



# Leopardstown Park Hospital Board

## Annual Report

**2019**



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## Chairman's Report

After 11 years as Chairman I am pleased to present my final Annual Report for Leopardstown Park Hospital for the year 2019. I can report that we fulfilled our obligations under the terms of the Establishment Order (1979) within the restraint and terms of our budget. I would remind the Minister, as I did last year, that the Establishment Order will need revision to take into account changing demographic, changed composition of the Board and funding requirements for the provision of a replacement facility.

We mark the beginning of our second century with the extensive plans for a replacement facility to meet with conditions appropriate to 21<sup>st</sup>. century care. We are grateful to the HSE Social Care and Community Health Organisation 6 and to the HSE Estates for assistance in planning and preparation for our new development. We are very conscious of the fact that the Health Information & Quality Authority (HIQA) have deemed our facility unsuitable for the long term care of the elderly. We have seen collaboration with Leopardstown Park Hospital Trust in providing a site on our property for our new facility and we are grateful to the Trustees in this regard.

We are encouraged that in spite of our deficient facilities we enjoy the enthusiastic support of our residents and their families who continually indicate their regard for the services we offer.

The Board would wish to acknowledge the great contribution of the hospital management and staff in all departments in creating and maintaining a safe, friendly, efficient and caring environment for all those entrusted to our care.

We are fortunate too to have the support of the Friends of LPH who volunteer help in so many areas without which we could not function as we do.

Finally in that regard I would like to acknowledge the constant support and commitment of members of the Board, all of them volunteers too. Some like myself have served their full term and will retire in the course of 2020. The Hospital, its management, staff and residents have been well served by their expertise and dedication which the Minister may wish to acknowledge.

**Eugene F. Magee**  
Chairman



## Chief Executive's Report

The Hospital continued to provide high quality care in services for older persons in 2019, supporting those in the community, acute services and those requiring residential care. Our ability to provide a comprehensive multidisciplinary clinical team, along with other highly professional support, administrative and management staff is an essential component of how Leopardstown Park Hospital provides its care.

Our ongoing desire to improve the environment to support care was a key focus in 2019. Significant work in close collaboration with HSE Estates took place to evaluate, and appoint a design team for the development. The design team is architect led and also includes civil & structural engineering, mechanical & electrical engineering, quantity surveying, fire consultancy, planning and project supervisor design process (PDSP). HSE capital approval to proceed with the design phase was approved in 2019 and Stage 1 was completed in 2019 and will be moving to next stages including the planning process in 2020. The commitment of LPH staff, HSE Estates and the design team to progress this project was very significant and appreciated in 2019.

Funding was also received from the HSE in late 2018 to carry out painting and flooring upgrades to assist with regulatory compliance. These works were completed in 2019 and painting provided an opportunity to test dementia friendly approaches and way finding in advance of the new development

Ongoing inspections from our regulatory bodies took place over 2019. An unannounced inspection by the HIQA took place in January 2019 and ongoing issues with the physical environment continued to impact on our ability to fully comply with all standards. In addition, HIQA highlighted aspects of fire safety that was deemed to be non-compliant. Working with prioritised risk assessments some initial works were carried out in priority living areas and a prioritised programme of works was proposed to be carried out over 2019 and early 2020. The local fire officer was satisfied with the plan and the Board also provided all details to HIQA. Very significant progress has been made over 2019 and the programme of works is ahead of schedule and is for completion in Q1 2020. The support of the HSE both in terms of significant funding and expertise is fully acknowledged and appreciated. Other inspections over the year included those by the Environmental Health Officer and Health & Safety Authority. LPH continues to work with all of our regulatory bodies to ensure a safe and appropriate environment for our residents, patients, clients, visitors and staff.

Funding remained very challenging across the year. While the Hospital had an ongoing cost containment programme in place, the ability for the Hospital to deliver on this was difficult in the context of delivering safe and appropriate care. Tight financial stewardship, deferred spending, procurement initiatives, conversion of agency staffing to direct employ, along with many other initiatives looked to deliver value for money/savings throughout 2019. However difficulties recruiting to nursing posts, critical maintenance and equipment replacement requirements, along with delays in some residential clients receiving full Fair Deal funding all contributed to the challenge. There was ongoing and detailed engagement throughout the year between the Hospital and the HSE. This resulted in some additional funding being made available to allow for a close to break-even position in the last quarter. It will be critical to ensure a sustainable and realistic funding allocation in 2020 otherwise it is likely that there will be similar difficulties. Many areas of deferred spending will need to be addressed in 2020 to ensure a safe and compliant environment.

Recruitment and retention of nursing staff remained an ongoing difficulty for the Hospital and replicated the national shortage of nursing staff. However the Hospital continued to actively recruit to vacant posts over the period with the aim of significantly reducing the dependency on agency staff. This will require an ongoing focus in 2020. During 2019 we were fortunate to work with a number of individuals completing the Tús work placements across the areas of clerical, supplies, grounds & maintenance. Each individual brought their considerable life experience and also gained a broad range of experience within the healthcare setting. We thank them for their enthusiasm and work over 2019 and wish them all the best in their future careers.

We continued to provide undergraduate placements for many healthcare professionals, nursing, pharmacy, dietetic, physiotherapy and social work across a number of Higher Education Institutions (HEIs)

As part of our commitment to our residents exercising their constitutional rights, a polling station was established in LPH for the 2019 referendum on regulation of divorce, along with local elections

Our neighbours in Leopardstown, *Sage Ireland*, continued to support LPH with their Corporate Social Responsibility (CSR) and their staff provided great assistance to our grounds staff. This has been a very positive and beneficial ongoing collaboration.

In addition a donation of trees & volunteered labour by local business Grosvenor Services was provided as part of their CSR. This was particularly appreciated due to the loss of trees due to storm damage over previous years

As part of our own CSR – the Hospital was approached by GOAL, the development aid charity to host a corporate GOAL mile for our neighbours in Central Park Sandyford. A very enjoyable and successful event was held on 19<sup>th</sup> December 2019



Colin Hunt, CEO AIB. Anne O'Leary, CEO Vodafone. Jordan Larmour, Irish Rugby. Siobhan Walsh, CEO Goal, Ann Marie O'Grady, CEO LPH.

I would like to pay tribute to all members of staff who, each in their own way, contributed to delivering our essential services to older persons with expertise, but also importantly with care and compassion, a core value and ethos of the Hospital. This has been reflected in the many letters of compliment from residents, patients and families that are received throughout the year. In addition the support and great contribution made by all our volunteers continues unabated. They are a core part of Leopardstown Park Hospital, who contribute in so many ways to the activities and the quality of life of our residents.

I would like to thank the Board and Board Committee non-executives who give of their time, knowledge and expertise so generously and on a completely voluntary basis. Their support and guidance has been invaluable. As many move into their final year of service, I want to acknowledge their work and commitment.

Finally I would like to thank Geraldine Lee in my office for her tireless work, support to me and others, and her great patience and calmness under pressure.

**Ann Marie O'Grady**  
Chief Executive

## History & Development of the Hospital

Leopardstown Park Hospital was established in 1917, when Gertrude Power Dunning donated her estate to the British Ministry of Pensions for use as a hospital for disabled ex-servicemen. In 1979, discussions between Irish and British officials led to the Leopardstown Park Hospital Board (Establishment) Order (1979), where the running of the Hospital transferred to a newly established Board, whilst maintaining the principle that ex-service personnel would remain the principal primary beneficiaries and have priority of access to Leopardstown Park Hospital.

Since the establishment of the Board, the Hospital has expanded its range of services and has developed into a specialist Hospital for the care of older persons and provides a broad range of services including sub-acute rehabilitation, respite care, residential care, welfare home (supported living for clients with low dependency needs), day care and meals on wheels services. The Hospital sits at the interface between the acute and community sectors and supports older persons and the both sectors in this context.

## Leopardstown Park Hospital Board Members

Chairman:	Mr. Eugene F. Magee
Members:	Mr. Dermot Magan
	Ms. Diane Duggan
	Ms. Elizabeth Cogan
	Prof. Helen O'Neill
	Ms. Frances Ní Fhlannchadha
	Mr. Denis Duff

## Audit Committee Non-Executive Members

Chairperson:	Mr. Martin Cowley
Members:	Mr. Dermot Magan
	Prof. Helen O'Neill
	Mr. Ray Henry
	Ms. Kate Brennan
	Dr. Muiris O'Ceidigh - resigned 5 June 2019

## Finance Committee Non-Executive Members

Chairperson:	Mr. Anthony Morris
Members:	Mr. Dermot Magan
	Ms. Frances Ní Fhlannchadha
	Mr. Denis Duff

## Integrated Quality, Safety & Risk Committee Non-Executive Members

Chairperson:	Ms. Elaine Keane
Members:	Ms. Elizabeth Cogan

## Board & Committee Attendance Records

### Board - Attendance

Name	Board Meetings attended in 2019	
	Expected No. of meetings to attend 2019	No. of Meetings attended 2019
Mr. Eugene F. Magee - Chairperson	8	8
Mr. Dermot Magan	8	8
Ms. Diane Duggan	8	6
Ms. Elizabeth Cogan	8	6
Prof. Helen O'Neill	8	5
Ms. Frances Ní Fhlannchadha	8	6
Mr. Denis Duff	8	8

**Audit Committee – Attendance**

Name	Audit Meetings attended in 2019	
	Expected No. of meetings to attend 2019	No. of Meetings attended 2019
Mr. Martin Cowley - Chairperson	4	4
Mr. Dermot Magan	4	4
Prof. H. O'Neill	4	4
Ms. Kate Brennan	4	2
Dr. Muiris O'Ceidigh – resigned 5 June 2019	4	3

**Finance Committee – Attendance**

Name	Finance Meetings attended in 2019	
	Expected No. of meetings to attend 2019	No. of Meetings attended 2019
Mr. Anthony Morris - Chairperson	3	3
Ms. Frances Ní Fhlannchadha	3	1
Mr. Dermot Magan	3	3
Mr. Denis Duff	3	3

**Integrated Quality, Safety & Risk Committee – Attendance**

Name	IQS Meetings attended in 2019	
	Expected No. of meetings to attend 2019	No. of Meetings attended 2019
Ms. Elaine Keane - Chairperson	4	3
Ms. Elizabeth Cogan	4	4

## Veterans' Committee – Attendance

Name	Veteran Meetings attended in 2019	
	Expected No. of meetings to attend 2019	No. of Meetings attended 2019
Prof. H. O'Neill - Chairperson	1	1
Mr. Denis Duff	1	1
Major Ed Hillan	1	1
Dr Anne Montgomery	1	1

## Senior Hospital Staff

Chief Executive Officer	Ms. Ann Marie O'Grady
Interim Chief Financial Officer	Mr. Robert Hegarty
Director of Nursing	Mr. Adrian Ahern
Assistant Director of Nursing	Ms. Louise Faherty
Medical Officer	Dr. Joseph Yazbeck

**Bankers** Ulster Bank Ltd. Blackrock, Co. Dublin

**Solicitors** Hayes Solicitors, Earlsfort Terrace, Dublin 2

**Auditors** The Comptroller & Auditor General, Dublin Castle, Dublin 2

## Departmental Reports

### Nursing Department

The Nursing Department is responsible for the provision of nursing and care services to our residents and includes resident/patient and staff safety & risk management. This Department also incorporates household and laundry services. The Nursing Department, in partnership, works with the other disciplines to provide a high standard of evidence based care and support to all our residents.

#### Staff Training Undertaken during 2019

Responding to Fire	Malnutrition Universal Screening Tool (MUST)	Infection Control
Clinical Audit	People Handling	Clinical audit
Food handling	Responsive behaviours	Complaints Handling
Wound care	Dysphagia Training	Data Protection
First Aid/C.P.R	Medication Management	Gerontology
Care of the Dying	Protection of Vulnerable Adults	Dementia care
Compassionate End of Life Care	Nursing management	Risk Management
Falls Management	Flu vaccination administration	Ethics

#### Summary of Developments 2019

In 2019 we continued with a number of quality improvement initiatives introduced in the previous year. The Hospital Board and Integrated Quality, Safety and Risk Committee takes a particular interest and encourages the promotion of quality improvement initiatives across the hospital. These initiatives are aimed at promoting the various themes of the standards of care for older people in Ireland and provide a method of assurance of compliance with the standards.

### Nutrition

We continued in partnership with our dietitian and catering manager to review menus, resident choice and snacks. Residents were surveyed during the year and the results were discussed at the interdisciplinary Catering & Nutrition Committee. A nutritional review of typical menus was undertaken and an action plan agreed to address its findings. Unit-based training was provided around nutrition and swallowing by the senior dietitian and senior speech & language therapist which was very beneficial. The use of Oral Nutritional Supplementation (ONS) was undertaken by dietetics students and their report presented to the Nurse Management group.

### Hygiene and Cleanliness

An external competent auditor was engaged to monitor and audit standards of cleanliness and hygiene throughout the Hospital. This independent service produced twice annual audit reports and an action plan was developed to rectify any identified issues.

### Care of the Dying

The Hospital continues to participate Compassionate End Of Life (CEOL) initiative. All deaths are reviewed using the CEOL methodology and the learning shared. Staff also attended training events organised by this group.

### Medication Management

Nursing staff undertook certified medication management/administration during the year. A review of policy and its application was undertaken by the interdisciplinary Medication Safety & Therapeutics Committee. The chief pharmacist conducts regular medication reviews and chairs the Medication Safety & Therapeutics committee. Work continues on reducing the use of anti-hypnotic and anti-psychotic medications. An additional two nurses successfully participated in the nurse prescribing courses at RCSI and UCD. Work has commenced through the Medication Safety & Therapeutics Committee on the production of a medication formulary for LPH

### Enhanced Documentation

A review of documentation continued and documentation was streamlined. The electronic patient administration system introduced last year has improved the record keeping, care planning and assessment.

## Policy Reviews

Policy documents were reviewed to ensure compliance with the Health Acts, Health and Safety Acts, etc. Policies are also reviewed to ensure compliance with Regulation 4, Schedule 5 and changing information, national and international policy.

## Care Plans

A review of care plans and resident assessments was conducted and changes implemented. One-to-one information and training sessions were provided to staff to address the shortfalls identified. Regular audits using the National Metrics dataset were carried out and improvements were identified in practice. The Quality & Patient Safety Manager leads on this initiative.

## Users Surveys

During the year a survey of residents and relatives was conducted, led by senior nurse management to advise Hospital management of levels of satisfaction with the service and identify areas for improvement.

## Residents Forum and Advocacy

Our residents' forum met four times during 2019 facilitated by the senior medical social worker and the resident services manager and attended by the director of nursing (DON) or assistant director of nursing (ADON), providing a platform for information exchange and communication and involvement in the running of the Hospital. Relatives attend from time to time.

An independent advocacy agency is engaged by the Hospital through a Memorandum of Understanding to assist any resident who requests/requires such a service.

## Staff Induction

The induction programme was reviewed and amended to reflect the changing regulatory environment, hospital requirements and staff feedback. We aim to provide all new staff with this programme within their first three months employment.

## Infection Control

- **Flu Vaccination Campaign:** The ADON led on this with one of our senior pharmacists and one of our doctors on the influenza vaccination campaign for residents and staff and achieved an uptake of 50% for healthcare workers and almost full uptake for residents. This ADON also provided advice to staff, residents and relatives and led an awareness campaign. Two nurses assisted with the delivery of the flu vaccination.
- **Hand Hygiene Awareness:** A successful awareness of good hand washing etiquette was also held to lessen the likelihood of infection transmitted in this manner

## Joint Occupational Therapy (O.T.) and Nursing Department Initiative

The pilot service commenced in 2018 continued in 2019 to focus on activities with residents. As part of this, the OT and nursing management agreed Activity HCA (AHCA) involvement in existing OT groups on a trial basis.

Improvements noted in OT groups since AHCA involvement:

- Enabled Therapeutic Use of Self by two staff facilitating groups.
- Resulting in an increase in level of social and activity engagement displayed by residents. Residents are able to join in on 'banter' and rapport building in a more natural way.
- Increased numbers of residents attending group.
- Residents were previously reluctant to attend OT groups were noted to be attending in an observant role, and appear to be enjoying same.
- A wider scope of what can be achieved in the groups. For example, residents in the baking group preparing/enjoying a brunch.
- Opportunities for a more graded approach as well as providing one on one assistance as required during groups.
- Ability to deliver one to one activities with residents
- Picking pictures for the reminiscence boards allows residents to work collaboratively with other residents and staff from their unit, as well as visitors/ family and friends.
- The displays facilitate discussions within the unit, and residents may seek to look at what other units have selected to display on their reminiscence boards.
- The reminiscence boards allow the residents to be the authority on certain topics. They are the ones who staff/ visitors/ family can ask about each picture. Staff/family or friends may be too young, or from a different cultural background, to understand references, and the resident will be able to provide them information about their lived experience.
- Depending on location of the board on the units it can be placed in an area where it is used as a "destination of interest" to encourage residents to go for a short walk.

## Dementia Friendly Environment

We continue to explore ways of improving the environment in regards to colour, signage and way finding in particular.

## Employment Matters

The Hospital continues to recruit suitable staff. Nursing and care staff were recruited during the year.

All new care staff are required to have achieved at least FETAC/CQI level 5 in Care of the Older Person. A number of staff are availing of sponsorship schemes from the Centres for Nurse Education to develop their careers.

A review of the attendance policy is ongoing in partnership with the staff associations has led to improved management of sick leave absence and staff welfare.

A number of general staff /management meetings were held during the year to update staff on developments and to provide a listening opportunity.

Discussions commenced with the staff representatives on the provision of a more resident centred roster for household staff.

### External Relationships

Staff members from Leopardstown Park Hospital participate in a wide range of external groups/initiatives. Listed below are some examples:

- HSE National Frailty Programme
- HSE National Clinical Program for Older People: Membership of Expert Advisory Group: Development of National Transfer Document for Residential Services for Older People
- HSE National Dementia Office: Membership of Expert Advisory Group: Development of Clinical Guidelines for the Appropriate Prescribing of Psychotropic Medication in People with Dementia
- Member of All Ireland Gerontological Nurses Association (AIGNA)
- HSE Disability Services: Membership of National Quality Improvement Forum 2018
- Nurses and Midwives Practice Development Unit
- Member of the Voluntary Healthcare Agencies Risk Management Forum
- Member of the Voluntary Healthcare Agencies Health and Safety Forum

### Resident Consultation

The hospital conducted a resident satisfaction survey twice during 2019, using a tool adapted from HIQA. An action plan was devised to address the concerns raised and will be fed back to residents through the Residents' Forum

### Summary

Leopardstown Park Hospital throughout the year assess our performance against the standards by:

- Involving residents and their representatives
- Measuring the quality of the services
- Actively seeking the views of our residents
- Actively engaging with external agencies
- Continuous clinical auditing using recognised metrics
- Actively engaging with staff and observing their practice
- Actively engaging with the Hospital Board through regular reports, engagement with its various sub committees, regular quality "walk about" with Board members

- Surveying residents, relatives on a range of topics
- Reviewing and revising practice in areas such as responsive behaviours, provision of meaningful activities, and appropriate use of medications.
- Review of all incidents, accidents and complaints.
- Development of quality improvement plans involving all disciplines, based on audit findings, is our preferred method to improve outcomes and practices.

We recognise there are difficulties in providing very high quality care having regard to the constraints of our physical environment, however advances were made in 2019 in improving the environment. Design briefs were progressed for the new hospital.

Significant engagement with all our stakeholders around improving overall quality, awareness of regulation, resident assessment and care planning etc. took place throughout the year.

**Adrian Ahern**

**Director of Nursing/Person in Charge**

## Medical Officer

### Role

- Day to day management/assessments of long-term residents in the hospital.
- Weekly input into the rehabilitation unit, linked to St Vincent's University Hospital (SVUH).
- Liaising with Care of the Elderly Consultants in SVUH regarding rehabilitation and long term inpatients. Admitting long term residents and respite patients.
- Attendance at regular Interdisciplinary team (IDT) meetings and regular medication reviews of all residents in LPH.
- Ongoing committee participation; medication safety, infection control, falls committee, integrated quality and safety (IQS) and regular monthly senior management meetings.
- Monitoring death rates and ongoing contact with the Coroner's office regarding death notifications and certifications.
- Managing the Clevis residents.
- Reviewing residents with physiotherapy, occupational therapy, speech & language therapy, dietetics, social work, ophthalmology and podiatry concerns.
- Maintaining CPD requirements.

**Dr. Joseph Yazbeck**

**Medical Officer**

**MCRN11412**

## Clinical Nutrition and Dietetic Department

### Description

Provides an evidenced based clinical nutrition and dietetic service to service users, staff and hospital management to meet the nutritional needs of residents and/or clients that attend or live at LPH. This currently applies to residents in long term care (LTC), and clients that attend for rehabilitation and respite services.

A graded referral process is available to ensure those with higher nutritional needs are prioritised. Post referral each resident/client receives a dietetic assessment, tailored advice and a nutritional management plan is devised in liaison with staff and/or family members as appropriate.

The dietitian also provides several non-direct referral related roles to include:

- Nutritional advisor for the organisation on matters relating to clinical nutrition and dietetics.
- Contributes as an active member of the Health & Social Care Professional (HSCP) group and as a senior manager within the organisation.
- Advises and provides evidence based dietetic specific guidelines and policies for LPH.
- Provides advice and education to all relevant staff to facilitate basic knowledge of nutrition in the care for older people.
- Chair of the Nutrition and Catering Committee and liaises with catering, nursing and hospital management in the provision of good nutrition practices for residents/clients in LPH. This group met on three occasions in 2019: Feb, Sep and Nov.
- Supports and provides training on the MUST screening tool to identify residents/clients at risk of or with malnutrition.
- Supervision as non-acute placement site for dietetic student training in liaison with UCD.
- Membership of INDI and OPDIG (Care of the Older Person & Dementia Interest Group) to facilitate sharing nutritional knowledge and resources for this healthcare setting.

### 2019 Activity

New referrals received by dietetic department in 2019: 84 over a 9 month period. Note: new referrals are defined as new cases to the service or review patients re-referred if there was a change in condition or nutritional status requiring a more urgent than routine review.

(Note: there was no dietetic cover available from 8<sup>th</sup>May – 7<sup>th</sup>Aug 2019)

Time period	Total new referrals	Long Term Care	Rehab Care	Respite Care
Jan - May	34	22	9	3
Aug - Dec	50	41	5	5
<b>2019</b>	84	63	14	8

Number of residents/ clients on active dietetic caseload as of 31<sup>st</sup> Dec 2019= 64, which fluctuates between 62 – 72 cases over the course of the year on average.

From Jan - May 2019, the dietitian in post:

- Started to implement recommendations of the LPH menu analysis conducted by UCD dietetic students towards end of 2018.
- Promoted enhanced delivery of snacks at Unit level including education and visual guides on a 'Food First' initiative with food fortification posters for use with main meals and snacks.
- Devised an interim referral process with guidance to address the lack of a dietetic service until a new dietitian was in post (May 2019). This included transfer of ONS prescribing to medical Kardex and discontinuation of dietetic prescription chart, dietetic guidance on calculation of a MUST score with appropriate actions, urgent referral criteria and interim nutritional advice until dietitian in post.
- Provided on-going training of nursing staff for use of 'MUST' nutritional status screening and assessment.
- Completed an integrated Quality & Safety Report for the Nutrition & Catering Committee (April 2019) summarising initiatives in the previous 12 months.

From Aug – Dec 2019, the new dietitian in post completed:

- Evaluation and review of referral process with development of an integrated paperless record combining stats activity and referral management.
- Participation in nutritional component of World Osteoporosis Day (Oct 2019) health promotion initiative involving provision of stand education, fliers, and nutritional posters to promote healthy bone diet and lifestyle in conjunction with other HSCP members.
- Update to LPH Nutrition for the Older Person Policy (Oct 2019) with new guidance on food choices in the best interests of residents and clients.
- Update to LPH Enteral Feeding Policy (Nov 2019) with new guidance on the safe use of sterile water to flush Enteral Feeding tubes as per best practice.
- Facilitated a new snack or dessert option for residents/clients requiring a lower kcal and lower sugar option in the availability of Diet Yogurts (Nov 2019).
- International Dysphagia Diet Standardisation Initiative (IDDSI) roll-out :
  - Attended IDDSI training to facilitate adoption of IDDSI initiative effectively adapted for the nutritional needs of LPH and its clients/residents.

- Member of an IDDSI sub-group involving SLT, dietetics, catering management and chef representation to address individual MDT challenges as adoption of IDDSI proceeds; this group met in Nov and Dec 2019.
- Key member in the re-design of the meal and snack ordering form – introduced therapeutic dietetic codes to update kitchen on specific dietary needs of various residents and units.
- Planned, facilitated and supervised the completion of an audit by dietetic students on the usage of Oral Nutritional Supplements on 3 Units within LPH (Dec 2019). This has provided excellent baseline data for a more detailed review of ONS need with the aim of more efficient usage to include cost saving measures to be carried forward into 2020.
- Project started on a complete review of available snacks for LPH residents in line with IDDSI and therapeutic needs for particular diet categories– carried over into 2020.

Dietetic Students in action:



Dietetic Students Ciara McNulty and Seren Pollard providing a Health Promotion initiative to staff on: ‘ask the dietitian’ during their placement at LPH, Nov 2019

Presenting on the results of the Oral Nutritional Supplement (ONS) Audit completed at LPH, Dec 2019



Above from left to right: Ann Marie O'Grady, Chief Executive, Adrian Ahern, Director of Nursing, Mary Byrne, Senior Speech & Language Therapist, Dietetic Students Ciara McNulty and Seren Pollard, and Aoife Carolan, Chief Pharmacist

### Una Hendroff RD

Senior Dietitian

CORU Registration: DI 011404

## Speech & Language Therapy

### Description

The speech and language therapy (SLT) service provides assessment, diagnosis and management of both FEDS (Feeding, Eating, Drinking and Swallowing) and communication (speech, language, voice, cognitive-communication) to hospital residents. The goals of this service are to:

1. Maximise safe oral intake of food and fluids for residents, while ensuring quality of life.
2. Augment each resident's ability to communicate (verbally or nonverbally, using speech, sign-systems, gesture or assistive devices).
3. Ensure that all relevant staff are given adequate information and training in relation to the management of FEDS and communication
4. Participate as an active member of the interdisciplinary team
5. Advise senior management on all aspects of FEDS and communication care, in order to ensure best practice. All assessments and treatment provided are evidence based and in-line with current best practice, which is achieved through ongoing professional development.
6. Additionally, in order to maintain a high standard of service provision to all residents, Speech and Language Therapy practices are evaluated and audited in-line with professional and registration guidelines.

## Activity

- 180 residents received SLT input (assessment, review of swallowing and /or communication needs) across long-term, respite and rehabilitation services. SLT identified four residents that required referral to videofluoroscopy clinics and/or voice clinics in St. Vincent's University Hospital
- SLT was instrumental in implementing the International Dysphagia Diet Standardisation Initiative (IDDSI) to LPH in collaboration with catering and dietetics
- SLT upgraded the nine Feeding, Eating, Drinking and Swallowing (FEDS) information boards throughout LPH and provided each unit with detailed information folders on IDDSI guidelines. This activity enabled unit staff to access comprehensive information on IDDSI in order to maximise resident safety and the quality of their mealtime experience
- SLT provided on unit training and information sheets to 36 staff in relation to "thickening" drinks to comply with IDDSI standards
- SLT collaborated with catering and dietetics to revise and implement the meal ordering form updated for the new IDDSI descriptors.
- SLT carries out regular on unit audits with the catering department in order to ensure compliance with IDDSI food and drink descriptors
- SLT attended 32 IDT meetings in order to contribute to holistic, person-centred resident care
- SLT was instrumental in establishing a working group to reform the interdisciplinary team meeting form in line with HIQA's framework for thematic practice. This process was facilitated by management ensuring that the form was uploaded onto the LPH electronic recording system in order that all team members could prepopulate the form in the advance of meetings. This initiative has facilitated a more timely and comprehensive team discussion of each residents needs in relation to the management of their care-planning
- SLT introduced the concept of assessing and providing each resident with risk assessment scores for aspiration and choking in line with international recommendations.
- SLT established the "placemat project" in LPH and presented this quality initiative to the LPH board. This is an ongoing multidisciplinary quality improvement project aimed at enhancing the quality and safety of each resident's mealtime experience in LPH.
- SLT has commenced screening all residents admitted to LPH in relation to their communication abilities (speech, language, voice and cognitive- communication disorders. This screening process was commenced in order to establish the communicative baseline of each resident and inform staff on how to facilitate/augment each resident's communicative abilities. This significant activity has been facilitated by management via the purchasing of assessments and equipment and the provision of an SLT therapy room

- SLT has implemented a triage system for both residents experiencing swallowing and/or communication disorders. This system facilitates timely and appropriate assessment/review of residents as they are referred to SLT
- SLT took part in the HSCP information day, showcasing the role of SLT in relation to swallowing and communication disorders
- SLT's thesis on "Family carers views and experiences of managing FEDS in the person with dementia" (A systematic review and meta-synthesis) was presented to the SLT area six community adult group
- SLT attended professional development courses in relation to "Care of the older person" "National Stroke study Day", "Dysphagia Care" IDDSI training and The Assisted decision making (Capacity) Act
- SLT participated as an active member of the Nutrition and Catering Group particularly in relation to IDDSI implementation and the placemat project
- SLT has provided observational sessions/written handouts to UCD and TCD Nursing students as well as transition year students throughout the year
- SLT is an active member of the Dysphagia Special Interest Group, The Dementia networking group and The Dublin South Region Community SLT group
- SLT is a member of CORU (regulatory body) and the IASLT (professional body) and adheres to the standards and guidelines of both bodies
- SLT strives to provide high quality safe care for residents of LPH in line with HIQA's framework of thematic practice

**Mary Byrne**  
**Senior Speech and Language Therapist**

## **Pharmacy Department**

### **Pharmacy Mission Statement**

The Pharmacy Department at Leopardstown Park Hospital (LPH) is dedicated to providing a high quality pharmacy service that strives for optimal medication outcomes for our residents. The pharmacy team is committed to meeting the needs of our residents by providing efficient, caring, professional and cost-effective pharmaceutical care services in an environment that encourages excellence, teamwork, innovation and continuous improvement.

2019 Activity

**In 2019, the Pharmacy Department...**

- Supplied 17,470 items to residents and staff 
- Completed over 350 medication reviews 
- Shortlisted for Hospital Professional Awards with medical and nursing colleagues 
- Completed 57 medicines reconciliations for rehab admissions 
- Administered 50 influenza vaccines 
- Attended over 130 IDT meetings 

Description

The Pharmacy Department provides a comprehensive range of pharmaceutical care services to the residents and staff at LPH. The pharmacy team works closely with the doctors, nursing staff and other health care professionals to ensure that all our residents get the best pharmaceutical care possible.

## Clinical Pharmacy Service

Medication reviews are carried out for all residents at least every 3 months in line with HIQA standards. A pharmacist, medical officer and nurse manager are involved in each medicine review. This process ensures medicines are optimised to enable residents to get the best clinical outcomes from medicines with an emphasis on safety, governance, professional collaboration and patient engagement. Over 350 medication reviews were completed in 2019 and since July 2019, this process is now recorded electronically on Epic-Care for all IDT members and unit staff to view.

## Medicines Information

The Medicines Information Service promotes the safe, effective and economical use of medicines by the provision of up-to-date, accurate and comprehensive information and advice.

## Resident Dispensing

The dispensary plays a pivotal role in the activities of all pharmacy staff and ensures that medicines are procured, stored and supplied promptly, safely and cost effectively. The Pharmacy Department is responsible for dispensing medications daily in a timely, safe and efficient manner for our resident population of up to 152 residents and patients. Clanwilliam Health provides the pharmacy software system, QicScript Plus™, which supports the pharmacy dispensing process. A Kardex™ Electronic System provides the clinical support which permits medications to be prescribed electronically on an individual basis to each resident by the medical officer.

## Rehabilitation Pharmacy Service

Medicines are dispensed on an individual basis to each person admitted from St. Vincent's University Hospital (SVUH) for rehabilitation for approximately a six week period in LPH. The pharmacy team liaise with the pharmacy team and discharge co-ordinators in SVUH to ensure that there is a seamless transfer of care. In 2019, medicines reconciliation was completed for 57 admissions to the Rehab unit.

## Staff Dispensing Service

A prescription and over the counter medicines service is provided to all hospital staff. The income generated from this service in 2019 was similar to 2018 (see table 1).

Category	2018	2019
Income from Staff Prescriptions & 'Over the Counter' Medicines	€8,984	€8,943

## Dispensing Activity

In 2019, 17,470 items were dispensed by the pharmacy department. Over the last 3 years, the number of items dispensed has increased steadily as demonstrated in table 2.

	2017	2018	2019
Total number of items dispensed	11,398	12,473	17,470

A breakdown of the cost of medications dispensed to each unit and other areas can be found in Table 3. It is noted that, while the number of items dispensed increases year on year, the cost of supply has decreased since 2017.

Unit	Cost 2017	Cost 2018	Cost 2019
Glencree	€37,689	€35,176	€37,680
Glencullen	€29,509	€36,572	€32,726
Enniskerry	€25,963	€22,992	€18,814
Tibradden	€15,552	€9,225	€10,399
Kilgobbin	€19,355	€15,484	€17,937
Woodview (Rehab)	€17,429	€13,808	€17,669
Kiltiernan	€12,696	€13,877	€17,298
Respite	€693	€1,152	€1,209
Djouce	€2,068	€3,343	€3,112
Out of Hours Press	€470	€944	€690
Clevis	unknown	unknown	€253
Emergency Trolley	€232	€1,002	€772
<b>Total Cost</b>	<b>€161,656</b>	<b>€153,575</b>	<b>€158,559</b>
<b>Total no of prescriptions</b>	<b>11,398</b>	<b>12,473</b>	<b>17,470</b>

## Initiatives and Achievements

- A pharmacy influenza vaccination service was started in 2018 and this service continued throughout the 2019/2020 influenza season. A senior pharmacist completed training to perform vaccinations and was able to provide a service for staff that was both convenient and flexible to their working hours. The pharmacy team hope to continue to provide this service to assist uptake among staff members and improve hospital compliance to the national targets for hospital workers
- Introduction of a fully integrated IT system for electronic prescribing, medication administration and dispensing records. Phase 1, the introduction of a new dispensing system, was completed in 2019. Phases 2 and 3, the integration of electronic prescribing with medicine administration records, will continue in 2020

- Attendance at the Hospital Professional Awards in June 2019 where the following quality improvement initiative was shortlisted in the Hospital Team Award Category:  
*Improving the Quality of Life for the Older Person with Dementia in the Residential Care Sector by Nursing Management of Insomnia and Concurrent Reduction of Benzodiazepine and Hypnotic Medication: A Multidisciplinary Team Led Initiative.*

## Challenges

- **Medicines Shortages**

2019 saw a significant increase in medicines shortages experienced within the pharmacy department and this is likely to continue due to the unpredictable impact of Brexit and the Falsified Medicines Directive (FMD) on supply chains across Europe. The pharmacy team will continue to endeavour to minimise the impact of shortages to residents through proactive stock management and the implementation of the Medicines Shortages Strategy which was introduced in 2019.

- **Product Recalls**

The Pharmacy team managed 3 product recalls in 2019 for Ranitidine, Adrenaline Pre-filled Pens and Valsartan.

## Collaboration with the Schools of Pharmacy

In 2019, two pharmacy students were facilitated for hospital placements.

## Committee Membership

The Chief Pharmacist chairs the bimonthly Medication Safety & Therapeutics Committee meetings and is also a member of the Health and Safety Committee, Falls Committee, Nutrition and Catering Committee and the CEOL Committee.

**Aoife Carolan**  
**Chief Pharmacist**

## Occupational Therapy Department

### Description

Occupational Therapy (OT) involves empowering and enabling individuals and groups to do things that they need and want to do in everyday life, and assists people to develop and maintain a meaningful lifestyle. Occupations are anything (tasks and activities) that people engage in, i.e. the way in which they spend their time.

The OT Service is available to the Long Term Residents in Leopardstown Park Hospital, residents of the Clevis, short term rehabilitation clients and the Glencairn Day Centre clients.

There is a strong focus in the Occupational Therapy Department on enabling the resident to achieve as good a quality of life as they want and we can facilitate in Leopardstown Park Hospital. Examples of OT intervention include retraining in activities of daily living, recommending equipment and adaptations to an older person's home, addressing seating and posture needs, wheelchair training. We also provided a number of therapeutic individual and group activities including baking, discussion groups, movement to music sessions.

### 2019 Activity

The Occupational Therapy Staff continued to be actively involved in hospital committees and Professional Body National Advisory Groups; Examples of Committees and Advisory Groups;

- Senior Management Team
- Health and Safety Committee
- Prevention and Management of Falls and Fall Related injuries Committee
- CEOL Committee (Compassionate End of Life) which is a Hospice Foundation programme
- National OT Managers Advisory Group
- AOTI Working Group: Occupational Therapy for Older People Living in a Residential Care Setting

### Dementia Friendly Environment

During 2019 there was continued emphasis in the hospital of creating a dementia friendly environment. The OTs alongside other colleagues in particular Physiotherapy and Engineering undertook research and work in the area of introducing wayfinding colour to the Glen units when they were being re-painted.

### Joint OT and Nursing Department Initiatives

Nursing and Occupational Therapy Departments initiatives in 2019 included;

- Increasing the number of residents attending particular groups e.g. Boccia, Bingo. The introduction of a large variety of prizes to the Bingo which the residents are really keen to win, has resulted in this being an extremely popular activity
- Increased access to old movies. Following the installation of the Big Screen in the Concert Hall several years ago the OT dept. began collecting DVDs of old movies in order to show them on the “*Big Screen*”. As a lot of residents are interested in and enjoy watching these movies, a system was established at the end of 2019, to facilitate residents to watch these old movies more frequently and within their own unit. Each unit has been allocated a basket in which each week the Activity HCA provides them with a set of DVDs which are then exchanged the following week for an alternative set. A database is currently being established of the DVDs available for loan
- Themed picture books. A number of themed picture books were designed and produced for use with residents. The themes included, dogs, birds, horses, famous people from years gone by, items of interest from bygone years etc. These comprise of spiral bound A5 size booklets of laminated colour pictures which are small and easy for residents to use themselves and/or in conjunction with staff/visitors. The booklets are designed to provide visual stimulation, and encourage communications and social engagement. Each unit were provided with a set of these books which are stored in a unit basket alongside the DVDs on loan to the unit, thus they are easy to locate if staff move from one unit to another. An additional once off set of books was designed for residents who showed an interest in them and a particular topic i.e. aeroplanes and cabin crew uniforms etc. from years ago
- Christmas music recital and concert presented by staff and residents from Glencullen Units
- Two week Summer Project run in August 2019 when additional Activity HCAs and drivers were available due to temporary closure of the Day Centres. Focus was on residents who normally decline to participate in group activities, etc. Activities run during that time included short trips out to local parks, shops, a breakfast club, hand care sessions etc.

## Seating Review

At the end of 2019 the OT Department undertook a review of all the orthopaedic chairs throughout the Hospital complex, producing preliminary findings and recommendations. Plan for 2020 is to produce more specific recommendations and establish a database of all Orthopaedic chairs on site.

## Education

The OT staff continue to actively participate in the organising and running of national education days within the hospital complex e.g. World Osteoporosis Day, National Health and Social Care Professionals Day.

**Mary O'Toole,**  
**Occupational Therapy Manager**

## **Physiotherapy Department**

### **Description**

The Physiotherapy Department at Leopardstown Park Hospital (LPH) continues to provide a service for Long Term Residents of LPH and the Clevis as well as short term rehabilitation clients and clients attending both the Glencairn and Carman Day Centres. Our goal is to deliver a service that is person centred, effective and enhances the quality of life for each individual client.

All Physiotherapy staff are CORU registered, members of the Irish Society of Chartered Physiotherapists and are involved in clinical interest groups. We remain committed to Continuing Professional Development. Physiotherapy staff also continue involvement in working groups including the Health and Safety Committee, Prevention and Management of Falls and Fall related injuries Committee, Compassion at End Of life Committee and the Get Up, Get dressed, Get moving Working Group.

We encourage residents and clients to attend our Physiotherapy Departments however treatment is also available at unit level.

Links are maintained with Community Physiotherapists in order to facilitate follow up treatment on discharge home from Short Term Rehab and for review of Day Centre clients where appropriate.

Active involvement in Interdisciplinary Team Meetings and Discharge Planning meetings ensure plans and goals for residents/clients can be individually tailored to suit their changing needs.

In addition to this Physiotherapists contribute to enhancing the design/layout of LPH and encouraging and supporting the concept of universal design and a dementia friendly environment.

Janice Soncuya continues to deliver both Moving and Handling Training and People Handling Training to LPH staff.

## 2019 Activity

### Balance Class Monday- Friday Day Centre

The daily balance class has grown in popularity this year with over 50% of clients now participating

2019 feedback showed that 92% found the educational component helpful and 82% continued to exercise at home.

### National Workplace Wellbeing Day April 2019

Physiotherapy advice on Women's Health, Weight Management and Office Ergonomics

### National HSCP Day February 2019 "Proud to be a HSCP"

Hospital wide educational HSCP themed quiz. Balance Challenge for staff.

### World Physiotherapy Day September 2019

Taking control of Chronic Pain

Information on developing the skills needed to manage chronic pain and improve quality of life

### World Osteoporosis Day October 2019

Educational resources produced in conjunction with OT and Pharmacy Department to increase awareness of osteoporosis, risk factors and interventions.

### Get Up Get Dressed Get Moving/Walk your Way Home

Active participation in this national initiative, production of educational materials.

To be rolled out formally in 2020

**Ruth Lordan**

**Physiotherapy Manager**

## Medical Social Work Department

2019 was a very busy year for social work in LPH. As well as the work done to aid resident's and their families in settling into LPH for long-term care, social work also assisted patients who are in Woodview Unit for rehab, with their discharge home or their future planning needs. This involves assisting patients and their families with home care package applications, long-term care applications or organising family meeting in order to provide clarity on what is necessary in order to achieve a safe discharge from hospital.

Other areas of interest include organising the residents' forum meetings which gives an essential chance to residents to air their views on what is needed to help improve the quality of life for people who call LPH their home.

Social work is also involved in the CEOL committee and the IQS forum and sits on the Clevis Selection committee. Safeguarding vulnerable adults is a big priority for social work within LPH and the medical social worker provides safeguarding training to staff as well as been a member of the safeguarding team who respond to all safeguarding concerns within LPH.

Through the Irish Association of Social Workers, the senior medical social worker also attends both the Head Medical Social Work Forum and the Special Interest Group on Aging.

**Fiachra McCabe**  
**Senior Medical Social Worker**  
**CORU Registration SW005023**

## Catering Department

### Description

- The Catering Department has responsibility for providing Breakfast, Lunch, and Evening Tea to approximately 160 residents daily, all food is cooked on the day for each day of service. The meals are transported to the units by heated trolleys, some of the service is bulk and some is plated
- The department also provides a Meals on Wheels service Monday to Friday to the local community, approx... 600 meals per month
- Glencairn Day Centre operates seven days a week, serving approx... 140 Clients
- Carman Day Centre operates Monday – Friday, serving approx... 10 clients per day
- The catering department provides a service to staff for Breakfast and Lunch daily
- There are a number of functions catered for throughout the year
- Audits are carried out by HSE Environmental Health Officer twice yearly

## 2019 Activity

- All staff throughout the hospital have completed food safety training.
- Catering Supervisor(Maxine Doran) promoted to Catering Manager in September.
- New IDDSI regulations were introduced in October, staff have received training on new descriptors.
- There has been a new IDDSI sub group set up, who meet on a monthly basis

**Maxine Doran**  
**Catering Manager**

## Resident Services Department

### Description

Resident Services (RS) encompasses a large number of different areas. These are volunteers, reception, security, porters, transport, activities, events, medical records, clerical support, chaplaincy, complaints, freedom of information, residents' forum and involvement with the Veteran Support Group.

### 2019 Activity

Throughout 2019 LPH residents were well supported by our volunteers. This is a very important area for our residents. It brings in links in our local community and improves many aspects of our residents' lives. We have many different roles within volunteering and we try to recruit on a six monthly basis to ensure that we can offer the best support to our residents. We have a number of volunteer job descriptions and we also try to address residents' needs. We are always open to suggestions.

Training is offered to volunteers on a regular basis alongside the mandatory training.

We also have completed phase II of our Medical Records Programme. This means we now scan directly into residents' electronic healthcare record ensuring up to date sight of all relevant documents.

As a result of the art program we have developed in last 3 years we were offered an exhibition in Bray Signal Art Centre as a community project. To organise this exhibition required tremendous amount of work from everybody in RS department from choosing and framing the art work through evaluating the cost, preparing foundation request, designing leaflets, invitations and at the very end organising transport for all residents whose works were exhibited. The exhibition was a great success, all involved were able to take part in the opening and we had a great attendance on the day. Many works were sold, including poetry.

Meanwhile we have another part of art program running involving music and movement. The sing along concerts and residents' choir have been running on regular basis. This event

started to include members of staff being actively involved in singing along sessions accompanying residents with musical instruments and performing with them on Sunday concerts.

In October and November we had great pleasure in hosting a series of *Cuairt agus Cultúir* workshops funded by Dun Laoghaire Rathdown Arts Office and supported by Creative Ireland. All workshops have been designed and facilitated by professional artists and delivered to highest professional standards

The success of all the *Cuairt agus Cultúir* creative time workshops provide strong evidence that taking part in creative activities have enormously positive impact on residents mood and wellbeing. The feedback we have received from all participants proves beyond doubt this kind of activity is the best way in getting people to engage and actively participate.

In 2019 a tender for security services was completed led by LPH supplies manager and Office of Government Procurement (OGP). The resident services manager was an integral part of the development of the tender specification and the evaluation of the tenders.

RS department organized also several events, e.g. summer party, the Wednesday 'Social', not to mention big events in the end of the year Christmas season.

All these events would not have run smoothly without huge commitment from our volunteers. Recruitment itself and all the paper work required in the process takes a significant amount of time and energy so we were truly delighted to collaborate with Momentum Leadership program the organization providing students to prepare , deliver and help with organizing events for LPH during the academic year. Momentum volunteers have been regularly involved in musical and art projects especially in the last three months of the year.

We were very happy to accept the very generous donation of a Trishaw. This allows elderly to experience once again the feeling of riding a bike, without the hard work! We have ten pilots trained and we are looking forward to the good weather when we can bring our residents out. As well as the initial training all are working hard to complete practice in time for the spring and summer.

**Paula Carraher**  
**Resident Services Manager**

## **Information and Communications Technology (ICT)**

### **Description**

The ICT department manages access, availability and support of the LPH network and applications such as Email, Epi Care (Patient Admin System) and Clockwise (time & attendance Management) on a daily basis.

The ICT department also trains, advises and resolves user issues via our helpdesk as well as implementing, project managing new installations of systems and hardware. The ICT Helpdesk handled over 1100 calls in 2019.

## 2019 Activity

- **Wireless Coverage throughout the Hospital**

Wi-Fi Coverage has been made available throughout the hospital to the residents, visitors and staff members. Installed at the end of 2019, this system will be reviewed early 2020 for further enhancement.

- **Telephone & Mobile**

Secured New HSE Tariff Plans for all of our Mobile Phones with our existing OGP Phone Providers and Reduced our Phone Costs throughout 2019 significantly. The ICT have also added Mobile Device Management (MDM) for the additional security of mobile phones.

- **Pharmacy Drug Management System Upgrade Project (Ongoing)**

The new Pharmacy Dispensing Software / Drug Management System – Quicksript - has been installed and completed in 2019. In 2020, links to Epicare will be investigated which will allow clinical staff to request drugs directly from Epicare.

- ***Clockwise (Time & Attendance Management System) (Ongoing)***

The HR department are currently in the process of upgrading our Time & Attendance Management System – Clockwise. ICT are migrating the data from the older versions of Clockwise to the new system. This is expected for completion by 2020

ICT have several ongoing projects which involve the ICT infrastructure which will be rolled out during 2020. These include the Network, Servers, Telephone System, Workstations and Laptop upgrades.

**Kevin Collins**  
**ICT Manager**

## Supplies Department

### Description

- Supply of all stock to each of the units/departments throughout the hospital.
- Maintaining steady stock levels and carrying out stock checks in order to avoid stock-out
- Receiving and documenting deliveries to ensure all in order and matches order sent out

### 2019 Activity

In between the end of 2018 and start of 2019 it was noted that one unit was receiving incontinence wear that may have been somewhat too small for residents. Healthcare assistants and nurses had pointed out that another unit was receiving incontinence pads that may have suited their needs more so. Over the course of those two to three weeks of stock the “green pads” were changed in order to see how much it affected stock levels and suited residents.

It was worth noting that throughout 2018 that this unit received one case (6 packets) of the “green two stripes” per week, whereas once this new idea was implemented, they received half a case (2 packets) of the “green three stripes” instead. I have provided a table (based on picklists from both years, available in stores) to represent both usage and savings

2018	2019
52 x 1 case @ €52.93 (ex VAT) = €2752.36	52 x ½ case @ €19.33 (ex VAT) = 1005.16

Figures above based on prices from Homecare Medical

It can be seen from this table that €1747.20 was saved from this switch alone, eliminating wastage and saving space in the meantime.

**Patrick Ledden**  
**Supplies Manager**

## Grounds Department

### Grounds Mission Statement

To maintain and enhance the hospital grounds for the benefit of the residents, visitors and staff.

### 2019 Activity

#### • Health & Safety Initiatives

- New Signage for ramped and stepped areas
- New Oxygen storage rack & cage signage
- Workshop extinguishers & signage
- Workshop wiring & power supply upgrade
- Ongoing monitoring of LPH trees, including necessary tree surgery works
- Training: machinery/equipment/tools
- New diesel tank & storage area
- New car park line markings

#### • Grounds Initiatives

- We welcomed our new gardener, David.
- The merging of Grounds & Maintenance departments on a trial basis.
- Repainting & replanting of old cast iron planters
- Chapel entrance area revamp
- Our ongoing partnership with Tús continues to yield great results.
- Continued volunteering days throughout the year with local business SAGE
- Donation of trees & volunteered labour by local business Grosvenor Services.
- Revamp of Clevis glasshouse.
- Phasing out of glyphosate based weed killer and introduction of eco-friendly chemicals.
- Development of wild flower prairie planting areas.
- Various planting upgrades: main avenue, driveways, front of house, spring & summer bulbs,
- Introduction of native wildflowers into woodland areas, encouraging bio-diversity.
- LPH gardening club continues to flourish.
- Christmas reindeers 'appeared' (crafted from wood within LPH) to raise funds for LPH Foundation and lift spirits!

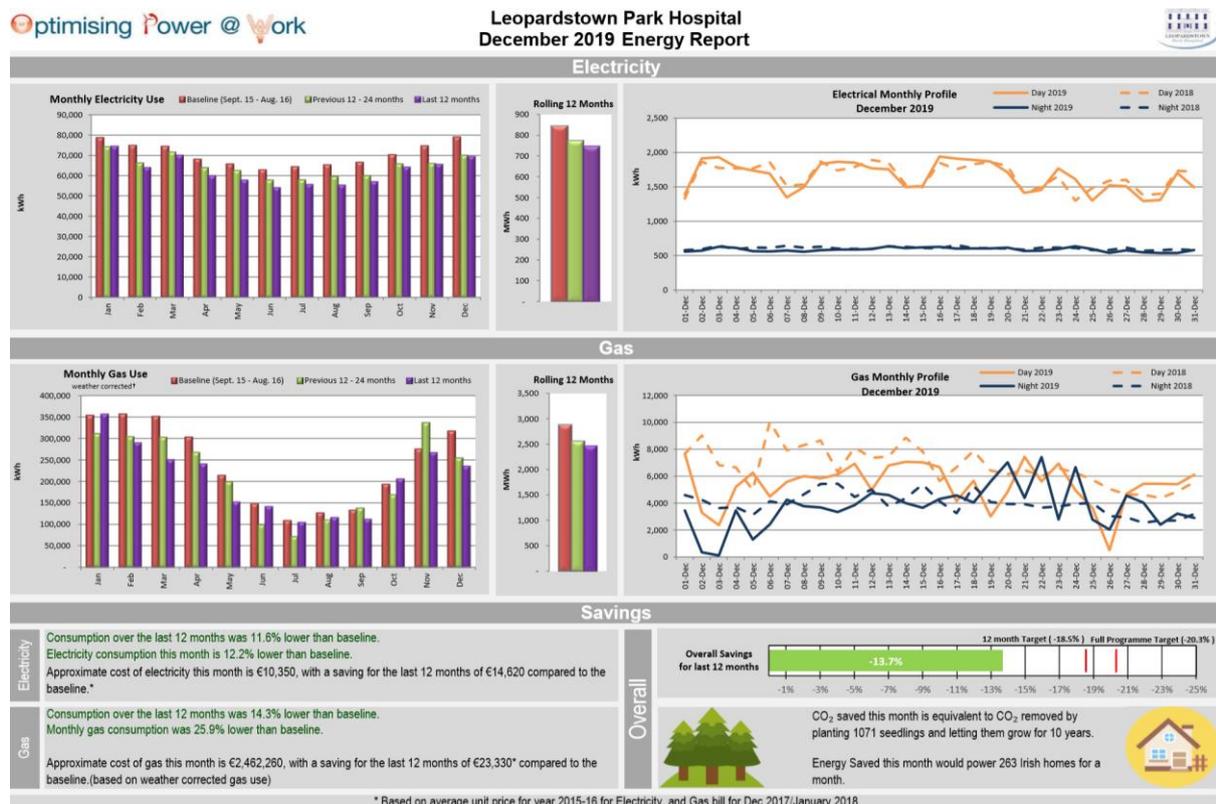
**James Egan**  
**Head Groundsman**

## Engineering/Maintenance Department

### Description

The department look after the maintenance and upkeep of the hospital buildings. This includes electrical, mechanical and daily maintenance requests from the site.

Energy usage is monitored on site along with taking on upgrade projects to improve same. We have made significant savings for 2019 with an overall kWh saving on electricity at 11.6% and gas 14.3% from the sites baseline in 2015.



Engineering assisted the hospital with Eco merit environmental certification of the site and is renewed up until 2022.

Major fire upgrade works up to 1 million euro got completed over the entire site to bring us in line with regulations. Works included replacing doors, complete rewiring of the fire detector and alarm system bringing the Hospital into full compliance with fire regulations.

The department has completed water storage tank upgrades and service upgrades and uncovered leaks. Legionella prevention is been closely monitored and further pipe upgrade works have been carried out in 2019.

Ongoing works with respect to ward painting and decorating continued in 2019 where the department worked closely with occupational therapy and physio for pathway finding initiative's in our Glen Unit.

Darren Byrne filled in the vacant maintenance operative position and commenced work with the Hospital in August 2019.

Health and Safety Authority, Health Information & Quality Authority and Local Authority building/fire regulations have to be adhered to within the department and constant improvements are required for same.

**Colm Sorohan**  
**Engineer**

## Appendices

### Appendix 1 - Income & Expenditure Accounts

A summary of the Consolidated Non-Capital Income & Expenditure Account for year ending 31<sup>st</sup> December 2019 is as follows:

<b>Consolidated Revenue I &amp; E</b>	<b>2019</b>	<b>2018</b>
	<b>€'000</b>	<b>€'000</b>
<b>Deficit/(Surplus) Fwd.</b>	96	130
<b>Pay Costs</b>	13,981	14,132
<b>Non-Pay Costs</b>	3,094	2,548
<b>Gross Expenditure</b>	17,171	16,810
<b>Less Income</b>	16,903	16,714
<b>Deficit/(Surplus)</b>	268	96

The Board complies with the standard accounting format and standards as set out by the Department of Health publication "Accounting Standards for Voluntary Hospitals" published on 01.01.1999. In common with many publicly funded voluntary bodies, the Board does not comply with FRS 17. The financial statements are audited by the Comptroller & Auditor General.

In accordance with Sec 1.8.1 of the Accounting Standards for Voluntary Hospitals, Leopardstown Park Hospital Foundation is consolidated with the financial statements of Leopardstown Park Hospital Board.

## Appendix 2 - Activity

### Bed Occupancy

Clevis	88%
Enniskerry/Kiltiernan	91%
Glencree	93%
Glencullen	96%
Tibradden/Kilgobbin	95%
<b>Total Long Stay Total:</b>	<b>93%</b>

Djouce	88%
Woodview	83%
<b>Total Short Stay</b>	<b>86%</b>

## Appendix 3 - Overview of Services

### Rehabilitation

The Hospital provides a rehabilitation service for patients requiring rehabilitation post-acute hospital stay and prior to discharge home. Strong working relationships with the community sector and discharge planning is key to the success of this service which is critical to support the acute hospital sector and ensures that patients are treated in the most appropriate of settings for their needs. There are currently 8 rehabilitation beds.

### Residential Care

The Hospital provides a total of 107 residential beds which are accessed under the Nursing Home Support Scheme (Fair Deal)

### Respite Services

The hospital provides 9 respite beds, including one which is dementia specific. The service provides home carers with an opportunity for short breaks, family holidays or temporary

respite during family crises and is critical to support older persons remaining at home in their communities.

### [Welfare Home – Clevis](#)

The Clevis is a residential facility for older persons with low dependency needs who no longer feel they can manage at home. Maintaining clients' independence is a key aim of the service. The Clevis caters for up to 29 residents.

### [Glencairn Day Centre](#)

The Glencairn Day Centre provides scheduled social day care services over seven days to approximately 150 clients a week. From Monday to Friday, clients can avail of therapy review and input, blood pressure checks and dressings. The weekend service is exclusively a social day care service.

### [Carman Day Centre for Older Persons with Dementia](#)

The Carman Day Centre is a dementia specific day care service which provides scheduled social day care services to approximately 25 clients over five days a week.

## **Appendix 4 - Glossary**

### [Leopardstown Park Hospital Trust](#)

The Board operates the hospital under licence from the Leopardstown Park Hospital Trust. The Trust continues to provide valuable assistance to ex-service personnel in both the Hospital and the community. The Board has a close working relationship with the Trust and acknowledges the support and encouragement provided to the Board in its aims and objectives.

### [Leopardstown Park Hospital Foundation](#)

The Leopardstown Park Hospital Foundation is the vehicle where proceeds of fundraising, donations and bequests are administered. It is a charity registered with the Revenue Commissioners (CHY 16425) and the Charities Regulatory Authority (20059132)

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