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MID-WESTERN  
HEALTH BOARD

To: Chairman & Each Member  
Mid-Western Health Board

Report No: 83/01  
Item No 9 on Agenda

**For Meeting of the Board to be held on Friday 9<sup>th</sup>. November, 2001**

**Report of the Inspector of Mental Hospitals for Year Ending 31<sup>st</sup>. December, 2000**

Dear Member,

The Report of the Inspector of Mental Hospitals for the year ending 31<sup>st</sup> December, 2000, prepared in pursuance of the provisions of the Mental Treatment Act, 1945, has been published. The Inspector's Report was circulated to members in advance of the October 2001 Board Meeting.

The Inspector of Mental Hospitals has the statutory obligation to inspect all psychiatric hospitals and units in the state, at least once each year. In his report for 2000, the Inspector summarises his findings, following his inspections for that year.

The Inspector, in the first chapter of his report, provides his overall view in relation to the services and this is followed by a more detailed report on each service/health board area. The Inspector's commentary on the Mid-Western Health Board catchment area services is set out in Chapter 4 of his report (pages 95 – 99).

The following is a summary of the key observations made by the Inspector and his recommendations relative to the Mid-Western Health Board. ***Where appropriate, the Board's up to date position relative to the issues raised by the Inspector is set out in italics.***

**A. Limerick Mental Health Service**

**(a) The Inspector's general observations**

- (i) The Inspector acknowledged and welcomed developments including the purchase of a former Nursing Home in Parteen (Villa Maria) to accommodate older patients

provide accommodation for many of the Intellectual Disability patients at St. Joseph's Hospital and the Board's plans to locate a Regional High Support Unit for the Mid-West region at St. Joseph's Hospital.

***The Board has progressed as follows:***

- ***36 former Intellectual Disability patients of St. Joseph's Hospital have been transferred to new facilities at Lisnagry.***
- ***Conversion/refurbishment of 'Villa Maria' will be completed before year-end, and elderly patients will be transferred to this facility from St. Joseph's Hospital in late 2001 or early 2002.***
- ***A Project Group has been appointed to prepare an outline brief for a regional high support unit, to be located at St. Joseph's Hospital.***

- (ii) There was a large number of impaired functionally ill psychotic patients for whom no appropriate rehabilitation programme was in place and whose community placement would be a challenging proposition. For this reason it was important that a specialised consultant-led rehabilitation team be set up for the Limerick mental health service.

***A special rehabilitation team has been established and undertakes an active and ongoing role in rehabilitation. This team is led by a consultant psychiatrist and has a purpose-built unit where the rehabilitation programme is provided (Ashleigh Lodge). This is the preparation for re-settling long-stay patients in community settings.***

- (iii) All five sectors of the catchment area have mental health centres and day hospitals but further development was necessary. The recruitment of additional support staff such as social workers and psychologists was essential in order to provide true multi-disciplinary teams in all sectors.

***The Board continues to enhance community mental health services at sector level and during 2001, two new day centres were opened. The Board is fully committed to consolidating multi-disciplinary membership at sector level, and while every effort is being made to recruit staff to all grades, difficulties are being experienced with recruitment to certain grades, including Social Work and Psychology.***

- (iv) The transfer of patients from Unit 5B, to various wards in St. Joseph's Hospital needed to be tackled either by using the acute beds more appropriately and/or by providing an adequate specialised rehabilitation service. The Inspectorate was concerned at the possibility that a public patient from the catchment area could be denied a bed in Unit 5B or be transferred to St. Joseph's Hospital as a result of an influx of private patients, some of whom were not from the catchment area.

***The Board has reviewed the position in regard to public/private bed mix at Unit 5B, and has concluded that there is no denial of beds to public patients arising from the allocation of private beds.***

**private beds. There were 769 admissions to the Unit during 2000, of which 77 were in the private category.**

**It is interesting to note the observations of patients of the Unit who were interviewed by the Inspector, i.e. "One patient had to wait a week to be admitted to the service, while other patients felt they had access to the service when required".**

- (v) Patients at Unit 5B requested locks in the toilets and bathrooms to ensure adequate privacy. They also requested improved facilities for storing personal clothing. All of the patients interviewed reported on the need for an activity programme for patients.

**Appropriate security measures and locks are in place to ensure privacy, dignity and safety for each individual patient. Special locker/wardrobe units are provided for each individual patient for personal clothing. However, because this is an Acute Unit, space is limited and, therefore, patients are discouraged from retaining excessive personal clothing in the Unit. A dedicated nurse therapist provides organised daily activity programmes in the Unit.**

- (vi) The seclusion policy and procedure in St. Mary's Ward was last reviewed in 1991 and it was suggested that it be reviewed and updated.

**A Seclusion Policy was adopted by the Limerick service in May 1999, and was subsequently implemented.**

- (vii) Closer clinical and management attention to the care provided at St. Brendan's Unit, St. Joseph's Hospital was required. This related to the writing of drug prescription cards, hygiene in the toilet areas, introduction of the new medical and nursing records, greater continuity of nursing staff and provision of a designated smoking area.

**The Inspector's observations are noted and are receiving attention. Smoking areas have been designated within the ward.**

- (viii) The standard of the medical and nursing records within the service was satisfactory. Staff were to be commended for their efforts in this regard.

**The Board also commends the staff for maintaining standards in this regard.**

- (ix) Plans for a regional inpatient Child & Adolescent Psychiatric Unit were welcomed.

**A preliminary brief for a new unit has been prepared and is under discussion. Some capital funding has been earmarked for this development from indicative NDP funding up to 2006. However, this will not be sufficient and further capital funding will be required.**

The Inspector recommended that:

- (i) A specialist rehabilitation team should be put in place in the Limerick Mental Health service.

***Reference (a) (ii) above.***

- (ii) Patients with an intellectual disability be transferred to the new facilities in the specialist Lisnagry service under the auspices of the Daughters of Charity.

***Reference (a) (i) above.***

- (iii) Child and Adolescent inpatient facilities be provided so that patients in the service do not have to be admitted to Unit 5B.

***Reference (a) (ix) above.***

- (iv) A self-contained assessment sub-unit for the Psychiatry of Later Life services be provided at Unit 5B as soon as possible.

***This is under review.***

- (v) Additional high-support residential facilities be provided.

***This is an on-going objective to be achieved in the context of overall priorities for the service and funding availability.***

## **B. Clare Mental Health Services**

### (a) The Inspector's general observations

- (i) The Inspector's observations were very positive for the Clare Mental Health Services, having regard to the extensive development of alternative facilities to Our Lady's Hospital, commenting, "the future of the service was bright and this was important since conditions in Our Lady's Hospital were very poor".

***The Inspector's observations are most welcome.***

- (ii) The Inspector acknowledged the developments, which were underway to provide community-based settings/services for patients of Our Lady's Hospital, which will lead to the closure of the hospital in due course. He acknowledged that protracted and difficult industrial relations negotiations were taking place with representative organisations to resolve outstanding issues.

***Alternative community based facilities are at an advanced stage of readiness, and significant re-location of patients from Our Lady's Hospital can commence immediately upon resolution of industrial relations issues. Negotiations have been protracted and difficult. Outstanding issues are due to be heard by the Labour Court in the near future. In view of the***

**re-location of patients to high quality and appropriate alternative facilities, to be carried out urgently.**

- (iii) The Inspector felt that the admission facility within Our Lady's Hospital was unsatisfactory, acknowledging however that this situation will be resolved with the commissioning of the Acute Inpatient Psychiatric Unit at Ennis General Hospital.

**The Board accepts the unsatisfactory nature of existing arrangements. However, the commissioning of a new Acute Unit, later this year (subject to resolution of industrial relations issues), at Ennis General Hospital will resolve this difficulty.**

- (iv) Plans to introduce dedicated Consultant led multi-disciplinary teams for patient rehabilitation was noted.

**The Board has received all of the necessary approvals for a Consultant post, and recruitment of a Consultant led multi-disciplinary team has commenced. It is expected that service development will commence in late 2001 or early 2002.**

- (v) The Inspector emphasised the requirement to increase resources in services for Psychiatry of Later Life.

**Development of this service has been limited, due to funding restrictions. A detailed proposal has been submitted to the Department of Health and Children for requisite funding to develop the service.**

**The new Acute Unit at Ennis General Hospital, which is due for commissioning later this year, has five beds dedicated to Psychiatry for Later Life.**

- (vi) The Inspector drew attention to the need for a written policy on patient restraint and for all staff to be aware of the policy.

**This deficit has been rectified.**

- (vii) Patients interviewed were satisfied with the courtesy and helpfulness of staff and with the quality and quantity of food provided and the privacy accorded to them. A small number of patients commented upon inadequate dormitory heating, leaking hot taps and dissatisfaction with the locked doors to a unit, as they felt confined. In general, the patients were satisfied with the level of care they were receiving.

**Minor defects have been rectified. However, the heating system at the hospital is seriously deficient and unreliable, and would be enormously expensive to replace/upgrade. In view of the forthcoming closure of the hospital, and re-location of patients to modern facilities, there can be no justification for significant investment in the heating system. Pending closure of the hospital in the near future, every effort will be made to minimise discomfort for patients and staff.**

The Inspector recommended that:

- (i) All the long awaited developments for the service in relation to the provision of improved facilities be introduced, as soon as possible.

***All new facilities will be brought into service as soon as industrial relations issues are resolved.***

- (ii) The necessary staff and infrastructure be provided to enable the development of Psychiatry of Later Life services for the catchment area.

***See (a) (v) above.***

### **C. Tipperary N.R. Mental Health Services**

The Inspector comments on the Tipperary N.R. Mental Health Services in Chapter 7 of his report, in dealing with the South Eastern Health Board. In this regard he recommended the following:

- (i) That an independent service be developed for Tipperary N.R.

***This is the Board's objective. Two Consultant Psychiatrist posts are now approved and in place. A proposal has been submitted to the Department of Health and Children for additional revenue funding to further develop community-based services.***

***Reliance upon the South Eastern Health Board for in-patient acute services will continue until the proposed Acute Unit for North Tipperary will be constructed and commissioned at Nenagh. The design of the new unit is progressing and NDP capital funding for the unit has been protected and will allow construction to commence in 2003. The Board's objective is to commission this Unit in late 2004/early 2005.***

- (ii) That additional high support community residences be provided in Tipperary N.R.

***This is the Board's objective. A property has been purchased in Borrisoleigh for this purpose. However, the availability of capital and revenue funding is a serious limiting factor.***

The Inspector's recommendations, if not already acted upon, will be pursued.

Yours sincerely,

***T. Hourigan***

T. Hourigan  
A/Asst. Chief Executive Officer

