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**MID-WESTERN**  
HEALTH BOARD

27<sup>th</sup> February, 2004

To: Cathaoirleach & Each Member  
Mid-Western Health Board

Report No: 13/04  
Item No: on Agenda

**Report for Meeting of the Board to be held on Friday, 12<sup>th</sup> March, 2004**

**Report of the Inspector of Mental Hospitals for Year Ending 31<sup>st</sup> December, 2002**

Dear Member,

The Report of the Inspector of Mental Hospitals for the year ending 31<sup>st</sup> December, 2002 prepared in pursuance of the provisions of the Mental Treatment Act, 1945 has been published. The Inspector has a statutory obligation to inspect all psychiatric hospitals and units in the state, at least once each year.

In his report for 2002, 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 for the Clare and Limerick services and in Chapter 7 for the North Tipperary service.

The following is a summary of the key observations and recommendations in relation to this Board's service. ***Where appropriate, the Board's up to date position relative to the issues raised by the Inspector is set out in italics.***

**Limerick Mental Health Service**

The Inspector visited the Limerick Service on 28<sup>th</sup> August, 2002. His general comments were:

- (i) The Inspector noted that while there had been no major changes in 2002, a number of initiatives were planned, including the transfer of patients to Parteen.
- (ii) The Inspector of Mental Hospitals has made a number of observations and comments regarding environmental deficits and operational issues. He commented on the unsuitability of accommodation in some wards in St. Joseph's Hospital.

***The Inspector's concerns are being addressed, by way of a "rolling programme" of upgrading works in St. Joseph's Hospital.***

- (iii) The Inspector was concerned with the lack of protocols, procedures and practices in relation to locking of the entrance doors in Unit 5B.

***Operational policies in relation to the locking of access doors to the Unit are being reviewed by the Clinical Advisory Committee.***

- (iv) The Inspector highlighted the unsatisfactory link corridor between the Acute Psychiatric Unit and the rest of the Mid-West Regional Hospital.

***The unsatisfactory link corridor to other hospital departments is acknowledged and is clearly a considerable inconvenience. This is a priority issue and will be addressed in the upgrading programme.***

- (v) The Inspector was concerned with the continuing admission of children under sixteen years to the Unit.

***The Inspector's observations again highlighted the need for a Child & Adolescent Unit.***

- (vi) The Inspector recommended that an audit be undertaken on the utilisation of special nursing supervision in the Acute Psychiatric Unit.

***A detailed policy and procedures in relation to special nursing supervision is being prepared for Board wide application.***

- (vii) The Inspector commented on the intrusiveness of the public address system and he recommended that written guidelines on the use of the system be prepared to ensure adequate privacy for patients.

***The difficulty in achieving a balance between the benefits to patients and staff of a public address system, and the inherent intrusiveness of such a system is recognised. The guidelines for its use will be reviewed by the Clinical Advisory Committee.***

## **The Inspector's Recommendations**

The Inspector recommended that:

- (i) The Inspector recommended resettlement of the remaining residents of St. Joseph's Hospital proceeds along the lines which have been thoughtfully planned and laid out by the service.

***The Board confirms its commitment subject to appropriate resources being made available to relocating remaining residents to more appropriate alternative residential accommodation. All avenues and opportunities to achieve this objective are being explored, with the ultimate objective of closing St. Joseph's Hospital. However, very significant capital funding estimated at €20m is required to develop all of the alternative facilities. Unfortunately in the current climate of capital funding, there is little prospect of this level of funding becoming available in the short to medium term or even achieving incremental progress.***

- (ii) In conjunction with recommendation 1, a specialised Rehabilitation Team be put in place leading to patient community resettlement and the closure of St. Joseph's Hospital, as well as for ongoing rehabilitation purposes.

***The Board is very concerned about the absence of a dedicated Consultant-led Rehabilitation Service and a submission has been made by the Board to the Department of Health & Children by way of an application for funding for a Consultant post with an interest in Rehabilitation together with a support Team. In the meantime in the absence of a dedicated Consultant led Rehabilitation service it has proven extremely difficult to operate an effective rehabilitation service. It is the view of the Consultant Psychiatrists that in the current set of circumstances the operation of an effective Rehabilitation service is not possible. Therefore, the appointment of a Consultant Psychiatrist in Rehabilitation is a very urgent priority for the Limerick Mental Health Service.***

- (iii) The Practice of transferring patients from Ward 5B to St. Joseph's Hospital or from Ward 10 to elsewhere within the Hospital should cease.

***All efforts have been made at local level to minimise the practice of transferring patients within the service. However, recently this has proved difficult due to major upgrading works and consequential reduced bed availability in the Acute Unit Mid Western Regional Hospital. The continued direct admission of children and adolescents to the Acute Unit impacts on bed management/utilisation and this practice is clearly inappropriate.***

- (iv) The former projected intensive care area in the Psychiatric Unit in Limerick Regional Hospital be adapted to provide an acute assessment for the Later Life service.

***A Strategic Development Plan for the Unit is currently being prepared with the assistance of experienced Architects. The development of a dedicated discrete area within the Unit for the psychiatry of Later Life service, is a priority within this development plan. Significant capital resources will be required and it may be necessary to "approach" this development on a phased basis. The Strategic Development Plan will also address the concerns in relation to observation arrangements within the Unit including the development of a dedicated High Observation Area.***

## **Clare Mental Health Service**

The Inspector visited the Clare service on 29<sup>th</sup> August, 2002.

- (i) The Inspector acknowledged that Clare Mental Health Service had reached a milestone in the provision of mental health services with the closure of Our Lady's Psychiatric Hospital. He paid tribute to all those involved in bringing about the closure and noted that Clare was the first service to completely close its psychiatric hospital.

- (ii) The Inspector was concerned with the locked close observation area and expressed a preference for an unlocked close observation area. He felt that area was too large.

***The architect has been requested to examine this area with a view towards reducing down the number of beds and including more beds in the General Unit by the provision of extra doors in the unit.***

- (iii) The Inspector commented on the lack of clarity in relation to administrative responsibility for the Later Life Psychiatry wards, i.e. Cappahard and Units 5 & 6, St. Joseph's Hospital.

***A Working Group has been established to review this issue and is due to make some recommendations to the General Manager before year end.***

- (iv) The Inspectorate visited Gort Glas high-support residence and noted it was functioning well but would welcome more consistent and pervasive activity programmes for more of the residents. He felt that the large Health Board signs on display should be removed so that the residence appeared to be a more "normal" premises rather than an institution.

***The signs have been removed.***

- (v) The Inspector welcomed the establishment of the catchment area headquarters on the grounds of the former Our Lady's Hospital complex.

- (vi) The policy on the use of seclusion for in-patients was raised. It was felt that this required review and that regular audit be undertaken.

***Policies are now in accordance with the Inspector's requirements.***

- (vii) The Inspector commented on the general confusion between "policy" and "procedure" and suggested that consideration should be given to integrating the policy and procedure into one document where two separate documents existed and that a reference numbering system should be considered.

***This matter will be considered in the context of policies currently under review.***

- (viii) The Inspector noted that not all new staff underwent a formal induction process.

***Staff training is undertaken on a continuous basis and staff have partaken in the Induction Course arranged by the Corporate Learning & Development Manager.***

## The Inspector's Recommendations

The Inspector recommended that:

- (i) The Inspectorate was impressed with the improvements and extension to Ennis Day Hospital as the Sector headquarters and welcomed the outreach attitude on the part of staff so that care in the community, including home care, was being envisaged for the sector. He expressed the hope that this philosophy would extend to the other three sectors and that improvement was needed in terms of physical resources for these three Sector Headquarters. He welcomed the much improved multi-disciplinary nature of the four Clare sectors.

***The Inspector's recommendations will be implemented as resources are made available.***

- (ii) The Inspector expressed concern on the use of close-circuit television in all components of the intensive-care area and felt that this was a serious infringement of privacy. He suggested that closed-circuit TV surveillance be restricted to the seclusion rooms when a patient was in seclusion.

***The Inspector's recommendations regarding CC TV cameras have been implemented.***

- (iii) The Inspector welcomed the appointment of a full-time, consultant led rehabilitation service which was particularly important and challenging given the number of persons who were now residing in the Orchard Grove complex following many years of institutionalisation. He felt that the task of rehabilitation might be made easier if the nineteen residents were sub-divided into two smaller groups. He noted that there were plans to replace floor covering and furnishing in Orchard Grove.

***It is not possible to implement the Inspector's recommendations in this instance due to bed shortages but the numbers have been reduced from 19 to 16. The floor coverings and furnishings have been replaced.***

- (iv) The Inspector recommended that the practice of distributing cigarettes to long-stay patients be discontinued.

***Consideration is being given to the introduction of a smoking cessation programme geared to this particular client group under a health promotion programme.***

## Tipperary North Mental Health Services

The Inspector comments on the Tipperary North Mental Health Services in Chapter 7 of his report on the South Eastern Health Board.

- (i) The Inspectorate was of the opinion that persons from North Tipperary needing in-patient care should be catered for in the psychiatric unit of Limerick Regional Hospital.

***The Inspector's observation is noted, however, the Board's position in relation to the provision of acute inpatient facilities at Nenagh General Hospital remains unchanged. The provision of in-patient services is essential to complement the alternative community provision through Sector Day Hospitals in relation to acute care and Day Centres for those with enduring mental health difficulties.***

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

**J. Conway**  
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