



Leopardstown Park Hospital Board

Annual Report

2018



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Chairman's Report

I am pleased to present the Annual Report for Leopardstown Park Hospital for the year 2018. In essence we can report that the hospital fulfilled its obligation to the Department of Health, the Health Service Executive and maintained our traditional service to former members of Her Majesty's Forces. We are pleased to report that we did this within the restraint and terms of our budget.

As time goes on we take into account changing demographics and requirements for ongoing funding and we still need to revise the 1979 Establishment Order. We bring this again to the Minister's attention.

Work has continued in the process to design and build a new hospital and we are very grateful for the support and help which we continue to receive from HSE Corporate Estates. Discussions have continued with the Leopardstown Park Hospital Trustees with regard to the site for the Hospital.

The Board wish to acknowledge the great contribution of the Hospital staff in all departments in creating and maintaining a safe, friendly, efficient and caring environment for all those entrusted to our care. In that regard I would like to acknowledge the collaboration and support of the families and friends of our residents, patients and clients.

We are fortunate too to have the support of the Friends of Leopardstown Park Hospital who volunteer help in so many areas. It is quite true to say that without this help we could not function as we do.

Eugene F. Magee
Chairman



Chief Executive's Report

The Hospital continued to provide high quality care in services for older persons in 2018, 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 2018. Significant work in close collaboration with HSE Corporate Estates took place to prepare and issue tender documents for the establishment of a design team for the Hospital redevelopment. 7 lots were issued (architects, civil & structural engineering, mechanical & electrical engineering, quantity surveying, fire consultancy, planning and project supervisor design process (PDSP)). Tender evaluations will take place in January 2019 with a view to early appointment and commencement of the full design team in 2019. The support and expertise of the HSE Corporate Estates has to be formally recognised and our sincere appreciation noted. We look forward to working with them further in 2019 and beyond to progress the new Hospital.

Funding of €48k to improve the existing infrastructure and in particular energy efficiency was received from HSE Estates & the SEAI in 2018, which will improve the comfort, cost efficiency and energy efficiency of our buildings. Funding was also received from the HSE in late 2018 to carry out painting and flooring upgrades to assist with regulatory compliance. These works will be completed in 2019

Ongoing inspections from our regulatory bodies took place over 2018. An unannounced inspection by the Health Information & Quality Authority took place in January 2018 and ongoing issues with the physical environment continued to impact on our ability to fully comply with all standards. However some areas of concern from previous inspections demonstrated significant improvements, including various initiatives around activities and hygiene. 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 2018. 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 2019 otherwise it is likely that there will be similar difficulties. Many areas of deferred spending will need to be addressed in 2019 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 2019. During 2018 we were fortunate to work with a number of individuals completing the TUS work placements. 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 2018 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 two referenda held in 2018.

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 much appreciated ongoing collaboration.

I would like to pay tribute to all members of staff who, each in their own way, contributed to delivering these 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. 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.

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

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

Senior Hospital Staff

Chief Executive Officer	Ms. Ann Marie O'Grady
Interim Chief Financial Officer	Ms. Anna Parzych (until October 2018)
	Mr. Robert Hegarty (from November 2018)
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

Board - Attendance

Name	Board Meetings attended in 2018	
	Expected No. of meetings to attend 2018	No. of Meetings attended 2018
Mr. Eugene F. Magee - Chairperson	8	7
Mr. Dermot Magan	8	7
Ms. Diane Duggan	8	7
Ms. Elizabeth Cogan	8	6
Prof. Helen O'Neill	8	6
Ms. Frances Ní Fhlannchadha	8	7
Mr. Denis Duff	8	8

Audit Committee – Attendance

Name	Audit Meetings attended in 2018	
	Expected No. of meetings to attend 2018	No. of Meetings attended 2018
Mr. Martin Cowley - Chairperson	4	7
Mr. Dermot Magan	4	7
Prof. H. O'Neill	4	6
Mr. Ray Henry	4	3
Ms. Kate Brennan – new member from Sept.2018	2	2
Dr. Muiris O'Ceidigh – new member from Sept.2018	2	2

Finance Committee – Attendance

Name	Finance Meetings attended in 2018	
	Expected No. of meetings to attend 2018	No. of Meetings attended 2018
Mr. Anthony Morris - Chairperson	5	5
Ms. Frances Ní Fhlannchadha	5	3
Mr. Dermot Magan	5	4
Mr. Denis Duff	5	5

Integrated Quality, Safety & Risk Committee – Attendance

Name	IQS Meetings attended in 2018	
	Expected No. of meetings to attend 2018	No. of Meetings attended 2018
Ms. Elaine Keane - Chairperson	4	3
Ms. Elizabeth Cogan	4	3

Director of Nursing

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 Department works with colleague departments to provide a high standard of evidence based care and support to all our residents.

Staff Training Undertaken during 2018

Responding to Fire	Malnutrition Universal Screening Tool (MUST)	Infection Control
Clinical Audit	People Handling	Medication errors
HACCP	Behaviour that Challenges	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
Incident Reporting	Report writing	Risk Management
Falls Management	Change Management	Ethics
Early Warning Score		

Summary of Developments 2018

Throughout 2018 a number of quality improvement initiatives were introduced in conjunction with the audit cycle. 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.

In October, the Minister for Skills and Education, Ms. Mary Mitchell O'Connor opened our Quality Awareness day and was loud in her praise for all the initiatives she witnessed on the day.

Nutrition

Menus were reviewed and meal times adjusted. Protective mealtimes initiative continued. Resident surveys were undertaken and the interdisciplinary catering & nutrition committee

continued its work. 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.

Hygiene and Cleanliness

An external competent auditor and trainer was engaged to monitor and improve standards of cleanliness and hygiene throughout the Hospital. This independent service produced weekly audit reports. Identified issues are addressed with staff. Significant improvement is evidenced from these unannounced audit reports.

Care of the Dying

Policy reviewed and amended to include use of single room and access for family members, removal of remains, and interaction with coroner. The Hospital participated in an All-Ireland Compassionate End Of Life (CEOL) initiative. All deaths are reviewed using the CEOL methodology and the learning shared.

Medication Management

All 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 pharmacist conducts regular medication reviews and chairs the Medication Safety & Therapeutics committee. The work commenced in 2017 in reducing the use of anti-hypnotic and anti-psychotic medications continued throughout 2018.

Equipment

A number of items of equipment were provided during the year to replace older equipment, such as ultra-low beds, hoists and related equipment, commodes, resident furniture, catering equipment. Some medical equipment was also provided.

Enhanced Documentation

A review of documentation continued and documentation was streamlined. The roll out of an updated electronic patient record was completed during Q4 of 2018, which 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.

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 2018 facilitated by the Medical Social Worker and the Resident Services Manager and attended by the Director of Nursing or Assistant Director of Nursing, 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.

Contract of Care

The contract issued to residents was reviewed and amended to reflect the changing regulatory requirements and to simplify it for residents and their families.

Residents Handbook

The resident's handbook was reviewed and updated and is continually monitored.

Infection Control

- **Flu Vaccination Campaign:** The Infection Control Clinical Nurse Manager (CNM) led 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 58.8% for healthcare workers and almost full uptake for residents. This CNM also provided advice to staff, residents and relatives and led an awareness campaign.
- **Winter Vomiting Awareness:** A successful awareness of winter vomiting poster campaign was also held to lessen the introduction of this illness to the Hospital

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

In May 2018, the Nursing Department commenced a pilot service in which they reconfigured two existing Healthcare Assistant (HCA) posts 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.

Reminiscence Project

Activity Healthcare Assistant (AHCA) and Occupational Therapy Assistant (OTA) commenced a Reminiscence Project with the residents as part of the “Thursday Club” at the end of 2018. The aim is to have a reminiscence board for each unit which contains removable photos of places and items of interest from years ago. Each unit has been provided with a Reminiscence Board and several times a year (at present we are trialling quarterly) a “Thursday Club” session is allocated to revising the photos on the board with the residents. During this session, the residents sit in a group around a large table with people (residents/visitors/staff etc.) from their own unit. The group then spend time looking through photos, reminiscing etc., and as a group they agree the photos they would like on their unit’s board for the next quarter. This session involves a lot of stimulating and enjoyable conversations while people decide on which photos to include.

- 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

Work has been undertaken via research, study days and site visits over the past few months in the areas of signage, colours, and way finding. The findings relating to dementia friendly design and environments have been disseminated with management and several team members. We are now considering ways in which we can improve the environment in regards to colour, signage and way finding in particular.

Incidents

During 2018 we continued to review our policy on incident reporting and recording and produced regular reports which were presented at staff meetings, at health and safety committee meetings and the Integrated Quality and Safety committee meetings. All incidents are recorded on the National Incident Management System of the State Claims Agency, who extract reports which identifies trends etc. and allows the Hospital compare itself with similar establishments. Arising from these reviews practices were amended.

There were approximately 550 incidents reported for 2018 (499 reported in 2017). Medication Occurrences and falls incidents accounted for 58% of all incidents.

- **Medication Incidents:** There were 64 Medication Incidents reported in 2018 a reduction of 29% on 2017. No benchmark exists for an acceptable rate. The NCCMERP in their 'Statement on Medication Error Rates' state 'The goal of every health care organization should be to continually improve systems to prevent harm to patients due to medication errors'. This is the approach taken by LPH.
- **Fall Rates:** The falls rate for 2018 was 5.0 per 1,000 OBD (256 falls incidents). The evidence gives us varying rates of falls in the older person to benchmark against, but averages between 4.8 and 6.36 NPSA (2007), RCP (2015).

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.

A revised annual leave system was put in place in the nursing division to improve staff allocation and equity to access for annual leave.

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 Sepsis Team Piloting of Sepsis Form for Adult Residential Services 2018
- HSE National Clinical Program for Older People: Membership of Expert Advisory Group: Development of National Transfer Document for Residential Services for Older People 2018
- HSE National Dementia Office: Membership of Expert Advisory Group: Development of Clinical Guidelines for the Appropriate Prescribing of Psychotropic Medication in People with Dementia 2018
- Member of All Ireland Gerontological Nurses Association (AIGNA) 2018
- Member of Irish Gerontological Society (IGS): Winner of President's Prize 2018.
- HSE Disability Services: Membership of National Quality Improvement Forum 2018
- Nurses and Midwives Practice Development Unit: Membership of National Quality Improvement Forum. Winner of Bursary Award 2018
- Member of the Voluntary Healthcare Agencies Risk Management Forum

Resident Consultation

The hospital conducted a resident satisfaction survey during January and February, 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 assesses our performance against the standards by:

- Auditing performance against the standards
- 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 with the Hospital Board through regular reports, engagement with its various sub committees, regular quality "walk about" with Board members
- Surveys of 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 2018 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/assessment of long-term residents.
- Weekly input into the rehabilitation unit linked to St Vincent's University Hospital.
- Liaising with Community Geriatricians in SVUH regarding rehabilitation and long term

residents.

- 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, quality and safety 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.

Dr. Joseph Yazbeck

Medical Officer

Nutrition and Dietetic Department

Description

Provide dietetic assessment, advice and management on a prioritised referral basis to residents/ clients, rehabilitation patients and respite clients in the hospital. Professional advisor for the organisation on matters relating to nutrition and dietetics. Contribute as an active member of the Health & Social Care Professional (HSCP) group and contribute as a senior manager within the organisation. Ensure all relevant ward staff have a basic knowledge of nutrition in the care for older people. Advise and provide evidence based dietetic specific guidelines and policies for LPH. Chair of the Nutrition and Catering Group and liaise with catering, nursing and hospital management in the provision of good nutrition practices for residents/ clients in LPH.

2018 Activity

- New referrals received by dietetic department from 19.02.18-December 2018 (No dietetic cover from Dec 17-Feb 18). Note some residents may have been previously known to dietetics or re-referred if a change in condition.
 - Rehab referrals:1
 - Long-term care referrals: 101
 - Respite Referrals: 16
- Number of residents/ clients on current active dietetic caseload: 61

- Changed over to “MUST” nutritional screening which is completed by nursing staff in EpicCare. Prepared and delivered 3 training sessions for “MUST” screening and nutrition for older people to nursing and HCAs. Put plans in place for online “MUST” training looking ahead for 2019.
- Provided expert dietetic advice for the roll out of hypoglycaemia protocol and Diabetic hypo kit.
- Provided expert dietetic advice regarding current provision of dietary calcium and vitamin D in LPH against dietary recommendations for use by the Medication Safety & Therapeutics committee.
- Streamlined Oral Nutritional Supplements used in LPH for use by medical officer/nursing staff to reduce additional costs/ wastage in purchasing various supplement products.
- Updated and implemented dietetic referral criteria with prioritisation listing
- Chaired Nutrition and Catering Group meetings to work to implement quality improvement projects within LPH including:
 - Roll out of Snacks list
 - Roll out of Pictorial menus
 - Nutritional analysis of current main menu completed by dietetic students completing catering placement with recommendations of areas to improve nutrition provision.
- Organised and facilitated dietetic placement for 2 dietetic students on a paired clinical placement to come 2 days per week over 3 weeks.
- Organised and provided dietetic supervision for 2 dietetic students on a paired catering placement to come for 2 weeks.
- Designed dietary information for nursing staff and carers managing residents/ clients with stage 3-4 CKD renal impairment
- Liaised with DON to ensure Epic Care could facilitate unit by unit weight reports in order to aid nursing staff to highlight any residents with significant unplanned weight changes to be referred more promptly to the dietitian for thorough assessment.
- Commenced NCPM clinical assessment and record writing system as requested by INDI to enhance the streamline of dietetic care.

Ruth Maxwell
Senior Dietitian

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:

- Maximise safe oral intake of food and fluids for residents, while ensuring quality of life.
- Augment each resident's ability to communicate (verbally or nonverbally using, speech, sign-systems, gesture or assistive devices).
- Ensure that all relevant staff are given adequate information and training in relation to the management of FEDS and communication
- Participate as an active member of the interdisciplinary team
- 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. 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

- 144 residents received SLT input (assessment, review of FEDS and /or communication) across long-term, respite and rehabilitation services.
- 28 staff members attended FEDS education and training sessions in November.
- 36 staff members attended demonstrations on "how to thicken fluids" in December.
- SLT attended 34 IDT meetings in order to contribute to holistic, person-centred resident care.
- 9 FEDS information boards were placed in dining areas throughout the facility. These boards were updated monthly with a new tip or myth in relation to FEDS management.
- SLT took part in the HSCP information day and the Quality Day, presenting a poster on FEDS management.

- SLT presented at the European Society for Swallowing Disorders on “Family carers views and experiences of managing FEDS in the person with dementia (A systematic review and meta-synthesis)”.
- SLT attended professional development courses in TCD, SVUH, and Dr Steevens Hospital on “ Care of the Older person - The Dynamics of Quality Care”, “Dysphagia- What’s New”, Parkinson’s disease and Parkinson’s Plus Syndromes, “Communication in Dementia” and “Clinical Audit Masterclass”.
- SLT participated in the provision of “Picture Menus” for residents as part of the Nutrition and Catering Group.
- SLT provided observational sessions/written handouts to UCD Nursing students in relation to Swallowing and Communication.
- 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 and 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 is dedicated to providing a high quality pharmacy service that results in 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 services in an environment that encourages excellence, teamwork, innovation and continuous improvement.

Description

The Pharmacy Department provides a comprehensive range of pharmaceutical services to our residents, patients and staff at Leopardstown Park Hospital. The pharmacist works closely with the doctors, nursing staff and other health care professionals to ensure that all our residents get the best pharmaceutical care possible. The Chief Pharmacist chairs the bimonthly Medication Safety & Therapeutics Committee meetings and is also an active member of the Infection Control Committee, Falls Committee, Nutrition and Catering Committee and the CEOL Committee.

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 Dispensary Service

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, QuickScript Plus, which supports the pharmacy dispensing process and in the future the Medication Administration Record sheets. 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 and on foot of a prescription for staff members.

Rehabilitation Dispensary Service

Medications 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 in SVUH to ensure that there is a seamless transfer of care with regard to the availability of the correct medication.

Staff Dispensary Service

A prescription and over the counter medicines service is provided to all hospital staff. The LPH staff appreciate this confidential drop in service. During 2018, income generated from both prescriptions and over the counter medication purchases is shown in table 1 below.

Table 1:

Category	2018
Income from Staff Prescriptions and Over the Counter Medicines	€8,984

Dispensing Statistics to Wards

Table 2 below displays the cost of medications dispensed to each ward along with the cost of medications supplied to other areas as shown. It can be noted that the cost of supply decreased from 2017 and the number of prescriptions dispensed increased by 1,076.

Table 2:

Unit	Cost 2017	Cost 2018
Glencree	€37,689	€35,176
Glencullen	€29,509	€36,572
Enniskerry	€25,963	€22,992
Tibradden	€15,552	€9,225
Kilgobbin	€19,355	€15,484
SDU	€17,429	€13,808
Kiltiernan	€12,696	€13,877
Respite	€693	€1,152
Djouce	€2,068	€3,343
Out of Hours Pharmacy Press(Cost)	€470	€944
Emergency Trolley	€232	€1,002

Total no of prescriptions	11,398	12,473
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Medication Safety and Optimisation

- The Pharmacy team foster an environment that promotes the safe, efficacious, and cost-effective use of medications.
- Potential risks to the resident’s safety associated with the use of all prescribed medication are continually identified and measures are recommended to reduce this risk.
- Medicines optimisation looks at the value which medicines deliver, making sure they are clinically efficient and cost-effective.
- It is about ensuring our residents get the right choice of medicines, at the right time.
- The goal of medicines optimisation is to help patients improve their outcomes, and take their medicines correctly, avoid taking unnecessary medicines, reduce wastage of medicines, and improve medicines safety.
- Medication Reviews are carried out by the CNM, the pharmacist and/or medical officer as per HIQA Guidelines to enable this process to occur.

Michelle Anderson
Chief Pharmacist

Occupational Therapy

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.

Occupational Therapy Service is available to the long term Residents in LPH, 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/patient 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, sports reviews.

2018 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:

- LPH Health and Safety Committee
- LPH Prevention and Management of Falls and Fall Related injuries Committee
- LPH CEOL Committee which is a Hospice Foundation programme
- Seating and Posture in Occupational Therapy Advisory Group, OTs participated in piloting the recently devised SPOT postural assessment forms.
- National OT Managers Advisory Group's Sub group on Occupational Therapy Assistants which progressed in 2018 to engaging with HSE.

In-House Projects

Occupational therapy staff were involved in a number of projects in 2018 which included

- **Changing the Standard Cognitive Assessment Tool used in the Hospital**

As a follow on from the work undertaken the previous year of reviewing the cognitive assessments being conducted in similar settings and the acute services it was decided, in line with best practice, to change the routine cognitive assessment from the MMSE to the MoCA (Montreal Cognitive Assessment). While the MoCA takes a little longer than the MMSE to administer, it is a superior and more sensitive tool than the MMSE and therefore we consider it is worth the extra time. When introducing the MoCA as the routine assessment tool, OT staff took the opportunity to provide education via different formats on cognitive assessments tools to our clinical colleagues in the Hospital. This resulted in a notable increase level of interest in the area of cognition.

- **Dementia Friendly Environment**

During 2018 there was an increased emphasis in the hospital of creating a "Dementia Friendly" environment. Alongside colleagues from other disciplines, the OT staff contributed to this via literature research, attending study days, site visits, and providing feedback on information obtained. There was particular emphasis in the areas of signage, vision and use colours.

- **Cognitive Stimulation Therapy (CST)**

The OT Department engaged in a pilot Cognitive Stimulation Therapy (CST) Programme, which is an evidence-based group intervention for people with mild to moderate cognitive impairment. It aims to stimulate or target key areas of cognition such as sustained and divided attention, recall executive function. The group occurred once a week for 10 weeks commencing at the end of 2018, continuing into the first quarter of 2019.

- **Joint OT and Nursing Department Initiative**

In May 2018, the Nursing Department commenced a pilot service in which they reconfigured existing Healthcare Assistant (HCA) posts to focus on activities with residents. In recent years the OT groups were being facilitated by one staff member. As part of this pilot service, the OT and Nursing management agreed AHCA involvement in existing OT groups on a trial basis. There were notable improvements in the OT groups since Activity HCA involvement:

- Enabled Therapeutic Use of Self as a result of two staff facilitating groups.
- Resulting in an increased 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.

Mary O'Toole,
Occupational Therapy Manager

Physiotherapy Department

The Physiotherapy Department at Leopardstown Park Hospital strives to deliver a service that is person centred, effective and enhances the quality of life for each individual client. 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 can avail of physiotherapy treatment at LPH.

Treatment is offered both at unit level and in the Physiotherapy Departments.

Links are maintained with community physiotherapists in order to facilitate follow up treatment on discharge home from short term rehabilitation and for review of Day Centre clients where appropriate.

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.

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.

Within LPH, all physiotherapy staff continue their involvement in working groups including the Health and Safety Committee, Prevention and Management of Falls and Fall related Injuries Committee and CEOL Committee.

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

New areas of focus 2018

- **Balance Class 2018:** Successful introduction of balance class for Day Centre clients Monday-Friday
- **National Workplace Wellbeing Day 2018:** Physiotherapy involvement in warm up/cool down stretches for The Lunchtime Mile
- **National HSCP Day 2018 “Proud to be a HSCP”:** HSCP Themed Quiz for Staff, information leaflets and advice re fitness, sports injuries, back pain and recovery
- **LPH Quality Day 2018:** Physiotherapy involvement in a new hospital wide event

Falls Prevention Programme

October 2018- January 2019

Feedback Summary

- ≈ 78% agreed the class met their expectations
- ≈ 73% found educational component very helpful
- ≈ 59% continued exercising at home
- ≈ Attendees reported improved balance, improved confidence and improved leg strength.



All clients were provided with a copy of “Take a stand to prevent Falls” a guide to preventing falls and harm from falls for community dwelling adults. In addition clients were provided with a copy of “Otago Strength and Balance Programme” for continuing exercises at home

Ruth Lordan

Physiotherapy Manager

Resident Services

Resident Services 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.

2018 Activity

Throughout 2018 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. Our volunteer AGM was well attended and both the Chairman and CEO expressed their gratitude for the difference our volunteers make.

Our connection with the military has led to some exciting new initiatives this year. The Irish Ex Service Trust donated a community minibus for our Hospital. They also included the essential adaptations that our residents and clients require. We are very grateful for the support that provides such a benefit to our veterans and all our residents.

The Royal Air Force Association celebrated the Royal Air Force centenary last year with a party in LPH which was open to all. It was a very special occasion that was well attended.

During the wonderful weather in the summer many events happened outside. As always we tried to offer diversity. In summer of 2018, we had visits of two Shetland ponies from Festina Lente in Bray over five weeks. It was a great success and a wonderful facility to provide for our residents. We continue to grow and refresh our activities and events. Forward planning is always important, in November 2018 we were accepted by the Signal Lighthouse in Bray to host an art exhibition of our residents' art in July 2019. No mean feat as there is robust competition to be awarded this opportunity.

We also have completed phase I of our Medical Records Programme. This means we are now in line with GDPR and it has increased the efficiency of the department with major developments on the way.

Our porters delivered over 165,535 meals.

We prepared for going out to tender for security services which will take place in 2019, supported by the Office for Government Procurement.

Paula Carraher
Resident Services Manager

Chaplaincy/Pastoral Care

Leopardstown Park Hospital, as part of its holistic approach to resident care, continues to provide an Ecumenical Chaplaincy Service which recognises and supports the spiritual and religious needs of the residents. We are available to people of all faiths and none, in the milieu of the multicultural environment in LPH.

Chaplaincy Team

The chaplaincy team is made up of two part time chaplains, who cover the Hospital on site, five and a half days a week, one Church of Ireland Minister, also part-time, and the priests of Sandyford Roman Catholic Parish who provide regular services and visits when possible and as required.

2018 Activity

Mass was celebrated twice weekly and on the First Fridays of the month and Holy Days. Church of Ireland Services were celebrated twice monthly. The Sacrament of the Sick was offered four times during the year, throughout the Hospital for all who wished to avail of the Sacrament. On many other occasions, the priests attended residents who were dying or who requested a visit. Confession was available on request. The chaplains held Prayer Services three times a week. Two Ecumenical Services were conducted:

- One commemorating those who lost their lives in Wars, held on Remembrance Day.
- The second for residents who had died during 2018, including Day Centre clients, (Family members of staff were also remembered).

There are plans to conduct more Ecumenical Services, going forward.

Services

Facilitation the Waking of the Body for family members and friends and short prayer services were offered for those who were having the funeral mass/service elsewhere. As far as possible either chaplain attended funerals held in other locations. A number of funeral services were facilitated in LPH.

Pastoral care services on Saturdays afternoons were facilitated also.

Church services were greatly helped by our volunteers, an essential and integral core group of compassionate and caring people, who are much valued and appreciated for the time and talents they give to our residents. They enabled our residents to attend church services, along with befriending our residents, and working in collaboration with pastoral care/chaplaincy.

Residents on occasions had requested help in organising their funeral liturgy, which has been facilitated.

Visiting Residents

Visiting residents and having regular on-going contact with them continues to be the essential part of the Ministry and where we spent most of our time. The chaplains endeavoured to make contact with any new residents at the earliest opportunity, after their move to the hospital. We also provided support to them and their families through, what is often a sad, bewildering and frightening time for them. The steady support we offer builds up trust and friendship. Knowledge of our visits to their loved ones gives comfort to the families, as related by family members.

Chaplaincy Support

Chaplaincy support is also available to staff. During the past year we were able to be there for different members of staff following the death of a resident, whom they had built up a relationship with over sometimes many years.

The onsite chaplains are members of the CEOL Group and the weekly MDT meetings and the Bray Deanery.

The Hospital chapel continued throughout 2018 to be the focal point whereby our residents, their families and staff found support through its liturgies and spending quiet reflective time in peaceful surroundings. As far as possible we endeavoured to make this a 'sacred space' thereby creating a place of tranquillity, in helping bring solace, peace, and aid in the care plan of our residents in an holistic approach to healthcare.

I would like to thank the Board of Directors and Chief Executive for enabling us during 2018 to provide pastoral care support to our residents and families, at a time of entering a healthcare environment, where many experience loss of independence and mobility.

Sr. Annette Byrne
Miriam Molan
Chaplains

Grounds Department

Our Mission

To maintain and enhance the hospital grounds for the benefits of the residents, visitors and staff. To adhere to all current Health & Safety legislation.

Health, Safety & Security Initiatives

- Tarmac resurfacing works completed to car park areas, decreasing the trips & falls hazard risk.

- New stores yard signage, clearly identifying the laundry, maintenance & housekeeping areas and helping with the segregation of colour coded laundry items.
- New chemical waste segregation bins and storage area in stores yard.
- Construction of new general waste bin areas (link corridor, Glencullen & the Clevis) to adhere to fire regulations that stipulate bins need to be 5m from any building.
- New grounds signage, identifying parking areas & clamping enforcement.
- Following an unauthorised visitor gaining access through Woodview courtyard, we installed signage and a keypad on the gate, to increase security measures.
- Installation of 2 new traffic mirrors at a busy traffic/pedestrian intersection at Woodview.
- Construction of new entrance ramp at reception, reducing the trip hazard with the old cobble ramp.
- Construction of fire exit ramp at reception fire exit, removing the old step & pebble, plus new fire exit signage.
- Repair & make safe all trip hazards along avenue entrance footpath.
- Existing ramp at the back door of the Clevis widened, to aid ingress and egress.
- Major tree surgery carried out to make safe the woodlands area. We also had a lot of storm damage throughout the year which required continual tree surgery.
- Safety upgrades to grounds workshop including chemical control & storage measures, P.A.T. testing to all equipment, improved lighting, sockets & signage.
- Continued repair & maintenance of our old machines.
- Major clear out from the old mortuary & stables area, making it less attractive for break ins.
- Repurposing of old centralised shed as our adverse weather/salt/spreader storage area.

Improvements & Upgrades

- Construction of 15 timber benches, painted and situated in and around the hospital, realising large cost savings over similar factory bought products and a great amenity for residents and visitors alike.



- Introduced winter colour planting using baskets & planters.
- Construction of Carmen garden lean to, to enhance garden usage.

- Continual upgrades to the LPH men's shed at the Clevis, courtesy of one of our residents, including new stone and cobble walls, new covered veranda & planters.
- In-house made window fly screens, large cost saving on originals.
- We welcomed a donation of 50 tonnes of topsoil which has been used to build new greens & tees in our ongoing putting green construction.
- Cleaned up the pit area which is now home to a native black bee apiary. We await our first jar of honey.
- Local business volunteers continue to be of great help to the hospital. Last year they managed to deep clean the Glen garden, clear the ivy and growth from the woodland trees, our old red brick walls and also found an old path that was once along the banks of the lake, now the M50. We look forward to their annual visit.



- The infamous Christmas reindeers once again made an appearance to raise funds for the hospital & lift Christmas spirits!
- Tús placements: We continued to work closely with Tús to facilitate an excellent work placement. This remains a very positive experience for all parties concerned.

James Egan
Head Groundsman

Appendix 1 - Income & Expenditure Accounts

A summary of the Consolidated Non-Capital Income & Expenditure Account for year ending 31st December 2018 is as follows:

Consolidated Revenue I & E	2018 €'000	2017 €'000
Deficit/(Surplus) Fwd.	130	19
Pay Costs	14,132	14,021
Non-Pay Costs	2,548	2,733
Gross Expenditure	16,810	16,773
Less Income	(16,714)	(16,643)
Deficit/(Surplus)	96	130

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

The average bed occupancy rate for 2018 was 87% across all bed types, long term care beds had an occupancy rate of 95%.

No. Admissions in 2018	No. Discharges in 2018	No. Deaths in 2018	No. Respite Admissions in 2018	No. Respite Discharges in 2018
70	4	37	223	224

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 200 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 50 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.

Friends of Leopardstown Park Hospital

The Leopardstown Park Hospital volunteers are people who volunteer their time and services in a variety of ways to assist and improve the quality of care afforded to our residents. This includes the Veteran Support Group who have a particular focus on our veterans. The Board acknowledges the great contribution made by volunteers to the life of the hospital.

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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