Navan were run by St. Loman's Hospital, Mullingar. Psychiatric services in Meath, therefore, lacked continuity with in-patients dealt with by Ardee and out-patients, excluding day patients, dealt with by Mullingar.

In theory there were four sectors in the catchment area, North Louth, centred in Dundalk (pop. 47,000), South Louth/East Meath (pop. 39,000) based in Drogheda, mid Louth (pop. 25,000) based in Ardee and Meath (pop. 69,000). In practice sectorisation had not been implemented. Although each consultant did clinics in his or her sector, patients admitted during the week in which a consultant was on call after hours, remained that consultant's responsibility, regardless of the sector of origin. This led to a lack of continuity between in-patient and out-patient care.

Care for the elderly in County Louth was provided in St. Joseph's Hospital, Ardee which adjoined St. Brigid's and contained 48 beds, St. Oliver's, Dundalk which had 120 beds and St. Mary's, Drogheda, which

had 90 beds. St. Dympna's, Dundalk in association with Louth County Hospital provided 23 beds. In addition, there were 240 beds in St. Joseph's Hospital, Trim. There was no geriatrician in County Louth though the links between the psychiatric service and the geriatric service were moderately well developed so that exchanges of patients between St. Brigid's and the geriatric residential centres sometimes took place. However it was not clear that effective domiciliary prevention work with the elderly was undertaken by the psychiatric team.

Mental Handicap Facilities

Mental handicap facilities in the area were provided exclusively by St. Mary's Drumcar which had about 300 patients. Historically there had been few links between St. Brigid's and St. Mary's. More recently, however, a psychologist from Drumcar assessed all the mentally handicapped patients in St. Brigid's and a social worker from St. Mary's was to establish contact with the families of some of these patients.

Community Facilities

There were seven community residences run by the St. Brigid's service and of these, three were in Ardee. Two were unsupervised and one was a medium support hostel, staffed by day but not by night and called De la Salle Hostel with 22 places. There were two hostels in Drogheda consisting of two adjacent local authority rented houses with six patients in each and two more in Dundalk which were purchased houses adjoining one another with six patients in each. In all there were 63 patients in community residences in the service. Another house had been purchased on Point Road in Dundalk to provide twelve fully supervised places. Planning permission had been obtained and, subject to there being no appeals the premises, which was purchased for £115,000, was to be fitted out at a cost of a further £50,000. However there was a problem concerning staffing, the immediate resolution of which did not seem to be apparent.

There were two day centres, one in Drogheda and the other in Dundalk at the County Hospital. In each there was a daily attendance of approximately 40 people with approximately 50 on the books. A day centre with 35 places had been opened in the Infirmary at Navan and was staffed by two nurses.

There were seven single rooms in the hospital for people who had been formally discharged from the hospital and who were planning to move to community residence.

There were 190 patients in residence on the day of visiting — 100 of these were male and 90 female. Seventy were over 65 years and fifty five were mentally handicapped. The majority were long-stay but, surprisingly, only one patient became new long-stay during 1987. There were 680 admissions during 1987 of which 116 were aged 65 and over and 252 came from County Meath. Patients were accommodated in seven wards, all of which had integrated staffing and five of which had patients integrated.

Staffing

At the time of our visit there were four consultant psychiatrists in the St. Brigid's service, only two of whom were permanent and they lived in hospital houses. One of these houses could have provided accommodation for some of the mentally handicapped patients from St. Brigid's. There were four non-consultant hospital doctors. The hospital was not recognised for post-graduate training in psychiatry. There was no social worker or occupational therapist but there was one full-time psychologist. There was a complement of 122 nurses. Four nursing posts had been transferred from St. Loman's Hospital, Mullingar — two to serve as community psychiatric nurses for County Meath and two for the Navan day centre. There was also one CNO, three ACNOs and four community psychiatic nurses. There were seven domestics who worked a five day week, one for each ward, so there was no one available to clean the wards at week-ends.

Cost

The cost of running the service in 1987 was £3.3 million. There were approximately 180 patients from County Meath in St. Loman's and if these were costed at the St. Brigid's rate i.e. £50 per day, then the total cost of running the Meath and Louth services came to somewhat over £6 million per annum.

General Comments

To some degree the future of the St. Brigid's service was obscured by the commitment to County Meath and until this was resolved, planning would be hindered. The St. Brigid's service had made sizeable strides forward in providing community facilities in recent years to the extent that it was providing the day centre service in County Meath, based in Navan. The general physical conditions in the hospital were among the best in the country. The proportion of elderly and mentally handicapped, which between them made up between 60 to 65 per cent of the hospital population, was obviously an important and constraining factor. Shortages of nursing and domestic staff were perceived as a problem and as hindering further development. It was seen to be posing

particular problems for opening the recently acquired high support hostel in Point Road, Dundalk. The widespread problem of providing sufficient occupational activities and activation on wards was evident in St Brigid's too.

Recommendations

1. A separate service to be established for County Meath, including an in-patient service at Our Lady's Hospital, Navan.

2. The possibility of transferring 30 to 40 elderly residents from St. Brigid's to alternative accommodation, to be considered.

3. Negotiations with St. Mary's Drumcar for the possible transfer or alternative placement of the 50 or so mentally handicapped patients in St. Brigid's to be intensified.

4. Admissions to St. Brigid's to be to a single unit with, perhaps, a reduced quota of beds.

5. Occupational and activation therapy on wards to be increased, and more patients to participate in occupational therapy.

6. The practice of locking patients in single rooms to be discontinued or resorted to only when absolutely necessary.

7. Sectorisation to be implemented immediately. The system whereby consultants accepted responsibility for patients from other sectors while on call was illogical and cut across continuity of care.

8. Some thought to be given to the provision of dividing structures in some of the longer and narrower dormitories.

9. Serious consideration to be given to the possibility of using the vacant space in the occupational therapy building as a community workshop.

10. A more rigid admission policy to be pursued particularly in regard to the elderly.

11. Some of the money acquired by the recent sale of the farm to be devoted to psychiatric purposes, such as the equipping of the psychiatric unit at Our Lady's, Navan.

12. Social workers and occupational therapists to be recruited for the service.

ST. BRIGID'S HOSPITAL, ARDEE — 1989 INSPECTION

INSPECTED ON 5TH JULY, 1989

General description of the Service
Sectorisation remained incomplete, as consultants continued to have catchment wide responsibilities. There continued to be a lack of continuity between in-patient and out-patient care in terms of consultant cover.

Since our 1988 visit responsibility for out-patient clinics in Kells and Navan had transferred to St. Brigid's from St. Loman's, Mullingar. One hundred and fifty patients from County Meath remained hospitalised on a long-term basis in St. Loman's, Mullingar.

Community Facilities
There was one additional community residence run by the St. Brigid's service opened since 1988, bringing the total to eight. The North Eastern Health Board had made the vacant convent in St. Mary's, Drogheda available to the service to cater for an additional seven medium support patients. The house acquired on Point Road, Dundalk was being renovated to provide a high support facility for twelve more patients. This hostel was to have 24 hour cover and to be staffed by a redeployment of hospital staff from St. Brigid's. It was proposed to close a ward in St. Brigid's, either by the amalgamation of admission facilities or by the transfer of patients to the new hostel in conjunction with the movement of eleven or so mentally handicapped patients to community facilities.

The day centre/hospital facilities remained unchanged since 1988, one each at Drogheda and Dundalk with a combined daily attendance of approximately 40. In addition the 35 place day centre at Navan continued to operate.

Mental Handicap Facilities
It was heartening to find that since 1988 links had been established between St. Brigid's and St. Mary's Drumcar with regard to the 55 or so mentally handicapped patients in St. Brigid's. This led to their assessment and to a commitment on the part of the Drumcar team to the rehabilitation and community normalisation of approximately 11 of these 55 with more to follow.

The Hospital

During 1988 there were 776 admissions, of which 228 came from County Meath. On the day of visit, the seven wards in St. Brigid's contained 180 patients almost equally split between the sexes of whom 55 were mentally handicapped and 70 were over 65. The overall admission rate was acceptably low at around 5 per 100,000 of catchment population. However evidence for the first six months of 1989 suggested that these figures had increased for 1989. Three patients became new long-stay during 1988.

Staffing

There were two permanently appointed consultant psychiatrists in St. Brigid's and another two posts were to be filled on the 1st September 1989. This would leave the fifth permanent position unfilled but occupied by a temporary consultant. There were five NCHDs. Aplication was to be made in 1989 for accreditation by the Royal College of Psychiatrists. No social worker or occupational therapist was employed in the service. There was no change in the nursing or domestic staff complement.

Cost

It is understood that the cost of running the service in 1988 was £3.2 million. Hospital land was sold during 1988 but 80 acres of farm land still remained.

General comments

As pointed out in 1988, the main difficulty facing the St. Brigid's service was the problem of County Meath. This problem had two components. The first of these was the lack of both in-patient facilities and a community alternative such as community residences in County Meath. The second difficulty concerned the 150 County Meath patients in St. Loman's, Mullingar of whom 34 were mentally handicapped and the rehabilitation needs of these patients were not deemed to be the responsibility of the St. Brigid's service, nor had their active rehabilitation been undertaken by the St. Loman's service. There were serious deficiencies in the mental health services for County Meath.

It was expected that the number of patients in St. Brigid's would decrease fairly rapidly in a few years due to the high mortality rate among the existing elderly patients in St. Brigid's and the transfer of mentally handicapped patients in association with St. Mary's, Drumcar. The question then arose as to the continuation of St. Brigid's as a psychiatric in-patient centre. The in-patient needs of County Louth could quite easily be served by a 30 to 35 bedded unit, independently

of St. Brigid's. St. Brigid's might then take on some other function such as care of the elderly. In that eventuality, an alternative in-patient site might be the present St. Joseph's home nearby which had 48 patients and was a more suitable size for the future in-patient needs of the county.

The occupational/industrial therapy building was not operating to anything like its full potential nor, to judge by the lack of young patients in St. Brigid's was it likely to do so as long as it depended solely on St. Brigid's. It should, in our view, have been seen as a general purpose rehabilitation and training workshop operated in conjunction with the National Rehabilitation Board, particularly as there were adequate grants for training, the employment of instructors and the setting up and installation of appropriate equipment through the European Social Fund. This would have allowed the proper retraining and skills acquisition by a small number of psychiatric and mentally handicapped patients, probably in association with some physically handicapped people as well. It was all the more important as there was no comprehensive occupational and rehabilitative programme in the hospital. We felt it necessary to repeat some of the recommendations made in 1988 as there did not seem to have been any changes in some instances.

The lack of sectorisation in this service was particularly disappointing. We commented upon this in 1988 and it was all the more regrettable, therefore, that this had not taken place. The arrangement, whereby consultants were responsible only for the patients they admitted during their week on duty, led to discontinuity in care and should have been replaced by the system recommended in **Planning for the Future**.

The lack of a waiting area for patients coming for assessment or for admission, together with their relatives, needed to be examined. In this context we were told that there was a suite of rooms in the main building above the administrative offices which could provide extra accommodation so that space could be freed up downstairs for a patient reception area. Although the admission and assessment units were warm and comfortable and pleasantly decorated, the objective should have been to establish one admission unit, rather than two units. The admission of patients directly to other units should have been stopped. We were told that elderly demented people were still being admitted to the service without prior domiciliary consultation. This should not have happened and general practitioners should have been made aware that elderly patients would not be accepted without prior domiciliary assessment by the consultant staff.

Two houses in the grounds of the hospital were occupied by consultant psychiatrists. This should have been reviewed as these houses would have provided suitable accommodation for other purposes such as a training hostel for the mentally handicapped.

Recommendations

1. The establishment of a separate service for County Meath to be pursued as vigorously and rapidly as possible. The establishment of an in-patient base at Our Lady's Hospital, Navan to be pursued as a matter of urgency. The staff of St. Brigid's to be involved in the active rehabilitation of Meath patients in St. Loman's and their placement in community settings in County Meath.

2. The possibility of transferring 30 to 40 elderly residents at St. Brigid's to alternative accommodation, preferably in community settings, to be considered.

3. The possibility of establishing a training workshop in the existing occupational/industrial therapy building, side by side with the existing occupational facility, to be pursued with the National Rehabilitation Board.

4. A single admission unit with a reduced quota of beds and a proper reception area for patients to be provided. The suite of rooms above the office accommodation in the main building to be vacated and deployed to better purpose, possibly the resiting of existing offices on the ground floor so that a reception area could be made available for patients.

5. Admission to any units, other than the newly designated admission unit, to be discontinued.

6. Occupational activity to be provided on wards as far as ward resources allow, together with the sending of greater numbers to occupational therapy.

7. The policy of sectorisation as recommended in **Planning for the Future** to be implemented immediately.

8. Social workers and occupational therapists to be recruited for the service.

9. Extra domestics to be employed for the wards.

CHAPTER SIX

NORTH WESTERN HEALTH BOARD

ST. CONAL'S HOSPITAL, LETTERKENNY — 1988 INSPECTION

INSPECTED ON DECEMBER 8TH, 1988

General description of the Service

St. Conal's Hospital served the county of Donegal north of the Pettigo/Lahey line with a total population of 115,000. It was divided into four sectors as follows:

Sector	Population
Inishowen	30,000
West/North West Donegal (based in Dungloe)	25,000
South West/South East Donegal (based in Donegal town)	30,000
Letterkenny (including Fanad)	30,000
Total	115,000

A modern, 50 bed admission unit was built at the General Hospital, Letterkenny. The unit was used as an acute psychiatric facility for a short period, but had been closed for some time before our visit.

Community Facilities

Community facilities were centred in the Letterkenny sector where there were ten low support group homes. Nine were in Letterkenny and one in Donegal town. They were all rented in the private sector and between them they provided accommodation for 50 patients. There was also a day centre in Letterkenny which was based in St. Conal's Hospital and which catered for 30 day patients. There was a small day centre in Donegal town catering for about ten to twelve patients which operated only twice a week. There was also a number of generic day centres which catered for other disabilities besides psychiatry and which operated with variable frequency during the week. These were at Inishowen, Buncranna, Falcarragh and Annagry. There were also facilities in the District Hospital, Donegal Town and in the District

Hospital, Dungloe. Between all these day facilities, about 60 patients were catered for in any one day. There were also plans for two custom-built day centres with sector headquarters in both Donegal town and Dungloe.

Geriatric Facilities

Geriatric facilities in the county did not include a geriatrician. There were residential facilities in St. Joseph's, Stranorlar, accommodating about 170 patients. There were also 124 patients accommodated in the de-designated facility in St. Conal's itself. This figure did not include the other elderly who may have numbered another 100 in the rest of the hospital. As in Sligo, the lack of a comprehensive, community-based service for the elderly in the county impinged on the psychiatric services.

ST CONAL'S HOSPITAL

On the day of inspection, St. Conal's Hospital consisted of an old building which contained 312 patients and a new building which was closed earlier in the year. One hundred and thirty five patients (60 male and 75 female) in the old hospital were elderly and were in four de-designated wards. Another 177 (103 male and 74 female) were in six further wards. During 1988 all mentally handicapped patients (approx 45) were transferred from St. Conal's to mental handicap facilities. Of the resident patients on the day of our visit, 74 were involuntary, of whom 35 were certified as temporary and 39 as PUM.

In 1987 there were 843 admissions. Up to the end of November 1988, there were 769 admissions. Forty per cent of total admissions were for alcoholism. Only 20 per cent were new admissions and readmissions accounted for the remainder. This admission rate was just over 7 per 1,000 of population compared to a target of 5 per 1,000.

Staffing

On the day of our visit, there were five consultants employed, including the clinical director. Each of the consultants was responsible for a sector, except for the clinical director. There were four NCHDs and the hospital was recognised for post-graduate psychiatric training. There was no psychologist but psychological services were available from psychologists employed in community care. There was one social worker who was a member of the community care staff available to the psychiatric team. There was no occupational therapist. There were 155 nurses in the hospital and nine student nurses. There were 20 care attendants and 20 domestics so that each ward had a domestic. There were eight community psychiatric nurses and four alcohol counsellors

i.e. one in each sector. For the nurses in the hospital, the duty rota was four days on and three days off. In the previous five years the nursing complement had fallen from 275 to 155.

Cost

The St. Conal's service cost £4.9 million in 1988. There was a 140 acre farm supplying potatoes, milk and vegetables to the hospital. The milk came to wards in big containers covered with plastic or tinfoil which was not entirely hygienic.

General comments

The admission facilities were seriously deficient because of overcrowding and lack of day space. There were no single rooms for the nursing or observation of seriously disturbed patients. Given these conditions, it was hard to understand the reluctance to move to the admission unit provided in the adjacent General Hospital. The unit at the General Hospital was operational in previous years. It was closed in order to carry out design modifications. These were carried at the request of the St Conal's staff. When they were completed, it was not re-opened as a psychiatric unit. At the time of our visit, the health board proposed to use the unit for other purposes and to incorporate, at an unspecified date, a 30 bedded psychiatric unit within the general hospital. It was suggested that this was a better solution to the problem than the occupation of the present unit which was deemed, in some quarters, to be peripheral to the General Hospital. This argument was not convincing. The existing unit, providing the space which would give psychiatric patients the freedom of movement they needed was in a much more suitable location than the centre of the General Hospital, where such freedom of movement and external access would be unavailable.

Instead of occupying the existing unit, the plan appeared to be to spend money refurbishing the admission unit in St. Conal's. This was most unwise because the physical structure of that part of the St Conal's building which housed the current admission unit was incapable of being adapted to form a suitable admission unit. We advised that this plan be abandoned and that the unit in the general hospital be opened as soon as possible as the psychiatric admission facility for St. Conal's.

The second most striking feature of the St. Conal's service was the lack of community facilities. Apart from the group homes in Letterkenny, there was a serious lack of residential accommodation for the St. Conal's clientele. There was also an absence of satisfactory day facilities.

At least two wards in the hospital were not of acceptable standard because of overcrowding and poor internal decor. To some extent the closure of the new building contributed to these problems.

On the positive side, the closure of the new building, the transfer of 45 mentally handicapped patients from St. Conal's and the general reduction in numbers was welcomed. The female wards in general created a positive impression, being clean and neat and in some instances providing occupational activities on the ward itself. The high proportion of admissions for alcohol problems needed examination, as this was very high even in a country where such admissions were remarkably frequent. The practice of bringing day patients into the hospital and the day programme itself needed to be critically examined.

During our visit it came to our attention that, in addition to the cigarettes which patients purchased with their own money, a significant amount of the hospital's budget was spent on cigarettes which were then issued to patients. This money could have been used in ways which would have been less damaging to the health of the patients.

Recommendations

1. The current admission unit to be closed and replaced by the admission unit in the general hospital.

2. Community facilities, day centres, and community residences to be set up in the sectors as quickly as possible.

3. The inadequate staffing in psychology, social work and occupational therapy to be remedied by appropriate recruitment.

4. The current approach to alcohol problems whether by admission or by attending at the hospital to be examined and revised.

5. The practice of bringing day patients into St. Conal's to be discontinued. An appropriate premises to be acquired in the town separate from the hospital.

6. The smoking policy of the hospital to be reviewed.

ST. CONAL'S HOSPITAL, LETTERKENNY — 1989 INSPECTION

INSPECTED ON 20TH DECEMBER, 1989

General description of the Service

The General Hospital unit was opened on 24th October and the old admission unit in St. Conal's closed. This had been the first of our recommendations last year and it was very gratifying to see that it was implemented. The availability of this facility to the people of Donegal provided a standard of comfort and care in a general hospital which lay at the core of the recommendations of **Planning for the Future** and we congratulated all involved in making this happen. Having said this, it must be added that we believed that the 60 admission beds provided in the unit should be quite sufficient for acute and continuing care in-patient requirements for the entire catchment area without recourse to any further beds. We found it, therefore, a little disappointing that transfers were taking place — even in the face of empty beds in the admission unit — to longer stay accommodation in St. Conal's. This should have been unnecessary and any person requiring continuing care on a long-term basis should have been able to acquire this in the community without recourse to admission to St. Conal's.

The most striking feature, and also the most worrying, of St. Conal's Hospital was the age of its population. Including the de-designated wards, nearly 80 per cent of residents were over 65. Many of these patients and almost all the de-designated patients, sat around their wards all day unoccupied, and for them life had, in one sense, effectively ended. There was no comprehensive community-based plan of care for the elderly in this county. This was urgently needed if the quality of life of these patients was to be improved. At the time of inspection there was a total lack of activation or stimulation for them.

There was an almost total lack of integration of the sexes in St. Conal's and, using a strict definition of integration, no ward could be regarded as integrated.

The admission rate for St. Conal's at approximately 7.5 per 1,000 of population was too high and needed to be reduced. It would appear from discussion that admissions of alcoholics were quite numerous and that some of them were being admitted unnecessarily. Some of the residents were classified as PUM. This was unnecessary and their status should have been changed.

Both community residence and day place facilities were inadequate and needed to be augmented to approximately double their number. However it was gratifying to know that major day facility developments were planned for Donegal town and Dungloe.

The number of associated professionals other than doctors and nurses needed to be increased. They needed to be part of the psychiatric service team and not supplied from external sources as they were at the time of inspection.

The location of the day hospital in the centre of St. Conal's was unsatisfactory. Efforts should have been made to obtain alternative accommodation for it in the town of Letterkenny and away from the hospital, even if some patients had to come back to the hospital to work in settings such as the garden centre etc. but even this should have been reconsidered. As it was these so-called community-based patients spent most of their day back in the hospital from which it had taken years of rehabilitation for them to leave.

The standard of accommodation in the hostels was quite satisfactory. All were attractive and homely. We suggested that the Knocknamona hostel be extensively redecorated and that the Mental Health Association be approached for funds to provide pictures and domestic furniture for this house.

Recommendations

1. St. Conal's Hospital to be closed entirely to transfers from the General Hospital unit. The 60 beds in the admission unit should have been more than adequate to deal with all current and future in-patient needs of the St. Conal's service.

2. An integrated, community-based service for the elderly in the county to be put in place to cater for the elderly in St. Conal's, who comprised the largest single institutional group of elderly in the county.

3. To accelerate this process, appropriate rehabilitation and activation programmes to be developed for the elderly in St. Conal's, particularly in the four de-designated wards. Consideration also be given to the integration of the sexes in St. Conal's, particularly in the de-designated wards.

4. There should be an immediate increase in community-based facilities for the service including medium and high support facilities.

5. The day facilities for Letterkenny to be located in the town rather than in St. Conal's.

ST COLUMBA'S HOSPITAL, SLIGO — 1988 INSPECTION

INSPECTED ON 6TH DECEMBER, 1988

General description of the Service

In 1988 the Sligo/Leitrim psychiatric service provided services for the counties of Sligo and Leitrim and a small portion of south Donegal below the Laghey/Pettigo line. This catchment area comprised a population of 92,000 persons. It was divided into four sectors as follows:

Sector	Population
North Leitrim and North Sligo	19,000
South Leitrim	19,000
South and West Sligo	27,000
Sligo town	27,000
Total	92,000

Responsibility for Sligo town was shared between the three consultants. No effective sector headquarters had been established in any of these locations, and consultants worked out of St Columba's Hospital.

St Columba's

St Columba's consisted of four separate buildings, the original hospital of 1848 with subsequent additions in 1900 and three separate blocks up the hill from the old building built between 1936 and 1938. On the date of inspection, there were 333 patients in the hospital; of these 175 were in the old building. Twenty eight of these were in a ward which had been de-designated. The three new blocks consisted of a de-designated block which accommodated, at the time of our visit, 44 patients, an admission unit with 42 patients and finally a third block with three separate units providing accommodation for new long-stay patients, a rehabilitation ward and a special care ward. The total number of wards in the entire hospital including the special care unit of 15 patients, which served the North West region, was 12, of which three had been de-designated. The residence rate per 1000 of catchment population was therefore about 3.5. In 1958, that figure stood at 13 per 1000. On the 31st December 1987 there were 84 mentally handicapped patients in St Columba's but this number was subsequently reduced to approximately 45 by transferring mental handicap patients to Cloonamahon and to

Ballyshannon. Further transfers were planned. Of the total patient population of 333, 145 were aged over 65 years.

There were 70 more men than women and more patients per head of population came from Leitrim than from County Sligo.

In 1982 there were 850 admissions. It was estimated that in 1988 the number would fall to less than 750. This still represented an admission rate of approximately 8 per 1,000 of population which was some way above the appropriate norm of 5 per 1,000. Alcoholics accounted for 25 per cent of all admissions, despite the setting up of a non-residential alcohol treatment service in Sligo town.

Community Facilities

There were substantial developments of community facilities in Sligo town. There were seven group homes, of which two were former hospital residences and the other five were rented or leased. On aggregate these provided accommodation for 27 patients. A day hospital operated in Charles Street, Sligo which catered for 14 to 16 patients and an alcohol treatment centre in Temple Street, Sligo provided a six weeks, non-residential, treatment programme for alcohol abusers. A day hospital was based in the former district hospital in Mohill and approximately 12 to 14 patients were said to be attending. It was hoped to acquire a group home for patients attending this day centre. There was a further day centre in Ballymote taking 10 to 12 patients and 11 patients attended a day centre at Manorhamilton. Patients also attended day centres at Cliffoney and at the Sheil Hospital in Ballyshannon which were not run by the psychiatric service. The same was true for five patients who attended a small day centre in Easkey. A further day centre was planned for Tubbercurry and another group home would shortly be opened in Ballinamore.

Staffing

On the day of our visit, there was an establishment of four consultant psychiatrists including the RMS. Only two of these posts were filled on a permanent basis and one post was filled by a temporary consultant.

There were two psychologist posts one of which was unfilled,one social worker post which was vacant and one occupational therapist post which was filled by two people on a job sharing basis. There were four NCHDs, of whom two came from the general practitioner training scheme. The St. Columba's service was not recognised for post-graduate medical psychiatric training. The nursing complement at the time of inspection was 172 with ten student nurses. These included one CNO,

three permanent ACNOs, and one acting ACNO. There were ten community psychiatric nurses and two alcohol counsellors. Six nurses staffed the day centres on a permanent basis. Thirty nurses had taken redundancy and left the service within the previous year and a further eight were expected to do so before the end of December 1988. Some further staff were to be redeployed to the mental handicap services when more mental handicap patients were transferred.

There were 15 care assistants employed, mainly on the geriatric wards and a staff of eight permanent domestics specifically assigned to wards, with a further floating staff of about 10 to 12 for cleaning and other purposes.

Cost

The allocation for running this service was £5.4 million in 1988 which represented a decline of £750,000 over 1987. Most of this reduction was achieved by staff redundancies.

The Plans for the St Columba's Service

Because of the budgetary shortfall and storm damage to the fabric of the old building, a short term plan was worked out in 1988 whereby all the 80 mentally handicapped patients in the hospital were to be transferred from St Columba's to other locations, mainly institutional, before the end of 1988, and a considerable number of geriatric patients would move to St John's Hospital Sligo or St Patrick's in Carrick-on-Shannon. The net result of this would be that by the end of 1988 the number of patients in the old building would have fallen to 90. At the time of our visit there were still some 85 patients to be transferred. The further plan was that the remaining 90 would leave the old building by the end of 1989, most going to vacancies created in the other blocks. The net result of the 1988 transfers would be that existing wards on the first and second floors of the old building would be closed and all 90 patients remaining in the old building would be accommodated on the ground floor. Longer term plans did not appear to have been formulated.

General comments

There was a notable difference between the quality of surroundings, if not levels of care, between wards in the old building and those elsewhere. Whereas the physical surroundings of the three new blocks lent themselves easily to modern standards of care, this was not true of the wards of the old building.

There was a general lack of stimulation for patients in the wards in the old building. One hundred patients ate in a communal dining hall which was undecorated and barrack-like. The occupational therapy building in the old building was not really an occupational therapy department because the sole activity there was a low level industrial one and the surroundings were drab and unstimulating. The pre-hostel unit on the other hand was of somewhat better quality. Because of the above consideration, the plan to transfer patients from the old building was welcome. The newer units offered much better prospects for the practice of modern psychiatry. It was gratifying to hear that the admission unit with 42 beds, had transferred very few patients in 1988 either to medium stay accommodation or to the secure unit. This admission unit should provide all the in-patient beds necessary for the future Sligo/Leitrim service. Better still a unit in Sligo General Hospital should not be lost sight of as an ultimate possibility.

The absence of activity and rehabilitation in the old building was disappointing. It seemed unlikely that the process of running down St Columba's could have been completed without the provision of high-support, community accommodation. Impressions on inspection suggested that there were still many long-stay patients who would have been capable of living in the community following rehabilitation. The secure unit with 15 beds seemed too large for its catchment population of 200,000. No plan seemed to have been evolved as to how and when patients admitted to the unit might have been rehabilitated back to their own hospital or to the community.

Further medium-term and long-term planning appeared to be urgently required to ensure rapid progress towards a de-institutionalised and comprehensive psychiatric service for Sligo/Leitrim.

Recommendations

1. The plan to move elderly and mentally handicapped patients out of the old building to be implemented within a short space of time. The remaining 90 patients to be transferred out of the old building as quickly as possible. These transfers to take place by rehabilitating patients from the rehabilitation ward and other wards to community settings and their replacement by patients from the old building.

2. The high admission rate to be examined to bring it into line with the target rate of 5 per 1,000.

3. High support hostels to be provided to encourage the rehabilitation and transfer to the community of patients.

4. The psychologist and social work vacancies to be filled. Staff to be retrained or other personnel employed to expand the range of skills in the service.

5. The size and use of the regional secure unit to be carefully scrutinised with a view to its use as a short-term facility. Consideration also to be given to sharing it with an adjacent health board as the number of beds was in excess of those required for the purpose for which the unit was intended.

6. The central dining room to be abandoned and patients encouraged to dine on their wards.

7. Ward 1 to be unlocked.

8. Some attempt to be made to establish a substantial psychiatric presence elsewhere than in Sligo town.

ST. COLUMBA'S HOSPITAL, SLIGO — 1989 INSPECTION

INSPECTED ON 19TH DECEMBER, 1989

The Hospital

On the day of our visit there were 256 patients in the hospital of whom 57 were in de-designated accommodation. They were housed in four separate buildings. The number of patients in the old building had been reduced to 92. They were housed in three wards with 40 being female patients. In the admission unit, which comprised two wards, there were 32 patients, 16 male and 16 female. In the third building there were three units. The first of these was the secure unit which on the date of inspection had 16 patients (six female and ten male), seven of them from Letterkenny and nine from Sligo; the acute medical unit which had 26 patients in one integrated unit, six females and 20 males and upstairs the rehabilitation unit which was a single integrated unit with 33 patients (six male and 27 female). Finally there was a de-designated geriatric unit with 57 patients in two units, one male, one female containing 29 female and 28 male patients respectively. These numbers were substantially down on the 333 patients resident on inspection a year ago. To some extent the difference was accounted for by the transfer of mentally handicapped patients of whom only six remained in the hospital. On the other hand a very high proportion (over 50 per cent) of residents were aged 65 and over. There was also an occupational therapy/industrial therapy unit and approximately 36 patients attended there daily.

There were 615 admissions from 1st January 1989 to the date of inspection with a projected 640 for the year compared with 750 in 1988. Unfortunately some patients were still being admitted as PUMs and there were over 50 PUMs among the residents at the time of inspection.

Community Facilities

There had been notable developments in community facilities in this service over the previous three years but they were centred, for the most part, in Sligo town. There were eight group homes in the town of which six were rented or leased. In addition group homes had opened in Ballinamore and Mohill and it was hoped to shortly open a high support hostel for about a dozen patients in Manorhamilton. On the day of our visit, there were 42 patients living in group homes with four vacancies.

Day facilities were of two types, those exclusively for and operated by the psychiatric service and generic day facilities shared by psychiatric patients and those with other handicaps. The principal facility catering for 20 patients on a daily basis, with more on the books, was in Charles Street. There were further day centres in Ballymote with 12 patients attending daily and 11 attending at Manorhamilton. Psychiatric patients from the service also attended at generic facilities at Cloonamahon, Sheil Hospital in Ballyshannon and at centres at Easky and Gurteen. The day centre plans for Tubbercurry referred to in the 1988 report still had not materialised. In all, there were 45 patients in day places at the time of visit.

Staffing

There was a clinical director and two permanent consultants. There were four NCHDs, of which one was a GP trainee. Psychological services were made available from a generic pool from the health board which gave the service 1.5 wholetime equivalents for psychology. There was one social worker and there were two occupational therapists. The St. Columba's service was not recognised for post-graduate medical training. There was no nurse training school although a small number of trainees from Sligo General Hospital came on rotation to the hospital. The nursing complement at the time of inspection was 161 of which one was a CNO. There were four ACNOs, ten community psychiatric nurses and two nurses engaged in alcohol counselling in the centre operated by the service in Temple Street, Sligo. Two nurses were designated as social therapists. There were eight nurses staffing the day centres on a permanent basis. The care assistants who were employed last year had all been let go and there were approximately 20 ward-based domestics with others working in the laundry.

Cost

We were informed that the revenue allocation for running the service was £4.6 million in 1989. There was a 100 acre dairy farm which was profitable.

General Comments

It was gratifying that there had been a considerable drop in numbers in St. Columba's since the last inspection on the 8th December 1988. Ward closures had been effected and it was proposed to close the remaining three wards in the old building during 1990. It was satisfying too that 20 patients had been rehabilitated to community residences from the rehabilitation unit during the past year. There had also been an increase in community home places and the proposal to provide a high support hostel in Manorhamilton was encouraging news.

On the other hand one had to express some concern about the lack of activation, stimulation and activity in most of the hospital. This was particularly evident in the three wards in the old building. It need hardly be said that the rate of discharge of patients could have been significantly accelerated if such methods were in vigorous use. This would have been all the more necessary if the old building was to close on schedule. There was concern, too, for the patients in the de-designated wards 13 and 16. Many of their disabilities related to those of the elderly and needed to be addressed by appropriately developed services for the elderly. Unfortunately it appeared that there was no community-based, early intervention service for the elderly in the county. There was a geriatrician but his activities seemed largely to be limited to the general hospital and were not community oriented.

Notwithstanding the significant progress that had been made in the provision of community facilities in recent years, there was a need to accelerate the rate of provision of further community places, particularly medium to high support hostels, and to day places. At the time of inspection both were averaging about 0.5 per 1,000 of population whereas at a conservative estimate double this ratio was needed. There was still no provision in south Leitrim such as Carrick-on-Shannon. An expanded social work and psychological service was necessary, particularly if rehabilitation and community resettlement were to proceed apace. The arrangement in relation to psychological services whereby these were provided from a central pool was unsatisfactory and experience indicated that it did not work in practice. What was required was a specialist psychological service exclusively for the psychiatric services with particular attention to rehabilitation of long-stay patients. In the 1988 report, reservations about the need for a

secure unit of the type provided were expressed. These continued and it was considered that adequate facilities could have been provided for these patients in their individual hospitals without the need for a specialist, expensive, staff-intensive unit. It was significant too, that over half the patients in the unit on the date of inspection had been there since it opened.

The physical condition of many of the units was unsatisfactory with the lack of floor coverings, overcrowding and lack of personal wardrobes for patients on an individual basis. Many units were in need of redecoration.

An up-to-date spacious day facility was badly needed in Sligo town.

Recommendations

1. The old building to close as quickly as possible through the rehabilitation of patients in the three wards remaining. Intensive stimulatory and rehabilitative activity to be introduced to these wards to achieve this purpose.

2. Much more focussed and comprehensive rehabilitation to be undertaken throughout the hospital.

3. A comprehensive community-based service for the elderly to be developed in the county to include care of the patients in the de-designated wards 13 and 16.

4. Psychologists and social workers to be employed to help with the rehabilitation process. The arrangement whereby psychological services were available from a generic pool within the health board, but not exclusively to the psychiatric service, was not acceptable and experience had shown that this arrangement seldom worked. Psychological services to be made available on a specialist and exclusive basis to the psychiatric service.

5. A review to be made of all patients detained on PUM certificates. The status of these patients to be made either voluntary or when necessary, temporary. Similarly, no further patients to be admitted as PUM patients.

6. The purpose and direction of the special care unit to be re-examined with a view to assessing its effectiveness. This re-examination to take into consideration the needs of the patients in the unit and a philosophy and operational policy for the unit.

CHAPTER SEVEN

SOUTH EASTERN HEALTH BOARD

ST OTTERAN'S HOSPITAL WATERFORD — 1988 INSPECTION

INSPECTED ON 24TH MAY, 1988

General description of the Service

In 1988, the Waterford psychiatric service served a catchment population of 90,000 approximately. The catchment area was roughly co-terminous with the county of Waterford except that a population of 2,000 in north west Waterford was catered for by the service based at Clonmel and a population of approximately 8,000 in south Kilkenny was dealt with by the Waterford service. The catchment area was divided into three sectors of approximately equal population.

Sector	Population
West Waterford	30,000
Mid Waterford	30,000
East Waterford	30,000
Total	90,000

The Hospital

The in-patient component of the service comprised St. Otteran's Hospital and St. Declan's admission unit at Ardkeen Hospital, which had 46 beds and accounted for three quarters of all admissions to the Waterford service in 1987. St. Declan's was being renovated to provide better accommodation without increasing the number of beds.

There were 256 patients resident on the day of our visit. This represented a decline of approximately 40 from December 1987. Owing to staff reductions, the number of wards had decreased with at least two ward closures. This had led to an increase in numbers in at least two wards. In particular, the renovation of St. Declan's resulted in the transfer of male patients from that unit and all male admissions were to St. Otteran's.

St. Otteran's consisted of three structures. The first was the original hospital, part of which to the right of the entrance, had recently been

upgraded through capital grants. The second was a red brick building added to the back of the original stone building in 1895 and housing St. Brigid's and St. Enda's wards. Finally, there were two identical buildings from early this century both of which were single storey and consisted of a central core with two flanking buildings either side.

Community Facilities

Close to St. Otteran's were three former medical residences which had been converted to hostels. Two of these were low support residences; one housed five male and the other five female patients. The third house was a training hostel called Glendower. The house accommodated nine patients, two female and seven male patients. Two staff were on duty each day — not necessarily the same two because of the day-on-day-off rota. This rota was inappropriate to an intensive training hostel because it led to a lack of continuity of care. Programmes were worked out for each patient and there was some social skills input. At the time of our visit, there were about four patients in the building as the others were attending occupational therapy sessions.

There were four other low support hostels in Waterford City. All except one of these was rented from the local authority. There was also a hostel in Dungarvan.

Newport Day Centre, Dungarvan

This centre was situated in the grounds of St. Joseph's Geriatric Hospital which in turn was just below the district hospital. It was formerly the domestics' home for the hospital, was recently built and in excellent structural order. It was impressive and commodious but was under-utilised. Its main function was as a day centre with 30 to 35 patients on the books and 12 to 16 attending daily.

Because of transport difficulties, it had not proved possible to take people from west Waterford. There was plenty of office space and two fully equipped bedrooms. This space was seriously under-utilised and it seemed a pity that a crisis intervention or small in-patient unit was not developed here to cater for all admissions from this sector. Given the setting, the high quality of the building and the close proximity to St. Joseph's and the District Hospital we did not see why this would not have been tried. As it was, the centre was not functioning as a sector headquarters as both community nurses and the psychiatrist travelled from St. Otteran's. We would like to have seen a much more independent function emerging for this premises.

A house in a private housing estate just opposite the Newport Day Centre had been acquired by the health board for use as a hostel. At the time of our visit, it accommodated four patients, three male and one female, all of whom were attending the day centre.

Unfortunately there were no high support or even medium support facilities in the Waterford service, which impeded the discharge of long-stay patients from St. Otteran's. Plans for a proposed mental health centre in Waterford city had been submitted to the Department and the health board did not foresee any difficulty in acquiring a site. The limitation, however, was that the capital cost was likely to be at least £350,000.

Staffing

At the time of our visit, there were three consultant psychiatrist posts including the clinical director. Of these, two were permanent appointees. There were three NCHD posts but the board found it difficult to attract suitable persons to St. Otteran's as it was not accredited for post-graduate psychiatric training by the Royal College of Psychiatrists. It was hoped to have the hospital accredited before too long. This would depend, in part, on the acquisition of an adequate medical library and the recruitment of a social worker and occupational therapist to the staff. There were 156 nurses on the staff compared to 185 in previous years. The main reason for the decline was the discontinuation of temporary appointments. In addition to the CNO, there were four ACNOs. There were four community nurses who were not allocated to sectors; two nurses were based in the Newport Day Centre, Dungarvan and two in community residences, chiefly Glendower. As already indicated, there was no social worker and no occupational therapist. However, there was a fulltime psychologist and a senior psychologist visiting occasionally on a supervisory basis.

The hospital was serviced by 32 domestics of whom eight were engaged in kitchen and cafe work leaving approximately one to two for each ward.

General comments

Progress had undoubtedly been made in the Waterford service in recent years. This was evidenced by the upgrading of part of the accommodation in St. Otteran's, the sectorisation of the service, the acquisition of community based residences, the opening of the Dungarvan Day Centre and a reduction in the number of in-patients. Most welcome was the commitment to ending admissions to St. Otteran's and the use of the St. Declan's Unit to provide for all in-patient needs.

Nevertheless, there were features of the service, and St. Otteran's in particular, which gave cause for concern. The in-patient accommodation in some wards was unsatisfactory. Some imaginative effort should have been made to upgrade the living conditions in these units. Compartmentalisation of the existing space in St. Brigid's, St. Monica's and St. Joseph's wards was urgently required.

Recommendations

1. Immediate steps to be taken to upgrade the sleeping accommodation of patients in St. Brigid's, St. Monica's and St. Joseph's wards.

2. A programme of intensive, behaviourally-oriented rehabilitation to be put in place for the 21 mentally handicapped patients in St. Otteran's and, either in conjunction with or independently of, the Brothers of Charity Belmont service, a programme of normalisation and community placement to be undertaken for them.

3. More intensive rehabilitation through social skills and occupational training to be undertaken on wards where patients seemed largely to be inactive during the day.

4. Sectorisation to be undertaken within the hospital so that the same staff team to be responsible for the patient as an in-patient and as an out-patient. In this way continuity of care would be assured.

5. Consideration to be given to a more expanded role for the Dungarvan Day Centre. The possibility of admitting short-stay patients and using this facility as a sector headquarters to be seriously considered.

6. Following the refurbishment of St. Declan's Unit, a definite date to be set after which no further admissions should take place to St. Otteran's.

7. Facilities to be made available and encouragement given to nursing staff to undertake training in behavioural methods of treatment.

8. Recruitment of a social worker and an occupational therapist to the service to be regarded as a priority. This would be a necessary step for the Waterford service to gain accreditation for training approval for trainee psychiatrists and would improve the recruitment of NCHDs to the service.

ST. OTTERAN'S HOSPITAL, WATERFORD — 1989 INSPECTION

INSPECTED ON 24TH OCTOBER, 1989

General description of the Service

The renovation of the male part of St Declan's unit, referred to in the 1988 report, had been completed and there were 20 male and 20 female beds. However, this unit was to be demolished in 1991 to make room for further development in the general hospital. It was not clear whether alternative accommodation for a new psychiatric unit would be made available.

Community Facilities

There were eleven community facilities which were mostly unsupervised group homes in Waterford. Three of these were former doctors' residences on the St. Otteran's campus, providing 22 places and the remaining eight in Waterford and in Dungarvan together provided another 40 places. There was nothing in Waterford by way of day facilities other than what was provided in the industrial therapy and occupational therapy units in St Otteran's and in St Declan's unit to which a sizeable number of patients came each day. Negotiations were in train to acquire a premises for day care, sector headquaters and other facilities and although a particular building was being considered there appeared to be difficulties in acquiring it. The Newport Day Centre in Dungarvan had about 50 people on its books and 25 daily attenders on average. The numbers coming here had increased dramatically since the last visit because the board had acquired a minibus which was operated by one of the two staff and which provided transport necessary for patients in outlying districts. Out-patient clinics were held in five locations — two weekly, one every two weeks and the remaining two every four weeks.

Mental Handicap Facilities

Services for the mentally handicapped in the area revolved around the service provided by the Brothers of Charity in Belmont Park and also by a consultant from the South Eastern Health Board, who had responsibility for making an input into services for the mentally handicapped in the board's five psychiatric hospitals.

Geriatric Facilities

With regard to services for the elderly in County Waterford, there was a geriatrician employed on a part-time basis who gave a service to the institution for the elderly in so far as he made decisions about

placement. He also gave time at least once a week to St. Otteran's. It was not clear to what extent services for the elderly were communitised in the county. The largest residential institution for the elderly was St. Patrick's Home which was beside St. Otteran's. In addition there was accommodation for the elderly in the Maypark Nursing Home, in Waterford, in Portlaw and in Dungarvan just in front of the Dungarvan psychiatric day centre and sector headquarters. There were, of course, a large number of smaller private nursing home facilities available for the elderly in Waterford.

The Hospital

St. Otteran's consisted of eight wards of which three were integrated and many were open. These included a ward for the elderly mentally infirm. There were approximately 236 patients in residence in St. Otteran's compared with 256 in 1988. During the year there were twelve deaths. The overall reduction in numbers by rehabilitation and discharge to the community was somewhat disappointing. We were told that there was a very high proportion of elderly in the hospital. Eighty one percent were over 55, 58 per cent over 65 and 30 per cent over 75. There were also 21 mentally handicapped patients in their own ward in St. Otteran's and a small number of others inappropriately placed in other wards throughout the hospital.

There were approximately 900 admissions in 1988 and this represented a very high admission rate of ten per 1000 of the catchment population. Occasionally people with brain damage or a mental handicap were admitted. The majority of admissions came to St. Declan's unit and were not transferred to St. Otteran's, except for approximately six patients in 1988 because they needed seclusion. It was not clear how many patients became new long-stay during 1988 but it did appear that the number was quite small.

Staffing

There were three consultants each serving a sector and three NCHDs. The NCHD staffing was at crisis point for most of the year and particularly during the summer when, at times, there was only one NCHD available. Application had been made to the Royal College of Psychiatrists for recognition for medical psychiatric training. There were 106 nurses on the staff. There was one CNO and 4 ACNOs, 18 nursing officers and 13 deputy nursing officers. There were four student nurses. There was one psychologist, no social worker and no occupational therapist. A physiotherapist and a chiropodist attended on a sessional basis but dental services were quite inadequate. Nursing staff worked in occupational and industrial facilities. There were sufficient ward-

based domestic staff to supply one or two domestics per ward each day.

Cost

The annual cost of the St. Otteran's service was approximately £3.8 million.

General Comments

Since our visit in 1988 St. Declan's unit had been refurbished. It was gratifying to see that only a very small number of patients were transferred from here to St. Otteran's. We hoped that it would not be long before this unit would become completely self sufficient and, when it was done away with to make room for additional general hospital building in 1991, alternative general hospital accommodation would be made available. It was disappointing that nothing appeared to have been decided on this matter and since 1991 was fast approaching there was a real danger that this admission facility would be lost to the service.

We would have liked to have seen a much larger fall in the number of residents in St. Otteran's over the previous year. The admission rate appeared quite high also. On the other hand we were told that all forty beds in St. Declan's unit had not been fully occupied for some time and that on the day of our visit there were only 31 patients there. It was gratifying to see that very few patients became new long-stay in the past year and that 21 patients had been rehabilitated through the rehabilitation programme based in Glendower. We hoped that this number would continue and increase.

We acknowledged the existence of a more community oriented programme for the care of the aged in the county and we hoped that satisfactory funding arrangements would be agreed between the Department of Health and Belmont Park in order to take the 21 mentally handicapped patients from St. Otteran's to a more appropriate handicap service.

It was evident that much needed to be done by way of providing medium and high support facilities in the community. We would also like to have seen much more vigorous rehabilitation on wards being pursued than was currently the case. There did not seem to be an acknowledgement of the principles of activation and stimultion for the elderly but then St. Otteran's was not unique in this respect.

We commented adversely in 1988 on some of the conditions within existing wards and we repeated this criticism in 1989. Conditions in St. Brigid's for example, were not really acceptable with overcrowding and sharing of the diningroom with the day space of the mentally handicapped. There needed to be a broadening of the professional base in the services by the recruitment of social workers, occupational therapists and similar professionals. The provision of a community facility to provide day and other services in Waterford city needed to be pursued vigorously. In St. Joseph's and St. Monica's, in particular, there had been a marked improvement in the physical layout with the introduction of compartmentalisation in the latter and a slight fall in numbers. There were, however, insufficient mirrors in some of the sanitary blocks. Full length mirrors and pictures would have helped to brighten up some of the geriatric wards.

Recommendations

1. The situation regarding the provision of alternative in-patients accommodation in Ardkeen, after the closure of St. Declan's unit to be clarified as soon as possible.

2. Premises in Waterford to provide day and other activities off the St. Otteran's campus to be found without delay.

3. Medium and high support facilities for the service to be acquired as soon as possible so that patients could be moved from St. Otteran's to the community.

4. Negotiations to be conducted with the Brothers of Charity Belmont Park regarding the 21 mentally handicapped patients in St. Otteran's.

5. More vigorous rehabilitation to be employed in St. Otterans' among the long-stay patients even though many of them were elderly.

6. Every effort to be made to solve the overcrowding and generally unsatisfactory physical conditions in wards such as St. Brigid's.

7. Ward offices in the clinical areas not to be used for the dispatch of information from trade unions to members. A notice board to be used in an appropriate area.

ST LUKE'S HOSPITAL CLONMEL
— 1988 INSPECTION

INSPECTED ON 27TH JANUARY, 1988

General Description of the Service

In 1988 the catchment area of the service was broadly co-terminous with the county of Tipperary. A small part of north west Waterford was also catered for by the Clonmel service. Tipperary North Riding properly belonged to the Mid Western Health Board but no firm arrangements had been entered into with the Mid West to transfer responsibility for this area. The catchment population of St. Luke's was 135,000. A partial sectorisation had been effected but needed to be more definitively established. There were four sectors, north west, south west, south east and north east Tipperary.

Community Facilities

There were six community residences providing 30 places. All but one was owned by the hospital and the other was a rented house in Clonmel. There were no others but, at the time of our visit, an attempt was being made to secure a high support hostel in the county. One of the community residences, housing four people, was a training hostel and was situated in the grounds of St. Luke's.

A day centre cum sector headquarters was shortly to be provided in St. Vincent's Hospital, Tipperary town. An extensive premises had been acquired in Morton Street, Clonmel with capital supplied by the Department of Health for development as a day centre and possible sector headquarters. There were generic, i.e. not exclusively psychiatric, day centres in Nenagh, Roscrea and Thurles and a few psychiatric patients attended these.

St. Luke's Hospital

The hospital was a composite group of buildings arranged on a fairly extensive hospital campus which included a 50 bed acute admission unit on the far side of the 120 bed St. Joseph's General Hospital. This unit was called St. Michael's. The psychiatric complex accommodated 436 patients. In the original building dating from 1834 there were 90 patients, all female and all elderly, in three units.

The admission unit in St. Luke's contained 50 patients. This unit was shortly to close. It was the policy of the Board that St. Michael's unit would meet the entire future in-patient needs of the service. It was felt however that some high support accommodation would be necessary to make this feasible.

St Michael's unit opened in 1967 and 650 patients were admitted in 1987. Another 550, mostly readmissions, went directly to the admission unit in St. Luke's which was shortly to close. Alterations were being carried out to St. Michael's unit to enable patients with greater psychiatric disturbance to be admitted.

There were two 38 bed units, built in 1904, to accommodate elderly patients. One of these was exclusively male and the other was mixed. This reflected the fact that there were almost 100 more male patients in St. Luke's than females. These units were not as clean as they might have been and created the impression that many of the patients were unoccupied, sitting in chairs all day and were not being activated to their potential.

A further separate building built in 1933 comprised a single unit, St. Patrick's, and housed 82 male patients on two storeys, the upper of which comprised sleeping accommodation and the lower day and eating space. The living circumstances of patients in this unit were unacceptable. The general impression conveyed was one of dirt and the lavatories were filthy. Patients were obviously unoccupied and were walking around aimlessly or sitting purposelessly in chairs.

The new unit, for which planning began in 1970, consisted of a 100 beds and replaced workhouse accommodation for mentally handicapped patients attached to St. Joseph's General Hospital. The Unit was completed in 1985 at a cost of £1.5 million and patients occupied the Unit in December of that year. The building comprised three wards, all of which were locked although there was access to a separate central courtyard which was useful in dry weather. Internally this unit comprised a single rectangular day room. Our overall impression was that no attempt was being made by staff to provide occupational activity or rehabilitative training. There was, however, some improvement on the situation obtaining during a visit in early summer 1987. An activities room had opened to which patients were brought in small numbers from the closed wards to play with balls, use a trampoline, etc. This work was being supervised by the occupational therapist whose activities appeared to be limited to this work and to this unit.

Cost

The cost of running the St. Luke's service in 1987 was £5.1 million.

Staffing

On the day of our visit, there were four consultants, two of whom were temporary appointments. One of the temporary consultants was

deputising for a permanent consultant who was on secondment to the mental handicap services of the South Eastern Health Board. There were five community psychiatric nurses but they were not attached to sectors.

General Comments

The St. Luke's service was a largely institutional one. The number of patients, although declining, could have been reduced substantially by appropriate rehabilitation. We doubted that this goal was being pursued vigorously enough. There was a prevailing sense of inactivity on virtually every hospital ward and little evidence that ward staff, in particular, were using their time in a purposeful, rehabilitative sense. Numerous simple measures could have been undertaken routinely on wards to improve general conditions and to occupy patients usefully. The role of the part-time psychologist was not clear. Regular interdisciplinary discussion of individual patients should have been undertaken by team members. Sectorisation, both inside and outside the hospital, would have given more coherence to rehabilitation and community placement. We considered that the closure of the St. Luke's admission beds would result in a far greater control of admissions.

Recommendations

1. The St. Luke's admission unit to be closed to admissions as quickly as possible and no transfers to occur from St. Michael's unit to the rest of the hospital.

2. Sectorisation of the catchment area and hospital to be completed so that each patient would belong to a recognisable and identifiable team serving the sector from which he or she originally came.

3. A considerable effort to be directed towards improving the occupational activities of patients both outside their wards and, more particularly, on the wards.

4. Members of the nursing staff to be given the opportunity of undertaking training in behavioural methods.

5. Considerable effort to be devoted to improving the physical conditions obtaining in wards generally but particularly in St. Patrick's. In this context the current division between catering and cleaning personnel on wards to be abolished.

6. More attention to be given to providing personalised clothing and personalised locker space and to improving toilet facilities.

7. Particular attention to be devoted to services for the elderly both outside the hospital, to prevent inappropriate admissions, and within the hospital for the accommodation, and resettlement of elderly patients.

ST. LUKE'S HOSPITAL, CLONMEL — 1989 INSPECTION

INSPECTED ON 15TH MARCH, 1989

General Description of the Service

Negotiations were underway with the Mid-Western Health Board about the transfer of responsibility for services in North Tipperary to the Mid-Western Health Board. The catchment population of St. Luke's was approximately 139,000. Sectorisation had been effected and there were five sectors as follows:

Sector	Population
Tipperary	27,412
Clonmel West	24,076
Clonmel East	28,055
Nenagh	28,441
Thurles	31,081
Total	139,065

Community Facilities

The community residences for the St. Luke's service had increased to nine and, except for one which was rented, they were all owned by the service. There were approximately 50 patients in residence. A day premises had just been acquired in Tipperary town and an adjoining house also served as a community residence. Four patients had been moved from Hillcrest, the hostel in the grounds of St. Luke's, to this house in Tipperary town and another four patients had been taken into Hillcrest in preparation for moving them to community residences. The Tipperary day premises would accommodate approximately 15 people when fully operational. A further day development was underway in Thurles and patients would shortly begin attending there.

Staffing

There was no change in consultant staffing since our last visit. There were 164 nurses, an acting CNO, four ACNOs and five community psychiatric nurses. None of the nursing staff had been trained in behavioural approaches and techniques. There was a part-time

psychologist but no psychiatric social worker and no occupational therapist.

Cost
We were informed that the cost of the St. Luke's service during 1988 was £5.6 million.

General Comments
Despite some recent progress since 1988 there were still serious problems with the St. Luke's service. The admission rate remained very high and the ideal of limiting admissions to St. Michael's seemed a long way short of achievement. Patients were still being admitted to wards in St. Luke's such as the disturbed male ward in the new unit. Mental handicap and geriatric services were being provided by St. Joseph's and both types of patients were apparently still being admitted. These two categories of patients comprised about 60 per cent of the residents of St. Luke's. The actual psychiatric component in the hospital was thus quite a small proportion of the overall number hospitalised. It was inappropriate that these two categories should have been a burden on the psychiatric service and were quite inappropriately dealt with by this service. Apparently there were no specialised mental handicap facilities in the county nor indeed in the region as a whole apart from Belmont Park. As far as geriatric services were concerned these appeared to be limited to the 120 bedded St. Patrick's Hospital in Cashel. An integrated system of care for both these categories should have been developed at health board level and the psychiatric service left free to concentrate on the problems of psychiatric illness.

Many of the buildings in St. Luke's were quite unsuitable for any modern psychiatric purpose. The St. Patrick's building was in very poor repair and no further money should have been spent on it. A plan to vacate the building was required. The new building was almost as unsuited to psychiatric or mentally handicapped care as the older buildings. This building was structurally unsuitable and provided an outmoded concept of care. It was regrettable that it should be placed right at the centre of St. Luke's.

It seemed that no programme planning was in place, or envisaged, in relation to the service as a whole and no time scale had been applied as to how the myriad of buildings in St. Luke's might be vacated one by one.

On the positive side admissions to St. Luke's had dropped from 1988, the admission unit in St. Luke's had been closed, 30 patients had been

transferred from St. Patrick's to the former admission unit and conditions in St. Patrick's had improved. In addition community facilities had been extended with the opening of the day centre in Tipperary town and the acquisition of a group home there. Unfortunately, little progress seems to have been made in negotiations with the Mid-Western Health Board to transfer the Tipperary North Riding sector to that Board.

Recommendations

1. Negotiations between the South-Eastern and Mid-Western Health Boards on the transfer of responsibility for the psychiatric services for Tipperary North Riding to the Mid-Western Health Board to be expedited.

2. The South-Eastern Health Board to provide comprehensive geriatric and mental handicap services for its region including the county of Tipperary thus removing the considerable burden of the mentally handicapped and geriatric patients from the psychiatric services of the county.

3. Admissions to St.Luke's to cease and all admissions to be contained within St. Michael's. The high admission rate indicated that more selectivity in admissions was needed.

4. Rehabilitation to be developed so that more patients could be activated and prepared for community placement.

5. The approximately 200 acre farm surrounding the hospital to be sold and the capital realised used for the development of services such as constructing the Morton Street day centre and headquarters complex.

6. Occupational therapists, psychologists and social workers to be appointed to the service as soon as possible.

ST. CANICE'S HOSPITAL, KILKENNY — 1988 INSPECTION

INSPECTED ON 13TH APRIL, 1988

General Description of the Service

The catchment area of the Kilkenny service was the same as the county of Kilkenny with a population of 72,000 approximately. It consisted of two sectors, east and west, each with approximately 36,000 people. The

revenue cost of the Kilkenny service in 1987 was £4.6 million, £3.8 million of which was pay and £0.8 million, non-pay. There were 51 patients in nine hostels, all of which were in Kilkenny City. The Auxiliary Hospital in Kilkenny had just been given to the psychiatric services by the health board and it was hoped to open the first floor as a 20 place day centre.

At the time of our visit there were 220 patients in St. Canice's of whom 115 were over 65 and 59 were mentally handicapped. Of these 59, 36 were in a separate ward, St. Gabriel's, with the rest distributed throughout the hospital. There were ten wards in the hospital and all but three were open.

Staffing

In April 1988, there were three consultants in the service — a clinical director, a temporary consultant and a consultant who was about to resign to take up another post. There were three NCHDs — St. Canice's was accredited by the Royal College of Psychiatrists for training purposes — and a part-time psychologist. There was no social worker and no occupational therapist.

There were approximately 143 nursing posts, of which 128 were filled on the day of our visit. The difference was accounted for by those on maternity leave, career breaks etc. There were four community psychiatric nurses and four nurses involved in the hostels and the day hospital. There were 32 domestic staff.

General Comments

In general the wards in St. Canice's were of good physical quality, clean and with a high standard of amenities. Integration of male and female patients was underway in two wards despite difficulties posed by the physical layout of the building. The level of care in the two geriatric wards, St. Bridget's and St. Joseph's was impressive. It was worth noting in passing that this level of care was labour intensive with twice as many nurses per patient on these wards as on any of the others. Too many patients were unoccupied and one would have liked to have seen more active rehabilitation and more patients attending occupational and industrial therapy departments. Both ward and special rehabilitation programmes needed to be developed as there appeared to be further scope for rehabilitating patients to live in community residences.

Recommendations

1. The mental handicap ward to become a separate mental handicap facility independent of the psychiatric services.

2. Some decentralisation of the service to be considered, by the establishment of a day centre or sector headquarters elsewhere than in Kilkenny City. Castlecomer to be considered as a sector headquarters.

3. Greater emphasis to be placed on the stimulation and rehabilitation of existing in-patients.

4. The acquisition of a further premises in Kilkenny to serve as a day centre to be considered. It was undesirable that so many day patients should come into St. Canice's.

ST. CANICES HOSPITAL, KILKENNY — 1989 INSPECTION

INSPECTED ON 14TH MARCH, 1989

General Description of the Service

The catchment population of the service included 13,000 people in south Kilkenny, who were more oriented towards Waterford than Kilkenny and should in future become part of the County Waterford services. In compensation, Kilkenny would take on the 41,000 population of County Carlow. The service was sectorised into east and west by a line running straight down the centre of the county and also intersecting the city of Kilkenny. The sectors and catchment population were as follows:

Sector	Population
East	35,500
West	37,594
Total	73,094

This sectorisation was reflected in the hospital in-patients as well. Kilkenny was a very centralised county with approximately a third of the entire population centred on the city of Kilkenny and no town of significant size elsewhere in the county. With the acquisition of County Carlow, the service would become a three sector service.

Community Facilities

All community services were based in Kilkenny city. The Auxiliary Hospital in Kilkenny had recently been acquired and the first two floors were in operation as a day centre. There were ten hostels catering for approximately 50 to 60 patients. Half of these were either on the St. Canice's campus or close by. Lismore, one of these, was to be developed

as a fourteen place high support hostel. Other hostels were in Kilkenny city. Only one of the ten hostels was rented. No accommodation had been provided by the local housing authority. Out-patient clinics were provided twice weekly in Kilkenny and once or twice a month in eight other towns throughout the county. The local Mental Health Association was planning to purchase a house to use as a ten place, supervised hostel.

Geriatric and Mental Handicap Facilities

Services for the elderly in the county seemed to consist largely of a 200 bed institution, St. Columba's, at Thomastown. In addition there were some developments in the voluntary sector for the elderly. There were few domiciliary services for the elderly. Apart from St. Gabriel's unit in St. Canice's the main centre of care for mentally handicapped persons in the county was St. Patrick's, Kilkenny, a voluntary organisation, which received psychiatric cover from a consultant who was also employed by Belmont Park Hospital.

The Hospital

On the day of our visit, the hospital had approximately 210 patients of whom approximately 100 were over 65 and 55 were mentally handicapped. There were eight wards, all of which were integrated. This was a reduction of two on recent years. Two wards were in separate premises from the main hospital. The first of these, St. Luke's, accommodated geriatric patients and the second, St. Gabriel's, which opened in 1988, accommodated 36 mentally handicapped persons. The remaining 18 or so mentally handicapped persons were dispersed in the other wards in the hospital. All of the wards were open except St. Gabriel's, although one of the admission units could be locked when necessary but this seldom happened. Occupational therapy, industrial therapy and horticultural developments were all situated on the hospital campus. Of the resident patients, 18 were PUMs and eight temporary patients.

There were approximately 400 admissions to the hospital in 1988. Both elderly and mentally handicapped were admitted for assessment. Unfortunately, some of both categories remained on in hospital.

There was a laundry on the hospital premises and a 200 acre farm at Templemartin some three miles or so out the Carlow road. The farm and its milk quota were currently leased out up to 1990. At the expiration of this time, the possibility of selling the farm and re-investing the capital acquired in the psychiatric service would arise.

Staffing

The clinical director, who was one of three consultants, did not have a sector but looked after hostels and St. Gabriel's inter alia. There were three NCHDs, one of whom was a GP trainee. There was a part-time psychologist, part-time occupational therapist but no social worker. There was an acting CNO, four ACNOs, four community psychiatric nurses and two working in group homes out of a total nursing staff of 123 which included four student nurses. There were 16 ward-based domestics. There was a sessional physiotherapist, dentist, chiropodist and a part-time hairdresser.

Cost

It is understood that the cost of the service in 1988 was £3.6 million — £2.8 million pay and £820,000 non-pay including £82,000 on drugs.

Acute Unit

The possibility of providing an acute psychiatric unit in St. Luke's General Hospital, Kilkenny had been actively explored. Unfortunately, no existing part of the hospital lended itself to this purpose. The possibility of adaptating the domestics' home and former convent was under investigation. An alternative would have been to provide a green field solution and a suitable site existed within the grounds of St. Luke's.

General Comments

There was much to admire in the St. Canice's service. Much progress had been made in the hospital itself. The number of wards had been reduced, integration of staff and patients was total and, except for St. Gabriel's, all wards were open. The general physical standards and decoration of wards was high and patient care of the elderly, particularly in the infirmary ward was of a very high standard. The newer developments relating to the admission wards and their transfer from one side of the hospital to the other had resulted in much improved admission facilities. The segregation of patients within the hospital, so that the mentally handicapped and the elderly had locations of their own, was commendable. The horticultural enterprise was being enthusiastically promoted and appeared to be thriving.

In 1988 some concern was expressed about the level of occupation and rehabilitation of existing long-stay in-patients. Some of this concern continued and we were not satisfied that the numbers of in-patients were receiving adequate occupation and retraining. Most of the patients in the industrial therapy unit, for example, were those living in hostels and coming into the hospital daily. We questioned whether bringing

patients back into the hospital by day was the wisest way of dealing with discharged patients. We were told, however, that recruitment was underway for an occupational therapist and it was hoped to increase and diversify the range of activities available. This would have been very welcome.

On a wider level the addition of an enduring mental handicap component to St. Canice's by building St. Gabriel's on the campus was most unfortunate. It was to be regretted that there appeared to be no attempt to provide an independent mental handicap service for the county, or the region. We were told that there was a co-ordinating committee but that it met only four times a year and did not appear to have tackled the principal issue of planning a coherent, integrated and community based programme of normalisation for the mentally handicapped. Likewise some concern was expressed about the lack of community oriented facilities for the elderly in the county. This was all the more relevant as approximately 50 per cent of St. Canice's residents were over 65.

The appropriate use of recently acquired community facilities needed some fresh thought. Likewise the employment of a fulltime nurse in Alcantara when there was only one patient present during the day seemed to be a questionable use of an expensive and valuable resource.

Recommendations

1. The mental handicap component of St. Canice's, mostly in St. Gabriel's, to be de-designated and established as a separate mental handicap facility independent of the psychiatric services and integrated with a wider handicap service for the county or the region as a whole.

2. The Carlow sector to be incorporated with the Kilkenny service and the transfer of south Kilkenny to the Waterford service to be proceeded with as a matter of urgency.

3. Greater emphasis to be placed on occupation and rehabilitation of in-patients, including the ambulant elderly. Occupational and social work personnel to be recruited and staff to have training in behavioural approaches to rehabilitation.

4. All day patients attending the industrial therapy or the day centre to be subjected to regular review by the sector team.

5. The activities in the industrial therapy unit to be examined to determine the extent to which they were meeting the needs of the attenders.

ST. DYMPNA'S HOSPITAL CARLOW — 1988 INSPECTION INSPECTED ON 15TH MARCH, 1988

General Description of the Service

A decision was taken some years ago to transfer services from this hospital. The catchment population of St. Dympna's was approximately 130,000; 90,000 of these were in County Kildare and 40,000 in County Carlow.

There were 292 patients in St. Dympna's on the day of inspection. Of these, 161 were from County Kildare, 128 from County Carlow and three were of no fixed abode. A total of 84 patients were primarily mentally handicapped. Of these, 56 were from County Kildare and 28 from County Carlow. One hundred and six patients were aged over 65, of whom 58 were from County Kildare and 48 from County Carlow. A total of 190 patients were either mentally handicapped or elderly leaving 102 psychaitric patients. Of the 161 County Kildare patients, 114 fell into one or other of these two categories, leaving only 47 psychiatric patients from that county. There were approximately 700 admissions a year to St. Dympna's, the majority of which came from County Kildare.

Staffing

In March, 1988, there were three consultants of whom only one was permanent, and three NCHDs. There was no social worker, no psychologist and no occupational therapist. There were 131 nursing staff in St. Dympna's of whom 60 were temporary. Female nurses outnumbered males and the profile of the nursing staff was elderly. Many of the younger nursing staff had left in recent years and emigrated. There were 35 domestic staff.

Cost

The cost of the service at St. Dympna's in 1987 was £4.071 million.

General Comments

Given the small number of truly psychiatric patients in St Dympna's (the majority were either geriatric or mentally handicapped) and the unfilled permanent consultant posts, serious thought needed to be given to the future of this service. Agreement in principle had been reached

with the Eastern Health Board that the services for County Kildare be provided by that Board and premises had been acquired in County Kildare by the Eastern Health Board for sector headquarters, community residences etc. These were laying idle and were unoccupied. The number of psychiatric patients in St. Dympna's from County Carlow was of the order of 50. Some of these could have been rehabilitated to community residences. This number in future to be reduced by decreased admissions. Responsibility for County Kildare patients should be quickly taken over by the Eastern Health Board. The South Eastern Health Board should then provide admission accommodation for County Carlow patients elsewhere that in St. Dympna's.

ST. DYMPNA'S HOSPITAL, CARLOW — 1989 INSPECTION INSPECTED ON 28TH FEBRUARY, 1989

General Description of the Service

In 1989, the service provided in St. Dympna's was not sectorised. It mainly comprised St. Dympna's Hospital and associated community services.

There were seven hostels in the service, six in Carlow and one in Athy. All of these were low support hostels containing an average of five patients except for Courtview which was a twelve place high support hostel in Carlow. Out-patient clinics were held at eight locations, four in County Kildare (Naas, Monasterevin, Kildare and Newbridge) and four in County Carlow (Carlow, Borris, Hacketstown and Bagenalstown).

There was no geriatrician for either County Kildare or County Carlow. Neither was there a comprehensive mental handicap service for the catchment area. St. Dympna's had not established links with the nearest residential service in Monasterevin. We were told that an occasional mentally handicapped patient was still admitted for long-term care.

The Hospital

St. Dympna's Hospital contained approximately 260 patients on the day of our visit, in a ratio of three male patients to every two female patients. The ratio of County Kildare to County Carlow patients was approximately three to two. Forty five per cent of the patients were aged 65 and over and 74 were mentally handicapped, the majority of whom came from County Kildare. On the day of our visit, 41 (16 per cent) of the patients were temporary patients. There were approximately 700 admissions in 1988 and these included an undetermined number of elderly, some of whom had come directly from the community and

some of whom had been transferred from geriatric accommodation in the Sacred Heart Home in Carlow and St. Vincent's, Athy.

The hospital comprised twelve wards, four of which were male, four female and four were said to be integrated. Nursing staff integration was complete. The majority of wards were still locked. There were two wards in Kelvin Grove which was a residence standing in its own grounds.

Staffing

The medical staffing was the same as in 1988. The hospital was not recognised for training by the Royal College of Psychiatrists. There was still no social worker, no psychologist and no occupational therapist. There were 141 nursing staff of whome 127 were permanent and a substantial majority were women. There was 15 ward-based domestics.

Cost

The annual cost of the St. Dympna's service in 1988 was approximately £3.7 million.

General Comments

St. Dympna's Hospital was scheduled to close and the County Kildare service was to pass to the Eastern Health Board, with the County Carlow service remaining with the South Eastern Health Board but based on a joint Kilkenny/Carlow admission and in-patient facility at Kilkenny. Negotiations to this end were proceeding between the South Eastern Health Board and the Department. We considered that the sooner these negotiations concluded the better. In the meantime, the following comments on St. Dympna's were felt to be relevant.

In general, there had been some improvement since last year. Two wards had been amalgamated and the numbers in others, notably the male disturbed ward, had been reduced. There was evidence of greater cleanliness and more decoration in many parts of the hospital. On the other hand conditions in some wards remained unacceptable. This was true of the male disturbed ward, St. Joseph's, the male handicapped unit in Kelvin Grove and the female admission ward. In the case of the first two, the physical surroundings and the lack of stimulation or rehabilitation was very evident. In the male disturbed ward, St. Joseph's, there were no facilities for interviewing patients and in the male handicapped ward a patient was locked into the dormitory and he would presumably have benefited from some other approach. In the case of the female admission ward, there was serious overcrowding with a great variety of human functions being performed in what was

essentially the living space. Patients ate, slept and passed the day and were interviewed publicly in this space. The centralised dining area, although it may have been integrated, was unsatisfactory as patients appeared lost in the vastness of the hall in which they ate. The number of in-patients (ten) attending the occupational therapy and workshop was far too small. Patients from hostels for their occupational activities but should have attended suitable premises in the town of Carlow.

It was gratifying to hear that Clann Nua was working well and had rehabilitated 17 patients to community settlement last year. One welcomed the arrival of the supported hostel at Courtview and hoped that some of the patients there would eventually pass on to completely independent community living.

Recommendations

1. Negotiations with the Eastern Health Board to be virgorously pursued to provide improved services for mid and south Kildare and County Carlow.

2. More vital rehabilitation to be provided for long-stay patients in St. Dympna's, in particular on the male disturbed ward, St. Joseph's and on the male mentally handicapped ward in Kelvin Grove.

3. The female admission ward to be relocated from its present surroundings to somewhere more suitable to provide more space and privacy for eating, sleeping, dining and being interviewed than is currently available.

4. Increased community facilities to be made available, particularly for Carlow patients including workshop/day centre facilities in Carlow town so that they would not have to return to the hospital for these services.

5. Psychology, social work and occupational therapy services to be made available.

ST. SENAN'S HOSPITAL, ENNISCORTHY — 1988 INSPECTION INSPECTED ON 26TH JULY, 1988

General Description of the Service

In 1988 the catchment population of St. Senan's was approximately 106,000. There were three sectors — Wexford, Gorey and New Ross of

approximately equal population. Each of these was served by a consultant.

Community Facilities

There were twelve community residences throughout the county. There were two in Wexford town providing nine unsupervised places. There were two in Oylegate of which one was unsupervised and one was supervised at night, providing 13 places between them. There were two houses in Ardamine supervised day and night and providing medium support hostel accommodation for 16 persons. There were six houses in Enniscorthy of which four were unsupervised, one supervised at night only and the other had Monday to Friday day and night supervision. Between them they provided 36 places. Most recently two units had been acquired in Trinity House and they were used as flats for discharged patients and were operated with assistance from the Mental Health Association. These provided accommodation for a further four patients. In all, 74 patients were accommodated in community residences run by the St. Senan's mental health service. In addition, a proposal existed for the acquisition of flats which would house six persons who were presently living in low supervision accommodation. Approximately 30 people attended a day centre in St. Senan's, many of whom were from the community residences belonging to the service. Planning was at an advanced stage for the provision of a mental health centre, including day accommodation, in Wexford town and the service also owned Roxboro, a house to the south of Wexford town which was leased to Aiseiri for the in-patient treatment of alcoholism.

Geriatric Facilities

Facilities for the elderly were limited in County Wexford. The main residential accommodation for the elderly was in St. John's Hospital in Enniscorthy where 120 beds were provided and medical care was given by a local general practitioner. There was no geriatrician for the county.

Mental Handicap Facilities

Services for the mentally handicapped were also limited, although there was a day and residential centre called Dawn House in Enniscorthy. There was no liaison between the centre and those caring for the mentally handicapped in St. Senan's.

St. Senan's Hospital

Traditionally, accommodation within St. Senan's was provided on a male/female basis with the females to the right of the entrance and the males to the left. The central block of the hospital was three storey,

the adjoining wings left and right were two storey, and the plan was laid out around a central axial corridor with day and sleeping accommodation arranged in the front of this corridor and service provision, kitchens, lavatories, bathrooms etc behind it.

An integrated admission unit with 30 beds was being completed at the time our visit and was planned to open on the 23rd August, 1988.

The Hospital

On the day of our visit, there were 255 patients resident, of whom 120 were male and 135 female. Approximately 51 per cent of these were aged 65 and over and 39 were mentally handicapped. About 17 per cent were in the hospital under one year, the remainder (83 per cent) were long-stay, that is they had been in hospital for one year or more. Nineteen patients became long-stay in 1987. Fifty were in-voluntary, of whom 32 were PUM and 18 were temporary patients. The remainder were voluntary. In 1987 there were 485 admissions, of whom only 94 were first admissions. It was not clear how many of these were of elderly persons with dementia as an age breakdown of admissions was not available. There were 19 deaths in the hospital during 1987.

The patients were distributed in eleven wards of which one was for admissions, two for the mentally handicapped, two for geriatric patients and two for patients undergoing rehabilitation.

Cost

The cost of the service at St. Senan's in 1987 was £4.198 million.

Staffing

In July, 1988, there was 164 nurses, one psychologist, and one occupational therapist. There was no social worker. There were 33 domestics employed allowing for one in each ward in the hospital. There were three consultant psychiatrists and three NCHDs. The hospital was not approved for post-graduate psychiatric training by the Royal College of Psychiatrists. There were approximately 12 nursing trainees who were attending the Regional Training Centre in Ardkeen. There was on CNO and seven ACNOs.

One ACNO was responsible for community services and rehabilitation, two were responsible for the male side, two for the female side and two were on night duty. There were six community nurses, two to each sector. The number of ACNOs seemed high and the administrative structure did not appear to be making the most efficient use of personnel.

General Comments

The St. Senan's service was improving. The acquisition of many community residences and the decline in the in-patient population up to the end of 1987 was very encouraging. However, there was evidence of a slight slowing during the first six months of 1988 since the number of resident patients hardly fell during this time. The number of patients who became long-stay during 1987 was too high. The development of a new integrated admission unit limited to 30 beds was very encouraging. A clear admission policy had been formulated but nevertheless no less than 108 elderly patients were admitted in 1987. How many of these were suffering from dementia and required long-term care was not clear. The hospital was under pressure to admit some elderly patients with dementia because of the lack of alternative facilities in the county. Nevertheless a policy of not admitting any elderly without previous assessment had been enforced.

Ward numbers had been reduced so that there was no ward that had more than 30 patients, but with the exception of the pre-hostel ward, there had been no integration of the sexes. Nursing services had been integrated although no male nurse on female wards was seen during inspection. There seemed to be a general lack of rehabilitative or stimulatory activity on many wards with patients sitting around doing nothing. The lack of activity and particularly of behavioural training — and the consequences of that lack — was very evident in the male mental handicap unit, St. Christopher's, where the general level of behaviour was noticeably poor. The high proportion of elderly, over 50 per cent of resident patients, raised many questions about the care of the elderly, not alone in the hospital but in the county as a whole and the possibility of adopting new approaches.

A far more valuable use of Roxboro, the house acquired to the south of Wexford town, would have been either as a mental health centre for south Wexford, pending the building of the new proposed centre, or as community accommodation for the mentally handicapped from St. Senan's or as a high support hostel for psychiatric patients from St. Senan's. It was all the more puzzling that the two alcoholism counsellors employed by the service both had offices in St. Senan's and did not appear to have any direct community location.

Recommendations

1. Patients in St. Senan's to be integrated as far as possible.

2. Occupational therapy and rehabilitation to be carried out on the wards.

3. More community residential facilities to be acquired to enable more patients to pass through the pre-hostel training programme.

4. Efforts to be made to end the admission of elderly patients with dementia to St. Senan's.

5. Day centre premises to be acquired in Enniscorthy and elsewhere to avoid discharged patients attending the hospital.

6. A premises to be acquired for a training centre separate from St. Senan's.

7. The use of the Wexford house, Roxboro, to be critically examined in the light of the priorities of the St. Senan's service having reqard to modern thinking about the merits of community treatment of alcoholism.

ST. SENAN'S HOSPITAL, ENNISCORTHY — 1989 INSPECTION

INSPECTED ON 23RD AUGUST, 1989

General Description of the Service
Since our last visit, the County Wexford service had been divided into four sectors as follows:

Sector	Population
Enniscorthy	19,000
Wexford	35,000
New Ross	29,000
Gorey	17,000
Total	100,000

For administrative purposes, Gorey and Enniscorthy were combined and looked after by one consultant and there was a consultant for each of the other two sectors.

There was a combined geriatric and psychiatric day centre in New Ross, with about 30 attenders, approximately half of whom were psychiatric patients. Another six patients attended a day centre maintained by the Mental Health Association. In Gorey there was a multi-purpose day centre which had six day patients but as this space was rather cramped it was hoped to move this service to the mental health centre in Gorey. There was also a day centre in the hospital.

Plans for the future included the acquisition of a mental health centre in Wexford town. It was also planned to provide a mental health centre on a seven acre site at Summerhill owned by the health board. In addition, mental handicap accommodation, health centre accommodation and other facilities would be provided on this site. A vacated Teagasc premises on an adjoining site had become available and was deemed suitable for a mental health centre/day hospital and residential accommodation. The Board also hoped to acquire an unused health centre in Kilmuckridge which would accommodate 25 day patients. Plans were also in train to develop the existing alcohol services available from St. Senan's.

Mental Handicap Facilities

Services for the mentally handicapped in County Wexford were mainly provided by voluntary agencies and through the St. John of God House in Enniscorthy which had 34 children and was owned and operated by the health board with a consultant from Belmont Park being medically responsible. Voluntary agencies provided services in Wexford town where there were two day facilities. There were 37 mentally handicapped patients in St. Senan's but there was little integration between the voluntary agencies, the St John of God service or the health board and St Senan's itself.

Geriatric Facilities

As far as the services for the elderly were concerned, there was the usual lack of an organised and coherent approach to the problem. Residential facilities centred on St John's Hospital in Enniscorthy which had 194 patients. A day centre provided 35 places, the new Houghton hospital in New Ross had 70 residents and the 23 occupants in the District Hospital in Gorey were mainly elderly. There were no welfare homes in the county. However, there was an assessment team made up of the director of community care, the matron of St. John's, general practitioners and public health nurses etc. who determined priorities for admission to the various institutions. There seemed to be little co-ordination with St Senan's, although the consultants in St. Senan's made domiciliary visits on request and visited St. John's and the other hospitals on demand. Despite this, some demented elderly were still being admitted to St. Senan's.

The Hospital

St. Senan's Hospital had 237 patients on the day of our visit, 127 female and 110 male. Thirty seven of these were mentally handicapped and over 50 per cent were aged 65 and over. They resided in twelve wards all of which were open and integrated from the nursing point of

view. Eight were patient integrated, two were mentally handicapped (one integrated and one male) and four dealt with predominantly elderly patients (two male/two female). There were 554 admissions during 1988 of whom two were PUM. There had been only one PUM admission so far in 1989. There was an occupational therapy unit in the hospital and also an industrial therapy department which had 45 attenders daily.

There was a 240 acre farm still attached to the hospital. This farm was worked commerically and made a profit. In addition, it provided produce to other health board facilities at below the market price and provided occupation for several patients.

Staffing

The clinical directorship was vacant but the two other consultant posts were filled. There were three NCHDs in the service. The hospital was not accredited for post-graduate psychiatric training. There was a senior psychologist in the service but no social worker and no occupational therapist. There were 148 nurses, one chief nursing officer and six ACNOs of whom three were in the sectors. One of these was a qualified occupational therapist but was working as a nurse and was responsible for recreational and occupational activities while two were located in the hospital. There were six community psychiatric nurses and altogether 27 nurses were working in the community.

Cost

The overall budget for the service in 1988 was approximately £3.5 million.

General Comments

The number of residents and the admission rate in St. Senan's were low by national standards. All wards were open and nursing integration was complete. Patient integration had been achieved particularly on the admission ward. The wards generally were clean, tidy and tastefully and pleasantly decorated. A community alternative to hospitalisation was being developed and a certain number of in-patients had been discharged to community care in recent years. The limited number of beds provided in the admission unit was unusual for Ireland. There was an occasional reliance on other wards for beds for admissions and sometimes distrubed patients were sent from the admission unit to these wards, albeit for short periods of time.

There was an evident need for further medium/high support accommodation in the community so that many of the in-patients with potential for discharge could leave the hospital. There was a lack of

stimulation and occupation on some wards, particularly those with the longer stay patients. There was an urgent need for more day accommodation. This was particularly true in Wexford town and in Enniscorthy, so that the day centre could be moved out of the hospital. Some of the outdoor accommodation provided for the longer stay and some mentally handicapped patients resembled prison exercise courtyards more that a modern therapeutic environment. From the point of view of cohesion and integration of the mental handicap services and those of the elderly in the county there was a need for scrutiny and revision.

The recruitment of additional personnel such as social workers and an occupational therapist was an urgent requirement. Training in additional skills for nurses such as behavioural techniques would have been useful for future deployment both in the in-patient and out-patient services.

Recommendations

1. A comprehensive mental health facility to be provided in Wexford town.

2. Premises to be acquired in Enniscorthy to provide day and other facilities, thereby removing the day centre from St. Senan's so that patients would no longer be obliged to return to the hospital for continuing care.

3. Additional community-based residences to be acquired to facilitate the discharge of more in-patients.

4. Ward-based programmes of occupation and activities for the longer stay patients to be initiated.

5. Social workers and occupational therapists to be recruited.

6. Nurses to be trained in additional skills.

7. Attemps to be made to integrate the St. Senan's services for the elderly and the mentally handicapped with those provided elsewhere in the county as far as possible.

8. Personalised clothing to be provided in those wards not already doing so.

CHAPTER EIGHT

SOUTHERN HEALTH BOARD

OUR LADY'S HOSPITAL, CORK — 1988 INSPECTION

This chapter deals first with Our Lady's Hospital, Cork and then with the catchment services which were based partly on Our Lady's campus.

General Description of the Service
In 1988 psychiatric services in Cork city and county were organised in four catchment areas.

The four catchment areas were modelled on the four original community care areas and their catchment populations were as follows:

Catchment area	Population
North Lee	110,000
South Lee	160,000
North Cork	103,000
West Cork	46,000
Total	419,000

A psychiatric team, which included a clinical director and a chief nursing officer, was responsible for services in each area. At the time of our visit, responsibility for patients in Our Lady's Hospital was shared by the catchment area teams, each of which had responsibility for designated wards. These wards contained patients from the catchment area for which the team was responsible.

OUR LADY'S HOSPITAL — 1988 INSPECTION

INSPECTED FROM 8TH TO 10TH FEBRUARY, 1988

The hospital, which consisted of a number of separate buildings, was situated on a hill overlooking the river Lee on the outskirts of Cork city and contained, at the time of our visit, 43 wards in all. The main hospital block, which was a stone structure, was built in the middle of the last century, was known as the Grey Building and contained 23 wards. Connected to it by a wide sloping corridor was a red brick building with ten wards which was known as St. Kevin's. Beside St.

Kevin's was a unit of two wards known as St. Dympna's. To the rear of St. Kevin's was a single storey building with two wards known as St. John's. Some short distance away was a building of similar design known as St. Bridget's, which was a 60-bed, de-designated geriatric unit, and finally there was the St. Anne's admission unit in Shanakiel, which opened in 1963.

General Comments

On the day of our visit the exterior of Our Lady's Hospital could only be described as filthy. Litter was to be seen in profusion around the base of the buildings, behind the Grey Building, behind St. Kevin's and in internal courtyards. Connecting corridors and walkways, particularly within the old building and leading from there to, for example, the industrial therapy centre, were dirty. Many of the wards were infested with mice. Internally some, but not all, wards were dirty, with windows grimed with opaque matter and walls peeling. This latter state of affairs was particularly evident in the male mental handicap ward in the Grey Building, St. Patrick's 1. Generally wards, particularly male wards, lacked curtains. There was a general feeling of crowdedness in some of the dormitories and in none of them was there any satisfactory attempt at dividing sleeping areas into warm, homely and comfortable subdivisions. Lavatories, too, were generally unsatisfactory with lavatory seats missing and in some cases, floors dirty and wet.

The North Lee team whose catchment area included 26 per cent of the general population had responsibility for 52 per cent of the in-patients in Our Lady's. It was not clear to what extent this was a true reflection of the number of long-stay patients from their catchment area. We understood that it included some patients from other catchment areas. Responsibility for all in-patients should have rested with the team from the catchment area from which they originated.

It was difficult to understand why a hospital of this size, scattered over several buildings, did not have an effective bleep, or pageing system, through which key members of staff could be contacted quickly.

The Grey Building

In St. Patrick's 1, the male mental handicap unit, conditions were generally unacceptable. It was also noted that patients were still being admitted to this and the other mental handicap wards from the community contrary to Department of Health policy. Of the 104 mentally handicapped persons in Our Lady's, 22 were in St. Patrick's. There were four other mental handicap units in the Grey Building; St. Ita's 1, 7, 8 and 12. They all contained approximately 20 patients and,

in general, standards were higher than they were in St. Patrick's 1. However, in one of them, St. Ita's 1, there was what amounted to a padded cell with a mattress on the floor. In addition there were five specially constructed stalls with a locked door compartment in them and beds or mattresses on the floor. These we were told were for disturbed patients. All the disturbed patients and most of the females in the mental handicap wards were in bed by 5.30 pm. In these St. Ita's units and also in St. Patrick's, traditional style half-doors were attached to nurses' offices presumably to keep patients out of the office and at the same time to maintain some type of observation. One of the padded cells, interestingly, with a mattress on the floor, had a reflecting mirror which reflected through a specially provided porthole into the nurses' station. Finally, St. Ita's 4 was a 23 bed female geriatric unit where, in general, standards of physical comfort were reasonably adequate.

The dining room was a vast high roofed structure which seated 200 at one sitting. Patients came there romy St. Ita's and St. Patrick's wards. The walls were bare, and although some attempt had been made to compartmentalise the space into four different sections, the overall impression was one of anonymity, vastness and gloom. There was a separate kitchen and diningroom for the red brick building (St. Kevin's). In this main dining hall there were six catering and three domestic staff. The dining arrangements on the wards appeared to be equally bad. Hot food was taken to the wards in containers which were neither heated nor insulated. Almost inevitably patients would be eating cold lunches. The use of plastic cups, saucers and plates of inferior quality only worsened matters. No effort was made to make eating an enjoyable experience. Milk and sugar were frequently included with the tea in the teapot.

Nursing Staff in Our Lady's Hospital

On the first day of our visit there were three ACNOs on duty. Two of them worked fulltime in the staffing office. This left only one ACNO to cater for all the wards. Allocation of staff followed the outdated policy of a strict division of male and female nurses. The lack of integration at ward level was given as the reason for having separate ACNOs looking after the allocation of male and female staff on a daily basis. This seemed a waste of administrative nursing manpower. The South Lee and the West Cork catchment areas did not have an ACNO on day duty for their wards during the week. The North Cork area team had one ACNO for their wards on his days on duty. Otherwise, at ACNO level, the supervision of these wards was done by ACNOs who were in fact assigned to the North Lee team.

It was not clear that the staffing office had real authority or control in the allocation of staff. On several occasions we met staff who were on different wards on consecutive days. Very often they were on wards with which they were not familiar or on which they had not worked for years. On the other hand, nursing officers and deputy nursing officers, promoted on the basis of seniority, remained on the ward to which they had been assigned on promotion.

Early redundancies among nursing staff were to have coincided with significant ward closures. The redundancies happened but the ward closures did not. The result was that the remaining staff were spread thinly over too many wards. Further redundancies ought not to have been allowed unless they were preceded by a re-organisation of wards and were consistent with service needs.

Staff dining facilities had been withdrawn. Nursing staff worked from 6.50 a.m. to 7.10 p.m. with only a 50 minute break for meals. It was difficult to see how staff could get meals outside the hospital within the time allocated. Many staff cooked and ate their meals in ward kitchens. Night staff either brought in their meals or went out during the night to buy food from a local take-away.

Fire Precautions

While there appeared to be an excellent fire alarm system installed, we were not satisfied that ward staff were as familiar with procedures in the event of a general fire alert as they ought to have been. The fire notices on wards did not give clear guidance and they did not indicate the line of authority in the event of a fire. We were, however, informed that fire lectures were held regularly. Staff seemed to be aware of the need to have lists of patients if the need for evacuation arose but such lists were not always readily available.

Bedtime for many patients was at a time when many other people would be on their way home from work. It may have been that, because of a lack of ward activities, patients went to bed early and appeared to spend quite some time smoking while in bed. If this was the case, it added to the fire hazard.

General Comments on the Cork Psychiatric Services

Our impression of the approach to planning for the delivery of mental health care in Cork city and county was that it was seriously deficient. No clear objectives appeared to have been identified, no priorities delineated and no satisfactory management approach to problems and their solutions adopted. There appeared to be a lack of clear lines of

command and proper structures for consultation. In addition there seemed to be industrial unrest which had not been adequately dealt with. This had hindered progress in providing adequate services and bringing about change. This was most notably evident in the illegal opposition to the transfer of patients from Our Lady's to Sarsfieldscourt in June 1987. This was a disgraceful episode which reflected no credit on anybody and exemplified management's inability or unwillingness to direct the service in the interest of patients. Equally disturbing was the manner in which management reacted to budgetary restrictions imposed in 1987. Decisions were taken, apparently without consultation, to curtail vital community and acute aspects of the service. The withdrawal of community nurses, the suppression of beds in the Regional unit and in St. Anne's, while leaving intact the entire Our Lady's complex, was incomprehensible and could only lead to the transfer of more patients to Our Lady's.
In 1988, Our Lady's cost approximately £10 to £11 million to run. The service provided by the hospital was extremely poor and for the most part appeared to provide the worst form of custodial care. The majority of patients were unoccupied and no attempt was made to provide appropriate rehabilitation for them on their wards. A considerable and costly resource of 500 nurses was poorly deployed and used in Our Lady's. It was our view that the ratio of nurses to patients in some wards was unnecessarily low and that several wards could have been combined and nurses used much more effectively as a consequence.

The lack of para-medical staff was quite evident. This was often given as the reason for the lack of patient activation. The lack of such staff should not detract from the short-comings which, in our view, could have been ameliorated by the present staff.

The Cork service had rightly been divided into four catchment areas, but not always with complete logic. It was difficult, for example, to comprehend why a part of Cork city should have belonged to the North Cork catchment area. One had the feeling also that with the establishment of some admission facilities outside Our Lady's, there had been, in some cases, a relative neglect of the long-stay patients in Our Lady's. We found that in some instances case notes were not kept up to date. It was our opinion that a substantial number of patients in Our Lady's could have been rehabilitated to community living without too much difficulty.

Conditions on many wards in Our Lady's left a great deal to be desired. Large dormitory spaces were not compartmentalised. Lavatory seats were frequently missing and in many cases windows were broken and

not mended. Linen going to the central laundry did not necessarily come back to the ward from which it was sent, so that bedclothes with multiple cigarette burns were often returned to those not responsible. There was a lack of individualised personal clothing and in many cases, of individual wardrobes. Centralised dining persisted to a large degree so that there may have been up to 200 persons dining at the one time.

It was our view that the Board needed to establish and operate proper management in relation to the whole Cork service. The primary objectives of policy should have been the prevention of further admissions to Our Lady's, which could not have provided up-to-date psychiatric care of a standard commensurate with proper human dignity, and an intensive rehabilitation programme for existing in-patients. To this end a thorough and complete evaluation of the proper deployment of the considerable assets, mainly of nursing staff, that were tied up in Our Lady's, needed to be made. At the same time consideration needed to be given to the establishment of appropriate community resources by renting community residences and day facilities and deploying personnel to the catchment areas. The strengthening of catchment area facilities and their more rational operation through proper sectorisation had to be undertaken. This would have led to each catchment area becoming entirely self sufficient without any longer having recourse to Our Lady's Hospital for admissions or transfers. The first step in this process would be the restitution of those beds and other facilities removed from the catchment area services outside Our Lady's. In addition, the whole nursing deployment needed to be changed so that all the nurses in Our Lady's related to, had loyalty to and understood the functions of their catchment area teams.

The problem of the 100 mentally handicapped patients in Our Lady's remained to be dealt with so that their care would be entrusted to the appropriate mental handicap services and plans for their normalisation in the community put into operation.

Thought should have been given to the future of Heatherside and Mount Alvernia. Similarly, the role of St. Raphael's, Youghal and, in particular, its function in relation to the mentally handicapped still in Our Lady's, needed to be assessed.

Professional staff were being dissuaded from actively pursuing rehabilitation, discharge and rehousing programmes by what can only be described as an inexplicable attitude to the transfer of resources. Many patients were therefore forced to continue to live in poor, or more correctly, squalid conditions. Some staff were taking their work

seriously and were even organising voluntary fundraising to raise money for patients' recreation. This money was used among other things to pay for a weekly swimming outing. Some catchment areas had arranged annual holidays for some of their patients.

The proposed sale of 150 acres of hospital land should have raised a significant amount of capital which could have been used to set up community services.

Recommendations

1. A catchment area committee to be set up for each of the four catchment areas, along the lines set out in **Planning for the Future**.

2. A hospital management team to be set up for Our Lady's Hospital, to include the clinical director and chief nursing officer for the North Lee catchment team as well as appropriate representatives of the two other catchment areas using facilities on the campus.

3. In so far as possible, the South Lee wards to be geographically close to one another on the hospital campus. Similar arrangements to be made for West Cork wards.

4. Each catchment area to have a clearly defined and understood budget with appropriate arrangements.

5. Nursing and other relevant staff to be assigned on a long term basis to each catchment area team.

6. Nursing officers and deputy nursing officers to be allocated to wards where their talents could be best utilised.

7. Integration of both staff and patients to be introduced.

8. Nursing staff to undergo training in skills of rehabilitation and behaviour modification.

9. The role and responsibilities of administrative nurses to be clearly established and a proper balance struck between the clinical and administrative aspects of their roles.

10. Ward therapeutic programmes incorporating individual care plans to be introduced and adhered to.

11. Catering and dining arrangements for both patients and staff to be significantly improved.

12. Arrangements whereby former patients were employed as ward cleaners under the auspices of Cork Mental Welfare Association, to be reviewed by the hospital management team.

13. The standard of hygiene and cleanliness both in the wards and buildings and outside the buildings to be significantly improved.

14. Hospital maintenance to be improved so that living accommodation for patients be kept up to a reasonable standard.

15. Personalised clothing to be introduced for all patients.

16. Fire precaution arrangements to be reviewed and made known to all staff.

17. Consultation procedures with ward staff to be established so that staff would be aware of plans and could have an input into decision making.

18. Unnecessary restrictions on patients to be removed. Patients to be given the maximum degree of freedom including the freedom to spend their own money.

19. Case notes, both medical and nursing, to be kept up to date, so as to ensure and reflect the frequent review of patient care and to record progress.

20. The need for secure accommodation to be quantified and a decision taken as to where it would be provided.

OUR LADY'S HOSPITAL CORK — 1989 INSPECTION

INSPECTED ON 18TH JULY, 1989

General Comments

There were significant improvements in Our Lady's since our 1988 inspection. The number of patients on the campus when we visited in February 1988 was approximately 900. In July 1989 there were about half that number. We were most heartened by the closure of the majority of the wards in the Grey Building, the transfer of patients to St. Stephen's, Sarsfieldscourt, so that there were just seven wards

remaining, and the plans for the transfer of those remaining to other locations with the eventual closure of the entire building. Of course there were some residual difficulties. The seven wards remaining in the Grey Building were poor in decoration and appearance, the majority of patients in these units were unoccupied and were not the recipients of any sustained occupational or rehabilitational programme and many of them suffered from bizarre behavioural abnormalities which reflected the lack of stimulation. The continuing admission of patients to some of these units and, in particular, the perpetuation of the two intensive care wards which were the recipient of most of these admissions from other locations needed to be addressed. The mere transfer of these wards to the ground floor of St. Kevin's could not be a solution to this problem. We strongly urged that each catchment area should look after its own disturbed patients in a more appropriate fashion, other than transferring them to this intensive care unit which compounded the problem by having so many disturbed patients in one location.

There were substantial decorative improvements in St. Kevin's and the North Lee team had improved the rehabilitation input delivered in that unit. There was some overcrowding in the St. Kevin's wards but it was hoped to reduce the numbers in these wards as patients were rehabilitated to community living. In this context, we urged a vigorous pursuit of suitable community residential facilities in the catchment area. There were seven discharges in 1988 and although this was a good beginning it was still a small number of the 200 or so patients in St. Kevin's. The practice of communal dining in St. Kevin's needed to be looked at with a view to providing dining facilities for some patients in their own wards.

We were pleased that the two South Lee wards, St. Kevin's 10 and 9 had been reduced to one even though there was some overcrowding. We were also very happy with the considerable improvements in decoration and occupational inputs that had occurred in the two St. Dympna's wards.

In relation to the North Lee catchment area, we were gratified to hear of the developments regarding the Orthopaedic Hospital with the provision of 30 day places and the planned transfer of approximately 50 mentally handicapped patients from the Grey Building to the former nurses' home in this hospital. We noted also that the sector headquarters for this area would now be concentrated here. We welcomed the imminent establishment of a sector headquarters for the western sector of the North Lee team in Macroom and the continued functioning of Midleton as the eastern sector headquarters. We also welcomed the

acquisition of the accommodation in the grounds of Our Lady's for use as a training hostel for the team.

With regard to the South Lee team we welcomed developments at St. Finbarr's where it was proposed to provide a 25 bed hostel in the former nurses' home, a day centre and high support hostel of about 20 places, a six place low support hostel in the former gate lodge of the hospital and further residential accommodation across the road beside Gougane Barra which already had 20 places. We hoped that this would confine admissions to the 35 beds in the Regional Hospital and put an end to the transfer of patients to Our Lady's.

We felt that there was still a distinct lack of occupational therapists, social workers and psychologists in the service and we regretted that the number of community psychiatric nurses in the North Lee team had been reduced from four to one.

We were encouraged to hear that dialogue has been initiated and relationships established between the statutory mental handicap services, largely provided by the North Lee team for the health board, and voluntary agencies. However, we noted that there was a lot of work to be done before a properly integrated and comprehensive service for the mentally handicapped in the Board's two counties was developed. We also urged a similar integrated approach to the care of the elderly between the geriatricians working in Cork and the psychiatric services as so many of the patients in Our Lady's, including all those in St.Kevin's 1, 2 and 3 and St. Bridget's 10 and 11 fell into this category.

We were encouraged and heartened to find that so many of the recommendations of 1988 were adopted. Because of this and because the whole Cork psychiatric service was in a phase of positive movement we were somewhat reluctant to offer further recommendations but, nevertheless, we made a few.

Recommendations

1. The practice of admitting patients from the psychiatric unit at the Regional Hospital and the unit in Skibbereen to Our Lady's to be discontinued. This recommendation was made in 1988 but had not been put into effect.

2. The practice of having two intensive treatment units shared by all catchment areas and rotated between them for management purposes

to be reviewed with a view to replacing them by a more modern practice of having each catchment area look after its own disturbed patients.

3. Professionals in the fields of social work, psychology and occupational therapy to be recruited.

4. Communication between voluntary and statutory agencies for the care of the mentally handicapped to be improved.

5. Geriatricians and psychiatrists to initiate quickly an integrated, coherent, and as far as possible, community-based approach to the problems of the elderly mentally infirm in the Cork region.

NORTH LEE CATCHMENT AREA — 1988 INSPECTION

INSPECTED FROM 8TH TO 10TH FEBRUARY, 1988.

The North Lee catchment area had a population of 110,000. However, it accounted for 52 per cent of the 900 patients in Our Lady's Hospital in 1988. The catchment area team looked after the mentally handicapped in Our Lady's and in addition, 300 mentally handicapped persons in St. Raphael's, Youghal and 22 mentally handicapped persons in St Colman's Unit, Macroom.

In-patient Accommodation

Eighteen wards in Our Lady's belonged to the North Lee team. Eight of them were in St. Kevin's, six of them, including five mental handicap wards, were in the Grey Building and two of them were geriatric units, called St. John's. In addition, there were two wards with a total of 42 beds in St. Anne's, Shanakiel, which were used for acute admissions. We understood that patients were frequently transferred from St. Anne's to the four storey St. Kevin's Building.

Community Facilities

Community services were limited to an eleven place hostel, Gougane Barra, on the Western Road and an unsupervised hostel in a housing estate in Youghal providing about five places. At the time of our visit, the Hollyhill rehabilitation unit was not in use. There was a six place training hostel called Killian House in the hospital grounds.

Staffing

In February 1988 there were five consultant psychiatrists, including the clinical director, on the team. Two of these were temporary appointments. In addition, there was a psychiatrist whose responsibility was confined

to mental handicap. One consultant was responsible for rehabilitation and one for mental handicap. Nurses within Our Lady's were not assigned to catchment teams and so, apart from senior management nursing personnel, who did not rotate, the rest of the nursing staff spent only short periods of time in each ward and with each catchment team. This was unsatisfactory. In 1987 there were approximately 550 nurses in Our Lady's — 55 of these subsequently took redundancy and another 14 to 19 were expected to do so. There was just one community psychiatric nurse on the North Lee team with two community psychiatric nurses having been withdrawn due to redundancies. There was one social worker and one psychologist but no occupational therapist.

Recommendations

1. St. Anne's to be designated as the in-patient unit for all patients from the North Lee catchment area. Admissions or transfers of subsequent admissions from St. Anne's should cease to any part of Our Lady's.

2. The out-patient component of the service to be detached from St. Anne's and established as a sector headquarters at a suitable point in Cork City.

3. The rehabilitation programme in St. Kevin's to be accelerated and extended.

4. Day centres and community residences to be established.

5. A programme to transfer mentally handicapped patients from Our Lady's to more suitable accommodation to be agreed.

ST. RAPHAEL'S HOSPITAL, YOUGHAL — 1988 INSPECTION

INSPECTED ON 26TH OCTOBER, 1988

General Description of the Service

The main plan of St. Raphael's, which lies high on a hillside overlooking Youghal, was of two stone buildings either side of a later pebble-dashed, central block. There was also a new therapy unit which was built in 1983 and there was little space between the buildings. In 1988 it contained 257 patients. The total staffing was about 125, of whom 50 were nurses and 75 were nursing assistants and domestics. There were six male wards with 160 patients and three female wards with 80 patients. Until May 1988 all of the patients had been transferred from

Our Lady's Hospital. Initially, psychiatric patients were transferred but in recent years the patients admitted have all been mentally handicapped. In 1988 about 15 per cent of the total were long-stay psychiatric, mostly elderly, and the remainder were mentally handicapped. Since May 1988 patients had been admitted directly.

General Comments

We were informed that an advisory/planning group on mental handicap services in the Southern Health Board area had been set up, had completed its deliberations and was to publish its report. In the meantime we felt that some comments on the existing service in St Raphael's might be helpful.

We considered that institutions such as St Raphael's could have no place in the range of services necessary for the mentally handicapped in any contemporary service with claims to quality. The policy of transferring mentally handicapped patients from Our Lady's to St Raphael's was going to facilitate the emptying of the Grey Building in Our Lady's but was not going to help the mentally handicapped. It was a good example of attempting to solve one problem by creating another. Even within the framework of St Raphael's, a much greater range of professional skills was required. Psychology, social work and occupational therapy skills were urgently needed. In addition, further training of existing staff in appropriate technologies was also needed. On a more specific and individual level it was totally unacceptable that a young man of 21 years should be restrained on his bed for nine years and that another should have his arms pinioned behind his back for an equally long period of time. As an immediate and specific recommendation it was suggested that arrangements be made to transfer these two patients to a mentally handicapped service which had a proper range of treatment facilities without delay.

NORTH LEE CATCHMENT AREA — 1989 INSPECTION

INSPECTED ON 18TH JULY, 1989

In-Patient Accommodation

At the time of our visit it was proposed to close Wards 1, 2 and 3 in St. Kevin's and to transfer the geriatric patients therein to the existing St. Bridget's unit up the hill in Our Lady's. Other patients were to be transferred directly to new facilities for the elderly in St. Finbarr's. In addition, the North Lee catchment team continued to have responsibility for the two mental handicap wards in the Grey Building and for another 250 patients in St. Raphael's Hospital, Youghal.

Community Facilities

The North Lee catchment area provided a 40 place hostel, day centre/day hospital and crisis intervention centre in Midleton which opened in 1988. It was also acquiring day hospital premises in the Orthopaedic Hospital, Gurranebraher and 50 mental handicap beds in that same hospital. Furthermore, it was hoped to provide a sector headquarters and day facility at St. Colman's in Macroom. There was a proposal to convert the residential centre in Macroom to a day centre/sector headquarters for the sector. It had been redecorated and was due to be furnished. Staff had been selected and it was planned to open the facility in the autumn of 1989. The out-patients and depot clinics currently held at St. Anne's admission unit would in future be held in this centre. The service continued to operate an eleven-place hostel Gougane Barra, which it shared with the South Lee catchment area, and a hostel in Youghal.

Staffing

One consultant was responsible for the eastern sector based in Midleton with a population of 40,000. The entire nursing complement of Our Lady's service, including St. Stephen's, was 350 and of these the best estimate was that 200 serviced the North Lee catchment team. Of these, 24 serviced the St. Anne's Unit, four male and four female on day duty and four on duty at night. There were originally four community psychiatric nurses in this team but in 1989 there was only one, although nurses based in Midleton did visit patients during the day. There was no occupational therapist, one psychologist and one social worker. There was a part-time art teacher who came for two days a week.

ST. RAPHAEL'S HOSPITAL, YOUGHAL — 1989 INSPECTION

INSPECTED ON 16TH AUGUST, 1989

At the time of our last visit on the 26th October, 1988 there were 257 patients of whom 60 were described as geriatric. At that time it was proposed to transfer the 60 elderly patients to vacant accommodation in St. Stephen's Hospital, Sarsfieldscourt, in order to allow the transfer of further mentally handicapped patients from Our Lady's Hospital. The transfer to St. Stephen's did not take place.

The hospital began admitting mentally handicapped patients directly in May 1988. Since our 1988 visit, and particularly since the transfer of 30 patients from the Grey Building, there had been only one direct admission. A hostel in the grounds had been opened and had ten female

residents. There were 266 patients on the day of our visit, 159 male and 107 female, accommodated in six male and three female wards. Sixty patients were over 65 and 78 were under 40. A majority of patients were said to be resident in hospital for most of their lives. Most patients were said to be from north Cork and west Cork and five were from Kerry. Nine day patients attended the workshops each day and a small number came in for short periods each year to provide respite for their family carers. Most of the patients admitted to St. Raphael's in the past ten years would have been with the voluntary mental handicap services at some stage.

Staffing

St. Raphael's was still run from Our Lady's. There was no hospital administrator. The ACNO, who was a member of the North Lee Catchment area team, had all the duties of a hospital administrator and, in addition, had been asked to take an active interest in the community facilities for the psychiatric services in the catchment area. The ACNO had a clerical officer, storekeeper and secretary. A ward sister was temporarily helping out in the office.

There were 39 permanent nursing staff and 14 temporary nurses. There were 85 nursing attendants who also served the laundry and kitchen. There was a workshop manager, four workshop instructors, four maintenance staff and one gardener. Medical care was given by a permanent member of the South Lee team who was a psychiatrist grade whose overall responsibility was to St. Raphael's and who visited two to three times weekly. General physical care of the patients was given by a general practitioner who visited daily.

General Comments

The main problem with the St. Raphael's service was that it was isolated and not part of any coherent, integrated, community-based mental handicap service for County Cork, despite the fact that the psychiatrist responsible for St Raphael's served on the co-ordinating committee for mental handicap for the county. We considered that it would be impossible to rehabilitate and proceed with an organisational programme for the St. Raphael's patients until such time as this matter was tackled at the highest level, as it was fundamental to any improvement in the service. The mix of schizophrenic and mentally handicapped patients was unsound and the psychiatric patients should have been separated from the mentally handicapped.

The lack of organisation of the whole service was evident in the absence of a hospital administrator and the enormous burden placed on the

nursing director of the hospital in undertaking his own duties while carrying out the work of hospital administrator as well. This matter needed to be addressed at once.

It was disappointing that nothing had really changed since our 1988 visit. On the positive side, the hospital was generally clean, reasonably bright and well maintained. The grounds were attractively laid out and maintained with skill and care. The gardener was to be congratulated on his work and it was noted that he had also provided therapy for approximately ten patients in the garden. The less than generous staffing meant that attention was focused on basic care and, in so far as this was a priority, it was of a reasonably satisfactory standard. However, while the staff of this hospital obviously worked quite hard, there was no vision of what was possible by way of a community mental handicap service and no plan to bring about any change.

There were no personalised clothing, lockers or wardrobes for personal possessions, no opportunity for privacy, and inadequate toilet, day room, dining room and dormitory accommodation. Neither were there any real care plans. For those patients unable to work off the wards, there was an absence of any stimulatory activity and more sadly, an absence of any perception of the need for, or the possibility of, such activities as part of a ward routine. This stemmed from the lack of a policy for the mentally handicapped, the absence of policy in regard to the role of St. Raphael's within the mental handicap service, and the absence of a corps of multi-professional staff which would normally be associated with such a service.

We complained strenuously in 1988 that two male patients were pinioned to their beds and recommended that alternative methods of dealing with the problems should be tried, outside St. Raphael's if necessary. Sadly nothing had been done for these patients since our last visit and we repeated in the strongest possible way that the arrangement whereby these patients were pinioned was unsatisfactory from any treatment point of view.

The general standard of cleanliness and decoration in wards, with the exception of one or two male wards, was reasonable even if lavatory seats seemed to be almost totally absent and overcrowding both in day rooms and dormitories appeared to be the norm. We were impressed with the occupational and industrial facility and the number who attended but there still remained a large number of patients on wards who were totally unoccupied.

It was evident that many of the St. Raphael's patients were quite capable of living in suitable community housing and did not require hospital care in St. Raphael's.

Recommendations

1. St. Raphael's to become part of a coherent, integrated and community-based mental handicap service for the city and county of Cork.

2. A hospital administrator to be put in place in St. Raphael's without delay.

3. The nursing director not to be involved with the psychiatric services of the area but to concentrate exclusively, as a specialist, on the mental handicap service both within and outside the hospital.

4. Schizophrenic patients to be segregated from the mentally handicapped and appropriate programmes for their rehabilitation to be undertaken.

5. Rehabilitation and activation programmes to be undertaken on all wards.

6. Central dining to be abandoned as far as possible.

7. The two patients who were restrained to be released and alternative methods of treatment provided by a service with the necessary expertise to deal with this problem.

8. Many St. Raphael's residents to be transferred from the hospital to community locations.

NORTH CORK CATCHMENT AREA — 1988 INSPECTION

INSPECTED FROM 8TH TO 10TH FEBRUARY, 1988

The catchment area of this service included north Cork and a small segment of north east Cork city.

In-Patient Accommodation

At the time of our visit in February 1988, this team had 80 patients in St. Stephen's Hospital, Sarsfieldscourt, 50 patients in Mount Alvernia, Mallow and 134 patients in Our Lady's distributed in eight wards in the Grey Building. These wards were St. Ita's, 5, 6 and 9 and St.

Patrick's 3, 7, 5, 10 and 11. The average number of patients in each ward was 17 and approximately half the wards were locked. The physical conditions on the female wards were quite reasonable. However, the male wards were less adequate in their physical provision and St. Patrick's 10, in particular, gave rise to concern. In common with others, patients in this unit were unoccupied and nothing was provided by way of rehabilitation or occupation for them during the day.

Community Facilities
This catchment area had no day centre or community residences.

Staffing
In February, 1988 there was a clinical director and three consultant psychiatrists. There were four community nurses, three in Sarsfieldscourt and one in Our Lady's, one psychologist and an occupational therapist shared with West Cork. The nursing staff of Sarsfieldscourt were quite separate from those of Our Lady's. On the team there was a CNO who had overall responsibility, two ACNOs based in Sarsfieldscourt and another two in Our Lady's. The number of domestics available for ward work was very limited. There were only 17 domestics in all and they reported to the catering supervisor. There was no direct line of command between the ward staff, whose responsibility it should have been to keep wards clean, and those who actually did the cleaning. The Cork Mental Welfare Association organised about 40 cleaners, mostly patients in the hospital or ex-patients who came back to the hospital. One supervisor was aged 76 years.

Comments on Wards in Our Lady's Hospital
One was struck by the lack of patient activity as there were no ward activities. Ward staff appeared unaware of the need to occupy patients and provide some rehabilitation at ward level. In male wards especially dirtiness was evident, particularly in lavatories. The windows were dirty with panes of glass missing from some windows. Sleeping space in wards was often not broken up by dividers although there were a number of smaller dormitories and single rooms in most of the wards that we visited.

Milk came to wards in, we were told, open buckets. This was because it cost £3,000 less to purchase milk in bulk than in cartons. In some wards there was no adequate facility for storing food. In one ward we saw bread being stored in dustbins, most of it stale. Laundry facilities were not satisfactory because wards experienced difficulty in getting their own clothes or bed linen back. We were told that the machinery was antiquated, frequently broke down and was in urgent need of

overhauling. This would have cost £200,000. For these reasons the Board had decided not to continue with the laundry in the hospital and was looking at the options of having it done elsewhere.

ST. STEPHEN'S HOSPITAL SARSFIELDSCOURT, CORK – 1988 INSPECTION

INSPECTED ON 25TH OCTOBER, 1988

General Description of the Service

The situation in Sarsfieldscourt at the time of our visit in 1988 was that, in addition to the admission units 3 and 4 which had been in operation for many years, the main block of four floors had been opened and contained approximately 90 patients transferred from Our Lady's Hospital. Two further units, units 2 and 5, were due to be opened. This meant that a further 60 patients would be transferred from Our Lady's, providing nearly 200 beds for the North Cork catchment area in Sarsfieldscourt. A further 40 patients were to be accommodated later, bringing the total to approximately 240. The result was to be the closure of eight wards in the Grey Building of Our Lady's and the emptying of half that building by the end of 1988.

In addition, to the accommodation already mentioned in Sarsfieldscourt, there was to be a ten bed pre-hostel unit situated in unit 6 and a three bedroomed house at the gate to cater for another six or so patients.

All the units in Sarsfieldscourt had been or would be integrated in relation to patients and staff and the move from Our Lady's had been accomplished without any particular difficulties and, in the main, both staff and patients appeared quite satisfied.

Mount Alvernia, Mallow

This property had been used since 1972 by the health board to accommodate patients transferred from Our Lady's and was under the care of the North Cork catchment team. In all, there were 116 patients resident, mostly long-stay and elderly. There were 80 in the four floor nursing home and 36 in the original house or convent. The nursing home building was rather narrow and cramped and did not readily lend itself to any modern psychiatric usage. There was limited day space but the sleeping accommodation appeared adequate enough. It was difficult to envisage any other use for the building. The convent house, on the other hand had greater potential as, for example, a sector headquarters or even a small in-patient unit.

Staffing

At the time of our visit in 1988 there were 84 nurses at St. Stephen's Hospital including ten registered general nurses. The complement included one CNO, two ACNOs and four community nurses. The medical staff consisted of four consultants, including the clinical director. One of the consultants was on a career break. There were seven NCHDs and there was no social worker. There was one psychologist and one occupational therapist. There were 22 domestics and, in addition, contract cleaners came daily to St. Stephen's.

General Comments

It must be regarded as a major achievement that so many of the North Cork patients in Our Lady's had already been moved to St. Stephen's, Sarsfieldscourt in 1988 and that the remainder were to follow. However, we were told that as far as the North Cork service was concerned, 1989 would be the year of the community. This meant that an active search and acquisition of community facilities such as community residences, day premises and so on was to be undertaken. We considered that it would be best to regard St. Stephen's as an interim arrangement, as ultimately the admission facility for North Cork should be in the North Cork catchment area and the obvious location would be Mallow. A firm commitment at this stage to such a development would have been welcome. The potential for rehabilitation of the long-stay patients transferred from Our Lady's to St. Stephen's would only be known in time, but obviously a proportion of them could have been resettled in the community. We considered that programmes of active rehabilitation would have been required to develop this potential.

Recommendations

1. The 140 patients from this catchment area in Our Lady's to be transferred immediately to Sarsfieldscourt.

2. Acute admission facilities for this team to be provided within the boundary of its catchment area.

3. A range of community facilities to be developed at strategic points within the catchment area.

4. The North Cork team to relinquish responsibility for the population of the north east of Cork city.

NORTH CORK CATCHMENT AREA — 1989 INSPECTION

INSPECTED ON 19TH JULY, 1989

Since our 1988 inspection patients who had been in the North Cork wards in Our Lady's were transferred to St. Stephen's Hospital so that the North Cork team had no wards in Our Lady's. There was a small number of North Cork patients still in the intensive care wards in Our Lady's.

St. Stephen's Hospital, Sarsfieldscourt

There were approximately 240 patients in St. Stephen's in July 1989. However, St. Stephen's was to accommodate 60 people coming from the two West Cork wards in Our Lady's Hospital bringing the total number to 310. There were 111 nursing staff and 22 domestics and the patients were spread among a number of blocks in St. Stephen's. All the wards at St. Stephen's were open. Day hospital services were provided at St. Stephen's and there were 120 patients on the books, some of whom were residents in the hospital and some were day patients. Staffing consisted of a senior occupational therapist, a temporary occupational therapist and two part-time occupational therapists. There was also a deputy nursing officer and two nursing staff.

General Comments

We considered it incongruous that the in-patient unit for the North Cork sector should have been situated in the territory of North Lee. It was equally illogical that the North Cork team should have had part of Cork city in its catchment area.

There appeared to be difficulties in St. Stephen's, Sarsfieldscourt in relation to the administration of the teams with patients in that hospital. This applied in particular to responsibilities for West Cork patients who, with the patients from North Cork, had been placed under a single management team. This appeared to have confused reporting relationships and other administrative and clinical responsibilities.

Recommendations

1. The in-patient base for the North Cork team to be situated in the catchment area, at Mallow Hospital or in part of Mount Alvernia, also in Mallow.

2. That portion of Cork city currently in the North Cork catchment area to be transferred to North Lee.

3. A range of community facilities to be developed in the North Cork catchment area.

SOUTH LEE CATCHMENT AREA — 1988 INSPECTION

INSPECTED FROM 8TH TO 10TH FEBRUARY, 1988

Catchment Area

The South Lee catchment area spread from Cork city to Bandon, serving the city and county, south of the river Lee. There was no sectorisation of this team's catchment area.

In-Patient Accommodation

There were 116 patients from this team accommodated in four units of Our Lady's Hospital. Two of these, one male and one female, were accommodated in St. Dympna's block and a further two male units were accommodated in the St. Kevin's block. It appeared that long-stay patients in these four units were not regarded as a priority by the catchment team and only one consultant visited these wards regularly. Case notes were not up to date. There were seven NCHDs attached to the team but at the time of our visit no NCHD from this team had responsibilities in Our Lady's. The CNO responsible for these patients was based in the Regional Hospital.

Psychiatric Unit, Cork Regional Hospital

The psychiatric unit at the Cork Regional Hospital was the acute admission unit for the catchment area. It had 50 beds formerly but this had been reduced to 35 beds.

Community Facilities

There was a day hospital at Ravenscourt and 12 hostel places at Glenmalure in Blackrock.

Staffing

At the time of our visit in 1988, there was a clinical director and four consultants, one of whom was temporary. One consultant was based exclusively at Ravenscourt day hospital which was largely a centre for the treatment of neuroses. Another had major responsibility for long-stay patients from the catchment area in Our Lady's and the other three consultants based their activities at the Regional Hospital. There was no identified nursing staff specially for the South Lee team as they were all part of the pool in Our Lady's.

Recommendations

1. The 15 beds closed at the Cork Regional Hospital to be re-opened to enable the catchment area to become self sufficient so that no transfer of patients would take place to Our Lady's wards.

2. The long-stay patients to be the focus of much greater attention by the catchment team.

3. The catchment area to be divided into sectors with a consultant being assigned to each sector. Each consultant to be responsible for long-stay patients in Our Lady's from his or her sector.

4. Additional day places and hostel and community residences to be made available.

5. The Ravenscourt day hospital to be obliged to provide care for persons other than those with neuroses so as to make some impression on the chronic long-stay population already in Our Lady's.

SOUTH LEE CATCHMENT AREA — 1989 INSPECTION

INSPECTED INPECTED ON 19TH JULY, 1989

Since 1988, responsibility for the intensive care wards at Our Lady's had passed from the West Cork team to the South Lee team. At the time of our last inspection there were four South Lee wards in Our Lady's, two in St. Dympna's and two in St. Kevin's. One of the wards, St. Kevin's 9, had since closed.

Psychiatric Unit, Cork Regional Hospital

This unit still had 35 beds on two floors of the hospital. Nursing staff at the unit continued to be provided from Our Lady's. The day time staffing fluctuated between eight and ten and at night there were five nurses. There were two psychologists but no social worker or occupational therapist for the entire service including the Ravenscourt day hospital. There were three community psychiatric nurses, two based in the regional unit and one based at Ravenscourt. There were approximately 700 admissions to the unit in 1988 and twelve transfers from the unit or direct admissions from the catchment area to South Lee beds in Our Lady's. We were told that there had been some difficulties regarding the representation of the psychiatric unit on the hospital management committee.

Community Facilities

At St. Finbarr's Hospital there was a large two storey building called St Monica's and it was proposed to use this building as a psychosis day hospital/centre for the South Lee catchment area with Ravenscourt functioning as a "neurotic" equivalent.

An alternative and, in our view, better proposition would have been to use both St. Monica's and Ravenscourt as sector headquarters, with day facilities for individual sectors, but then the South Lee catchment area was not sectorised. The staffing proposed for this centre was three nursing staff and one nursing officer on a five-day week.

It was proposed to use Oak Lodge, which is the former doctors' residence for St. Finbarr's Hospital, as a low support hostel for approximately 6-8 patients. This residence had four bedrooms and patients would attend the day centre in St. Monica's. It was also proposed to transfer 26 elderly patients from St. Dympna's and St. Kevin's Units at Our Lady's Hospital to St. Finbarr's. In addition, further accommodation at St. Finbarr's would be made available for the reception of elderly patients from St. Bridget's unit.

There were 20 residential places available in Glenmalure and Kilmourne, two semi-detached houses in the Blackrock area but there were only 15 patients in residence. Of the 15 patients, four were ladies and there were two nursing staff during the day and one at night. The majority of the patients had recently arrived so none of them were going to external activities.

General Comments

It was gratifying to see that accommodation was being made available in St. Finbarr's Hospital for a variety of purposes for the South Lee community care team. We were a little disconcerted, however, to hear that the proposed day hospital in St. Finbarr's was being referred to as a psychosis day hospital to distinguish it from the neurosis day hospital at Ravenscourt. This seemed to indicate a bias in the selection of patients on the basis of diagnosis rather than impairment and rehabiliation needs. It was also regrettable that the number of beds in the Regional unit had been reduced to the level where it might not have been possible for that unit to provide a comprehensive in-patient service from those beds alone, as was highly desirable. There appeared to be different views as to the extent to which patients from South Lee were passed directly or transferred following admission from the Regional unit to our Lady's. The ideal to be aimed for was the restoration of sufficient beds in the Regional unit so that all admissions

could be catered for without transfer from that unit. There also appeared to be administrative difficulties concerning the unit as an integral part of the Regional Hospital.

Recommendations

1. The admission beds at the Regional Hospital psychiatric unit to be restored to the original number of 50.

2. No further admissions or transfers to be made from the catchment area to Our Lady's, nor any transfers from the Regional unit following the restoration of 50 beds.

WEST CORK CATCHMENT AREA — 1988 INSPECTION

The West Cork catchment area consisted of 46,000 population. The three main towns were Clonakilty with a population of 2,049, Bantry with a population of 2,006 and Skibbereen with a population of 1,600.

In-patient Accommodation

At the time of our visit in 1988, the West Cork team had, in addition to the 16 beds in Skibbereen, 150 to 160 beds in Our Lady's, in the Grey Building. These patients were distributed in seven wards, four male and three female. There were in addition, two intensive care units, one male, St Patrick's 9, and one female, St. Ita's 2. These intensive care units, which housed the most disturbed patients in the hospital, were under the administrative control of each of four catchment teams in annual rotation. They catered for patients from all four teams and individual clinicians looked after their patients in the two units.

It appeared that the elderly with dementia were not a problem in the West Cork (Skibbereen) service. Consultation was supplied to hospitals in Schull, Clonakilty and Bantry and these hospitals were prepared to look after these people themselves.

Community Facilities

There was a ten-place hostel in Bantry which was used as a low support hostel. The Board had also aquired a five-bed house which was to be used for low support care. There was a workshop in Bandon which two psychiatric patients attended. The County Council was making additional houses available in Clonakilty and Skibbereen. The West Cork team had four places in Killian House in the grounds of Our Lady's and another four places in St. Rita's, also in Our Lady's. There was no day centre. A former domestics' residence had become available in the grounds of Skibbereen Hospital and it was hoped to use this as

a medium support hostel. There was a problem however, with staffing. The team was confident that when this hostel opened they could close a ward in Our Lady's.

Staffing

At the time of our visit in 1988, there was a clinical director, a consultant psychiatrist, and a senior house officer based in Skibbereen. The medical team based in Our Lady's comprised a temporary consultant, a registrar and two senior house officers. There were 14 nurses in Skibbereen, of whom half had psychiatric qualifications. The nursing staff reported to the matron. There was one psychiatric social worker and a psychologist from Killarney who provided one session a week in West Cork. A temporary post of occupational therapist had been withdrawn. The relative absence of male nurses, especially at night, was a limiting factor in the capacity of Skibbereen to look after a wider variety of patient, particularly disturbed males. There were two community psychiatric nurses for the West Cork team based in Skibbereen and one nurse in Our Lady's. A horticultural instructor provided a service to the catchment area on a sessional basis.

Comments on West Cork Wards in Our Lady's

The general comments made following the 1988 inspection about the wards in Our Lady's apply to the West Cork wards. There was the same evidence of lack of activity and occupation for patients although some patients did leave the ward to go to occupational therapy which was operated as a joint North Cork/West Cork facility. In some wards lavatory seats were missing. Dormitory space was not compartmentalised in all wards and we were told that personalised lockers were on order from the industrial training centre. Showers were provided in some wards but they were badly needed in all. In one ward there was only one lavatory for 20 patients. In some wards patients dined on the ward, in others they went to central dining. We were aware that strong efforts have been made by the team to remedy structural and supply defects. It appeared that there were regular team meetings both for administrative and clinical purposes. It was accepted that there would be an ongoing need for special facilities for patients with aggressive tendencies who were very disruptive to the point where they were unmanageable in an acute in-patient unit. A small number of such patients would need secure accommodation — usually for a short time only. The requirement for secure accommodation in the Cork service needed to be quantified and a decision taken on where it should be provided.

ST. ANNE'S UNIT, DISTRICT HOSPITAL, SKIBBEREEN — 1988 INSPECTION

INSPECTED ON 24TH MARCH, 1988

The psychiatric unit was a 16 bed unit in the District Hospital. The District Hospital itself had 45 beds and in 1967, partly in response to the Report of the Commission of Enquiry on Mental Illness, a 22 bed, free-standing unit in the grounds of Skibbereen hospital was given to the psychiatric service. Initially, there were 22 beds but this accommodation was subsequently increased to 30 beds. In the summer of 1987 those beds were reduced to 16. In 1987 there were 300 admissions, of whom 72 were over 65 years. This represented a drop from 370 on the previous year. In addition, another 140 admissions from West Cork took place to Our Lady's. The decision whether a patient went to Our Lady's or to Skibbereen was made at the time of referral or in consultation with the general practitioner or at an out-patient clinic if the patient was being referred from the out-patient department. Since the Clonakilty clinic was operated by a consultant who worked exclusively in Our Lady's, patients from that sector had a greater likelihood of being admitted to Our Lady's.

The in-patient accommodation was located in a free standing building which was originally a fever hospital. It was warm and comfortable, being fully centrally heated. It contained its own kitchen which provided all the meals for the in-patients and day patients. Laundry was provided for the hospital, including the psychiatric unit, on a contract basis. Accommodation was available for 16 patients and was distributed equally in two wards of eight patients each, one male and one female. There was separate day accommodation and a pleasant dining room. Toilet and lavatory accommodation were quite adequate and there was a shop, as the unit is about a mile from the town of Skibbereen. In addition there were two further three bed units and four single rooms available but these had never been used. If brought into use, together with the restoration of the four closed beds, this would provide a total of 30 beds, which would be more than adequate to meet the in-patient needs of the 46,000 catchment area.

In 1978 an occupational therapy unit was provided through the European Social Fund. This was a pleasant unit with office accommodation. There was also a horticultural enterprise going on outside.

When we visited in 1988, the domestics' home, a free standing building some 30 yards from the St. Anne's Unit, was being converted to provide a training hostel. It was to accommodate nine patients in single room accommodation and was to have, in addition to sleeping accommodation, a dining room and kitchen. Residents who were to be recruited from West Cork patients in Our Lady's, would also avail of the occupational therapy facilities.

Three patients were already in residence in a house in Bantry and another house in Bantry had been purchased by the health board for the accommodation of a further ten patients. This house was being refurbished by the health board with a grant of £22,000 from the Department of Health. These ten patients would also have been recruited from Our Lady's. This would have enabled a West Cork ward in Our Lady's to close and free staff to be redeployed to the new facilities. It was proposed that the Bantry hostel was to be low support with possibly only a resident caretaker required.

General Comments

With its full 30 beds in use, or even fewer, there was no reason why the Skibbereen unit should not have served the population of West Cork. It was admirably suited to do so because its single rooms were capable of containing disturbed patients. In addition, with the current and additional development of community resources, a substantial number of West Cork patients in Our Lady's could have been rehabilitated, some of them back to their original West Cork locations. As it stood, this unit with only 16 beds, and with 140 admissions to Our Lady's each year, was hardly cost effective. It made no sense to have two psychiatrists looking after 16 in-patients, even with their out-patient and other responsibilities.

Recommendations

1. The full complement of 30 beds in the psychiatric unit in Skibbereen to be opened. All West Cork admissions to be accommodated in the Skibbereen unit.

2. The proposed community developments already in hand to be accelerated.

3. Additional community resources, such as a day facility at Bantry and further facilities at Clonakilty, to be provided without delay.

4. A determined effort to be made to rehabilitate and discharge the long-stay West Cork patients from Our Lady's, in particular the acquisition of suitable housing.

5. The staffing implications of these recommendations to be carefully considered.

WEST CORK CATCHMENT AREA — 1989 INSPECTION

INSPECTED ON 22ND NOVEMBER, 1989

At the time of our 1988 inspection there were seven West Cork wards in Our Lady's. By 1989, this had been reduced to two by the transfer of patients to Sarsfieldcourt and the discharge of patients to hostels in West Cork. The remaining two West Cork wards were to transfer to Sarsfieldcourt, when a cook/chill system had been installed. Admissions from West Cork to Our Lady's Hospital, amounting to approximately 160 per annum, would then discontinue.

Community Facilities

Since 1988, the former domestics' home, a free standing building some 30 yards from St. Anne's Unit, had been converted and had taken eight patients from Our Lady's. These were mostly elderly and they did not have any specific rehabilitation or training programme. A group home in Bantry had opened and had four residents. It appeared that these 14 patients did not have any planned rehabilitation or group activities.

Since 1988 a small cottage had been acquired in Castletownbere in which two patients were residing. It was also hoped to rent a house in Skibbereen and to move some of the patients in the nurses' home there. Further community developments planned for the West Cork area included accommodation in Clonakilty and Bantry for the longer stay patients from West Cork in Our Lady's and St. Stephen's.

St Anne's Psychiatric Unit, St Anne's Hospital, Skibbereen

The number of in-patients accommodated in St. Anne's remained at 22. However, sufficient accommodation existed to provide a total of 30 beds. In addition to these 22 beds, there were about 40 beds in Our Lady's for the catchment area. There were another 55 beds in St. Stephen's, Sarsfieldscourt. Thus there was an approximate total of 130 patients from the West Cork catchment area in residential care.

General Comments

Both the residence rate and, more particularly, the admission rate from West Cork were unacceptably high and the continuation of the admission of West Cork patients to Our Lady's was quite unsatisfactory. There were three consultants on this team and it appeared unreasonable that two of them shared responsibility for 22 in-patients and the third looked after over 100 beds. We considered that an independent, in-patient unit providing all in-patient care for the catchment area was required in Skibbereen. However, we accepted that its provision posed a problem. The accommodation was overcrowded and it might not have been suitable for taking very disturbed patients. On the other hand these patients were few in number and certainly much less than the 100 or so that were admitted to Our Lady's. A further difficulty in this regard was the small number of male staff employed and the fact that at night there might be no male staff available at all. Clearly this problem needed to be remedied if a wider range of patients was to be admitted to Skibbereen.

It was clear that appropriate residential and rehabilitation accommodation was required to move the long-stay West Cork patients from Our Lady's and St. Stephen's to their own catchment area. We hoped that facilities would be made available as soon as possible in Clonakilty and Bantry, and elsewhere if necessary, to enable this to occur.

We questioned why four nurses were employed looking after at most 18 hostel patients. This hardly reflected a cost effective way of using staff.

Recommendations

1. The additional accommodation available at St. Anne's to be commissioned at once and all West Cork admissions accommodated in the Skibbereen unit.

2. The projected community developments to be accelerated.

3. Additional community resources, such as, for example, a day facility at Bantry and further facilities at Clonakilty, to be provided without delay.

4. Rehabilitation programmes for the West Cork patients in Our Lady's to be undertaken.

5. Staffing implications of these recommendations to be carefully considered and worked out.

ST FINAN'S HOSPITAL KILLARNEY — 1988 INSPECTION

INSPECTED ON 25TH MARCH, 1988

General Description of the Service
The total population catered for by the St. Finan's service was 118,000 and consisted of four sectors as follows:-

Sector	Population
Listowel	23,000
Tralee East/Dingle	35,000
Killarney West/Tralee West	30,000
Killarney East/Kenmare/Caherciveen	30,000
Total	118,000

St. Finian's Hospital

The hospital contained 490 patients arranged in 22 wards, 13 of which were male and nine female. Three of these wards were locked. Wards were assigned to consultants on the basis of specialty i.e. geriatric, mental handicap, refractory and so on. The wards were in the main hospital building except for the two admission wards, accounting for 50 beds, which were in a separate, purpose-built building behind the main hospital which was built in 1974.

There were 700 admissions approximately to St. Finan's in 1988. There appeared to be no admissions policy. We were unable to ascertain the number of admissions that were voluntary, temporary or persons of unsound mind but, of the approximately 188 detained patients on the books on the 31st December 1987, only 20 were temporary and the rest were PUM.

A psychiatric unit was included at the new General Hospital in Tralee. It remained unopened. We were informed that the Southern Health Board would not consider opening it until they received additional resources. The Board was therefore still some distance from the Department's view which was that the resources to open the unit should be found by way of re-deployment within the existing service. The medical staffs view was that an additional consultant and four extra NCHDs would be required before the consultants would consider operating the Tralee Unit.

Community Facilities
There were two day centres operated by the Kerry service. The first of these was at Caherina House, Tralee which was a 15 place day hospital/ centre serviced by the only occupational therapist in the service who worked there full-time with one nursing staff. The second day centre was at Aspen House, Killarney and was a combination of two houses which together provided accommodation for 14 or 15 day patients. This premises was purchased by the health board a couple of years ago.

There were seven hostels in Killarney and on average they provided about four places per house. The majority were rented but one was owned by the health board and one by the Kerry Mental Health Association. They were all low support hostels and there were no medium or high support residential facilities provided by the Kerry service. There was need for a day facility at Listowel but no property appeared to have been identified.

Mental Handicap Facilities
Services for the mentally handicapped, of whom there were 92 in the hospital, seemed to be fragmented and patchy. Services were provided by the Brothers of Charity, the St John of God Order, St Mary of the Angels and a voluntary group, the Kerry Parents and Friends of the Mentally Handicapped. It did not appear that there was any close relationship between these organisations and St Finan's Hospital for the purpose of rehabilitating and transferring the 92 mentally handicapped from the hospital.

Geriatric Facilities
There did not appear to be a coherent approach to services for the elderly in Kerry. There was no geriatrician and the main residential services were provided by St Columbanus's Hospital in Killarney which housed approximately 230 elderly. Ancillary residential facilities were available in various district hospitals throughout the county but there seemed to be no co-ordinated approach to services for the elderly nor to providing community services as an alternative to institutional care.

Staffing
At the time of our visit, there were four consultants operating the Kerry service. One of these was a temporary appointment substituting for a consultant, who in turn was deputising for the clinical director who was on a career break. Each consultant was responsible for a sector. There was an establishment of 277 nurses but the number available was 246 because of leave, career breaks etc. Eleven of these were community psychiatric nurses and one functioned as a rehabilitation

officer. There was one full-time occupational therapist based in the Caherina day hospital, a social science graduate who had no professional training and who was acting as a social worker and a psychologist who provided sessions elsewhere, such as in Skibbereen.

General Comments

In general the female wards, except for the two on the upper floor, were of an acceptable standard as were approximately half the male wards. In too many wards the dormitory accommodation was unsatisfactory. There were no dividers, no floor coverings, no personal lockers and, in some cases, no curtains. Many wards were overcrowded. In addition, all the lavatories seemed to have stone floors which gave them a cold and bleak appearance.

In general the majority of patients seemed unoccupied and had no stimulation or interest during the day. A cursory survey of patients on passing through indicated that a great number of them could be rehabilitated to community living but it was not clear that the will or the means of doing so was present. On the other hand we were happy that, unlike some hospitals visited, most of the wards were open, and in many cases quite comfortable and homely environments had been created.

A large dining hall adjoined the kitchens and approximately 160 patients were still dining there. There were two sittings of approximately 80 patients each. One sitting was entirely male and the other was mixed, male and female. Patients dined at four place tables and were rather lost in this vast hall. We were present at the evening meal and felt that central dining in this hall should have been abandoned. Quite near the dining hall was a recreation hall with a variety of possible recreation purposes.

Ross Products, an independent organisation situated just outside the hospital grounds, was self supporting and, for the most part, manufactured packaging products for the fish industry. Upwards of a dozen patients from the hospital worked here. Because the operation was of a commercial nature and self supporting, reliability and efficiency were demanded. Therefore, the patients who worked here tended to be the same patients.

It was disappointing that there seemed to be no interest or will to move to the acute unit at Tralee General Hospital. It was also disappointing that there was not greater commitment to stopping transfers from the

admission unit to the main hospital. It was not in the interests of patients to delay these initiatives.

The lack of rehabilitation on the wards and elsewhere was a matter for concern. The two designated rehabilitation wards in the hospital, St. Carthage's and St. James', gave little impression of an active programme of rehabilitation.

Recommendations

1. The unit in Tralee to be opened immediately with the closure of the existing admission facility in St. Finan's.

2. The St. Finan's admission unit to be used as an active rehabilitation unit.

3. A carefully planned programme of rehabilitation to be implemented in the majority of the remaining St. Finan's wards. The wards on the top storey to be closed as a medium term objective.

4. Medium and high support accommodation in the community to be acquired, and if necessary, premises to be rented to reduce capital costs.

5. The integration of nursing staff and of patients to be urgently pursued.

6. The Kerry sectors to be rationalised.

7. The implementation of the recommendations above to be detailed in a planned programme of development, indicating objectives and time-scales.

ST FINAN'S HOSPITAL, KILLARNEY — 1989 INSPECTION

INSPECTED ON 12TH JULY, 1989

In-Patient Services

On the day of our visit St. Finan's Hospital had 467 patients in residence, 262 male and 205 female. Three hundred and six were of voluntary status, 44 temporary and 143 were PUM. Of the total, 189 persons were aged 65 and over, with approximately 90 mentally handicapped. Almost all the difference between the 1988 and 1989 figures resulted from the 27 deaths during 1988. The hospitalisation

rate for the county was therefore approximately four per 1,000 of population, which was quite high.

For the first six months of 1989 there were 411 admissions of whom 317 were voluntary, 70 were temporary and 24 were PUM. Sixteen of these were accompanied to hospital by garda escort. During 1988 twelve patients became new long-stay and of these, four were aged 65 and over. Counting the admission unit as one unit, there were 18 wards in the hospital compared to 21 in 1988. This came about by the closure of one ward and the amalgamation of two others, one of which was the admission ward. Much of the hospital farm land had been sold and the remaining 80 acres was let.

In addition to the two day hospitals/centres described in 1988, it was proposed to open a third day centre at Listowel and to provide high support hostel facilities there.

All community residences operated by the service were low support and since 1988 the number of these had been increased by two to a total of eleven. Eight of these were in Killarney with two more in Tralee and one in Tarbert. The latest acquisition was a house and the former Isolation Hospital in Killarney town. In aggregate, they provided 61 places.

The provision of services for the mentally handicapped continued to be of a fragmented nature. There was no change in the provision of services for the elderly in Kerry.

Staffing

There were three permanent consultants and one acting consultant. The clinical director was in his third year of leave of absence. Consultants worked to sectors and had designated responsibilities within the hospital for particular areas. There were five non-consultant hospital doctors and one general practitioner providing services within the hospital. Of the five NCHDs, two were general practitioner trainees. The service was recognised for postgraduate psychiatric medical training by the Royal College of Psychiatrists and was affiliated to the southern training programme based in Cork. There was one psychologist shared with the West Cork service at Skibbereen but no occupational therapist and no social worker. There was one senior registrar in the southern training programme and it was hoped that the senior registrar would rotate to the St. Finan's service in 1990. There were 244 nurses working in the service on the day of our visit. There was one chief nursing officer and five assistant chief nursing officers. There were eleven community

psychiatric nurses and another seven working in community facilities such as day hospitals etc. There were 36 ward-based domestics.

Apart from a half day visit each week by a child psychiatrist from Cork, there were no child psychiatric facilities in the county.

General Comments.
We were gratified to learn of the closure and amalgamation of wards that had occurred since our last inspection. We were also happy to see that some redecoration had occurred in two of the male wards on the upper floor. We were also happy to hear of the opening of additional community residential accommodation and the proposal for another day centre at Listowel with an associated moderate/high support facility. We were glad to see too that a little progress had been made in the integration of patients.

On the other hand we had serious concerns about the overall level of service provided in and by St. Finan's Hospital. Most of these concerns were articulated in 1988 and it was disappointing to learn that little of what we recommended then had taken place. We therefore repeated these concerns and recommendations.

We referred to the illogical sectorisation which had split and divided sector populations such as Killarney and Tralee. We once again expressed our disappointment that no progress had been made towards opening the acute unit at Tralee General Hospital. It was particularly tragic that, where such a unit existed, the use of this facility should be denied to patients in the catchment area in direct contravention of the recommendations of **Planning for the Future**. The staffing difficulties that had arisen in this context needed to be resolved as quickly as possible. In our opinion, the unit could have functioned adequately on considerably less than the 50 nursing staff being sought. In any case, the closure of wards should have made it possible to deploy staff from St. Finan's for alternative purposes such as the staffing of the unit. Deployment of nursing staff within the hospital needed to be reviewed. The smallest number of nurses, inexplicably, were allocated to the so-called rehabilitation wards whereas other wards, in less need of nursing personnel, were quite heavily staffed.

The residence rate at approximately four per 1,000 population in St. Finan's was quite high and was accounted for, in part, by the large number of elderly, particularly females, in the hospital and the relative lack of active rehabilitation for the remaining long-stay population. We commented in 1988 on the lack of a comprehensive programme of care

for the elderly in County Kerry and did so again because the problems presented by the 190 or so elderly in St. Finan's were those of the elderly rather than the psychiatrically ill. We urged the Board to instigate a co-ordinated, community-based programme for the elderly in the county. This would have led to a more satisfactory and efficient use of residential places and to the alternative placement and reclassification of many of the elderly, particularly women, in St. Finan's.

We commented in 1988 on the relative lack of rehabilitation in relation to St. Finan's in-patients and did so again in 1989. The number of patients undergoing programmed rehabilitation was quite small. There was no specialised rehabilitation hostel nor any part of the hospital set aside for rehabilitation prior to discharge.

Physical conditions within St. Finan's were in many instances unacceptable. Many day rooms and dormitories were overcrowded and dirty. The majority of male wards lacked curtains or floor coverings of any kind and this was also true of some female wards. We commented in 1988 on the undesirable practice of central dining, which still continued.

This was the only hospital in Ireland where seclusion continued as a regular practice. In the disturbed female ward there were no less than four seclusion rooms complete with shutters and peepholes through which nothing could be seen. On the day before our visit no fewer than five patients in St. Bernadette's had been in seclusion, one of them for up to 18 hours. We recommended that this was not an acceptable way of dealing with disturbed behaviour in contemporary psychiatry and should be abandoned forthwith.

While there had been some progress in integration in the admission ward, there was a virtual absence of integration in the rest of the hospital including the rehabilitation wards. This was unsatisfactory and needed to be dealt with as a priority.

Whilst the level of low-support, community accommodation had increased, there was still little available by way of medium or high support. This was urgently required if patients were to be resettled in the community from St. Finan's.

The lack of associated professional staff such as social workers, psychologists and occupational therapists was something to be addressed as soon as possible.

Recommendations

1. Senior health board personnel together with senior professional staff in St. Finan's to combine to form a planning and administrative group or committee for the development of the St. Finan's service.

2. The unit in Tralee to be opened immediately with the concomitant closure of the admission facility in St. Finan's and its re-establishment as an active rehabilitation unit.

3. As part of (2), an active and community oriented plan of rehabilitation involving the whole hospital to be put in place.

4. Medium and high support community accommodation to be provided as a priority and as part of an integral rehabilitation programme.

5. The integration of patients and of staff to be proceeded with urgently.

6. A more rational approach to sectorisation of the service both within and without the hospital to be adopted.

7. Central dining to be replaced by on-ward facilities.

8. The unsatisfactory living accommodation within the hospital to be attended to forthwith.

9. The practice of seclusion to be abandoned immediately and more satisfactory and less primitive methods of dealing with disturbed behaviour to be introduced.

10. Those patients who were classified as persons of unsound mind to be reclassified either as voluntary or temporary.

11. An integrated, county-wide, comprehensive and community oriented programme for the care of the elderly, including those in St. Finan's Hospital, to be instigated by the board without delay.

12. A similar programme for the mentally handicapped of County Kerry, including those in Our Lady's Youghal and St. Finan's to be drawn up by the board.

13. Social workers, psychologists and occupational therapists to be recruited on the scale necessary to achieve a psychiatric service of adequate quality required for County Kerry.

CHAPTER NINE

WESTERN HEALTH BOARD

ST MARY'S HOSPITAL, CASTLEBAR — 1988 INSPECTION

INSPECTED ON 12TH & 13TH SEPTEMBER, 1988

General Description of the Service

In 1988, the psychiatric services of County Mayo served a population of 114,000. The county was sectorised as follows:-

Sector	Population
Castlebar	20,000
Ballina	33,000
Westport	32,000
Claremorris/Swinford	29,000
Total	114,000

At the time of our visit, there were 457 patients in St. Mary's with a further 44 in St. Theresa's unit, giving a total of 501 patients. Of these, 92 or 20 per cent were suffering from mental handicap. Virtually all the 457 patients in St. Mary's were long-stay and 54 per cent were aged over 65 years. There were 20 wards in the hospital, including St. Theresa's. There were four locked wards, two male and two female, one mental handicap unit for each sex and one refractory ward for either sex.

St. Theresa's was described as a general hospital unit and had 44 beds. It was opened in 1972. It was difficult to say why it was called a general hospital unit since it had no physical relationship to the general hospital and was at the further end of the psychiatric hospital away from the general hospital. In effect it was a physically separate unit of St. Mary's. The assistant matron in charge of this unit, however, was regarded as being a member of the staff of the General Hospital and the unit was costed to the General Hospital.

Staffing

On the days of our visit, the medical staffing consisted of four consultants of whom two were permanent and two were temporary. The two temporary posts were in the process of being filled. There were

four NCHDs. The nursing complement was 281 but the number available was 24 less because of career breaks etc. There was one acting CNO and seven ACNOs whose responsibilities were not organised by sector. In addition there was an assistant matron for St Theresa's unit. There were six community psychiatric nurses whose responsibilities were organised by sector. There was one senior psychologist, and an alcohol counsellor who was a fully trained social worker. There were two vacant social worker posts and two vacant occupational therapy posts. There were 24 domestic staff which was insufficient to allow for one domestic per ward each day.

Cost

The cost of the service at St Mary's, Castlebar in 1987 was £6.502 million.

General Comments

St Mary's was one of the better of the larger hospitals in that it was the cleanest and had the highest physical standards. In addition, there appeared to be a coherent plan for the future with definite objectives. These included the transfer of the majority of the mentally handicapped in the hospital to accommodation in Aras Attracta, Swinford, beginning with a group of 20 by mid November 1988. In addition, the establishment of a sector headquarters and mental health centre in the District Hospital, Ballina seemed another appropriate target. This would have reduced the number of admissions from the Ballina sector to St Mary's. A sector psychiatrist, based for the most part in Ballina, was highly desirable. Clearly identified too as an objective was the establishment of two high support hostels, one in Castlebar and another in Westport, with possibly more to follow.

There was agreement that all admissions should in future be confined to St. Theresa's unit and eventually transfers from this unit to St. Mary's would cease. However, before this was accomplished some structural alterations were necessary to St. Theresa's to provide greater observation of disturbed patients and to ease congestion in the diningroom. The transfer of patients from the existing male side to the female side and the closing of the existing male accommodation was also another desirable objective.

It was noticeable, however, that most of the patients in St Mary's were under-occupied and there was a lack of occupational and activational programmes. Very few patients from St. Mary's attended industrial therapy. These facilities were limited and most of the patients who attended came from the community. It would have been preferable to

have the facilities enlarged and available to in-patients. Patients in community homes should have had such facilities available in Castlebar away from St. Mary's. Although it was unclear as to whether there was a problem concerning the admission of elderly patients there seemed to be reasonable facilities for the elderly in the county. There was a geriatrician who had beds both in Castlebar General Hospital and in the 320 bed Sacred Heart Home in Castlebar. There were also welfare facilities elsewhere in the county, notably at Ballina and Westport.

Accommodation on some wards was rather confusing i.e. dormitory accommodation was on one level and day accommodation on another. However, this was the first step in the reorganisation of the hospital which would eventually result in half of it being closed and all patients being transferred to what is now the female side.

Recommendations

1. All admissions to be to St. Theresa's unit and no transfers to take place from St. Theresa's to St. Mary's. The necessary physical alterations to St. Theresa's to be undertaken without delay.

2. The transfer of mentally handicapped patients from St. Mary's to Swinford to be effected as rapidly as possible.

3. The movement of patients from the existing male side to the female side and the closing of the vacated male wards to be brought about as rapidly as possible.

4. Careful thought to be given to the most appropriate use of the district hospital block in Ballina which seemed to be available to the psychiatric services. Its use as a sector headquarters/day facility/ crisis intervention unit for the Ballina sector to be examined.

5. Increased occupational and activational programmes to be made available to St. Mary's residents.

6. Staff to be trained in behavioural techniques to improve the social performance of some of the long-stay patients.

ST. MARY'S HOSPITAL, CASTLEBAR — 1989 INSPECTION

INSPECTED ON 19TH OCTOBER, 1989

In 1989, there were twelve group homes in the service of which nine were in Castlebar and one each in Westport and Ballina. An additional

group home was opened in 1988 by the Mayo Mental Health Association in Kiltimagh which provided six extra places. In addition, there were two hostels, one in Castlebar and one in Kiltimagh. In all there were approximately 95 places for community placement with 89 residents on the day of our visit and an additional eight persons in foster care in the Belmullet area.

As far as day care was concerned, the major development since 1988 was the opening of a day facility in the District Hospital in Ballina. It was proposed that this would become the day hospital and that the other day facility in Ballina, Moore Hall, would become a day centre. Thus the patients currently going to Moore Hall would be transferred to the District Hospital. In all, there were approximately 120 day places available in the St. Mary's service. These included day centres, such as that at Belmullet, which were not exclusively for psychiatric patients.

Premises had been purchased in Claremorris which would serve as an additional day facility with the possibility of a hostel component as well. A premises for community placement had also been identified in Ballinrobe.

Out-patient psychiatric clinics were held in 13 locations throughout the county. All were held on a monthly basis with the exception of Ballina (twice monthly) and Castlebar (weekly). Emergency consultations were held on a daily basis in St. Theresa's unit.

Services for the mentally handicapped were provided by a mix of voluntary and statutory services. Apart from St. Mary's, statutory services were based in Aras Attracta in Swinford where there had been a considerable development to accommodate 200 patients. These were to come from St. Mary's, from other mental handicap facilities around the country where there were Mayo patients and from the community. However, because of staff shortages there were only 31 patients resident of whom 24 had come from St. Mary's. The major voluntary organisation was Western Care which had a variety of premises throughout the county.

There were approximately 500 residential places for the elderly in the county. The major facility was the Sacred Heart Home in Castlebar with approximately 360 places. There were three other welfare homes in the county and each home accommodated approximately 40 people. The St. Mary's psychiatric service was also providing a geriatric service for almost 300 elderly persons. There was a geriatrician who co-operated with the psychiatric services in psychogeriatric care.

The Hospital

St. Mary's had 409 patients on the day of our visit and there were another 44 patients in the St. Theresa's General Hospital unit, making a grand total of just over 450 compared with 501 in 1988. Of these patients, 205 were male and 204 were female, approximately 60 were mental handicap and 50 per cent were over 65. Since the inspection in September 1988, approximately 30 mentally handicapped patients had been transferred to Aras Attracta in Swinford and another 33 patients had died. The number of long-stay patients had actually decreased but none of this decrease had been brought about by the rehabilitation and discharge of psychiatric patients.

The number of admissions to St. Mary's in 1989 declined by 100 to 974. I was unable to ascertain how many of these were aged 75 and over. Seventy four patients were admitted as persons of unsound mind. Of the resident patients, only 15 were non-voluntary.

An industrial department was opened in 1981. There were 75 patients on the books with a daily attendance of 50 and all except two were day patients, most of whom were living in community residences in Castlebar. There were three members of the nursing staff attached to the department.

Staffing

There were five consultant psychiatrist posts including one recently transferred from Ballinasloe. Four of the posts were filled on a permanent basis. There were five non-consultant hospital doctors, all of whom were on the psychiatric training programme. There were no general practitioner trainees employed. There was one senior psychologist, an occupational therapist, but no social worker. A dental surgeon was employed on a sessional basis. There was a full-time physiotherapist and a sessional chiropodist.

There were 248 nurses in post of whom there was one acting CNO and the post was before the Local Appointments Commission for permanent filling. There were seven ACNOs. One of these had responsibility for community services and the others worked, on a day-on day-off basis, within the hospital. There were six community psychiatric nurses who normally functioned on a sector basis but these sectors did not correspond with those sectors operated by consultants. The service did not have An Bord Altranais approval for nurse training. There was one alcohol counsellor who was a trained social worker. There were 24 ward-based domestic staff.

Cost

The budget for St.Mary's (excluding St. Theresa's unit) in 1988 was approximately £6.2 million.

General Comments

The level of cleanliness and generally satisfactory state of the decoration in St. Mary's was commented upon in 1988. These standards persisted in 1989. However, there was overcrowding in the geriatric female wards, in particular. In some of these wards eating, sleeping and daily living were combined in areas that were far too small. There was a plan to replace the west or male side of the hospital by transferring the remaining mentally handicapped patients, who occupied two wards, to Aras Attracta in Swinford, closing a further ward and amalgamating two more so that the total number of wards would fall from the existing 16 to 12. While this might have lead to temporary overcrowding it would have reduced some of the illogical layout whereby day and sleeping spaces were widely separated in individual wards and would have enabled some savings to be effected by reducing heating costs. In general this plan was to be welcomed. The number of patients at approximately 450 and the hospitalisation rate of over four per 1,000 of population were quite high.

The elderly in St. Mary's constituted well over half the female hospital population. Most did not require psychiatric care and this raised the question as to whether these people should not have been transferred or de-designated to a service more appropriately designed to their needs. This whole question needed detailed consideration. There was a lack of professionals, other than doctors and nurses, in this service.

The industrial and occupational facilities on the hospital campus appeared to be almost exclusively used for discharged patients. This was unsatisfactory and premises should have been obtained in the town of Castlebar for these people rather than have them returning to the hospital campus. This would have freed up facilities such as the industrial therapy department to provide occupation for in-patients which was so badly needed.

In conjunction with more vigorous developments and use of rehabilitation facilities it was clear that an enhanced provision of community facilities would be required.

Recommendations

1. A rigorous admission policy to be pursued and enforced. To make this work, it was imperative that a policy of restricting all future

admissions to St. Teresa's unit be brought into operation and that no further transfers to St. Mary's occur except under exceptional conditions.

2. A vigorous rehabilitation policy based on occupational activation to be undertaken.

3. Industrial and occupational activities for non-resident patients to be provided away from the hospital campus.

4. Thought to be given to the de-designation of the large number of elderly in the hospital and to the expansion of geriatric services for the county.

5. The remaining 60 or so mentally handicapped patients in the hospital to be transferred as quickly as possible.

6. The further development of the Ballina facility as a sector headquarters and, in particular, a high support hostel to be proceeded with as quickly as possible.

7. Further community developments to be provided throughout the county, particularly in Belmullet and Westport.

8. Professionals such as social workers and occupational therapists to be recruited without delay.

9. The necessary structural and other alterations to be undertaken to reduce the overcrowding in some wards.

ST PATRICK'S HOSPITAL, CASTLEREA — 1988 INSPECTION

INSPECTED ON 22ND MARCH, 1988

General Description of the Service
In 1988, the psychiatric service of Roscommon served a population of approximately 50,000. There were three sectors in County Roscommon based on Boyle, Castlerea and Roscommon.

The Western Health Board had decided to transfer acute psychiatric services for Roscommon from St. Patrick's Hospital, Castlerea to a new psychiatric unit at Roscommon County Hospital. At the time of our visit, it was not possible to say when the unit would open.

There were five day centres operating in the service. There was one at Ballaghaderreen, one at the Sacred Heart Home in Roscommon, which was newly opened and functioning very well, one at Castlerea, based in the hospital, one at Strokestown, in conjunction with the hostel there which was reported to be in very poor physical condition and one in Boyle which was also reported to be in poor condition. Between them, these day facilities had over 200 patients on the books with an average daily attendance of approximately 80 patients.

Hostel accommodation, all of which was unsupported, was located at Strokestown, Ballaghaderreen and Loughglynn. Each hostel catered for between four and six patients. In addition, there were two houses in Roscommon, one available for purchase with the other already purchased by the health board and for which planning permission had been applied. At least one, if not two, high support, or at least medium support residences were required but no such premises had been identified.

In the year to March 1988, 22 patients had been found foster homes in County Roscommon which was a substantial achievement. The fosterers were recruited by the staff of the hospital, and were paid £50 per patient per week. Thirty pounds of this came from the patients' Disabled Persons' Maintenance Allowance and the remaining £20 was supplied by the health board. All of the patients attended day facilities. The scheme was said to be working very well and it appeared that it might be extended, although the staff believed that many of the least disabled patients had already been discharged.

The Brothers of Charity had taken on the care of 19 mentally handicapped patients transferred from St. Patrick's in the recent past. Nine of the 145 patients in St Patrick's were mentally handicapped. The transfer of patients to the Brothers of Charity appeared to have ceased because of financial difficulties. The Brothers felt that they were not being given sufficient resources for the transfers. Seventy-five of the remaining patients were over 65 and many of these could have been transferred to geriatric facilities were they available. Residential facilities for the elderly in County Roscommon were provided in three locations. Two hundred were in the Sacred Heart Home with a further 60 in welfare accommodation in the Plunkett Home in Boyle and 40 more in welfare type accommodation in Castlerea. There was a general feeling that services for the elderly in County Roscommon lacked organisation and direction and better use could have been made of what residential facilities existed. Many of the elderly in St. Patrick's could therefore have been transferred to more appropriate care. Experience from going

around the wards, and, in particular, looking at the 40 patients in the integrated geriatric ward, tended to confirm this view.

St. Patrick's Hospital

There were eight wards in St. Patrick's Hospital and, at the most generous count, only two of these could have been said to be open. Indeed it seemed that seven of the eight were locked, at least for most of the time. In some wards toilet seats were missing. Most wards had towels and soap.

The hospital was divided into two main blocks — one male and one female which were linked to a smaller central block. The so-called male block contained the two admission units, male and female. The male unit had 13 patients and the female unit 16 patients on the day of visit. In the same block was the infirmary ward which housed 20 patients, nine male and 11 female. This ward was not really integrated in any true sense as both day and eating spaces were quite separate. On the first floor was the ward with the nine mentally handicapped patients. There were two staff on duty for the nine patients and the patients were quiet and unoccupied.

The centre block contained what was called the resocialisation unit and also the day hospital. Three of the rooms were used for dining facilities, one as a day room, one for resocialisation (though it remained unclear as to what this was) and one for cooking/retraining and one as a beauty care room. There were four staff on duty on the day of the visit and one formed the overall impression that the general programme here was rather haphazard and not very well organised. Although it was only 3.20 p.m., some patients were having a meal, which on enquiry, was described as tea. This was because they were shortly to board the minibus to go home, many of them to their foster homes. As the last patients to arrive came at approximately 11.30 am the time spent in the day hospital was very short indeed. Patients were conveyed to hospital by two minibuses owned by the health board and driven by nursing staff. Better use of staff time could have been made if patients were brought to the day hospital and day centres by a contract arrangement with a local minibus owner. Normally eight to ten patients attended, mostly women who did craft work under the guidance of one nurse. At the industrial therapy unit there was a handful of patients but few attended from St. Patrick's Hospital.

Staffing

At the time of our visit, there were three consultants in Castlerea, one of whom was due to retire in two years time. There were three NCHD

posts but one doctor was about to leave and the Board was having difficulty in filling the third post. There was one occupational therapist, one social worker and an attempt was being made to recruit another. There was no psychologist. There were 146 nursing staff of whom four were community psychiatric nurses and 10 worked in day centres,occupational therapy and industrial therapy units. All of the nurses were permanant appointees. In spite of instructions from the Department, the health board had not cut back on premium payments; instead it decided to reduce travelling expenses for community nurses and other personnel by 20 per cent. This had an adverse effect on community services generally. There were approximately 40 domestic staff employed between catering, laundry and ward duties.

General Comments

In 1987, the Roscommon mental health service cost over £3 million for a catchment population of 47,000 persons. Although progress had been made in recent years, it was evident this had been haphazard and uncoordinated. Planning in a proper sense, with regular meetings between all levels of personnel directed towards setting up targets and objectives and establishing programmes to achieve them by appropriate strategies and tactics, did not seem to exist. It was quite evident that the whole question of staff deployment needed serious thought. There was no effective admissions policy. Four beds were kept in the hospital specifically to accommodate people who came in as lodgers. There were 357 admissions in 1987, excluding lodgers, representing an admission rate of 7.5 per 1,000 population. This rate was considerably above the desired rate of 5 per 1,000 population.

Recommendations

1. The acute unit in Roscommon Hospital to be opened as quickly as possible.

2. Appropriate accommodation to be provided by the mental handicap service for the nine mentally handicapped patients still remaining in St Patrick's.

3. Elderly patients, capable of residing elsewhere in at least equal comfort, to be found suitable alternative accommodation.

4. An admissions policy to be agreed so that only those in need of in-patient psychiatric accommodation by reason of the severity and nature of their illness to be admitted to the hospital.

5. Hostel accommodation to be obtained in Boyle.

6. High support accommodation to be obtained in at least one location in the county.

7. Day care accommodation to be provided in the town of Castlerea to prevent day patients having to return to St. Patrick's.

8. The premises at Boyle and Strokestown to be repaired.

9. Serious consideration to be given to the deployment of nurses in St Patrick's to counter the inefficient use of staff.

ST. PATRICK'S HOSPITAL, CASTLEREA — 1989 INSPECTION

INSPECTED ON 7TH NOVEMBER, 1989

General description of the service

Agreement had been reached in principle that a population segment near Athlone currently looked after by the East Galway service would transfer to Roscommon. However, this had not taken place by the date of our visit. The catchment population would then have been 60,000 approximately. In 1989 the catchment population by sector was as follows:

Sector	Population
Boyle	21,113
Castlerea	13,243
Roscommon	20,263
Total	54,619

The provision of a 30 bed unit in Roscommon General Hospital, begun in 1988, was almost completed. It took up the entire ground floor of the County Hospital and the two wings on either side of the main entrance were linked at the back by a conservatory. The only work remaining to be done was to complete the ECT suite. It was hoped that this would be completed during the week of our visit.

The total number of patients on the books of the five day centres in the area was 155, with a daily attendance of around 80-85. There were 25 daily attenders at Teach De hIde, the workshop and day centre in Roscommon town. The patients were brought in every day by minibus. Ten were workshop patients, the remainder were day centre patients and four of these lived in an unsupervised group home in Roscommon

town. There were three staff, the workshop manager and two nursing staff, one of whom was a deputy nursing officer.

The day centre at Strokestown was still, despite some renovation, in poor shape, particularly that portion of it which served as the group home. In Boyle, the former day centre which was in very poor repair and unacceptably overcrowded, had been relinquished and the day centre activities had transferred to the Plunkett Home in Boyle. There were plans to build a workshop in the adjacent site which belonged to the health board and a six-bedroomed bungalow had also been purchased by the health board for use as a group home. There were also six patients in a group home in Ballaghaderreen. It was planned to use a house in Castlerea for similar purposes but this had not come into operation because of staffing difficulties. A former group home in Loughglynn run by the Mental Health Association had been closed down. In addition, there were approximately 60 patients in foster care throughout the county and many of these were quite elderly.

The Hospital

There were 134 patients in residence on the day of visit, 67 male and 67 female, and of these one in four were long-stay and approximately 75 per cent were over 65. There were six wards of which two, the geriatric and admission, were integrated and three were male wards with one being a female ward. One of the male wards was locked. Discussions were underway regarding the amalgamation of the three male wards. There was a day hospital at which 35 patients attended each day, coming from foster care and from their own homes. Virtually all had been in-patients in St. Patrick's.

Staffing

There were three consultants, each with a sector, three NCHDs and one general practitioner available for on-call cover during holidays and other leave periods. There was one CNO, five ACNOs, nine nurses employed in day centres, four CPNs and two alcohol counsellors out of a total of 105 nursing staff. There was a social worker, but no psychologist and no one employed as an occupational therapist although two of the nursing staff members were qualified occupational therapists.

Cost

We were informed that the revenue cost of the service in 1988 was approximately £3.6 million.

General Comments

It was good to see that the new unit in Roscommon General Hospital has been constructed and decorated so quickly and it was hoped it would become operational without further delay. A new day premises had been acquired in Boyle for the proposed development of a community workshop. A house had also been purchased for development as a group home. It was less satisfactory to hear that a house in Castlerea was still awaiting occupants because of staffing difficulties. It was reassuring that the numbers in foster care were considerably higher than last year. It was disheartening that the former group home in Loughglynn had closed and that the four patients involved had returned to St. Patrick's.

The main problem in relation to St. Patrick's was the provision of appropriate care for elderly patients. It was estimated that 17 patients required high support and there had been some discussions as to how this might be provided, either in a purpose-built facility or in existing accommodation.

It was disheartening to hear that the admission rate, as far as could be ascertained, was relatively high at about eight per 1,000 of catchment population. The practice of giving overnight accommodation to wanderers, regrettably continued. The proposed amalgamation of three male wards to one was essential as there could be no justification for maintaining three wards, with three different staffings, for wards of five, thirteen and sixteen patients respectively.

The lack of rehabilitation, or even, apparently, knowledge of what it entailed, was everywhere apparent in St. Patrick's. Despite relatively generous ward staffing, I saw no staff engaged in active rehabilitation and the numbers of patients in the industrial therapy unit were small and there was no staff present. Integration of staff still appeared to be a problem in St. Patrick's. In one ward of elderly patients, which was described as being integrated, it was apparent that staff were assigned separately to male and female sections of the ward without any changeability between the sexes. Much of the lavatory and bathing accommodation was unsatisfactory in that floors were wet and lavatory seats were missing and in some cases both lavatory and bathing areas were dirty.

Most of the patients in St. Patrick's were elderly and the appropriate solution for their long-term care revolved around services for the elderly rather than those for the mentally ill.

The admission units, although described as integrated, like the psychogeriatric units, were separately staffed by sex.

Recommendations

1. The psychiatric unit in Roscommon General Hospital to be brought into operation immediately.

2. Plans for the future provision of services to meet the specific needs of the elderly and the elderly mentally infirm to be developed.

3. Psychologist and social work professionals to be recruited to the team.

4. The responsibility of the ACNOs to be redefined in terms of sector and team responsibilities.

5. Medium and high support facilities to be established in the community.

ST BRIGID'S HOSPITAL, BALLINASLOE — 1988 INSPECTION

INSPECTED ON 14TH DECEMBER, 1988

In 1988, the catchment area of Ballinasloe was that of East Galway with a total population of 101,000. It was divided into 5 sectors, as follows:

Sector	Population
Athlone/Portumna	20,000
Loughrea/Gort/Athenry	25,000
Tuam	24,000
Mountbellew/Ballygar/Dunmore	23,000
Ballinasloe	9,000
Total	101,000

General Description of the Service

There was a day centre in a rented premises in Loughrea with two staff, catering for about 12 patients. This premises was thought to be unsuitable and an attempt was being made to purchase a further premises in Loughrea. There was a day centre in a rented premises in Tuam with 12 patients and supervised by two staff as was a similar one at Headford providing for 12 patients and supervised by one staff member. Premises which were owned by the health board had been

identified in Mountbellew for a day centre and in Glenamaddy there was a composite day centre operated as part of a community development by a general practitioner in the area. Some psychiatric patients attended. In Portumna there was also a day centre with eight patients attending and supervised by one staff member. In Ballinasloe there was a day centre which had 12 patients and was supervised by two staff members. Patients were brought to the day centres by staff in their own cars.

There were two hostels in Tuam and in addition there were approximately ten Ballinasloe patients in Toghermore which was a combined hostel and sheltered workshop. There were eight hostels which were rented premises in Ballinasloe providing a total of 40 places. In addition, there was a new training hostel with six patients. Most of these patients came into Ballinasloe during the day and the hostels were regarded as being of low support.

St. Brigid's Hospital

The campus of St. Brigid's extended to several hundred acres and comprised briefly the original building which was built in 1833, the new building which was built in 1902, a three storey block, St Enda's, the admission unit and St Joseph's Unit. A separate building on the Shannonbridge road, the Pines, which had been used for over seventy years was closed in 1988 and the 70 male patients were transferred to wards in the old building.

There were 818 resident patients at the time of our visit. These were distributed between the old building with 396 (266 male and 130 females) in eight male wards and six female wards; the new building with 199 patients (58 male and 141 female) in two male and four female wards; 92 patients in St. Enda's (68 male and 24 female) in two male and two female wards and one integrated ward, and 96 patients in the admission unit (50 male and 46 female) in two male and two female wards. There were 24 patients in St. Joseph's, 16 male and 8 female. Finally, there were 14 male patients in St. Theresa's ward. This gave a total of 32 wards of which three were integrated.

Slightly under 300 of the 818 residents were geriatric and 130 were mentally handicapped. Some patients (230) were from West Galway. Of these, 95 were elderly and 40 approximately were mentally handicapped.

There were 1,028 admissions to St. Brigid's in 1987, of which approximately 250 were from West Galway. This gave an admission

rate for East Galway of approximately 7.6 per thousand of population — considerably above the desired figure of 5 per thousand of population.

Staffing

On the day of our visit there were five consultant psychiatrists one for each sector. In addition, there were two psychiatrists and five NCHDs. The hospital was not accredited for psychiatric medical training. There was one psychologist with a vacancy for another, one social worker and one senior occupational therapist and unfilled vacancies for two more. There were 389 nursing staff excluding 12 who were on leave of absence. These comprised one CNO, nine ACNOs, nine community psychiatric nurses who were based in sectors and three alcohol counsellors. In addition, nine nurses were employed in day centres. Student nurses from Portiuncula Hospital spent six weeks in St. Brigid's as part of their general training. There were no student psychiatric nurses in the hospital. There were 56 domestic staff which meant that each ward had a domestic most days.

Cost

The cost of the service at St. Brigid's in 1987 was £13.290 million.

General Comments

Without doubt St. Brigid's constituted a major problem, despite the expenditure of considerable monies on the hospital in recent times. The lack of rehabilitation, the overcrowding and drabness, the dirtiness and absence of therapeutic activity in some of the wards, particularly the male ones, the poor and overcrowded conditions of the locked admission wards and the unsatisfactory relationship between St. Brigid's and the psychiatric unit at Galway Regional, whereby this unit passed on its less desirable and more deprived patients to St. Brigid's, were all features of an unacceptable situation. If St. Brigid's was to improve, fundamental changes in management and organisation of the Galway services needed to be brought about. Committed and dynamic leadership was urgently required.

Facilities at Merlin Park should have been made available to the psychiatric services to allow the transfer of some long-stay West Galway patients from St. Brigid's for rehabilitation by the West Galway team and to prevent further admissions from that catchment area to St. Brigid's.

Community services needed to be developed and sector headquarters established. Above all, the recruitment of a corps of personnel devoted and committed to the improvement of the service was essential. It was

unlikely that these people would materialise from present methods of recruitment and an innovative approach was required.

On the positive side, we noted that considerably more wards, male wards in particular, had been unlocked since a visit we made in 1987. Some female wards were neat and clean but the use of the seclusion cells in the refractory female ward was to be regretted. General inactivity on all wards was also evident. The condition of the therapy buildings was quite unsatisfactory and the lavatories in both were in a deplorable condition. The vacant paramedical positions in St Brigid's needed to be filled with suitable personnel to encourage a multidisciplinary approach to the problems of the hospital. Integrated nursing had begun and this seemed to be working although it needed to be extended further.

It appeared that the heating system in the new building was seriously deficient and needed replacement. It appeared to be causing serious condensation in the wards as evidenced by the dampness of the walls, the peeling of paintwork and weeping plaster. The estimated cost of replacing the heating system was in the region of £0.25 million. This was clearly not justified given the general unsuitability of this building for any modern health care purpose.

Recommendations

1. Serious consideration to be given to administrative arrangements for this hospital. Recruitment of a suitable person on a contract basis and with a job specification designed to re-organise the service within, say, a five year period to be seriously considered. Health board management to offer full co-operation to this person to ensure his/her success. Communication between senior management and professional personnel in the planning process to be improved.

2. A solution to be found to the present unsatisfactory state of admission facilities in St. Brigid's. Thought to be given to the establishment of an admission facility at Portiuncula Hospital.

3. The physical condition of the hospital to be improved immediately, including attention to simple things such as cleaning the grounds, toilets and window ledges, and fixing broken windows properly. Patients to be encouraged to shave themselves and to have as much automony as possible, including their own spending money and clothes.

4. The vacant paramedical posts to be filled as soon as possible.

5. More occupational facilities to be developed in the hospital to counter the widespread inactivity among patients.

6. Sector headquarters and suitable community facilities to be established as an alternative to hospitalisation.

ST. BRIGID'S, BALLINASLOE — 1989 INSPECTION

INSPECTED ON 25TH APRIL, 1989

The Hospital
There were 31 wards in St Brigid's, three of which were integrated, with 832 patients resident on the date of our visit.

Staffing
There was no change in medical staffing since our visit in 1988. There were 372 nursing staff and 178 ward attendants, 34 maintenance staff, 24 miscellaneous staff, 65 domestic staff and 26 administrative staff.

Cost
The revenue cost of the St. Brigid's service during 1988 amounted to approximately £12.4 million.

General Comments.
Since our visit of inspection in December of 1988 there had been several gratifying improvements in St. Brigid's. We were pleased to see that the two admission wards, previously locked, were open. General standards of hygiene and cleanliness in wards had improved. There had also been decorative improvements in wards. An occupational therapist had been recruited and two nurse therapists had been detailed to deal with the background problems which patients experienced.

On the debit side, however, it was disappointing to realise that the number of patients had increased — 832 compared with 808 in December, 1988. Far too many patients were still unoccupied, the decorative problems and overcrowding of the new building continued. There were too many admission beds – 100 approximately were still in use and some patients were still being transferred to long-term care. More worrying, however, was the continuing lack of a coherent approach to the problem of Ballinasloe. In one respect, matters had worsened in that the former clinical director had resigned and left St. Brigid's. No solution had been found to the crucial issue of medical leadership along the lines of a term-limited medical directorship as previously recommended by us. Plans to segregate the 190 or so elderly

patients in the new building and to spend considerable sums of money on refurbishing this building for the continuing care of the elderly were also disturbing on a number of counts. Firstly, because the care of the elderly in County Galway, of which the new building residents were only a segment, needed to be approached in a holistic fashion and did not lend itself to expedient and piecemeal solutions, and certainly not to the institutional solutions of the kind proposed. Secondly, with approximately 50 deaths among the new building residents it could be assumed that the expenditure on renovations could only be justified by admitting further elderly to the new building. This was a most undesirable approach to dealing with the elderly since such an institutional solution to the problem was no longer acceptable.

No progress had been made in reducing the admissions from West Galway. Many of these were on PUM forms which were being used primarily to facilitate a Garda escort which was not usually available if a patient was being admitted on a temporary form.

There were no definite arrangements to transfer to the Roscommon catchment area that portion of south Roscommon now served by St Brigid's and neither was it clear whether all or only part of this area would transfer. There were no community facilities in south Roscommon.

Recommendations

1. A comprehensive planning approach to be brought to bear on the combined East and West Galway services. It was our view that it was essential that a top level planning group meet regularly, define policy, set targets and objectives, delineate strategies and tactics to arrive at a satisfactory solution to the many unresolved contentious issues which faced the Galway service.

2. A similar exercise to be undertaken in relation to the health and social needs of the elderly in Galway based on the philosophy of community care. This approach was essential if progress was to be made towards community settlement of the many elderly people in St. Brigid's and was particularly relevant to the future of the new building. This premises which housed approximately 150 patients was in a serious state of dilapidation. It was our view that a decision should have been made to close it as soon as possible, particularly because of the large capital demands that its maintenance would make in the years to come.

3. At least two units in Merlin Park to be made available to the East Galway team, one for housing purposes and the other for rehabilitation activities.

4. West Galway admissions to St. Brigid's to cease. If West Galway was unable to provide continuing residential care from its present resources, then it should develop the necessary community facilities for this purpose such as high and medium support, community-based accommodation.

5. Arrangements to be made with the Brothers of Charity in Kilcornan for the rehabilitation and normalisation of the large numbers of mentally handicapped patients in St. Brigid's.

6. Alternative admission accommodation to be provided for patients in the East Galway service as the admission unit was patently unsuitable for this purpose. The obvious location was the General Hospital at Portiuncula, Ballinasloe.

WEST GALWAY PSYCHIATRIC SERVICE — 1988 INSPECTION

General Description of the Service

In 1988, the catchment area of the West Galway Service included all of Galway city and County Galway west of the city with a population of 85,000. An acute psychiatric unit with 38 beds opened at Galway Regional Hospital in 1977. It was originally intended as a 50 bed unit but the necessary space for the additional 12 beds had been taken up by day facilities. In 1988 the bed numbers were increased from 38 to 42. The unit was a single storey block to the rear of the main hospital building. There was separate sleeping accommodation for male and female patients with integrated day space. The service was sectorised into three sectors of about equal size with Galway city being un-sectorised.

A day centre in Halla Padraig in Galway city catered for 50 attenders. There was access to a Rehabilitation Institute workshop in Galway for about 18 attenders. A day centre in Clifden was capable of accommodating about 20 attenders. A day centre in Carraroe catered for 31 attenders three days a week and a day centre in Kilkerrin catered for five attenders one day per week. A house in the grounds of Merlin Park Hospital was used as a base for a non-residential alcohol service. There were three hostels with accommodation for 19 residents. There were about 500 admissions annually to the unit and regrettably about

250 admissions from the catchment area to St. Brigid's Hospital, Ballinasloe. The unit provided a liaison service to the rest of the Regional Hospital, including casualty.

Staffing

There were three consultant psychiatrists including the clinical director who was also professor of psychiatry at UCG. There were two senior registrars and five NCHDs. There were two psychologists, two social workers and an occupational therapist. There were 42 nurses including the assistant matron, six community nurses and one alcohol counsellor. There were four part-time ancillary staff including a domestic science teacher, a remedial teacher, a horticulturist and an art therapist.

General Comment

The admission of more than 250 patients annually from this catchment area to St. Brigid's Hospital, Ballinasloe meant that this service did not deal comprehensively with the needs of its area. In addition, there were about 250 long-stay patients from this area in St. Brigid's for whom no adequate rehabilitation was being provided by this service with a view to their resettlement in their catchment area of origin. Stopping all further admissions or transfers from this service to St. Brigid's, Ballinasloe combined with the rehabilitation and resettlement of a significant proportion of the 250 long-stay West Galway patients in that hospital, needed urgent attention. The three vacant units at Merlin Park, said to have been available to this service, provided an obvious way of tackling the problem.

WEST GALWAY PSYCHIATRIC SERVICE — 1989 INSPECTION

INSPECTED ON 29th AUGUST, 1989.

Psychiatric Unit, Regional Hospital, Galway

In 1989 the psychiatric service based on the Regional Unit in Galway was divided into three sectors as follows:

Sector	Population
Galway/Maam Cross/Lough Corrib	27,593
Clifden/West Galway	29,075
South Galway	28,174
Total	84,842

In the Galway sector which included the Aran Islands which were serviced by a senior registrar, there were neither day nor residential facilities. In the Clifden sector there was a day centre with 16 patients on the books and eight day attenders and there was also a hostel. In south Galway there was the original day facility, Halla Padraig which was an old church. This accommodated about 20 people during the day although there were more patients than this on the books. The training hostel called Danesfield House had recently been closed and was being renovated with money supplied by the Mental Health Association and was to re-open shortly as a day centre. Quite recently the health board purchased two adjoining houses at Foster Court with help from the National Lottery. They accommodated ten patients and were in use as a training hostel. Cammilawn was a rented corporation house and contained five patients who were at a good functional level. Riverside was a further four-place male hostel also rented from the corporation but the patients were more disabled.

In the Clifden sector there was a day centre in a health board house in Carraroe. The centre had 30 patients on the books with 16 attenders. It functioned three days a week and was looked after by one nurse. This nurse spent his fourth day a week at the Kilkerrin day centre, which operated on one day only, and his remaining day in Halla Padraig in Galway city. The house in Carraroe was in very poor repair and was soon to be replaced by a more modern house which had been purchased by the health board with the assistance of a grant of £10,000 from the National Lottery. This replacement day centre would then function for five days a week. There was a hostel in rented premises in Carraroe and this housed six people all of whom attended the Carraroe day centre.

All these facilities in the West Galway catchment area were low support. There was no high support facility.

Residential facilities for the elderly consisted of St. Brendan's in Loughrea, St. Mary's in Galway and a welfare home in Carraroe which catered for about 45 patients. There was a geriatrician in the Regional Hospital. As far as mental handicap was concerned, there were facilities run by the Brothers of Charity in Galway city where a consultant psychiatrist worked full-time for them. Mental handicap as such did not seem to impact greatly on the West Galway service.

REGIONAL UNIT

The number of beds functioning in the regional unit in 1989 was 43. These were used flexibly between the male and female patients but were

generally split about evenly between the two sexes. The accommodation was arranged in five, six and two four-bed units with the remainder being provided in single rooms.

There was a daily programme and a system of group nursing in operation and most people were gainfully occupied from the point of view of treatment and rehabilitation during the day. The unit was clean and well laid out.

Staffing

The medical staffing of the unit was unchanged from 1988. Of the five NCHDs, four were psychiatric trainees and one was a general practice trainee. In all there were approximately 15 trainees in the Galway rotation which, as well as the regional unit, included St. Mary's Castlebar, St. Patrick's Castlerea, the child psychiatric service in Galway and the mental handicap service run by the Brothers of Charity in Galway. It was hoped to include St. Brigid's, Ballinasloe in the rotation. There were three social workers, three psychologist posts, two of which were filled and one occupational therapist post. In addition, there was a beautician on a sessional basis, an art therapist, hairdresser, physical training instructor and a recreational therapist.

The nursing staff complement was 45 of which there were 36 currently in post, 26 female and ten male. In addition trainee general nurses from the Regional Hospital were allocated to the Unit and the community services on a six-weekly rotation. Heading the nursing team was an assistant matron who reported to the matron of the hospital. It was envisaged that a CNO would be appointed to lead the nursing team who would be responsible for the entire psychiatric service, in-patient and community. There were six nursing officers and the remainder were staff nurses. There were six community psychiatric nurses, of whom four were permanent and two were rotational, three nurses servicing day centres, two alcohol counsellors and one on loan to the day centre in Toghermore which was, however, part of the Ballinasloe service. This left 15 nurses plus 6 student general nurses to staff the wards. Usually there were 9 nurses on duty during the day and four at night. At night there was usually only one male nurse and this had led to difficulties when disturbed aggressive patients were present so that the unit had occasionally to transfer such patients to Ballinasloe because of their level of disturbance and the inability of the limited staff, particularly male staff, on the unit to care for them. There was an administrator, two clerk typists and a receptionist. In addition, three domestics were supplied to the unit from the General Hospital each day.

Cost

We were informed that the cost of the service during 1988 was £1.4 million.

General Comments

The number of admissions to the unit during 1988 was 557 but it was still the case that a substantial number of patients from West Galway were admitted directly from that catchment area to Ballinasloe. Others were sent there following presentation at the Regional Unit and others, probably less than six a year, were transferred from the unit to Ballinasloe because they were too aggressive or disturbed to be managed on the ward. The longer stay patients at the time of our visit had been admitted since June 1988 so there were no long-stay patients. In the absence of any high or even moderate support facilities in the community one wondered where the longer stay patients had gone. From the point of view of liaison psychiatry to the 500 bedded General Hospital, there were approximately 30 consultations per month but very few of these were transferred to the unit and this component of the service made little or no impact on the 43 beds in the unit.

Recommendations

1. The unit to develop its services to take responsibility for all patients from its catchment area without the need of transferring anyone to Ballinasloe.

2. The skill mix of staff, particularly at night, to be adjusted to deal appropriately with all admissions.

3. The West Galway service to be given responsibility for at least one unit in Merlin Park, to enable them to take patients from their catchment area who were long-stay in Ballinasloe and to rehabilitate them and if possible return them to community living.

4. Residential facilities with moderate and high support to be provided in the West Galway service to help with the resettlement and rehabilitation of the longer stay patients from Ballinasloe and the more disabled in the West Galway service.

CHAPTER TEN

PRIVATE PSYCHIATRIC HOSPITALS

ST PATRICK'S HOSPITAL, DUBLIN — 1988 INSPECTION

INSPECTED ON 13TH DECEMBER, 1988

General description of the service

St. Patrick's had a close relationship with the Dublin community care area 3 service which was operated from the St. James Hospital Unit. Formerly, all staff in this unit were employed by St. Patrick's, but as from the 1st January, 1989 administrative control of this unit was passed to St. James' Hospital and approximately 20 nursing staff were to be employed by St. James'. So also were all other staff except for medical, social work, psychological and occupational therapy staff who stayed on as St. Patrick's staff. St. Patrick's continued to provide certain inputs to the St. James' service. There were at the time of inspection, 27 in-patients from the catchment area service in St. Patrick's who were being paid for by the Eastern Health Board. This number was continuing to decline and comprised of a few acute patients and a larger group of long-stay patients. They were not located in any segregated fashion in the hospital but were distributed throughout and were not differentiated in any way from the other St. Patrick's patients. In addition 60 day patients from the catchment area attended St. Patrick's. These comprised of 40 sheltered workshop patients and a further 20 who were undergoing re-training. These day patients and the St. James' in-patients were serviced by St James' medical staff but were nursed by St. Patrick's staff.

There were 322 patients resident in St Patrick's on the day of our visit. There were four admission wards, of which one was an integrated admission unit, one was a pre-discharge unit, Laracor House, a separate building and former nurses' home. There were two medium stay/ convalescent wards and a high-dependency, integrated geriatric unit.

Staffing

There were 203 nursing staff of whom 37 were student nurses. On average, there were five nursing staff per ward during the day with one nurse per ward on duty at night. There was a predominance of female

nurses with approximately 3.5 female nurses to each male nurse. Each ward had one to two household staff and one cleaning staff.

There were eight consultant psychiatrists, ten NCHDs and also psychologists, social workers and occupational therapists.

General Comments

The physical quality and decorative state of St. Patrick's was of a very high order and all concerned were to be congratulated on the quality of accommodation. While, the location of St James' day patients in St. Patrick's was necessary, one wondered whether in the long term they might not have been better located in facilities to be developed by the St. James' unit in its own catchment area.

Cost

The annual cost of running St. Patrick's in 1988 was approximately £7 million. The annual cost of running the St. James' unit was approximately £2.2 million.

ST PATRICK'S HOSPITAL, DUBLIN — 1989 INSPECTION

INSPECTED ON 21ST DECEMBER, 1989

General description of the service

St. Patrick's had accommodation for 296 patients. On the day of the visit there were 256 in-patients. There were eight wards/units in total. Five of these were admission units, three male and two female. There was also an integrated 33 bedded psychogeriatric ward. The remainder of the accommodation was used for continuing care. Some wards were locked and, apart from the psychogeriatric unit, none were integrated. Thirty of the resident patients were catchment area patients, i.e. overflow patients from St. James' and 17 of the 33 geriatric patients were also from the catchment area.

A day unit was also in operation and 30 industrial therapy patients from the catchment area were in attendance. Approximately 30 psychogeriatric patients, both in-patients and out-patients, from St. Patrick's would also attend in future.

During 1989 the old ward 2 had been closed and a new renovated ward 2 had been provided. In addition, some of the vacated space was being used as a behavioural therapy unit and a behavioural therapy training school had also been established.

Staffing
There were just under 200 nurses employed of whom approximately 37 were student nurses. On average, there were five nursing staff per ward during the day and one nurse per ward at night. Each ward had one to two household staff and one cleaning staff. There were eight consultant psychiatrists, ten NCHDs and also psychologists, social workers and occupational therapists.

ST. EDMUNDSBURY HOSPITAL, LUCAN — 1989 INSPECTION

INSPECTED ON 22ND DECEMBER, 1989

General description of the service
This was a 50 bed private hospital which opened in 1898. It had 44 single rooms and three double rooms. The consultant psychiatrists from St Patrick's had patients here.

Nursing staff included a CNO, a sister and 13 staff nurses. There were two nurses on duty at night. Apart from the chief nursing officer all of the nurses were female.

ST JOHN OF GOD HOSPITAL, STILLORGAN — 1988 INSPECTION

INSPECTED ON 13TH DECEMBER, 1988

General description of the Service
There were 164 patients resident at the time of our inspection. Of these, 30 were patients from catchment area 1, — Cluain Mhuire Service — who were being paid for by the Eastern Health Board. There were two psychogeriatric units, and an adolescent unit with 16 patients which were locked on the day of our visit. There was an alcoholic unit with 11 patients but with a capacity to cater for 20 to 25 patients. There was also a male admission unit and a female admission unit, and some medium stay accommodation. There were 90 nursing staff employed of whom 20 were students. In addition there were 40 domestics. There were four consultant psychiatrists, NCHDs, social workers, psychologists and occupational therapists. In addition, there were other therapists such as an art teacher who came in to the activities centre.

General Comments
The standard of accommodation was of an extremely high order and all concerned were to be highly commended. Some day patients attended

the activity centre and this arrangement appeared to be working satisfactorily.

ST JOHN OF GOD HOSPITAL, STILLORGAN — 1989 INSPECTION

INSPECTED ON 21ST DECEMBER, 1989

General description of the Service
There were 180 patients resident on the day of our visit and of those 37 were from catchment area 1 and were being paid for by the Eastern Health Board.

Patients were accommodated in two admission wards, two psychogeriatric wards, two continuing care wards, an adolescent unit and an alcoholic unit. Many of the wards appeared to be locked. Some patients came in daily to the occupational therapy unit and to other facilities.

Staffing
There was a total of 210 staff employed, including a medical director and four consultants. There were 96 nurses including a matron, assistant matron and 28 nursing students who were attached to the nurse training school at the hospital, 40 domestic staff and ancillary professionals such as psychologists, social workers, occupational therapists etc.

We were informed that the total revenue cost of the hospital in 1988 was £4.5 million.

General Comments
The substantial improvements, renovations and additions that had taken place in this hospital provided in-patient accommodation of the highest quality.

BLOOMFIELD HOSPITAL — 1988 INSPECTION

INSPECTED ON 13TH DECEMBER, 1988

General description of the Service
The main development in 1988 at Bloomfield had been the opening of New Lodge. This housed 33 patients and together with the 58 in Bloomfield brought the total to 91. Of these, 41 were Eastern Health Board patients and the rest were private. There were slightly more women than men. Bloomfield continued to provide psychogeriatric services for the Cluain Mhuire/St. John of God catchment area and this arrangement appeared to be working well. Staff consisted of 15

trained nurses and 25 cadets together with one nursing assistant. There were five persons on duty at night, two in New Lodge and three in the main hospital.

The number of admissions was limited to filling vacancies as they arose and, apart from the new cases who arrived with the opening of New Lodge, there were somewhat less than a dozen admissions per year.

Bloomfield was divided into a male and a female ward, each of which was self contained; both were locked. Each had its own dining area. New Lodge was open and it also had its own dining area.

The general standard of care was satisfactory and the fire precautions were adequate.

BLOOMFIELD HOSPITAL — 1989 INSPECTION

INSPECTED ON 29TH DECEMBER, 1989

General description of the service
There were 88 patients, 60 in Bloomfield and 28 in New Lodge. Of the 60 patients in Bloomfield, 30 were male and 30 were female. Accommodation was arranged in single, double, three bed wards and one five bed wards. New Lodge housed 28 patients of mixed sex who were less dependent than those in Bloomfield. Sleeping accommodation was mainly in single and double bed wards. There were approximately ten admissions per year, depending on the number of deaths.

Staffing
Staffing consisted of a matron, deputy matron, two ward sisters, ten staff nurses, twenty cadets, twenty domestics and maintenance and gardening staff.

All was in order and the patients were apparently happy and comfortable at the time of my visit.

BELMONT PARK HOSPITAL, WATERFORD — 1988 INSPECTION

INSPECTED ON 28TH DECEMBER, 1988

General description of the Service
Belmont Park dealt with mental handicap and psychiatric illness. The mental handicap section catered for approximately 90 residents.

The average number in residence in the psychiatric hospital had been around 80 during the year. At the time of the visit, there were 66 patients resident in the hospital. Of these, 15 male patients were long-stay psychogeriatric. The remainder were acute and a great preponderance were alcoholics with a male to female ratio of 2:1. There were approximately 320 admissions during 1988.

Staffing

Besides the medical director, the medical staff consisted of one further consultant and a registrar. Belmont Park was recognised as a training hospital by the Royal College of Psychiatrists who had recommended that the male and female acute wards be integrated. There were 30 nursing staff of whom 21 were permanent with five being on duty at night. Nine of the nursing staff were dual qualified and the remainder were trained in psychiatry only. There were 16 domestic and other staff to cope with the kitchen etc. There were two social workers, a recreational therapist and psychological input was available from two whole-time psychologists employed in the mental handicap section. There were six Brothers of Charity all of whom were involved in administrative matters.

The Hospital

There were two acute admission wards, one male and one female, with approximately 15/17 beds in each including, on the male side, five single rooms. Following time in the admission unit, patients were moved upstairs to one of the 42 single rooms. There were day spaces, television rooms etc. The15/16 male long-stay patients had their own separate sleeping accommodation which was combined with day space. There was also a separate diningroom.

There was an extensive recreational area with rooms for discussion, family meetings and a wide variety of recreational facilities. This was a former stable block which had been converted. Prior to 1988, the question of Belmont Park taking responsibility for a section of East Waterford had been discussed with the Department of Health and the South Eastern Health Board but no formal arrangements had been agreed.

Belmont Park Hospital received direct funding from the Department of Health as well as contributions from the Voluntary Health Insurance Board and the South Eastern Health Board.

BELMONT PARK HOSPITAL, WATERFORD — 1989 INSPECTION

INSPECTED ON 28TH DECEMBER, 1989

General description of the Service

For some time discussions had been underway between the Brothers of Charity, the South Eastern Health Board and the Department of Health on the future role of Belmont Park in the provision of health services in the South East. It had been suggested that the direct funding which the psychiatric hospital at Belmont Park had been receiving should continue provided that it was utilised for the purposes of the mental handicap service rather than the psychiatric service, which was largely an in-patient service for alcohol problems. The hospital would also take responsibility for the 20 or so mentally handicapped patients in St. Otteran's.

On average there were 80 patients resident during 1989, of whom 15 were elderly males. The remainder comprised of psychiatric patients including alcoholics. There were approximately 45 patients resident at the time of the visit. In addition to the psychiatric and psychogeriatric components there was also the mental handicap section.

Admissions to Belmont Park had increased in 1989 and at the end of November 1989 had reached 461. Of these the greater part (336) were alcohol related problems, the remaining 125 being for psychiatric reasons.

The Hospital

There were two admission units, one male, one female, each with approximately 15 beds and, on the male side, five single rooms. Day space and dining accommodation was shared and integrated and a partition which in 1988 separated the male from female unit had been removed. Following the acute phase of illness patients were moved upstairs to the 40 or so single rooms on the second storey. The psychogeriatric unit of approximately 15 places mentioned earlier was self contained with its own diningroom and day space area. Both within the hospital and in separate outbuildings, there were extensive facilities for recreation, family meetings, A.A. meetings etc.. At the time of inspection everything was in order and the hospital was clean and comfortable.

ST AUGUSTINE'S, RATOATH MANOR, RATOATH, COUNTY MEATH — 1988 INSPECTION

INSPECTED ON 22ND DECEMBER, 1988

General description of the Service

Ratoath Manor was opened by the Augustinian Sisters of Jesus and Mary in 1949 from the English provincial house at Sussex. The Order was founded in Bruges, Belgium several hundred years ago and was primarily a nursing order. As a result, the five sisters who formed the community in Ratoath, were all dual qualified. In addition to the sisters, there were 35 staff who were a mixture of trained general nurses (there were no psychiatrically qualified nurses), nursing assistants and domestics. Psychiatric care was provided by a consultant from the Mater Hospital and general practitioner care was provided by a doctor who lived locally and visited daily.

There were 56 patients resident at the time of visit. All were female — there were no immediate plans to take male patients — and at least two thirds were over 65 with many in their 80s. For the most part they suffered from organic dementias but there were some younger patients with a functional illness such as schizophrenia. There were approximately 20 admissions a year but this was entirely dependent on the mortality rate as this is the only way in which vacancies could arise. There was a long waiting list and admission priorities were determined on the basis of whether the individual was living at home or was already in a nursing home and, if at home, the burden she was to her family.

Everybody was comfortable and the general level of care and decoration was of a very high order.

ST AUGUSTINE'S, RATOATH MANNOR, RATOATH, COUNTY MEATH — 1989 INSPECTION

INSPECTED ON 7TH DECEMBER, 1989

General description of the Service

At the time of inspection the community consisted of three sisters, all of whom were dual trained in general and psychiatric nursing. The number of nursing and support staff remained the same as in 1988. A consultant psychiatrist from the Mater Hospital visited as required and general medical care was given by two general practitioners who resided locally and visited frequently.

On the day of visit there were 55 patients in residence with one vacancy. All were female and the great majority were elderly patients who were

suffering from organic dementia but there were two younger people whose illness was schizophrenic. There were about twenty admissions each year and there was a long waiting list which was filled only as vacancies occurred through death. The cost of individual patient care was supported in most cases by subventions of one sort or another such as from a health board (mainly the Eastern Health Board), the Voluntary Health Insurance scheme or other sources. Only a small minority of patients were paying for their own care entirely or having it paid for by relatives.

The sisters had recently installed two suites of invalid bathrooms which added considerably to the comfort and efficiency of St. Augustine's. These were added during the year and were in addition to a series of improvements that had been going on for several years. The cost of these improvements had been borne jointly by Ratoath and by the mother community in England.

A tour of the hospital confirmed that the high level of care and comfort afforded to patients in St. Augustine's continued.

VERVILLE RETREAT CLONTARF — 1988 INSPECTION

INSPECTED ON 29TH DECEMBER, 1988

General description of the Service

There were 46 female patients in residence on the day of inspection, the great majority of whom were elderly. There were 18 nursing staff with some ancillary staff. The patients were comfortable and well looked after. Some entertainment was available to the patients.

VERVILLE RETREAT, CLONTARF — 1989 INSPECTION

INSPECTED ON 11TH DECEMBER, 1989

General description of the Service

There were 45 patients in residence, all female and mostly elderly with one or two younger schizophrenic patients. In addition two or three day patients came in for activities. The Eastern Health Board made a contribution towards the upkeep of some of the patients. Verville Retreat was located in a building that dated from around the first half of the 18th century and presented considerable difficulties because of its structural layout and condition. The Fire Officer of Dublin Corporation had expressed his concern about the provision of fire safety arrangements and discussions with the fire department were on-going.

It must be admitted that the physical layout of the hospital did pose some problems for patient care.

There were 18 nursing staff and some ancillary staff, some of them part-time. The patients in general were comfortably housed and were obviously well looked after. There was a selection of entertainment available to them and these extended to week-ends.

HIGHFIELD AND HAMPSTEAD HOSPITALS — 1988 INSPECTION

INSPECTED ON 29TH DECEMBER, 1988

General description of the Service
Highfield had, on the day of inspection, 43 female patients, of whom 38 were voluntary and most were elderly. In addition, one or two day patients attended. There were 21 staff who worked a day-on day-off rota with nine on duty each day, of whom two were nurses and seven were nursing assistants. In addition, there were two rotas of three staff for each night duty, of whom one was a nurse and two were nursing assistants. There was also a domestic staff of six.

Hampstead had 33 male patients of whom 30 were voluntary. There were 18 staff with seven on duty each day and two on duty at night.

The patients were clean and neat and appeared comfortable. The possibility of integrating the male and female patients in the two establishments might have been considered.

HIGHFIELD AND HAMPSTEAD HOSPITALS — 1989 INSPECTION

INSPECTED ON 11TH DECEMBER, 1989

General description of the Service
At the time of inspection there were 47 patients in residence in Highfield of whom 43 were voluntary and 4 were Wards of Court. All were female and the majority of them were elderly. Most suffered from dementia but there were also one or two suffering from chronic depression and schizophrenia. A few patients also attended each day. There was a nursing staff of 26, which included nurses and nursing assistants, and a housekeeping staff of eight. Two ward sisters from the former Richmond Hospital attended, one in the morning and one in the afternoon for occupational, activation and recreational purposes. There was also a hairdresser, chiropodist and a physiotherapist available

from the Elmhurst Convalescent Home, which was at one time a psychiatric hospital on the same campus as Highfield and Hampstead.

Hampstead had 35 male patients of whom two were Wards of Court and the remaining 33 were voluntary patients. There was a staff complement of 18.

A decision had been made to build a 32 place alzheimer unit in the grounds of Highfield and the planning of a single storey building arranged around a central courtyard had been finalised. It would provide a day facility for alzheimer patients, a chapel and the administrative accommodation for Highfield and Hampstead clerical staff. The project was due to go out to tender within the following few months. For the purposes of registration under the provisions of the Mental Treatment Act, 1945, the unit might be included as part of Highfield.

KYLEMORE CLINIC, CO. DUBLIN — 1988 INSPECTION

INSPECTED ON 13TH DECEMBER, 1988

General description of the Service

There were 35 patients in residence on the day of visit, 24 females and 11 males, most of whom were elderly and over 75 years old. There were six trained staff, nine nursing assistants and one male orderly available for day duties. At night there were three permanent staff nurses and two nursing assistants on duty. Medical care was provided by a local doctor.

The day accommodation had been augmented since the last visit by the addition of a garden room. This room was bright and sunny and increased the amenities appreciably. There were a further three to four day rooms in Kylemore and a diningroom where approximately half the patients dined. The remainder dined upstairs in their sleeping accommodation or in day rooms, being too feeble to come to the diningroom. The majority of patients were incontinent and there was a high level of dementia among them.

Sleeping accommodation was arranged in small male and female dormitories and in single rooms. In addition, there was one flat with two bedrooms.

KYLEMORE CLINIC, CO DUBLIN — 1989 INSPECTION

INSPECTED ON 21ST DECEMBER, 1989

General description of the Service
There were 33 patients in residence and all of them were over 65. The staff consisted of the matron, the sister, nine staff nurses and eighteen assistants. There was, in addition, a chef, an assistant cook and three kitchen helpers. Medical care was provided by a local doctor who visited regularly.

Accommodation was arranged in a mixture of single, double, three, four and one five-bed unit. In addition, there were two flats for patients. There was also accommodation for two nursing assistants who lived in. An occupational therapist visited twice a week and while there was an occupational therapy department, it was not used and occupational activities took place in the main house.

LINDVILLE HOSPITAL, BLACKROCK, CORK — 1988 INSPECTION

INSPECTED ON 20TH DECEMBER, 1988

General description of the Service
There were 20 male and 13 female patients in Lindville on the day of visit. There were approximately 150 admissions a year, virtually all of whom were voluntary. In addition to the medical director, there was one other consultant. There were 20 full-time nursing staff, with another five or so part-time. There were five domestic staff, two of whom worked in the kitchen and a chef. Laundry was done on the premises. All was in order and the recent improvements in furnishings, curtains and floor coverings which had been made during the past year were noted. Considerable monies had been spent in improving the fire protection equipment.

The majority of the patients were young and only three were described as being elderly.

LINDVILLE HOSPITAL, BLACKROCK, CORK — 1989 INSPECTION

INSPECTED ON 21ST NOVEMBER, 1989

General description of the Service

There were 24 patients in residence of whom eight were male. Many of these patients were elderly. There were approximately 80 admissions in 1989, all of which were voluntary.

Accommodation was laid out on three floors and sleeping accommodation was in a combination of single, double and four-bed units for the most part. Space seemed to be rather limited and there did not appear to be any occupational or industrial therapy. The diningroom seated approximately 28 people at seven four-place tables. ECT was given to patients in their own beds as required and an anaesthetist came from the Mercy Hospital for this purpose. Wash basins were being installed in all of the rooms and showers were also being installed in some rooms.

Staffing

The staffing consisted of the medical director and one other consultant. Nursing staff consisted of a matron and approximately 20 nursing staff. There were ten housekeeping staff of whom four worked in the kitchen. There was also a chef and all laundry was done on the premises.

CARRIGLEA, DUNGARVAN, COUNTY WATERFORD — 1988 INSPECTION

INSPECTED ON 28TH DECEMBER, 1988

General description of the Service

There was only one psychiatric patient in this centre. Carriglea was almost exclusively a mental handicap establishment with 90 residents and was an active training centre. Carriglea was founded by the Bon Sauveur nuns when they bought the house from its family owners in 1904. It was opened that year as a psychiatric hospital, mostly dealing with Catholic religious. As the years went by however the psychiatric component diminished and in 1970 it primarily concerned itself with mental handicap.

CARRIGLEA, DUNGARVAN, COUNTY WATERFORD — 1989 INSPECTION

INSPECTED ON 28TH DECEMBER, 1989

General description of the Service
The one psychiatric patient remained very well and was very happy with her circumstances. Otherwise there was nothing fresh to report about Carriglea which, apart from this one lady, was given over entirely to the care of the mentally handicapped. There were 80 handicapped girls in Carriglea and there was also an extensive training centre.

ST VINCENT'S HOSPITAL, FAIRVIEW, DUBLIN — 1988 INSPECTION

INSPECTED ON 29TH DECEMBER, 1988

General description of the Service
St Vincent's was a composite hospital serving both the Dublin North East catchment area and the old private component. St. Vincent's was administered by a Board who were providing some services for the catchment area. Although in practice there was little differentiation between health board and private patients, approximately half of the 130 residents were private patients with the remainder being health board patients. Among the private patients were 31 elderly ladies who resided on the third floor. This floor had never received complete approval from the Corporation's Fire Officer and the intention was to empty it bit by bit — part of it was at the time of inspection used for offices, recreation, behavioural therapy and so on. In general, the accommodation in St Vincent's was not satisfactory from a psychiatric point of view, as it was arranged on many different floors and some of it was rather cramped as a consequence.

There were plans to provide a purpose-built admission unit in the grounds. Originally, this was to be a psychogeriatric unit and the St. Vincent's Board had put together approximately £0.5 million for the building with the Department of Health promising an equivalent sum. This was to become, when funds allowed, a 40 bed admission unit for the catchment area and the accommodation at the time of inspection utilised by psychiatric patients in the main building would then become psychogeriatric. In fact, some psychogeriatric day patients were already coming to the hospital. There was an adolescent unit in the grounds providing services for the catchment area. Most of the patients in the private part of the hospital came from the catchment area. It was anticipated that St. Vincent's would work in conjunction with a 16 bed

unit in the Mater Hospital. This unit would be staffed by a professor and consultants from the health board catchment area on a sessional basis. Details of this arrangement had yet to be worked out.

Staffing
There were 125 nurses, male and female, including student nurses and there was a nurse training school at the hospital. Staffing, therefore, was rather generous. Psychological and social work services were available from the Mater Hospital.

Comments
Overall the private component in this hospital was diminishing and was not separately identifiable within the patient population because no distinction was made between the two groups. The administrative arrangements of this catchment service and the relationship with the Mater Hospital were somewhat complicated but this was to be resolved by a joint managerial arrangement being arrived at in the near future.

ST VINCENT'S HOSPITAL, FAIRVIEW, DUBLIN — 1989 INSPECTION

INSPECTED ON 11TH DECEMBER, 1989

General description of the Service
There were approximately 130 patients resident of whom 22 were elderly ladies with 8 of them being private patients. There were 31 elderly ladies in 1988 so the numbers had been considerably reduced. The majority of the remaining were Eastern Health Board patients from the catchment area. Included among these were six beds for psychogeriatric patients for respite care under the care of an acting psychogeriatrician. In addition, some psychiatric day places were also available for area 7 and there was a similar amount of accommodation in the James Connolly Hospital, Blanchardstown for area 6, which worked well. There was also a child and adolescent unit operating in the grounds serviced by the Mater Hospital child psychiatric department.

The general unsuitability of St. Vincent's for the purposes of in-patient psychiatric care was referred to in 1988 and was repeated in 1989. The third floor housing the 22 elderly ladies had not been approved by the Fire Officer and, because his recommendations would be extremely costly to implement, this floor was being vacated by degrees.

The plans to provide a purpose-built, 40 bed admission unit in the grounds of St. Vincent's were described for the catchment area to

operate in tandem with the 16 beds in the Mater Hospital. It should be noted that concern had been expressed about this proposal. The view had been expressed that the money should have been devoted instead to providing much needed facilities in the community rather than investing in in-patient accommodation. Some of those involved in the provision of the service considered that the catchment area would be sufficiently served by the 16 Mater beds and about 8 to 10 crisis beds in the community. However, it was not clear how the number of residents from the Eastern Health Board area would reduce from approximately 90 to 10.

Staffing

There were 142 nurses in the hospital of whom 42 were student nurses. The nursing school was one of only three nurse training schools functioning in the country in 1989. The staffing therefore was remarkably generous with a one-to-one ratio. Assuming that 90 beds were allocated to catchment area patients and that there were approximately 1,200 admissions a year, it would seem that the area team was generously served by beds at the time and that there was a long way to go before they would be managing on the 10 beds proposed on a crisis basis together with the 16 Mater beds. On the other hand, 40 beds plus 16 in the Mater was an overly generous supply of beds for the catchment area, even if the decision were made (and this was not clear) that no more beds in the old building would be used for psychiatric purposes.

Cost

The cost of running the service was approximately £2.3 million per annum and this did not include the wages and salaries of the staff employed by the Eastern Health Board.

General Comments

Overall provision of services for this area had been bedevilled by lack of agreement between the parties involved. It might or might not have been resolved by the appointment of a professor of psychiatry with responsibility for the 16 Mater beds. The best solution to this problem would have been for the Mater to provide 35 or 40 beds for the catchment area, all in-patient care to be provided from that unit and the resources earmarked for the catchment area development to be distributed to community facilities after some adjustment had been made for the additional Mater in-patients contribution.

PALMERSTOWN HOUSE DUBLIN — 1988 INSPECTION

General description of the Service

Palmerstown House had been in existence since the mid 19th century and although its major commitment now was to the mentally handicapped there were still a few psychiatric patients admitted each year. They were housed in Palmerstown Lodge which was a separate residence on the campus of Palmerstown House. At the time of inspection there were approximately eight patients in residence. The physical conditions and the therapeutic inputs were quite satisfactory.

PALMERSTOWN HOUSE, DUBLIN — 1989 INSPECTION

General description of the service

A few patients with psychiatric illness were admitted to Palmerstown Lodge which was part of the Palmerstown House complex. It was a detached house adjacent to the old hospital building. Most patients had single rooms and there was a small occupational therapy department in house and, in addition, some patients went out to other activities in town.

APPENDICES

APPENDIX 1

Statistics in relation to the Psychiatric Services

TABLE 1

NO. OF PATIENTS IN PUBLIC PSYCHIATRIC UNITS AND HOSPITALS AT 31/12/1983–31/12/1988

Hospital	1983	1984	1985	1986	1987	1988
Eastern Health Board						
St. Brendan's, Grangegorman	943	924	874	808	746	561(1)
St. Ita's, Portrane	930	928	886	861	811	798
St. Vincent's, Fairview	N/A	N/A	N/A	44	72	89(2)
Vergemount, Clonskeagh	23	27	26	23	19	81(3)
St. James', James' Street	49	41	45	85	49	45
Cluain Mhuire, Stillorgan	N/A	N/A	59	60	37	43
St. Vincent's, Elm Park	20	18	15	18	15	14
James Connolly Memorial, Blanchardstown	N/A	N/A	N/A	53	53	8
Newcastle, Co. Wicklow	89	97	91	84	77	79
St. Loman's, Palmerstown	163	167	171	139	165	208
Total E.H.B.	2,217	2,202	2,167	2,175	2,044	1,926
Midland Health Board						
St. Fintan's, Portlaoise	405	399	392	320	281	256
St. Loman's, Mullingar	719	708	688	649	552	489
Total M.H.B.	1,124	1,107	1,080	969	833	745
Mid-Western Health Board						
Our Lady's, Ennis	567	510	471	448	414	350
Unit at Regional Hospital, Limerick	28	32	26	26	40	44
St. Joseph's, Limerick	640	662	610	563	494	444
Total M.W.H.B.	1,235	1,204	1,107	1,037	948	838

Hospital	1983	1984	1985	1986	1987	1988
North-Eastern Health Board						
St. Brigid's, Ardee	192	197	191	178	179	157
St. Davnet's, Monaghan	378	370	353	341	345	358(4)
Total N.E.H.B.	570	567	544	519	524	515
North-Western Health Board						
St. Conal's, Letterkenny	470	449	434	414	399	321(4)
St. Columba's, Sligo	544	528	495	483	470	319(4)
Total N.W.H.B.	1,014	977	929	897	869	640
South-Eastern Health Board						
St. Dympna's, Carlow	374	322	344	290	270	244
St. Canice's, Kilkenny	323	309	273	255	228	220
St. Luke's, Clonmel	450	449	440	444	383	370
St. Michael's Unit, Clonmel Hospital	43	45	49	49	33	46
St. Otteran's, Waterford	364	370	347	348	271	251
Unit at Ardkeen Hospital	35	30	35	38	28	34
St. Senan's, Enniscorthy	327	315	307	284	266	230
Total S.E.H.B.	1,916	1,840	1,795	1,708	1,479	1,395
Southern Health Board						
Our Lady's, Cork	918	869	912	941	908	654(4)
St. Stephen's, Sarsfieldscourt	90	100	105	91	104	211
Unit at Wilton Regional Hospital	52	48	47	49	36	34
St. Raphael's, Youghal	265	279	200	245	248	257
St. Anne's, Skibbereen	16	25	14	19	17	25
St. Finan's, Killarney	605	598	526	508	488	457
Total S.H.B.	1,946	1,919	1,804	1,853	1,801	1,638

Hospital	1983	1984	1985	1986	1987	1988
Western Health Board						
St. Brigid's, Ballinasloe	952	901	882	852	838	806
Unit at Regional Hospital, Galway	38	36	39	39	38	44
St. Mary's, Castlebar	583	569	552	550	484	429
St. Theresa's Unit, Castlebar General Hospital	43	40	38	36	38	35
St. Patrick's, Castlerea	238	251	242	205	156	127
Total W.H.B.	1,854	1,797	1,753	1,682	1,554	1,441
Total	**11,876**	**11,613**	**11,179**	**10,840**	**10,052**	**9,138**

(1) Figures for St. Brendan's Hospital include in-patient numbers for St. Dympna's Alcohol Unit.

(2) In 1988 St. Vincent's started dealing with patients previously dealt with by St. Brendan's Hospital.

(3) A new unit for psycho-geriatric patients was opened in 1988.

(4) Includes patients in de-designated wards (see Ch.1, p.6).

TABLE 2

NO. OF PATIENTS IN PUBLIC PSYCHIATRIC UNITS AND HOSPITALS AND NOS. OF MENTALLY HANDICAPPED AND GERIATRIC PATIENTS IN DE-DESIGNATED FACILITIES AT 31/12/1989

Hospital	Psychiatric	Mental Handicap	Geriatric
Eastern Health Board			
St. Brendan's, Grangegorman	394	—	—
St. Ita's, Portrane	810	—	—
St. Vincent's, Fairview	N/A	—	—
Vergemount, Clonskeagh	22	—	—
St. James', James' Street	N/A	—	—
Cluain Mhuire, Stillorgan	39	—	—
St. Vincent's, Elm Park	10	—	—
James Connolly Memorial, Blanchardstown	N/A	—	—
Newcastle, Co Wicklow	67	—	—
St. Loman's, Palmerstown	154	21	34
Central Mental Hospital	83	—	—
Total E.H.B.	1,579	21	34
Midland Health Board			
St. Fintan's, Portlaoise	203	57	—
St. Loman's, Mullingar	347	94	—
Total M.H.B.	550	151	—
Mid-Western Health Board			
Our Lady's, Ennis	323	—	—
Unit at Regional Hospital, Limerick	49	—	—
St. Joseph's, Limerick	394	—	—
Total M.W.H.B.	766		
North-Eastern Health Board			
St. Brigid's, Ardee	170	—	—
St. Davnet's, Monaghan	247	63	40
Total N.E.H.B.	417	63	40

Hospital	Psychiatric	Mental Handicap	Geriatric
North-Western Health Board			
St. Conal's, Letterkenny	174	18	94
St. Columba's, Sligo	196	—	57
Psychiatric Unit, Letterkenny General Hospital	45	—	—
Total N.W.H.B.	415	18	151
South-Eastern Health Board			
St. Dympna's, Carlow	235	—	—
St. Canice's, Kilkenny	204	—	—
St. Luke's, Clonmel	333	—	—
St. Michael's Unit, Clonmel Hospital	49	—	—
St. Otteran's, Waterford	231	—	—
Unit at Ardkeen Hospital	29	—	—
St. Senan's, Enniscorthy	230	—	—
Total S.E.H.B.	1,311	—	—
Southern Health Board			
Our Lady's, Cork	518	—	—
St. Stephen's, Sarsfieldscourt	234	3	26
Unit at Wilton Regional Hospital	40	—	—
St. Raphael's, Youghal	250	10	—
St. Anne's, Skibbereen	17	—	—
St. Finan's, Killarney	421	—	—
Total S.H.B.	1,480	13	26
Western Health Board			
St. Brigid's, Ballinasloe	764	—	—
Unit at Regional Hospital, Galway	44	—	—
St. Mary's, Castlebar	415	—	—
St. Theresa's Unit, Castlebar General Hospital	42	—	—
St. Patrick's Castlerea	114	16	64
Total W.H.B.	1,379	16	64
Total	**7,897**	**282**	**315**

TABLE 3

RATE OF HOSPITALISATION PER 1,000 OF THE POPULATION AT 31/12/86–31/12/88

Hospital	1986	1987	1988
Eastern Health Board			
St. Brendan's, Grangegorman St. Ita's, Portrane St. Vincent's, Fairview Vergemount, Clonskeagh St. James' Cluain Mhuire, Stillorgan St. Vincent's, Elm Park James Connolly Memorial, Blanchardstown	2.5	2.3	2.1(1)
St. Loman's, Palmerstown	0.5	0.6	0.7(2)
Newcastle, Co. Wicklow	0.9	0.8	0.8
TOTAL E.H.B.	1.9	1.8	1.7
Midland Health Board			
St. Fintan's, Portlaoise	2.8	2.5	2.3
St. Loman's, Mullingar	6.8	5.8	5.1(3)
TOTAL M.H.B.	4.7	4.0	3.6
Mid-Western Health Board			
Our Lady's, Ennis	4.9	4.5	3.8
Unit at Regional Hospital, Limerick St. Joseph's, Limerick	3.6	3.2	3.0
TOTAL M.W.H.B.	4.0	3.7	3.3
North-Eastern Health Board			
St. Brigid's, Ardee	0.9	0.9	0.8(3)
St. Davnet's, Monaghan	3.2	3.2	3.4
TOTAL N.E.H.B.	1.7	1.7	1.7
North-Western Health Board			
St. Conal's, Letterkenny	3.4	3.3	2.6
St. Columba's, Sligo	5.3	5.2	3.5
TOTAL N.W.H.B.	4.2	4.1	3.0

Hospital	1986	1987	1988
South-Eastern Health Board			
St. Dympna's, Carlow	2.6	2.4	2.2
St. Canice's, Kilkenny	3.5	3.1	3.0
St. Luke's, Clonmel St. Michael's Unit, Clonmel Hospital	3.6	3.1	2.6
St. Otteran's, Waterford Unit at Ardkeen Hospital	4.2	3.3	3.1
St. Senan's Enniscorthy	2.8	2.6	2.2
TOTAL S.E.H.B.	3.3	2.9	2.7
Southern Health Board			
Our Lady's, Cork St. Stephen's, Sarsfieldcourt Unit at Regional Hospital, Cork St. Raphael's, Youghal St. Anne's, Skibbereen	3.3	3.2	2.9(1)
St. Finan's, Killarney	4.1	4.0	3.7
TOTAL S.H.B.	3.5	3.4	3.1
Western Health Board			
St. Brigid's, Ballinasloe Unit at the Regional Hospital Galway	4.8	4.7	4.6
St. Mary's, Castlebar St. Theresa's Unit, Castlebar General Hospital	5.1	4.5	4.0
St. Patrick's, Castlerea	4.3	3.3	2.7
TOTAL W.H.B.	4.8	4.5	4.1
Total	**3.1**	**2.8**	**2.6**

(1) Because of the overlap in hospital catchment areas in Dublin and Cork, these hospitals have been grouped together, except St. Loman's in Dublin which serves a defined area.

(2) St. Loman's, Palmerstown caters for a number of long-stay patients from outside its catchment area.

(3) Until March 1987 St. Loman's, Mullingar served Co. Meath. This responsibility was transferred to St. Brigid's, Ardee. There are still however, a number of long-stay patients from County Meath in St. Loman's.

TABLE 4
ADMISSIONS AND ADMISSION RATES 1987–1989

Hospital	Admissions 1987	Admissions 1988	Admissions 1989	Rate per 1,000 Pop. 1987	Rate per 1,000 Pop. 1988	Rate per 1,000 Pop. 1989
Eastern Health Board						
St. Brendan's, Grangegorman	1,938	1,962	1,640			
St. Dympna's St. Ita's, Portrane	619	725	748			
St. Vincent's, Fairview	827	986(2)	N/A			
St. James', James' Street	446	569	N/A	6.6	7.4	N/A(1)
Vergemount, Clonskeagh	230	274	N/A			
Cluain Mhuire, Stillorgan	485	527	N/A			
St. Vincent's, Elm Park	226	259	264			
James Connolly Memorial, Blanchardstown	313	356	N/A			
St. Loman's, Palmerstown	1,473	1,444	1,401	5.0	4.9	4.6(3)
Newcastle, Co. Wicklow	412	415	454	4.4	4.4	4.8
Total E.H.B.	6,969	7,517	N/A	6.0	6.5	N/A
Midland Health Board						
St. Fintan's, Portlaoise	574	638	582	5.0	5.6	5.1
St. Loman's, Mullingar	834	838	976	8.8	8.8	8.6
Total M.H.B.	1,408	1,476	1,558	6.8	7.1	7.5
Mid-Western Health Board						
Our Lady's, Ennis	686	586	580	7.5	6.4	6.3
Unit at Regional Hospital, Limerick	613	756	791	10.8	10.7(4)	9.0
St. Joseph's, Limerick	1,169	1,007	698			
Total M.W.H.B.	2,468	2,349	2,069	9.6	9.1(5)	8.0

Hospital	Admissions 1987	1988	1989	Rate per 1,000 Pop. 1987	1988	1989
North-Eastern Health Board						
St. Brigid's, Ardee	680	775	831	3.5	4.0(6)	4.6
St. Davnet's, Monaghan	838	823	778	7.9	7.7	7.3
Total N.E.H.B.	1,518	1,598	1,609	5.0	5.3	5.6
North-Western Health Board						
St. Conal's, Letterkenny	841	844	889(8)	6.9	6.9	7.2(8)
St. Columba's, Sligo	772	710	630	8.5	7.8	6.9
Total N.W.H.B.	1,613	1,554	1,519	7.6	7.3	7.1
South-Eastern Health Board						
St. Dympna's, Carlow	606	603	592	5.4	5.4	5.3(3)
St. Canice's, Kilkenny	409	429	349	5.6	5.9	4.7
St. Luke's, Clonmel	558	344	293	10.6	9.9	9.3(5)
St. Michael's Unit, St. Joseph's Hospital, Clonmel	886	1,007	985			
St. Otteran's, Waterford	337	78	37	10.4	9.2	9.2
Unit at Ardkeen	610	759	809			
St. Senan's, Enniscorthy	485	508	591	4.7	5.0	5.7
Total S.E.H.B.	3,891	3,728	3,656	7.5	7.2	7.0
Southern Health Board						
Our Lady's, Cork	924	957	895	6.2	6.0	4.7(1)
St. Stephen's, Sarsfieldscourt	730	703	654			
Unit at the Regional Hospital, Cork	606	497	—			
St. Anne's, Skibbereen	299	332	364			
St. Raphael's, Youghal	—	—	20			
St. Finan's, Killarney	754	621	668	6.1	5.0	5.3
Total S.H.B.	3,313	3,110	2,601	6.12	5.8	4.8

Hospital	Admissions 1987	1988	1989	Rate per 1,000 Pop. 1987	1988	1989
Western Health Board						
St. Brigid's, Ballinasloe	1,013	1,049	891	10.0	10.4	
Unit at Regional Hospital, Galway	501	557	600	5.9	8.1 6.5	8.6 8.0(7
St. Mary's	262	312	317			
St. Theresa's Unit, Castlebar Hospital	907	707	663	10.1	8.8	8.5
St. Patrick's, Castlerea	357	349	329	7.5	7.4	6.0
Total W.H.B.	3,040	2,974	2,800	8.7	8.5	8.0
Total	**24,220**	**24,306**	**N/A**	**6.8**	**6.9**	**N/A**

(1) Because of the overlap in hospital catchment areas in Dublin and Cork, these hospitals have been grouped together, except St. Loman's in Dublin which serves a defined catchment area.

(2) St. Vincent's Hospital, Fairview started dealing with patients previously dealt with by St. Brendan's Hospital.

(3) North Kildare is served by St. Loman's Palmerstown, Dublin. South Kildare is served by St. Dympna's, Carlow.

(4) Some patients from outside the Limerick catchment area were admitted to this unit.

(5) St. Luke's, Clonmel and St. Michael's Unit serve North and South Tipperary.

(6) St. Brigid's Hospital assumed responsibility for services in County Meath in 1987 previously served by St. Loman's, Mullingar. 1988 was the first full year that this arrangement was in operation.

(7) St. Brigid's accommodates patients from West Galway.

(8) Includes the unit at Letterkenny General Hospital for 1989.

TABLE 5

COMMUNITY RESIDENTIAL ACCOMMODATION AT 31 DECEMBER 1988

Hospital	No. of Hostels	No. of Places	Places per 100,000 Population
Eastern Health Board			
St. Brendan's, Grangegorman	19	250	
St. Ita's, Portrane	11	96	
St. Vincent's, Fairview	2	19	
Vergemount, Clonskeagh	2	25	
St. James' Unit	4	28	431 56(1)
Cluain Mhuire, Stillorgan	1	8	
St. Vincent's, Elm Park			
James Connolly Memorial, Blanchardstown	1	5	
Newcastle, Co. Wicklow	6	45	47
St. Loman's, Palmerstown	11	103	35
Total E.H.B.	57	579	50
Midland Health Board			
St. Fintan's, Portlaoise	14	72	64
St. Loman's, Mullingar	13	71	75
Total M.H.B.	27	143	69
Mid-Western Health Board			
Our Lady's, Ennis	7	46	51
Unit at Regional Hospital, Limerick			
St. Joseph's, Limerick	10	58	35
Total M.W.H.B.	17	104	41
North-Eastern Health Board			
St. Brigid's, Ardee	6	66	34
St. Davnet's, Monaghan	16	96	76
Total N.E.H.B.	22	162	49
North Western Health Board			
St. Conal's, Letterkenny	10	55	45
St. Columba's, Sligo	10	44	48
Total N.W.H.B.	20	99	46

Hospital	No. of Hostels	No. of Places		Places per 100,000 Population
South-Eastern Health Board				
St. Dympna's, Carlow	7	42		38
St. Canice's, Kilkenny	9	50		68
St. Luke's, Clonmel	6	31		23
St. Michael's Unit, Clonmel Hospital				
St. Otteran's, Waterford	10	51		56
Unit at Ardkeen Hospital				
St. Senan's, Enniscorthy	12	65		64
Total S.E.H.B.	44	239		46
Southern Health Board				
Our Lady's, Cork	4	37		
St. Stephen's, Sarsfieldscourt	1	18	86	21
St. Raphael's				
St. Anne's, Skibbereen	4	31		
St. Finan's, Killarney	10	50		40
Total S.H.B.	19	136		25
Western Health Board				
St. Brigid's, Ballinasloe	8	38		
Unit at Regional Hospital,			55	30(2)
Galway	3	17		
St. Mary's, Castlebar	12	83		72
St. Theresa's Unit, Castlebar General Hospital				
St. Patrick's, Castlerea	4	25		52
Total W.H.B.	27	163		44
Total	**233**	**1,625**		**46**

These figures do not include patients who are boarded out.

(1) Because of the overlap in hospital catchment areas in Dublin and Cork, these hospitals have been grouped together, except St. Loman's in Dublin which serves a defined catchment area.

(2) Long-stay patients from West Galway are accommodated in St. Brigid's, Ballinasloe.

TABLE 6

COMMUNITY RESIDENTIAL ACCOMMODATION AT 31 DECEMBER 1989

Hospital	No. of Hostels	No. of Places	Places per 100,000 Population
Eastern Health Board			
St. Brendan's, Grangegorman	13	161	
St. Ita's, Portrane	12	93	
St. Vincent's, Fairview	6	66	
Vergemount, Clonskeagh	3	35	36(1)
St. James' Unit			
Cluain Mhuire, Stillorgan	1	14	
St. Vincent's, Elm Park			
James Connolly Memorial, Blanchardstown	N/A	N/A	
Newcastle, Co. Wicklow	7	52	55
St. Loman's, Palmerstown	11	103	35
Total E.H.B.	53	524	51
Midland Health Board			
St. Fintan's, Portlaoise	13	68	61
St. Loman's, Mullingar	14	74	78
Total M.H.B.	27	142	68
Mid-Western Health Board			
Our Lady's, Ennis	9	56	61
Unit at Regional Hospital, Limerick			
St. Joseph's Limerick	13	82	49
Total M.W.H.B.	22	138	54
North-Eastern Health Board			
St. Brigid's, Ardee	8	74	41
St. Davnet's, Monaghan	14	73	69
Total N.E.H.B.	22	147	51
North-Western Health Board			
St. Conal's, Letterkenny	10	55	45
St. Columba's, Sligo	12	49	54
Total N.W.H.B.	22	104	49

Hospital	No. of Hostels	No. of Places	Places per 100,000 Population
South Eastern Health Board			
St. Dympna's, Carlow	7	43	38
St. Canice's, Kilkenny	9	49	67
St. Luke's, Clonmel	9	43	32
St. Michael's Unit, Clonmel Hospital			
St. Otteran's, Waterford	10	47	52
Unit at Ardkeen Hospital			
St. Senan's, Enniscorthy	17	78	76
Total S.E.H.B.	52	260	50
Southern Health Board			
Our Lady's, Cork	4	38	19
St. Stephen's, Sarsfieldscourt	1	6	
St. Raphael's	1	4	
St. Anne's, Skibbereen	5	31	
St. Finan's, Killarney	12	64	52
Total S.H.B.	23	143	27
Western Health Board			
St. Brigid's, Ballinasloe	10	48	35(2)
Unit at Regional Hospital, Galway	3	17	
St. Mary's, Castlebar	12	79	69
St. Theresa's Unit, Castlebar General Hospital			
St. Patrick's, Castlerea	3	10	21
Total W.H.B.	28	154	44
Total	**249**	**1,612**	**46**

These figures do not include patients who are boarded out.

(1) Because of the overlap in hospital catchment areas in Dublin and Cork, these hospitals have been grouped together, except St. Loman's in Dublin which serves a defined catchment area.

(2) Long-stay patients from West Galway are accommodated in St. Brigid's, Ballinasloe.

TABLE 7
PSYCHIATRIC IN-PATIENTS IN REGISTERED PSYCHIATRIC HOSPITALS AT 31/12/86–31/12/89

Hospital	1986	1987	1988	1989
Augustinian Nursing Home, Rathoath, County Meath	54	55	56	55
Belmont Park Hospital, County Waterford	68	67	68	49
Bloomfield, Morehampton Road, Dublin	58	61	69	61
Bon Sauveur, Carriglea, County Waterford	1	1	1	1
Hampstead and Highfield Hospitals, Glasnevin, Dublin	72	77	74	81
Kylemore Clinic, Ballybrack, Dublin	28	33	35	34
Lindville Hospital, Blackrock, Cork	24	31	32	29
Palmerstown Lodge, Dublin	5	6	7	N/A
St. John of God Hospital, Stillorgan, Dublin	186	168	154	180
St. Patrick's Hospital, Dublin	254	314	276	233(1)
St. Vincent's Hospital, Fairview	103	134	117	127(1)
Verville Retreat, Clontarf, Dublin	50	50	48	46
Total	**903**	**992**	**937**	**896**

(1) The number of Patients include Eastern Health Board catchment area patients.

APPENDIX 2

PLANNING NORMS FOR SERVICES

1. Planning norms recommended in **Planning for the Future**

(i)	Sector Size	25,000–30,000
(ii)	Day Care places to population	0.75: 1,000 (1)
(iii)	Community residential accommodation places to population	60: 100,000
(iv)	In-patient places for short-term and medium term patients to population	0.5: 1,000
(v)	In-patient places for new long-stay patients aged under 65 to population	0.2: 1,000
(vi)	In-patient places for new long-stay patients aged over 65 to population over 65	2.5: 1,000 (2)

2. Planning guideline from the Department of Health. Ideal admission rate — 5: 1,000 population

(1) The report recommended that this figure be reviewed when the number of day places approached 0.5: 1,000

(2) Equivalent to 0.3: 1,000 total population