

**Health Information and Quality Authority
Regulation Directorate**

**Compliance Monitoring Inspection report
Designated Centres under Health Act 2007,
as amended**



Centre name:	Leopardstown Park Hospital
Centre ID:	OSV-0000667
Centre address:	Foxrock, Dublin 18.
Telephone number:	01 295 5055
Email address:	info@lph.ie
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Leopardstown Park Hospital
Provider Nominee:	Ann Marie O'Grady
Lead inspector:	Angela Ring
Support inspector(s):	Susan Cliffe
Type of inspection	Unannounced
Number of residents on the date of inspection:	122
Number of vacancies on the date of inspection:	18

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- to carry out thematic inspections in respect of specific outcomes
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or wellbeing of residents.

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.

Please note the definition of the following term used in reports: responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was following an application to vary registration conditions. This monitoring inspection was un-announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
04 July 2017 13:30	04 July 2017 17:30
05 July 2017 07:30	05 July 2017 12:30

The table below sets out the outcomes that were inspected against on this inspection.

Outcome	Our Judgment
Outcome 02: Governance and Management	Non Compliant - Moderate
Outcome 12: Safe and Suitable Premises	Non Compliant - Major
Outcome 16: Residents' Rights, Dignity and Consultation	Non Compliant - Major
Outcome 17: Residents' clothing and personal property and possessions	Non Compliant - Moderate

Summary of findings from this inspection

This was the seventh inspection of this centre, the significant deficits in the environment and the effect this has on residents quality of life has been identified in each of the inspection reports. The main deficits relate to the four large multi occupancy 15 bedded open plan wards. The layout of these wards were not conducive to residents making individual choices on how they wished to spend their day. They did not allow for residents to have adequate space for their belongings, to receive care in private, to meet visitors and to undertake personal activities in private. The environmental deficits also resulted in insufficient space for equipment and a significant risk to infection control. While speaking with some staff, residents and relatives, inspectors were told about the negative impact the layout and design had on the residents' quality of life, these are discussed further in the report.

The purpose of this inspection was to review a recent representation and application to vary the conditions of registration made by the provider in May 2017. Inspectors found that to date very little improvements have been made to these units since HIQA began regulating in 2009. This is despite the provider agreeing to carry out a complete refurbishment plan in 2015 that was due for completion by October 2017. However, this work had not yet been commenced and therefore will not be complete by the agreed timeframe.

Compliance with Section 41(1)(c) of the Health Act 2007 and with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

Outcome 02: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.

Theme:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

While there was a clearly defined management structure in place, there was a lack of a cohesive management team working towards a common goal. For example, inspectors found the provider entity failed to ensure there were adequate resources and an effective system in place for the supervision and oversight of staff to ensure that the centre was clean and well maintained. This was evidenced by the lack of resources been made available for the general upkeep and maintenance of the centre for both minor and major repairs and for the planned refurbishment works.

Inspectors also found the provider had failed to ensure that the service provided was appropriate for the needs of residents in the large multi occupancy wards as the lack of space and storage facilities could contribute to unsafe practices and compromised residents' privacy and dignity. These are discussed further in Outcome 12 and 16.

Judgment:

Non Compliant - Moderate

Outcome 12: Safe and Suitable Premises

The location, design and layout of the centre is suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and homely way. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:

Effective care and support

Outstanding requirement(s) from previous inspection(s):

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

The physical environment does not meet the residents' needs and the requirements of the Regulations. In addition to the environmental deficits which included four large nightingale wards, inspectors found that the wards were unclean, cluttered and in need of repair, refurbishment and repainting in some areas. For example, there were dirty windowsills, trolleys, lockers, bed frames and bed tables. There was a general air of neglect, with flooring which extended up the walls in place of skirting boards that was peeling of the walls. Inspectors observed unrepaired water damage to woodwork around sinks making it difficult to clean appropriately. In addition, inspectors saw broken wooden furniture in an unused ensuite shower room.

During this inspection, inspectors focused on the four large nightingale wards where 15 residents live together in one large room. Although some improvements had been made to the layout of one bed and the screening, the layout and design of these rooms were not conducive to providing a home like environment and were more institutionalized in nature. Residents' beds faced one another so that when they were in bed, they were looking across at each other for long periods. The layout of the beds also resulted in residents being visible to all persons entering the ward, this impacted significantly on their right to privacy and dignity.

When personal and intimate care was carried out at residents' bedsides, there was only a screen dividing the beds which did not block out noise or odours. The proximity of the beds to one another resulted in a risk of infection control and cross contamination. There was also insufficient room to receive visitors and for residents to sit out by their beds at the same time.

Storage of equipment such as chairs, weighing scales, mattresses, hoists and oxygen concentrators was still identified as a problem as these were seen in day rooms, bathrooms and residents' communal areas. Inspectors found there was no system for oversight of storage, for example, staff belongings and items of food were found in presses along with clinical stores. There was an excessive number of wheelchairs and large chairs seen around the wards and there appeared to be no system to remove what was not required for the purpose of de-cluttering.

There were insufficient numbers of wheelchair accessible showers having regard for the dependency of the persons in the designated centre.

Inspectors also found that despite there being a communal day/dining room and secure garden area available on each ward, staff did not fully avail of these facilities to provide improved quality of life and a change of environment for residents. For example, the door was locked to a nicely furnished garden area which was specifically designed for people with dementia on the first day of inspection which was particularly warm and sunny. Instead these day/dining rooms were only used for lunch/tea and to store chairs

and clinical equipment.

Judgment:

Non Compliant - Major

Outcome 16: Residents' Rights, Dignity and Consultation

Residents are consulted with and participate in the organisation of the centre. Each resident's privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

Theme:

Person-centred care and support

Outstanding requirement(s) from previous inspection(s):

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

Inspectors commenced the inspection at approximately 07:30 am on the second day. Institutionalised practices were seen where the wards were very bright as the blinds that were pulled down over the windows did not block out daylight. This was not conducive to residents being able to continue sleeping in a darkened environment if they wished and this was confirmed by residents.

Conversations from the staff coming and going on duty at the nurses station which was in the middle of the ward and very close to residents beds as well as the noise from the kitchen and breakfast trolley travelled easily throughout the ward. The inspectors observed a resident whose bed was in very close proximity to the nurse's station waking to see and hear the staff team discussing the condition of the residents during the night and looking confused as a result.

Some of the residents who got up early also spoke in a loud voice, all of this resulted in the environment being active, loud and busy quite early in the morning which made it difficult for residents to decide on how they wished to start their day. Some residents spoke to inspectors about the noise at night which was a problem in some wards. One resident told inspectors that they had gotten used to interrupted sleep and waking due to noise and then going back to sleep.

However, inspectors did observe residents being left to rest in bed in the morning and heard and saw several positive and person centred interactions with staff and residents. Some residents and relatives praised the staff and commented on the good levels of staff on duty.

As identified in previous reports, the layout of the large open plan units did not fully

promote residents rights to privacy, in particular at end of life care. There were only two to three single rooms in the four units inspected, therefore residents' preferences for a single room at end of life care could not always be facilitated.

Inspectors met with the patient services manager and found that activities were available in the main activities area and there were some one to one activities made available to dependent residents at ward level. Outings were planned to the zoo and several outings had recently occurred to other areas. However, inspectors did not observe many activities at ward level during the two days of inspection and there was limited evidence to show that residents' social needs were addressed and they were facilitated to participate in activities. For example, one resident's record showed that television at a bedside was the only activity over a period of a month. Inspectors also found that staff on the wards did not have good awareness of the planned activities that were available in the centre. Some residents were seen to have nothing to do despite being ready and willing to be occupied. Some residents described days that are "long drawn out and boring and said "I haven't been out for ages, nobody will bring me out, I have given up asking". The person in charge told inspectors that plans were in place to provide activities coordinators to all wards to ensure that residents had meaningful activities during the day but this had not yet happened.

Residents had access to television, however residents told inspectors that they could only have their own television if they had a wall in proximity to their bed and if they or their family could provide the television.

Judgment:
Non Compliant - Major

Outcome 17: Residents' clothing and personal property and possessions
Adequate space is provided for residents' personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.

Theme:
Person-centred care and support

Outstanding requirement(s) from previous inspection(s):

Findings:
Inspectors found that as beds were very close together, there was limited space for residents to personalise the small space around their beds as they only had one small locker and a wardrobe to store personal belongings and display personal items. Staff told inspectors that they sent excess clothes home as they did not fit in the very small wardrobes beside residents' beds. There was a significant lack of space for residents' personal belongings such as books and clothes and inspectors saw their belongings on the floor beside and under beds. This lack of available storage resulted in residents not

having adequate access and control over their possessions. Clinical storage such as incontinence pads and nebulizers were also seen on top of residents' lockers which did not promote privacy and dignity and was institutionalized in nature.

Judgment:
Non Compliant - Moderate

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

Angela Ring
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	Leopardstown Park Hospital
Centre ID:	OSV-0000667
Date of inspection:	04/07/2017
Date of response:	12/09/2017

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 02: Governance and Management

Theme:

Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The provider had failed to ensure that the service provided was appropriate for the needs of residents in the large multi occupancy wards as the lack of space and storage facilities could contribute to unsafe practices and compromised residents' privacy and dignity.

1. Action Required:

¹ The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

Under Regulation 23(c) you are required to: Put in place management systems to ensure that the service provided is safe, appropriate, consistent and effectively monitored.

Please state the actions you have taken or are planning to take:

In order to facilitate space and storage the provider is progressing reduction of 16 beds across the units. Currently we have achieved a bed reduction of 13 beds and a further 2 will be completed by 15th September 2017

A full review was carried out of all storage areas and appropriateness and level of storage in each area. Significant decluttering has taken place and redesignation of areas for specific purposes has taken place. This has facilitated improved access to storage for residents' personal effects. This is being kept under ongoing monitoring by unit managers

Proposed Timescale: Full bed reduction by 30th September 2017 subject to suitable vacancies occurring. 25th August 2017 other actions implemented and ongoing monitored.

Proposed Timescale: 30/09/2017

Theme:

Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The provider failed to ensure there were adequate resources and an effective system in place for the supervision and oversight of staff to ensure that the centre was clean and well maintained.

2. Action Required:

Under Regulation 23(c) you are required to: Put in place management systems to ensure that the service provided is safe, appropriate, consistent and effectively monitored.

Please state the actions you have taken or are planning to take:

Maintenance: The Hospital has, in 2017, introduced a computerised ticketing system for maintenance requests to assist in the reporting, management and completion of maintenance requests. It appears that this was being underutilised by staff, leading to delays in addressing some maintenance issues. Staff have been communicated to in relation to how to refer maintenance issues for action which has resulted in a very significant increase in reported items. A recent audit of the revised system demonstrated 500 new requests, 75% of which are now closed and the others are being worked through. There is a maintenance group put in place in mid 2017 to review maintenance issues arising and to oversee and escalate elements that cannot be addressed through the normal maintenance system.

Cleaning: The Hospital has a supervisory structure for household services including cleaning. The organisation has from, mid 2017 been sourcing and procuring in line with public procurement guidelines an external body to carry out both training for staff and external hygiene audits to support and externally validate internal processes. This contract is now in place. Management have met with relevant supervisors to address the concerns raised and increased supervision has been put in place. Re-education of staff, as appropriate, has been and continues to be carried out. Frequency requirement of external audit will be kept under ongoing management review. A deep clean of units, in conjunction with re-education of staff, is in progress and additional resources have been provided to deliver same

Proposed Timescale: 30/09/2017

Outcome 12: Safe and Suitable Premises

Theme:

Effective care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The four wards were institutional in nature with 15 residents sharing a room, the deficits in the wards included:

- inadequate storage for residents personal possessions and clinical equipment
- insufficient space around the beds to ensure privacy and dignity
- insufficient room to receive visitors or for residents to sit out by their beds at the same time
- an infection control risk as beds were in close proximity together
- no means of maintaining a private space for each resident to block out noise and malodours
- limited space for residents to personalise the small space around their beds
- inadequate quiet/private space for residents to meet visitors
- insufficient number of wheelchair accessible showers having regard for the dependency of the persons in the designated centre
- no means of blocking out the early morning daylight to allow residents to continue sleeping if they wished.

3. Action Required:

Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

Please state the actions you have taken or are planning to take:

In order to facilitate enhancing the space available to residents the provider is positively progressing a reduction of 16 beds which will enhance the experience for residents including their privacy and dignity. Currently we have achieved a bed reduction of 13 beds with 2 further by 15th September 2017. This has already had a direct positive impact.

There has been a review of storage, and reconfiguration and decluttering has taken place, allowing in so far as is reasonably practicable for residents' personal possessions to be facilitated.

Sitting/dining rooms have been decluttered and refocused to facilitate increased use and ensuring that residents and their families have space away from the bed areas to carry out their lives. All residents are encouraged to move away from their bed areas during the day. External spaces outside of the units are fully accessible to residents and their families. This includes internal gardens, library, grounds, chapel and coffee dock, thereby facilitating enhanced access to sitting, dining and recreational space other than their personal accommodation allowing for communal spaces for residents suitable for social, cultural and religious activities appropriate to the circumstances of residents

The reduction and reorientation of bed spaces across each unit has resulted increased space for individual residents. Nurse's stations, which were large in scale, and taking up significant space within the units and creating potential physical barriers to engagement with residents have been removed and replaced by a small desk and chair, thereby facilitating increased engagement and connection with residents and their families and more space overall in the units for residents and families.

While we recognise that there is a potential risk of infection within open units, this is an area of very high vigilance and focus. We have a dedicated infection control nurse manager and two link infection control nurses. Close liaison takes place with the Health Protection Surveillance Centre as necessary, particularly during community based infection outbreaks and we follow all guidances provided. There is an infection prevention & control (IPC) subcommittee of the Board's Integrated Quality and Safety Committee which oversees the infection prevention aspects. There have been to date in 2017 no incidence of infection outbreak within any of the hospital's units. We utilise the Novaerus air filtration system in all of our units which targets any airborne pathogens and also this assists significantly in mitigating the impact of odours. A deep clean of units, in conjunction with re-education of staff, is in progress and additional resources have been provided to deliver same

In relation to use of residents' space we identified that elements of clinical storage was taking place (related to resident) in the bedside lockers and wardrobes. With the decluttering and designation of the other storage in the units this has resulted in residents having an increase their usable personal space. Residents and families have been encouraged to personalise spaces with the support of ward and activity staff as they chose

Quiet and private space is available for residents and staff have been encouraged to ensure that residents and relatives are aware of these facilities.

Each unit has two showers which are utilised and able to fully meet the hygiene and personal preference requirements of the residents. All residents have their hygiene needs addressed on a daily basis and as required.

Proposed Timescale: 30th September 2017 and ongoing thereafter – (For beds

reduction aspect this is subject to relevant vacancies arising).

Proposed Timescale: 30/09/2017

Outcome 16: Residents' Rights, Dignity and Consultation

Theme:

Person-centred care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Some residents were not given opportunities for meaningful engagement and activities despite being willing to do so.

4. Action Required:

Under Regulation 09(2)(b) you are required to: Provide opportunities for residents to participate in activities in accordance with their interests and capacities.

Please state the actions you have taken or are planning to take:

There is a very comprehensive and wide ranging programme of activities delivered on both a group and one to one basis, in central locations and on the units. Some of these are formal in nature, other are opportunistic based on residents preferences and health status. All units have a directory of residents' preferences and documentation relating to same has been enhanced. We have the support of a comprehensive residents' services team with onsite dedicated activities coordinators. A full occupational therapy service addressing occupational therapy needs as appropriate. A number of staff have recently have recently been trained in "imagination gym" and this is now available and proving popular. The Sonas programme has also been introduced and rolled out.

Staff on the units are encourage to carry out less formal activities as part of day to day and we have commenced an initial pilot on one unit of a nominated activity link carer. The intention, once suitable candidates have been identified, is to roll this model out across all units. We have over a hundred volunteers from the community who carry out a range of functions including befriending, communion distribution, library, "Wednesday social" coffee dock etc. Engaging with our community including aspects such as "duck hatching" and pet therapy is an important element. The hospital's mini bus is scheduled for residents' trips every Wednesday and is used for a diverse range of purposes based on resident interests and at other times for particular programmes/events identified by residents, e.g. National Concert hall, zoo, Annual Remembrance Service (St Patrick's cathedral), cinema and Garda tea dances. Where residents express a desire for free movement this is facilitated and encouraged, e.g. use of public transport for shopping in town. Grounds staff facilitate gardening related activities and where there is specific interest and prior life experience of residents they are facilitated to carry activities alongside ground staff. This has enhanced the quality not only for the participants but for hospital community generally.

The hospital provides access to television facilities. With the reconfiguration of the units in space terms we believe this will resolve the logistics issue in relation to wall space for

personal televisions.

Proposed Timescale: Implemented 25th August 2017 and ongoing

Proposed Timescale: 25/08/2017

Theme:

Person-centred care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The layout and design of the unit prevented residents from deciding how they wished to spend their day.

5. Action Required:

Under Regulation 09(3)(a) you are required to: Ensure that each resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.

Please state the actions you have taken or are planning to take:

Dining areas have been reconfigured to provide an identified sitting area away from bed area should residents wish to avail of this. It provides excellent views of the beautiful grounds of the grounds. External spaces outside of the units are fully accessible to residents and their families. This includes internal gardens, library, 25 acres of grounds with wheelchair accessible external paths, chapel and coffee dock.

We have removed the large nurse's stations and replace with simple desk and chair. Nursing handover conversations are now carried out away from the bed space areas enhancing ability for residents to sleep on without disturbance. We continue to identify facilitate those who are "early risers" and those who prefer a more leisurely start to the day

We continue to facilitate, where practicable, residents' preferences for end of life care. Highlighted by our CEOL (Care at End of Life group) the importance of availability of a single room at this time where reasonably practicable and staff make every effort to facilitate this.

Proposed Timescale: 25th August 2017 implemented and ongoing

Proposed Timescale: 25/08/2017

Theme:

Person-centred care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The design and layout of the wards did not ensure that residents could undertake personal activities in private.

6. Action Required:

Under Regulation 09(3)(b) you are required to: Ensure that each resident may undertake personal activities in private.

Please state the actions you have taken or are planning to take:

Increased space within units due to reduction in bed capacity as detailed above and highlighting available areas external to the unit allows for greater scope to carry out personal activities in private. Currently we have achieved a bed reduction of 13 beds with 2 further by 15th September 2017. This has had a direct positive impact.

Proposed Timescale: 30th September 2017 for full bed reduction subject to suitable vacancies occurring. 25th August 2017 - implemented for balance of proposed actions

Proposed Timescale: 30/09/2017

Outcome 17: Residents' clothing and personal property and possessions**Theme:**

Person-centred care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

The provider failed to ensure there was adequate space for each resident to store and maintain his or her clothes and other personal possessions.

7. Action Required:

Under Regulation 12(c) you are required to: Provide adequate space for each resident to store and maintain his or her clothes and other personal possessions.

Please state the actions you have taken or are planning to take:

A review carried out at ward level of items being stored in residents personal space (clinical items for the specific resident) has been carried out and, with the decluttering and reorganisation of other storage within and external to the unit, this has freed up additional space in each resident's locker and wardrobe. Clothing for alternate season (i.e. winter clothing at this time) is safely stored within the ward and accessible to the resident should they require/request. Day to day clothing and personal possessions are easily accessible to the resident in their immediate vicinity.

Proposed Timescale: 25/08/2017

Theme:

Person-centred care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

The lack of available storage resulted in residents not having adequate access and

control over their possessions.

8. Action Required:

Under Regulation 12 you are required to: Ensure that each resident has access to and retains control over his or her personal property, possessions and finances.

Please state the actions you have taken or are planning to take:

There is a written policy on residents' legal and financial affairs in place identifying how personal possessions are to be managed. Residents are encouraged to manage their personal finances themselves or with support of designated family member. In the event that resident requests or is unable to manage their finances, the hospital has in place a "patient private fund" which is administered as per regulations by the finance department and the accounts of which are independently audited annually.

As indicated above, reconfiguration of bed spaces, decluttering of general and resident storage areas has resulted in increased access and control for each resident of their personal possession

Proposed Timescale: 25/08/2017