

Leopardstown Park Hospital

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STATEMENT OF PURPOSE.

Registration No: REG-0011303 Registration Date: 3rd June 2011

Expiry: 2nd June 2017 Centre No: OSV -0000667.

Updated: April 2020

Revision no: 11

REGISTERED PROVIDER: Leopardstown Park Hospital Board

REGISTERED PROVIDER REPRESENTATIVE: Mr. Eugene F. Magee
Leopardstown Park Hospital, Foxrock, Dublin 18. **Phone (01) 2160525**
Email: geraldinelee@lph.ie

Person Participating in Management (PPIM): Ms. Ann Marie O’Grady
Leopardstown Park Hospital, Foxrock, Dublin 18. **Phone (01) 2955055**
Email: annmarieogrady@lph.ie

Chief Executive and PPIM is Ann Marie O’Grady who has worked full time in the role since her appointment in January 2015. She qualified and practiced as a physiotherapist in both the Irish and New Zealand health services and moved into clinical and general management roles in the Irish Health sector from 2000 onwards in acute, rehabilitation and residential settings. She also has extensive experience in working at the interface between acute, sub-acute and community settings. She has held a number of pro bono Board non-executive roles including in a regulator, professional body and a healthcare agency and is committed to the highest standards of clinical and corporate governance. Ann Marie was for 13 years a Council Member and Honorary Editor of the Health Management Institute of Ireland, the professional body for healthcare managers in Ireland and represented Ireland on the Editorial Board of the European Association of Hospital Managers.

Relevant Experience

- Chief Executive, Leopardstown Park Hospital – 2015 to date
- Head of Clinical Services & Business Planning & Executive Director, St Joseph’s Hospital Campus, Raheny - 2011 to 2015
- Nominee on behalf of the Provider, Raheny Community Nursing Unit - 2011 to 2013
- Head of Clinical Services, Beaumont Hospital - 2008 to 2011
- Physiotherapy Manager, Beaumont Hospital – 2003 to 2008
- Deputy Physiotherapy Manager, St James’s Hospital – 2000 to 2003
- Senior Physiotherapist, St James’s Hospital 1994 – 1997, 1998 – 2000
- Senior Physiotherapist, Good Health Wanganui, New Zealand 1997 to 1998.

Qualifications:

- Diploma in Strategy and Innovation– Irish Management Institute/UCC - 2018
- Diploma in Leadership – Irish Management Institute/UCC - 2017
- Diploma in Executive and Leadership Coaching - 2015
- Office for Health Management Millennium Leadership Programme - 2002
- Extra Mural Certificate in Human Relations and Communications - 1995
- Bachelor of Physiotherapy (Hons), University College Dublin – 1990

Person In Charge (PIC): Mr. Adrian Ahern
Leopardstown Park Hospital Phone 01 2955055
Email: adrianahern@lph.ie

Adrian was appointed as Person in Charge in September 2016 and has been working full time in the post since 1st January 2017 and is a qualified psychiatric and general nurse.

Adrian worked as a staff nurse in Laois /Offaly mental health services and has worked as a clinical teacher in the St. Fintan’s Hospital School of Nursing, Portlaoise, Co. Laois.

He qualified as an Addiction Counsellor and was part of the commissioning team for the new community based addictions service in the Midland Health Board area. He became Local

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Administrator for Offaly Community Services with responsibility for the range of community services. He was then appointed Hospital Administrator for St. Fintan's Hospital Portlaoise and its community services.

In 1994 he was appointed as Grade VI in the Deputy CEO's office in Midland Health Board.

In 1996 he was appointed as Manager for East Galway Mental Health and Older Peoples Services and oversaw the re alignment of services in Galway, including the development of new buildings and services and re-engineering of posts to provide community based services. At various times he acted for the Deputy CEO, Local Health Manager. He remained on the Nursing register (NMBI) throughout. He was designated Complaints Officer under the Health Acts and Authorised Officer under the Mental Health Acts. He has presented at many conferences in Ireland and elsewhere and lectured on Strategic Management at Athlone Institute of Technology. In 2013 he took up duty as Operations Manager in Ballinderry Nursing Home, Kilconnell, Ballinasloe, Co. Galway, and became its Person in Charge in August 2015. He is also a Council member of the Health Management Institute of Ireland and Irish nominee to the European Association of Health Managers, Mental Health committee.

Qualifications

Registered Psychiatric Nurse, Registered General Nurse

Certified Addiction Counsellor, Diploma in Health Services Management

Certificate in Health Sector Economics, B.Sc. Econ., M.A. Health Care Management.

AIM

To provide care for residents in a caring compassionate professional manner, to suit the individual while respecting the needs of the wider group of residents and to promote the wellbeing of the resident.

Covid -19 Arrangements

As part of contingency planning for Covid-19 LPH has requested HIQA to permit use of Woodview (previously a rehabilitation unit) to be used to allow LPH to safely manage and care for residents across the centre. It is fully recognised that the beds in Woodview do not meet the existing regulatory requirements in terms of privacy and dignity but provision of screening and high levels of staff vigilance and attention will allow LPH to mitigate this non-compliance. The use of these beds will only be utilised when other options have been exhausted and HIQA will be notified when utilised. LPH will not increase the number of registered beds at any time. It is the intention that LPH will close these beds to residential care clients as soon as possible and will apply to vary the conditions of registration without delay thereafter once the requirement for Covid contingency is no longer required for the public health emergency.

OBJECTIVES

- To ensure privacy, dignity and independence, within a safe, friendly and homely setting.
- To encourage Residents to maintain their individuality and to be involved in their care and lifestyle whenever possible.
- To comply with all relevant legislation, particularly the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older people) Regulations 2013 and related legislation.
- To provide care for Residents' with dementia and other psychological disorders, without the use of routine tranquillising medication.
- To communicate with the relatives, friends and family of the Resident so that they are involved with the centre and the Resident as they and the Resident wish.

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- To provide a high standard of care, create a “home from home” environment using evidence based practice to inform this.
- We provide services to people aged over 18 of both genders.

CORE VALUES OF CARE

<u>PRIVACY:</u>	Each Resident’s space is their own personal place and privacy is respected at all times.
<u>DIGNITY:</u>	Each Resident can expect to be treated with respect at all times.
<u>INDEPENDENCE:</u>	Residents are encouraged to be as independent as they wish, and to keep up the interests/hobbies they may have and generally to lead a happy and contented life in a way that suits their individual needs and wishes.
<u>CHOICE:</u>	Residents are informed of any important matters or developments and we welcome any suggestions they, their families and staff might offer.
<u>RIGHTS:</u>	Residents rights will be maintained and all entitlements associated with citizenship will be respected.
<u>FULFILMENT:</u>	Residents are encouraged to continue hobbies both inside and outside the centre, whilst providing a secure, clean and well-maintained environment, with privacy and hospitality to make visitors and friends feel welcome.

PHILOSOPHY OF CARE

Care will be provided to our residents and their families in a respectful caring manner, within a safe environment which promotes independence and individuality. Incorporating best practice, we will enhance the quality of life for our residents by providing a holistic service, which promotes empowerment and facilitates excellent resident outcomes. Leopardstown Park Hospital (LPH) is committed to assisting our residents to live their lives in an as active and fulfilling way as possible.

Our staff will strive to maintain the dignity, individuality and privacy of all residents within a warm and caring atmosphere having regard to residents ever changing medical, cultural, spiritual, psychological, emotional and social needs.

Residents and nominated relatives will be active participants in the development of the Resident’s Care Plans, as far as is practicable and with the consent of the Resident.

LPH aims to provide Residents with a secure, relaxed, and homely environment in which their care, well-being and comfort are of prime importance. This will be achieved through programmes of activities designed to encourage mental alertness, self-esteem, social interaction with other Residents and with recognition of the LPH’s core values and history, which are fundamental to the philosophy of our organisation.

Our staff will have undertaken training or will be undergoing training to ensure the highest quality of care is delivered. A continuous staff appraisal system is in place to inform staff training needs to ensure that these high standards are maintained in line with the latest developments in care practices, including those as may be laid down in appropriate legislation and regulations by the Health Information and Quality Authority and other statutory agencies.

We have fostered close links with the local mental health teams, psychiatry of later life team, palliative care team, community liaison teams and local University Hospitals and other local health facilities.

HISTORY

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 from the British armed forces. By the early seventies the number of residents had decreased to less than half of the total beds in use and access to services was opened to older persons from the local area. 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-servicemen would remain the principle beneficiaries of the Trust.

Since its establishment the Board has worked to develop and improve the facilities of the hospital and cater for its traditional role in the care and treatment of ex-service personnel. The early eighties saw the first female resident admitted for residential care. LPH has expanded its range of services and has developed into a specialist agency 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) and day care services (general and dementia specific). LPH sits at the interface between the acute and community sectors and supports older persons and the two sectors in this context.

ADMISSION CRITERIA

Leopardstown Park Hospital provides care for people with problems of old age. Their needs may vary from low dependency to having complex needs which require full nursing care. We provide a respite services, as well as day care and rehabilitation. We provide care for residents with medical conditions e.g. Cardiac, Respiratory problems, Cerebral Vascular Accidents. We provide care to residents who have been diagnosed with dementia and we provide end of life care. We provide services to people aged over 18 of both genders.

Planned Admissions

To ensure we have the ability to provide the required level of care all planned admissions to our centre will undergo a Pre-Admission Assessment. This will be carried out by the Person in Charge or their nominee (always a qualified Nurse) either in the persons own home, in an acute Hospital or other setting as necessary.

Information from the referring agency will form part of this assessment, as will discussions with family members.

People enquiring about admission to Leopardstown Park Hospital are encouraged to visit the centre in the first instance. An appointment is necessary, and should be arranged with the Nurse Manager. Every Resident will be assessed on admission and four monthly thereafter.

A Contract of Care will be provided and the Resident/family/ legal representative are required to sign same.

Management of Emergency Admissions:

Occasionally, emergency admission is necessary to promote the safety of the resident, when there is no alternative available. Wherever possible the Person in Charge or deputy may travel to the resident's location and perform an assessment prior to admission. The following policy/procedure will apply:

- The person should be accompanied by a chaperone, relative or friend
- A transfer letter from the G.P., hospital doctor should accompany the resident or be provided to LPH as soon as possible, but not later than 72 hrs.

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- The resident should bring their current medication and most recent prescription from their G.P. or hospital.
- The resident must provide their PPSN and GMS details
- Contact details of the resident's nominated representative must also be provided and a full admission procedure by the nursing staff will take place as per our admissions policy.

POLICIES AND PROCEDURES

To provide a high quality care service we have developed a wide range of policies and procedures on many aspects of care provision, administration and other matters to assist us.

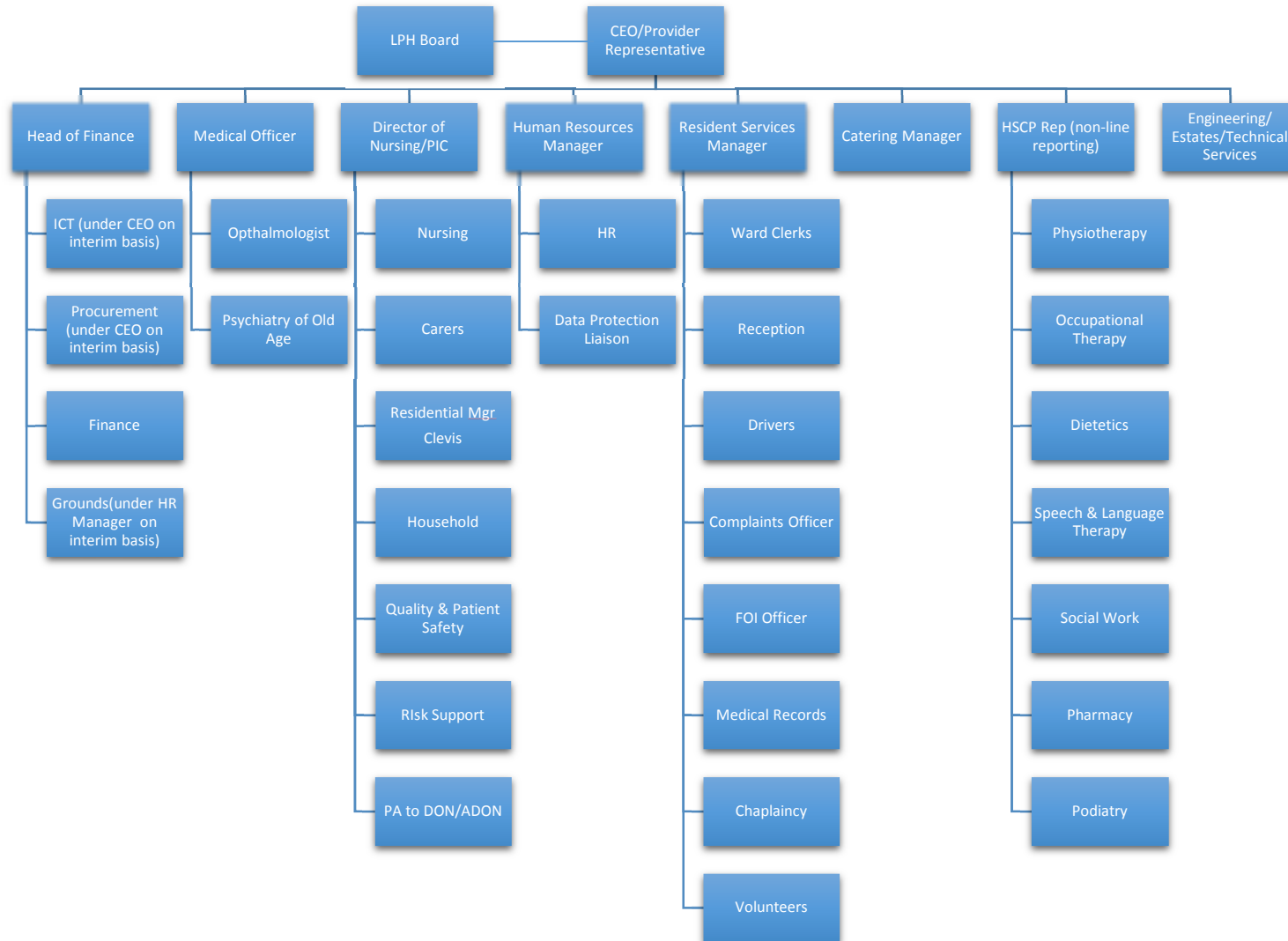
Our policies are developed using a variety of information sources including professional bodies, publications and published examples of best practice and are reviewed as necessary.

The **main policies** include policies and procedures on the following matters which are required under The Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Schedule 5. (This is not an exhaustive list)

- The prevention, detection and response to abuse
- Admissions;
- Management of behaviour that is challenging;
- The use of restraint;
- Residents' personal property, personal finances and possessions;
- Communication;
- End of life care;
- Staff training and development;
- Recruitment, selection and vetting of staff;
- Monitoring and documentation of nutritional intake;
- Provision of information to residents;
- The creation of, access to, retention of and destruction of records;
- Temporary absence and discharge of residents;
- Health and safety of residents, staff and visitors (including infection control and food safety);
- Risk management;
- Responding to emergencies;
- Fire safety management;
- The ordering, receipt, prescribing, storing and administration of medicines to residents;
- The handling and disposal of unused or out of date medicines;
- The handling and investigation of complaints from any person about any aspects of service, care and treatment provided in, or on behalf of a designated centre.

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MANAGEMENT & STAFFING
LEOPARDSTOWN PARK HOSPITAL ORGANISATION STRUCTURE



MANAGEMENT AND STAFFING (Continued).

The Chief Executive (PPIM) and Person in Charge are directly employed by the Board to take care of and facilitate the daily running of LPH. The Person in Charge and the Assistant Director of Nursing provide cross cover, including annual leave, for each other to ensure continuity of management within the home. In the event that both the Person in Charge/Nursing Director is not on Duty then the Senior Nurse on Duty takes responsibility for that shift. The Person in Charge and Chief Executive are available 24hrs in the event of an emergency. Telephone support is also provided by the C.E.O., P.I.C. and A.D.O.N. if and when required.

Staff are selected for qualities of reliability, integrity, friendliness, knowledge, skills they may bring to LPH and for their professionalism.

Senior Management Team

Chief Executive Officer (PPIM)	Ms. Ann Marie O’Grady
Interim Chief Financial Officer	Mr. Robert Hegarty
Person in Charge/D.O.N.	Mr. Adrian Ahern
Medical Officer	Dr. Joseph Yazbeck
Health and Social Care Professional Representative	Ms. Mary O’Toole
Human Resources Manager	Mr. Jason Denman
Resident Services Manager	Ms. Paula Carraher

Staffing

Grade	Whole Time Equivalent
CEO	1
Admin Grades: Management, HR, Finance, Clerical, Supplies, Engineering	18.5
DON	1
ADON	1
Clinical Nursing Managers 1&2	13.5
Staff nurses	40
Healthcare Assistants	76
Medical	1
Health and Social Care Professionals	7
Health & Social Care Professional Assistants	2.5
Catering	16.5
Grounds /Maintenance	4

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Portering	2
Cleaning staff	9
Activity Coordinator	1
Welfare Home Supervisor	1
Laundry Staff	2.5
Drivers	0.2
Chaplains	1.25
Total	198.95

Whole Time Equivalent are based on 39 hour week. The number of staff on duty is based on recognised staffing tool which uses the number of occupied beds and dependency levels in the calculation.

All staff have been Garda vetted and provide evidence of their current registration on an annual basis, if they are a member of a profession requiring registration.

Leopardstown Park Hospital is staffed by nurses and care staff over the twenty four hours. All of our nurses are fully qualified and some have specialist qualifications and experience in mental health, intellectual disability, care of the older person, wound care, counselling, medication prescribing, infection control and management.

All new staff undergo a period of induction which covers such topics as

- **Code of conduct**
- **Confidentiality**
- **Personal Care Tasks**
- **Responsibilities**
- **Health and Safety**
- **Fire Safety.**
- **IT System**
- **Policy awareness**
- **Awareness of the Health Act relevant to Nursing Homes and associated Regulations and standards**

All staff members are required to participate in the following training provided by LPH (as appropriate to each department)

- **Recognising and responding to Vulnerable Adults**
- **Manual Handling**
- **Patient Handling**
- **Fire Training**
- **Diet & Nutrition**
- **Pressure Area Care**
- **Children First**
- **Other topics that may be relevant to provide best evidenced care and best practice.**
- **Policies of the Hospital**

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All staff are required to participate in training, internal and external, to ensure high standards are met and maintained with the most current information and best practice for that department. We have developed close links with the HSE Nurse Practice Development Unit and avail of their initiatives in care provision and up skilling.

No staff reside on the premises.

All volunteers and external service providers are Garda vetted.

GENERAL INFORMATION

Bedding: Bedding is provided by LPH, however if residents have favourite items of bedding they may use their own.

Telephone: Residents may make and receive calls from the main hospital number to/from the extension in the Unit. Privacy will be afforded to the Resident. Residents are welcome to have their own mobile phones in LPH, but LPH cannot be responsible for their loss.

Wi-Fi: Residents may avail of our wireless internet, to maintain contact with family and friends especially those living abroad by using the internet. Computers are available in the library for use by Residents.

External Hospital Admission: Should a resident require hospitalisation their bed will be kept available to them until such time the centre is informed otherwise by the resident or their family. In event of a significant change in clinical needs a reassessment may be necessary prior to agreement to a readmission. This is to ensure that the centre can fully meet the current care needs.

Pets: Visitors may bring pets into the centre with prior consent of the Unit Manager.

Hygiene: Residents may shower as often as they wish. Hygiene needs are met as per assessed care plan. We also carry out all personal laundry washing, which is usually returned the next day. We recommend that all clothing be labelled before coming to LPH or as soon as it comes into the centre. The Laundry Department will label clothing on request. However, if a resident prefers to make other arrangements for the laundry of their clothes they are free to do so. Please ensure staff are aware of any clothes that need specialist cleaning.

Interests/Hobbies: We hope residents will keep up interests they may have had, and join in the activities of the centre.

Going To Bed: Residents may choose when to go to bed.

Medication: Medications are dispensed by a qualified pharmacist in line with regulations. Medicines are kept in locked cupboards and trollies and administered according to prescription and in line with the LPH Medication Management Policy. The pharmacy staff also provide advice, information and education to staff and residents.

Food: Menus are varied and nutritious and we can cater for special dietary requirements.

Meals are prepared in the Catering Department under the direction of the Catering Manager using traditional cooking methods in the centre's kitchen working closely with the dietitian and speech and language therapist.

Our meal times are as follows and are regarded as protected times.

08.30a.m. – 10.30a.m. Breakfast.

1.00p.m. – 2.00p.m. Lunch

5.00p.m. – 6.00pm Supper.

These times are flexible for residents. Favourite dishes can be catered for. All residents are encouraged to eat in the dining rooms but may eat in their space/room if preferred. Visitors can be catered for by prior arrangement. Meals may be kept for residents who are out or who may be late returning to LPH. Tea, coffee, other hot and cold drinks are readily available 24 hours to those who would like.

The bringing of food into LPH by family and visitors is discouraged in line with good practice and safety considerations.

Going Out: Residents are welcome to come and go as they please, however the nurse in charge on the unit must be informed when leaving LPH and on return.

Valuables: It is important to inform the nurse in charge of any valuables the resident may have so they may be locked in the safe, located in the finance department. It is advisable to keep the minimum of valuables on their person. Large sums of money should not be retained. LPH will not be responsible for any valuables kept in the Resident's room or locker. Insurance is provided by LPH in accordance with legislation. It is suggested that any specialised hearing aids or other personal medical devices are insured by the family or Resident.

Belongings: Residents are actively encouraged to bring in personal items, such as a favourite chair, pictures, photographs etc. in order to make their area as homely as possible. All items will be put on an inventory list along with clothes and personal hygiene items. Where a Resident wishes furniture to be brought into LPH this must be specifically agreed. The cost of transporting such items is the Resident's responsibility. A cupboard is provided in each resident's space/room for any item they may wish to keep there.

If the resident leaves the centre or dies leaving their effects in the centre, we shall make every reasonable effort to contact the Resident's nominated representative for instruction. In the absence of instruction or if no provision has been made within 1 month we shall be entitled to treat the effects as abandoned and thus dispose of items sensitively.

All electrical appliances brought to LPH by Residents for use need to be approved by LPH before use, for safety reasons. Any appliances need to be agreed as to their suitability for use in the LPH. Such an appliance shall be given a safety examination by a qualified electrician.

Insurance: The centre has appropriate insurances in line with legislation which includes policies relating to public liability, injury to residents and other risks including loss or damage to a resident's property.

Family And Friends Visiting and Contacting: Resident's family and friends are encouraged to maintain contact with the Resident, by visiting, phoning, letter, e-mail or internet. Family members are welcome to visit at all times. Visitors are requested to respect our visiting times as displayed at the Reception area and to comply with Fire, Health and Safety Regulations. All visitors are required to sign the directory of visitors on entering and leaving LPH as required by legislation. Visitors are also asked to respect our hygiene policies and to use the hand sanitising equipment provided. We respect the Residents' right to refuse to meet visitors and therefore visitors are asked to wait at the reception area to allow staff, check with the resident. If a Resident declines to have visitors this will be conveyed to the visitor by the nurse on duty. We also reserve the right of admission to any visitor

who may cause upset to Residents or staff. Staff will check on the Resident during the visit in accordance with the LPH Policy on the prevention, detection and response to abuse. Visitors are reminded to adhere to confidentiality.

Bereavement In the event of resident dying, funeral arrangements shall be made by the family or the person nominated by the Resident. We will provide support in this process and other Residents will be supported in their bereavement in line with the LPH policy on End of Life Care.

Privacy and Dignity. We will strive to protect residents' dignity and privacy by:

- Pulling screens around beds before any intervention
- Knocking before entering resident's rooms
- Requesting consent before any interventions
- Checking preference for staff gender for intimate procedures
- Checking before admitting visitors to resident areas
- Respecting confidentiality
- Providing privacy screens in bedded areas
- Referring to residents by their preferred name/title
- Providing locks on toilet/bathroom areas with safety override
- Providing policies to inform staff practice around these areas
- Providing a lockable space for each resident
- Respecting resident's wishes regarding clothing, attendance at activities/events

Advocacy and Residents' Forum: All advocacy types are of equal value. What advocacy is used, and when, should depend on what is best suited to the person who seeks it. An individual may ask for different types of advocacy support at different times in their life.

The purpose of the Residents' Forum is to create a forum in which the residents are given a voice regarding all aspects of living in residential care. The Forum also strives to help/assist the Residents to make choices and take more control of their own life and help the Residents in making the view and concerns heard and to make sure that their voices are listened to and answered. The Forum is not a referee in a dispute or argument nor does it take the control away from the residents. The Forum meets at least three times a year. Two nominated senior members of our staff facilitate this forum. The proceedings are recorded and shared with all Residents. Relatives are also welcome to attend and the minutes of these meetings are discussed with staff and are widely available in large print to facilitate Residents.

In the event that any Resident wishes to have an independent advocate, Leopardstown Park Hospital has a Memorandum of Understanding with an independent advocacy group who provide an independent advocate, at no cost, should a Resident wish to access one. This can be accessed through the Social Work Department or Director of Nursing.

General Safety: Residents' safety is very important to us. Call bells are provided for resident's assistance. General risk assessments are carried out periodically and as required to help identify and reduce any risk of harm to Residents. CCTV is in operation in the centre. Cameras are located in the reception area, the corridors and the surrounding outside perimeters of the building. These cameras are in place to enhance the security of the centre. Cameras are not in the sitting rooms or in any individual bedrooms. A risk register is maintained and the health and safety committee meet bi-monthly. An emergency plan has been developed to provide guidance for all in the event of identified emergency situations such as flooding, lack of water, lack of heat, lack of power and evacuation of the premises.

Fire Safety: LPH has a modern automated fire alarm system throughout the building; detectors are fitted to all residents' rooms and common areas. We operate a test fire alarm at 11 o'clock on Thursday mornings, and notices to this effect are posted in the centre. All fire exits are checked daily. All staff are trained in fire prevention and safety and regular evacuation exercises are held. Fire action notices are displayed around the building together with floor plans. Automatic door closures linked to the fire alarm system are in place. The fire assembly points and muster points are clearly marked throughout the campus. A continuous fire alarm sounding is the signal for all to proceed to the nearest fire exit and assemble at the designated fire assembly point and follow the instructions from staff. The fire system is regularly serviced by a competent external contractor. Smoking is confined for residents to designated smoking area which has fire retardant furniture and fittings. Evacuation drills are held regularly.

Infection Control: An infection control committee is in place, reporting to the Board Integrated Quality, Safety & Risk Committee. There is a hand hygiene policy in place and all entering LPH and units are requested to use the hand gel available at the entrance and widely available throughout LPH. Our hygiene policy and cleaning policy, together with supervisor, assist in the guidance of staff practice. In the event of infection entering the centre, measures will be put in place as soon as possible to prevent its spread. These will be communicated to Residents, families and visitors and they will be asked to adhere to these measures in accordance with our policies. HACCP is fully implemented in our catering services. Visitors are discouraged from going from room to room when visiting Residents.

Religious Practice: Residents may attend religious services either within the onsite Chapel or externally, as they wish. To attend outside religious services the resident must arrange transport and accompaniment. Mass is currently celebrated once per week in the Chapel, but may be more frequent, as often visiting clergy may celebrate Mass. Holy Communion is offered twice weekly to Residents. The Rosary is recited three mornings each week and volunteers assist with this.

Church of Ireland clergy visit regularly and other denominations attend as requested by residents. Interdenominational services are also held during the year and each November a Remembrance Service is held for those Residents who passed away during the year and relatives are invited to join in this event.

The Chapel is located on the link corridor.

Attendance at all religious services is optional and voluntary.

Pastoral care/chaplaincy is also provided on an 'all faiths and none' basis.

Care Planning: Every Resident will have a comprehensive individualised assessment conducted by a health professional, normally a nurse, either prior to admission or on admission. Care plans, based on the assessment, which inform the care to be given will be developed no later than 48 hours after admission to LPH. These plans will be developed in consultation with the Resident and family members (subject to the consent of the Resident). This plan will be reviewed at intervals not exceeding 4 months or more frequently if the person's condition or circumstances warrant.

All Residents have a nominated Registered Nurse who will be responsible for this process and will be assisted by nominated care staff. Family will be encouraged to participate in the Residents daily routines and to attend the care plan reviews subject to the consent of the Resident. These care plans and Resident information is retained on our computerised system in accordance with data protection legislation.

Family members may arrange to meet the Resident's doctor or other health professionals, subject to the Resident's consent, through the nursing staff.

Activities: There is a comprehensive suite of centrally organised activities for Residents. These are provided by the Resident Services Department, Occupational Therapy Department and activity carers. Within each unit, unit based activities for individual residents are identified and facilitated through the care planning process. Residents always have the choice to partake or not, as they so wish. Staff encourage and, in certain instances assist, Residents to pursue their hobbies and interests.

Examples of some activities include board games and cards. Newspapers are supplied, if requested, on a daily basis in order to ensure Residents are kept up to date with day to day news. Residents are encouraged to go for walks around the building and grounds, with assistance of staff members or visitors. Reading material is supplied in our comprehensive library, and updated on a regular basis. Cinema afternoons and evenings are held regularly in the Concert Hall. Bingo nights, quiz nights, dancing, singing and games nights are regular features of the activities' agenda. Specialised party nights are organised by staff and local musicians perform. Volunteers also call to the centre and provide music and sing-alongs. An art programme, a music programme, physical activities, and reminiscence are provided regularly. Residents will be facilitated to visit the local amenities and shops, if they wish to do so. Family are encouraged to become involved with activities. Birthdays are celebrated as they arise and family events are held throughout the year, a Remembrance Service is held each November to remember those Residents who passed away during that year, family members and residents participate in the arranging and actively participate in this multi denominational event.

There are activity timetables available on each unit and other prominent locations in LPH to promote and advertise the activities and any special events. These timetables are updated and reviewed regularly.

Monitoring and Quality: We use the Health Information and Quality Authority Care Standards in Residential Settings (2016), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) and associated Regulations to provide a template for self-auditing. We continually audit our practices including medication management, awareness of policies, incidents, complaints and follow up actions. The medication policy and practices are audited by a qualified pharmacist and nurse. LPH is subject to many regulatory inspections including inspections by the Environmental Health Services, Health and Safety Authority, Fire Authority, Health Information and Quality Authority, etc. The Resident and their representative may be invited to take part in some of these audits. A questionnaire for residents and family is used to assist in the quality improvement process. An annual review of the quality and safety of care is conducted in consultation with Residents and their families. LPH employs a full time quality and patient safety manager to advise & monitor quality within the centre and its services. LPH has established an Integrated Quality and Safety Committee as a sub-committee of the Hospital Board, the aim of which is to drive quality improvement and provide a level of assurance to the Board that there are appropriate and effective systems in place that cover all aspects of Quality & Safety. There are considerable areas of landscaped gardens and secure internal courtyards accessible to residents and visitors. There is a large concert hall which is used to provide activities such as cinema, song and dances and concerts, including military bands.

HEALTHCARE PROVISION

Leopardstown Park Hospital provides a range of services from a range of healthcare professionals to address identified care needs. These staff are fully qualified, and must submit evidence of current registration, if a member of a regulated profession.

Medical Services: The medical officer is onsite daily Monday to Friday to review residents. An out of hour's medical service is provided by an out of hour's medical service. Residents may keep their own regular GP, if they so wish. If Residents need to see their own GP or attend a hospital appointment, family members are required to facilitate this. If however relatives are unable to accompany or provide transport, then we can organise transport and staff to accompany for an additional cost.

COMPLAINTS PROCEDURE

Information on the complaints procedure is available to all in the resident's information display units at various prominent locations around the centre. The complaints policy outlines the various steps in the procedure and all staff members have been trained and are familiar with the policy.

It is expected that most complaints can be resolved at local level. Complaints, due to their seriousness, complexity, or which are not resolved at local level, may be passed to the Complaints Officer for resolution through informal or formal means.

The Complaints Officer will carry out a preliminary screening to ensure the appropriate processes to be used to manage the complaint. Complaints of a clinical nature will require the input of the Director or Assistant Director of Nursing or external clinical advisor if necessary. In the absence of the Complaints Officer the Director of Nursing/Person in Charge can proceed with the review of the complaint.

Should it be appropriate the Complaints Officer will endeavour to resolve the complaint informally if acceptable to the complainant. Discussion/mediation may be used to attempt resolution of the complaint.

Where informal resolution is not appropriate the Complaints Officer will initiate a formal investigation. All complaints are viewed in a constructive manner and are dealt with promptly and emerging suggestions are utilised to inform policies and practices.

All complainants are kept informed of any investigation arising from the complaint or concern. LPH also records if the complainant was satisfied with the outcome of any investigation. The complaints procedure also provides details of individuals who are independent of the complaints process so that the complainant can appeal if they are not satisfied with the outcome of the investigation.

FINANCIAL ARRANGEMENTS AND FEES

Residents or their relatives are required to sign a contract of care in order to receive services. This is a legally binding agreement and should be carefully read before signing. If there are any points that need clarifying please contact the Medical Social Worker. This contractual agreement is for Care. This means the day-to-day care of the Resident that is required in respect of their individual and personal needs.

Bed rates under Nursing Home support Scheme (2009) ("Fair Deal") are set by the HSE and may fluctuate from time to time.

People availing of Respite Care are required to make payment of €25 per night after a cumulative 30 days in a year as required under the Health Acts.

CONTRACT OF CARE

The main features of the Contract are:

- LPH will provide professional nursing care on a 24 hour basis
- LPH will provide each resident with access to 24 hour medical service
- LPH will provide the necessary basic mechanical aids required to meet the physical needs of each resident. If specialised equipment is required this may be funded or provided by the resident or their representative for the resident's sole use.
- LPH will provide a laundry service for machine washable items only.
- Designated areas of the centre (external) are provided for smoking. This is for Residents only.
- If a Resident needs to be hospitalised in an external hospital or is absent from LPH, their bed will be reserved for them in order to facilitate their return. As this bed cannot therefore be allocated to another client, fees will be incurred at the Resident's usual rate.
- In order to facilitate the efficient day-to-day running and bed management within LPH a period of 4 weeks' notice must be given to the management by the resident (or their representative) of their intention to leave. Otherwise an additional fees (i.e. total weekly rate x 4) must be paid. (This applies to residents staying for an indefinite duration as a residential care client only.)
- The management of LPH will give a period of four weeks' notice of intention to terminate this contract to the Resident or their representative if for whatever reason the Resident can no longer be cared for in LPH.
- Facilities/services not included in the fee and which will be for paid for separately are as follows: Hairdressing, specialised medical visits required/requested by the Resident or their representative, the cost of private transport to and from LPH (where an emergency ambulance service is not provided) or medical appointments and the cost of providing a member of staff to accompany a Resident to and from LPH or appointments outside LPH. Please refer to Appendix 2 for details
- Once a room is allocated (single or shared occupancy) the Resident will not be moved from this room, unless at his/her request or for medical reasons or an identified assessed risk in the case of a Resident with dementia/cognitive impairment, without his/her consent or the agreement of his/her representative.

Services Provided and Included In Fees

The following is a list of services we provide to all residents

- 24hr nursing care
- Physiotherapy
- Occupational Therapy
- Pharmacy
- Social work
- Phlebotomy service
- Access to 24hr medical care
- Dietetic services
- Speech and Language Therapy.
- The provision of accommodation, decoration & furnishings. The use of our sitting rooms and dining room facilities suitably furnished and decorated.

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- Meals are included and consist of breakfast, lunch and tea. Refreshments throughout the day if and when required.
- Domestic services such as laundering of personal clothing (not dry-cleaning), bed linen and blankets, towels etc.
- The provision of heating, lighting and electrical supply.
- The cleaning of bedrooms, public rooms and corridors etc.
- The provision of towels, face cloths, toilet rolls, light bulbs etc.
- Replacement of furnishings and equipment including soft furnishings as a result of “wear and tear”.
- The provision of personal care during day and night is included. The amount and type of care will vary and depends on your needs.
- When required, assistance with oral care, bathing, washing and dressing will be given. Assistance with mobility, help with toileting, provision of commode when necessary.
- The opportunity for exercise and physical activity.
- Assistance with application for Government Aid/Grants

DESCRIPTION OF HEALTH CARE PROFESSIONAL SERVICES AT LEOPARDSTOWN PARK HOSPITAL

Nursing

The Nursing Team is led by the Director of Nursing and comprises a range of qualified nursing staff and trained carers (HCA) provided over a 24 hour period.

Nursing staff and HCAs work together as a team to deliver holistic resident centred care. While each nurse may provide care for a number of residents he/she is the named nurse for an allocated number of residents and as such is responsible for the care plans for those named Residents.

Each Resident’s needs are assessed pre admission and a decision is made based on the LPH’s ability to provide optimum care based on an individual needs assessment. An individualised care plan is developed based on this information and family input. Four monthly reviews of the Resident’s care take place, during an Inter-Disciplinary Team (IDT) meeting. Daily records are kept on each individual Resident’s nursing care notes. As part of the nursing intervention, activities are incorporated by the qualified nursing staff and Health Care Assistants (HCAs). Additional recreational, social and therapeutic activities are also provided by the Occupational Therapy Department, Resident Services Department, Activity HCAs and Chaplaincy Team.

Medical

Medical care is co-ordinated and provided by Dr. Joseph Yazbeck. Dr. Yazbeck attends Leopardstown Park Hospital Monday to Friday and an out of hours medical service is provided by Doctor on Call.

Access to Consultant medical care is provided by an Outreach Geriatric Consultant service led by Dr. Graham Hughes, Consultant Geriatrician, and Department of Gerontology in St. Vincent’s University Hospital.

Physiotherapy

The Physiotherapy Department provides a service to Residents and the Clevis Unit as well as the Day Centre and Respite Clients. A comprehensive assessment precedes individualised treatment. Referrals

can be made by the Medical Officer, Clinical Nurse Managers or Health & Social Care Professionals (HSCPs). This service is provided from 8.30am to 4pm Monday to Friday.

Occupational Therapy

The Occupational Therapy (OT) Service is available to Residents but is not available to clients admitted for Respite. Following assessment, OT intervention may be provided on an individual and/or group basis. The OT Department offer a range of therapeutic interventions which includes areas such as Activities of Daily Living, Splinting, Seating, Positioning and Pressure Care, Group based activities. Group activities may include baking, quiz, newspaper sessions, art, films, movement to music classes, gardening and multi-sensory therapy. The Occupational Therapy Department work with Residents and/or their families to identify areas of interest i.e. hobbies, past interests. Activities are tailored to suit the Residents' interests and abilities.

The Department promotes choice by offering a range of activities both individual and group e.g. art, baking, multi-sensory, film, and movement to music, discussion/newspaper, and computers. This includes seasonal activities e.g. gardening, Christmas events, and themed activities e.g. televising major events via big screen.

Pharmacy

The Pharmacy Department provides pharmaceutical care for residents. Our pharmacists provide advice and medicines information to Medical & Nursing colleagues as well as residents. The overall aim is to provide high quality, safe, rational and effective use of medicines. Residents of the Clevis are provided with their medication requirements by an external community pharmacy.

The Department has evolved over the years to incorporate all aspects of medicines management from procurement to administration. The Department is committed to highest level of clinical governance and continuing professional development.

Chiropody/Podiatry

The podiatry service for residents is provided on a needs basis and the podiatrist is in attendance weekly.

Ophthalmology

Is provided on a referral basis by the Medical Officer.

Dietetics

The Dietician provides a Nutrition and Dietetic service to the residents of Leopardstown on a part time basis. The Dietician functions as a core member of the Inter-Disciplinary team, assessing and monitoring the nutritional status of LPH residents and identifying residents who require nutritional intervention. They implement specialised dietary care plans, based on nutritional assessment, to ensure that resident's specific needs are met. The Dietician works in close collaboration with the catering department to ensure that residents are provided with a nutritious, varied diet and that any specific therapeutic diets or client preferences are catered for. The Dietician also serves as a source of expertise and education for other LPH health professionals and to the catering department. The service is provided on a part-time basis.

Social Work

The Medical Social Work Department is committed to providing a service which offers the opportunity to identify and deal with all aspects relating to the social, psychological and emotional impact of being admitted to long term care. Social Work therapeutic interventions may include:

- Individual Support
- Individual intervention
- Bereavement support
- Crisis Intervention
- Care planning
- Advocacy, empowerment and mediation
- Networking with statutory and voluntary agencies to keep residents/families/clients /carers informed of their rights, entitlements as well as linking them with appropriate support services and groups
- Facilitation of family meetings

The social work service is confidential and available to all who avail of a service in LPH and their families.

Speech & Language Therapy

The Speech & Language Therapy service provides assessment and management of difficulties with oral-motor function, speech clarity, and expressive and receptive language. The objective of intervention is to maximise a client's ability to understand what is communicated to them, and respond in a meaningful way. Speech & Language Therapy services also provide intervention for feeding, eating, drinking and swallowing difficulties. Following assessment, this may include modification of food or drink consistencies, exercises, postural changes, or specific techniques to ensure maximally safe swallowing. All recommendations are made with full liaison with relevant staff, including nursing and care staff, dietician, catering staff and pharmacy. Referrals to the service are accepted in writing from any member of the IDT or nursing staff. The service is provided on a part-time basis.

APPENDIX 1
CONDITIONS OF REGISTRATION

Condition 1

The designated centre shall be operated at all times in compliance with the Health Act 2007 as amended from time to time.

Condition 2

The designated centre shall be operated at all times in compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2009 (as amended, consolidated, restated or replaced from time to time) and in compliance with all other regulations made under the Health Act 2007 as amended from time to time.

Condition 3

The designated centre shall be operated at all times in compliance with the National Standards for Residential Care Settings for Older People in Ireland (as amended, consolidated, restated or replaced from time to time) and in compliance with all other standards made under the Health Act 2007 and as the Chief Inspector may notify to the registered provider from time to time.

Condition 4

The designated centre shall be operated at all times in compliance with all other legislation, regulations and standards which are applicable to it.

Condition 5

Subject to any prohibitions or restrictions contained in any other condition (s), the designated centre shall be operated at all times in accordance with and shall provide only the services set out in its Statement of Purpose Revision 5, dated February 2018, as delivered and amended from time to time in accordance with Regulation 3 of the Health Act 2007 (Care and Welfare of Residents In Designated Centres for Older People) Regulations 2013 (S.I. No. 415 of 2013) (as amended, consolidated, restated or replaced from time to time).

Condition 6

No person under the age of 18 years of age shall be accommodated at the designated centre at any time.

Condition 7

The maximum number of persons that can be accommodated at the designated centre is 145.

Condition 8

The five bedded room, located on Djouce shall be reduced to a 4 bedded unit and reconfigured to meet resident needs. No new residents may be admitted to this room until the number of residents in the room is reduced and the physical environment reconfigured to meet their needs.

Condition 9

The physical environment in the designated centre must be reconfigured as outlined in the plans submitted to the Chief Inspector on 11th December 2015. The reconfiguration must be complete by 31st October 2017.

APPENDIX 2
LAYOUT OF THE DESIGNATED CENTRE

This Statement of Purpose relates only to the areas of the Hospital regulated under the Health Act (2007) and related Regulations and inspected by the Health Information and Quality Authority.

Resident Accommodation Details
The beds complement is 145

GLENCULLEN UNIT No of beds 27					
Room Type	Length		Breadth	Total Area	M2 per bed
Room 13 (Twin)	5.1	X	4.5	22.95	11.5
Bathroom (toilet)	1.1	X	2.5	2.75	
Room 14 (Twin)	5.6	X	2.6	14.56	7.3
Ensuite (shower + toilet)	2.4	X	1.8	4.23	
Room 15 (Single)	3.8	X	2.7	10.26	10.26
Ensuite (shower + toilet)	3.0	X	1.5	4.65	
Room 16 (Single)	3.8	X	2.7	10.26	10.26
Ensuite (shower + toilet)	3.0	X	1.5	4.65	
Room 17 (4 Bed)	5.8	X	5.8	33.64	8.41
Toilet	2.2	X	1.5	3.3	
Room 18 (Single)	3.8	X	2.7	10.26	10.26
Ensuite (shower + toilet)	3.0	X	1.5	4.65	
Room 19 (Single)	3.8	X	2.7	10.26	10.26
Ensuite (shower + toilet)	3.0	X	1.5	4.65	
Room 20 (4 bed)	5.8	X	5.8	33.64	8.41
Toilet	2.2	X	1.5	3.3	
Room 21 (4 bed)	5.8	X	5.8	33.64	8.41

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Toilet	2.2	X	1.5	3.3	
Room 22 (Single)	3.8	X	2.7	10.26	10.26
Ensuite (shower + toilet)	3.0	X	1.5	4.65	
Room 23 (Single)	3.8	X	2.7	10.26	10.26
Ensuite (shower + toilet)	3.0	X	1.5	4.65	
Room 24 (4 bed)	5.8	X	5.8	33.64	8.41
Toilet	2.2	X	1.5	3.3	
Room 25 (Single)	3.8	X	2.7	10.26	10.26
Ensuite (shower + toilet)	3.0	X	1.5	4.65	
Communal Bathrooms (2)					
Communal Bathroom (Shower + Toilet) (Male)	4.0	X	2.0	8.0	
Communal Bathroom (Shower + toilet) (Female)	4.0	X	2.0	8.0	
Dining room				72sq	
<u>GLENCREE UNIT No of beds 27</u>					
Room Type	Length		Breadth	Total Area	M2 per bed
Room 1 (Single)	3.8	X	2.7	10.26	10.26
Ensuite (shower + toilet)	3.0	X	1.5	4.65	
Room 2 (4 bed)	5.8	X	5.8	33.64	8.41
Toilet	2.2	X	1.5	3.3	
Room 3(Single)	3.8	X	2.7	10.26	10.26
Ensuite (shower + toilet)	3.0	X	1.5	4.65	
Room 4 (Single)	3.8	X	2.7	10.26	10.26

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Ensuite (shower + toilet)	3.0	X	1.5	4.65	
Room 5 (4 bed)	5.8	X	5.8	33.64	8.41
Toilet	2.2	X	1.5	3.3	
Room 6 (4 bed)	5.8	X	5.8	33.64	8.41
Toilet	2.2	X	1.5	3.3	
Room 7 (single)	3.8	X	2.7	10.26	10.26
Ensuite (shower + toilet)	3.0	X	1.5	4.65	
Room 8 (single)	3.8	X	2.7	10.26	10.26
Ensuite (shower + toilet)	3.0	X	1.5	4.65	
Room 9 (4 bed)	5.8	X	5.8	33.64	8.41
Toilet	2.2	X	1.5	3.3	
Room 10 (single)	3.8	X	2.7	10.26	10.26
Ensuite (shower + toilet)	3.0	X	1.5	4.65	
Room 11 (single)	3.8	X	2.7	10.26	10.26
Toilet	3.0	X	1.5	4.65	
Room 12 (Double)	5.1	X	4.5	22.95	11.5
Bathroom (toilet)	1.1	X	2.5	2.75	
Room 13 (Double)	5.6	X	2.6	14.56	7.3
Ensuite (shower + toilet)	2.4	X	1.8	4.23	
Communal Bathrooms (2)					
Communal Bathroom (Shower + Toilet) (Male)	4.0	X	2.0	8.0	
Communal Bathroom (Shower + toilet) (Female)	4.0	X	2.0	8.0	

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Dining room				72sq	
Nightingale Units					
Enniskerry/Kilternan					
No. of Beds	27 beds				
Room Type	Length(m)		Breadth(m)	Total Area sqm	M2 per bed
Single Rooms 1	2.8	X	2.6	7.28	
Single room 2	2.4	x	2.6	6.24	
Entrance	6.6	X	2	13.2	
Lobby	4.2	X	2.2	9.24	
Bay 1 (2 beds)	5.4	X	4.2	22.68	6.7
Bay 2 (3 beds)	5.4	x	4.2	22.68	6.9
Bay 3 (3 beds)	5.4	x	4.2	22.68	6.9
Bay 4 (3 beds)	5.4	X	4.2	22.68	7.1
Toilet total (4)					
Toilet (2)	2.0	X	3.0	6	
Toilet (2)	2.2	X	2.3	5.6	
Shower total (2)	2.0	X	3.0	6	
Dining/Activities Area				60	
TV sitting area				20	
Single Room 3	2.8	X	2.6	7.28	
Single Room 4	2.5	X	2.6	6.5	
Single Room 5	2.5	X	2.6	6.5	
Entrance	6.6	X	2	13.2	
Lobby	4.2	X	2.2	9.24	
Bay 5 (2 beds)	5.4	X	4.2	22.7	8.4
Bay 6 (3 beds)	5.5	X	4.2	23.1	6.9
Bay 7 (3 beds)	5.5	X	4.2	23.1	6.9
Bay 8 (3 beds)	5.4	X	4.2	22.7	6.9

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Toilet total (4)					
Toilet (2)	2.0	X	3.0	6	
Toilet (2)	2.2	X	2.3	5.6	
Shower total (2)	2.0	X	3.0	6	
TV sitting area				15	
Dining/Activities area				80	

Tibradden /Kilgobbin Unit					
No of beds	25 beds				
Room Type	Length(m)		Breadth(m)	Total Area sqm	M2 per bed
Single Room 1	2.6	X	2.5	6.5	
Ensuite (shower + toilet)	2.6	X	1.4	3.64	
Single Room 2	2.6	X	2.5	6.5	
Entrance	6.6	X	2	13.2	
Lobby	4.2	X	2.2	9.24	
Bay 1 (3 beds)	5.9	X	3.9	23.01	7.69
Bay 2 (2 beds)	4.6	x	3.9	17.94	7.8
Bay 3 (3 beds)	5.9	x	3.9	23.01	7.69
Bay 4 (2 beds)	5.8	X	3.9	22.62	8.91
Toilet total (4)					
Toilet (2)	2.0	X	3.0	6	
Toilet (2)	2.2	X	2.3	5.6	
Shower total (2)	2.0	X	3.0	6	
Dining /Activities area				60	
TV sitting area				15	
Single Room 3	2.8	X	2.6	7.28	

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Single Room 4	2.6	X	2.7	7.02	
Entrance	6.6	X	2	13.2	
Lobby	4.2	X	2.2	9.24	
Bay 5 (3 beds)	5.4	X	4.2	22.68	6.7
Bay 6 (3 beds)	5.4	X	4.2	22.68	6.7
Bay 7 (3 beds)	5.5	x	4.2	23.1	7.7
Bay 8 (2 beds)	5.2	X	2.6	13.52	6.76
Toilet (2)	2.0	X	3.0	6	
Toilet (2)	2.2	X	2.3	5.6	
Communal Shower total (2)	2.0	X	3.0	6	
TV sitting area				15	
Dining/Activities area				80	

Djouce					
No of beds	10				
Room Type	Length(m)		Breadth(m)	Total Area sqm	M2 per bed
1 Bed	3.1	X	2.4	7.44	7.44
3 Bed	5.4	X	4.6	24.84	8.28
4 Bed	5.6	X	7.3	40.88	10.22
2 Bed	4.8	X	4.4	21.12	10.56
Toilet (2)	3.75	X	2.5	9.3	
Communal Shower (1)	3.75	X	2.5	9.3	
Djouce Dining/Sitting room				87.5	

Clevis					
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No of rooms	29				
Room Type	Length(m)		Breadth(m)	Total Area sqm	M2 per bed
Holly Lane					
Room 1	2.95	X	3.00	8.95	
Room 2	2.95	X	3.00	8.95	
Room 3	2.95	X	3.00	8.95	
Room 4	2.95	X	3.00	8.95	
Room 5	2.95	X	3.00	8.95	
Room 6	2.95	X	3.00	8.95	
Sycamore Drive					
Room 7	2.95	X	3.00	8.95	
Room 8	2.95	X	3.00	8.95	
Room 9	2.95	X	3.00	8.95	
Room 10	2.95	X	2.6	7.70	
Room 11	2.95	X	3.00	8.95	
Room 12	2.95	X	3.00	8.95	
Oak Grove					
Room 13	2.95	X	3.00	8.95	
Room 14	2.95	X	3.00	8.95	
Room 15	2.95	X	3.00	8.95	
Room 16	2.95	X	3.00	8.95	
Room 17	2.95	X	3.00	8.95	
Room 18	2.95	X	3.00	8.95	
Beech Avenue					
Room 19	3.9	X	2.95		
Room 20	2.95	X	3.00		
Room 21	2.95	X	3.00	8.95	
Room 22	2.95	X	3.00	8.95	
Room 23	2.95	X	3.00	8.95	

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Room 24	2.95	X	3.00	8.95	
Room 25	2.95	X	3.00	8.95	
Pine Valley					
Room 26	2.95	X	3.00	8.95	
Room 27	3.90	x	2.95		
Room 28	3.9	x	2.6		
Room 29	4.65	X	3.5	16.5	
Ensuite (shower + toilet)	2.45	X	2.7	6.6	
Communal Showers (4)	2	X	1.5	3	
Toilets (9)	1.5	X	2	3	
Dining area				65	
Daycentre Activities				130	
Daycentre Dining Area				225	
Library				25	
Chapel				75	

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<u>Woodview (temporary Covid surge/enhanced support)</u>						
<u>No of beds</u>		6				
Room Type		Length(m)		Breadth(m)	Total Area sqm	M2 per bed
1 Bed		3.5	X	3	10.5	9.5
2 Bed		4.6	X	6	27.6	9
3 Bed		11	X	4	44	14.6
Toilet (1)		2.1	X	1.5		
Toilet (2)		2.1	X	1.5		
Communal Shower (1)		2.1	X	1.5	3.15	
Djouce Dining/Sitting room		6.5	x	5.5	35.75	

There is a Chapel, a number of offices, therapy areas, hairdressing, library and coffee dock. There are large lawns externally and residents can avail of these as well as safe courtyards off the units. Each bed area, bathroom/toilet and communal areas have a call bell system linked to the local nurse's station. All entrances to the centre and ward areas have security key pads or card readers and the codes are changed regularly.

All Resident room areas are furnished, however we do encourage Residents to bring in their smaller personal items to personalise the room, including their own televisions. All rooms have a wash hand basin. LPH has central heating throughout, sitting rooms and some residential accommodation areas have televisions.

There are communal rooms for residents, a large concert hall, and Residents' smoking areas (external), coffee dock and dining areas. Party evenings are held in the main concert hall. Externally there are patio areas with garden and flower areas for Residents' use as well, as the large grounds and wooded area.

Day Care Facilities

Leopardstown Park Hospital also provides Day Care Facilities through two centres over 7 days operating 9.30 a.m. to 4p.m. The Glencairn Centre provides physiotherapy, occupational therapy, social work services, hairdressing, social activities and transport services. There is a small charge for transport and lunch. Carmen Day Centre provides a specialised service for people diagnosed with a dementia and their families for a maximum of nine people per day. Referrals are made through Consultants and Public Health Nursing Department.

APPENDIX 3**Schedule of Additional Service Fees**

Hairdressing	Clients own expense
Non routine personal equipment	Clients own expense (unless supplied by HSE)
Medical Services and therapies not supplied by LPH	If privately sourced clients own expense
High Tech Medicines	HSE Primary Care
Transport costs to/from external appointments	Clients own expense (please see table below)
Accompanying person costs (when not accompanied by own relative, friend etc.)	Clients own expense - €40 per hour/part of hour
External outings/holidays	Clients own expense
Admission charges for external outings	Clients own expense (when entrance fees apply. In most instances a carer is admitted free, should this not be the case then fees for carer will also apply).
Alcohol (if permitted)	Clients own expense
Holidays	Clients own expense
Insurance on personal items	Clients own expense
Activities within LPH	In most instances the materials etc. are provided free of charge, should a charge be appropriate this will be fully explained to resident
Newspapers	Clients own expense but some papers are available within hospital
Library	No charge
Creative space	No charge
Art	No charge
LPH Bus Outings	No charge
Karaoke	No charge
Wednesday evening social	Cost of personal drink only
Coffee Dock Wednesday and Saturday	No charge (donations can be made)

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afternoon	
Musical afternoons on units	No charge
LPH individual craft sessions	No charge
Flower arranging	No charge
Musical Bingo	No charge
LPH physiotherapy	No charge
LPH occupational therapy	No charge
LPH dietician	No charge
LPH podiatrist	No charge
LPH speech and language therapy	No charge
LPH social work	No charge

This list is not exhaustive and other payments may apply (e.g. Concert Tickets)

Transport Costs

LPH – Tallaght	€25
LPH – St Vincent’s	€20
LPH – St James	€25
LPH – St Michaels	€20
LPH - Beaumont	€40
LPH – Mater	€30
LPH – Dental Hospital	€25
Cost of accompanied person*	€40 per hour or part of hour

Please note this is not an exhaustive list. For other locations the cost can be confirmed with the Resident Service Manager – LPH

*Only applies when not accompanied by relative, friend etc.