



# Report of an inspection of a Designated Centre for Older People.

## Issued by the Chief Inspector

Name of designated centre:	Simpson's Hospital
Name of provider:	Trustees of Simpson's Hospital
Address of centre:	Ballinteer Road, Dundrum, Dublin 16
Type of inspection:	Unannounced
Date of inspection:	15 September 2025
Centre ID:	OSV-0000096
Fieldwork ID:	MON-0048243

## About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

Simpson's hospital is a 48 bedded Nursing Home, located in Dundrum and provides long term residential care for men and women over 65 years of age. Since its foundation in 1779, Simpson's Hospital has cared for older persons from all walks of life and religious denominations. Simpson's Hospital is governed by a voluntary Board of Trustees. It has 30 single and nine double rooms located over two floors which are serviced by an assisted lift. The newer part of the building has a bright sunny seating area which links the original and new buildings. All bedrooms have under floor heating, full length windows and electric profiling beds. All en-suite bedrooms have assisted showers. The centres day space and dining room are located in main building, which has many original features. The ethos of Simpson's Hospital is centred around the provision of person centred care within a culture of continuous quality improvement. Simpson's Hospital strives to create a homely, relaxed and friendly atmosphere in a modern state of the art facility.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	48
--	----

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

### **1. Capacity and capability of the service:**

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

### **2. Quality and safety of the service:**

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Monday 15 September 2025	10:30hrs to 19:30hrs	Catherine Furey	Lead

## What residents told us and what inspectors observed

This unannounced inspection was conducted with a focus on adult safeguarding and reviewing the measures the registered provider had in place to safeguard residents from all forms of abuse.

There was a calm and relaxed atmosphere within the centre, as evidenced by residents moving freely and unrestricted throughout the centre. It was evident that management and staff knew the residents well and were familiar with each residents' daily routine and preferences. There was a high level of residents who were living with a diagnosis of dementia or cognitive impairment who were unable to express their opinions on the quality of life in the centre. Those residents who could not communicate their needs appeared comfortable and content. Staff were observed to be kind and compassionate when providing care and support in a respectful and unhurried manner.

During the inspection, the inspector spoke with eight residents and four visitors to gain insight into the residents' lived experience in the centre. The residents reported that they felt safe in the centre and those who could not communicate were observed to look calm and content in their environment.

Visitors were observed to be welcomed by staff, and it was evident that staff knew visitors by name and actively engaged with them. Visitors also complimented the quality of care provided to their relatives by staff, who they described as approachable, attentive and respectful.

Simpson's Hospital is a 48 bedded nursing home, located in Dundrum. Bedroom accommodation is comprised of 30 single and nine double rooms located over two floors. Original features of the building such as the high, vaulted ceilings have been retained in the older part of the centre. A bright link corridor connects this area to the newer part of the building. Overall, the general environment and residents' bedrooms, communal areas, toilets, and bathrooms inspected appeared visibly clean and generally well-maintained.

There was a variety of comfortable communal spaces, including sitting rooms, day rooms, an activity room and dining rooms available to residents. Communal areas were observed to be supervised at all times, and call bells were answered promptly.

There was access to the secure garden from the ground floor. Residents who wished to smoke were supported to smoke in a designated area in the garden. Residents were observed walking throughout the corridors unhindered and accessing the garden. The main front door of the centre was controlled by a keypad locking system. Some residents did not have the code for this door, and the reason for this was based on a validated risk assessment of their safety.

Dinner time in the centre was a busy occasion, and residents were served their meals in the main dining room. A small number of residents were served their meals in their bedrooms. The inspector spoke with some of these residents, who confirmed that this was their own choice.

During meal times, staff were observed to be interacting with residents in a friendly manner. Staff were supportive of residents' communication needs and were observed to be kind and person-centred in their approach to residents. Staff asked residents if they would like assistance, and when assistance was provided, it was done in a respectful and discreet manner. Staff sat with the resident at their level and asked residents which item they would like next, and if they wanted to take breaks or have drinks. There were good choices available, and all residents to whom the inspectors spoke were highly complimentary of the food on offer.

The inspector observed that there was a lively atmosphere in the centre in the afternoon, where many residents attended a live music session. There was also a quieter art class held for a number of residents. Residents said they loved gathering together for chats, quizzes, to watch matches and for Mass. Overall, the residents' feedback on the centre was that they were safe and happy in Simpson's Hospital.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted the quality and safety of the service being delivered.

## Capacity and capability

This was an unannounced inspection, carried out with a specific focus on safeguarding. The aim of the inspection was to assess if the provider ensured that residents were safe living in the centre, and that they were supported and empowered to make decisions on how they wished to live their lives. Overall, the inspection found full levels of compliance across the regulations reviewed. It was clear that there were robust governance and management arrangements which ensured that residents were effectively safeguarded and were in receipt of good care and support in the centre.

The Trustee's of Simpson's Hospital is the registered provider for the centre. This a voluntary board of management with a number of committee members, which oversee the operational management of the centre. There are established management structures in place within the trust which provide a good level of oversight at a local level. The person in charge works full-time in the centre, supported by a clinical nurse manager (CNM) and nursing staff. Further care and support of residents was provided by healthcare assistants, catering, domestic, activities, administrative and maintenance staff.

The levels of staff on duty, across all departments, was sufficient to ensure that care and support was delivered in a safe and effective way. Rotas were reviewed by the

inspector which confirmed that every effort was made to replace staff who were out on short-notice absences. There were deputising arrangements in place for the person in charge, to ensure that the centre was appropriately managed by staff who knew the service well.

There was a system of induction in place for new staff, which was overseen by management. Recruitment practices were strong, and included the collection of key information from potential employees, including evidence of An Garda Síochána (police) vetting disclosures, full employment history and references. Training was provided in the centre in a combination of in-person and online formats. Staff confirmed that they attended training in a variety of areas, including fire safety, infection control and restrictive practices. Staff had a good awareness of their roles and responsibilities. Groups of staff were allocated to each floor of the centre and the inspector observed good communication between the staff teams, including timely handovers of important resident issues or concerns.

The person in charge had consulted with residents and their families and sought their feedback on the service provided. This feedback was incorporated into the annual review of the quality and safety of care delivered to residents in 2024. There was evidence of good management systems in place such as meetings, committees, tracking clinical data and audits. Management systems were identifying and actioning areas for improvement which had resulted in improved regulatory compliance within the centre.

### Regulation 15: Staffing

The number and skill-mix of staff were appropriate, having regard for the size and layout of the centre across two floors, and the individual and collectively assessed needs of the residents. The service promoted staff retention and there was a stable staff team which ensured continuity of care and support for residents.

At a minimum there are two registered nurses on duty, one assigned to each floor of the centre.

Judgment: Compliant

### Regulation 16: Training and staff development

From a safeguarding perspective, the provider had ensured that all staff had access to relevant training modules, for example, safeguarding of vulnerable adults, the management of restrictive practices, and the management of responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

Additional training was also provided in promoting a human rights based approaches.

Judgment: Compliant

### Regulation 23: Governance and management

Well-established management systems, including audits and reviews, ensured that the approach to safeguarding was appropriate, consistent and effectively monitored. The person in charge has the overall accountability and responsibility for promoting and managing safeguarding within the centre. There was a culture of openness and accountability that supports the residents and staff to report potential safeguarding concerns without being negatively affected.

Judgment: Compliant

### Quality and safety

Overall, residents were in receipt of a high standard of care and support from dedicated and kind staff who promoted each resident's individual human rights. Residents were safeguarded from abuse and were respected as individuals.

Residents' care plans were accessible on an electronic system. Care plans viewed by the inspector were personalised and sufficiently detailed to direct their individual care.

Safeguarding measures that were put in place are compatible with residents' freedom to exercise their rights, and positive risk-taking was supported. Each resident was supported to assess the risks associated with the choices they make and to weigh up the benefits and the potential harms of these choices. Safeguarding measures were proportionate and were not overly intrusive interventions that denied residents their rights.

The provider had ensured that facilities were available for residents' occupation and recreation, and residents were provided with opportunities to participate in activities in accordance with their interests and capacities. Residents expressed their satisfaction with the variety of activities on offer and said they could choose whether or not to attend. Activities were held on each floor of the centre at different times of the day. Residents meetings were organised regularly and there was a standing agenda for discussion, including basic care, food, laundry, complaints and activities. Residents' suggestions were taken on board by management and there was evidence that when residents requested changes, these were implemented.

## Regulation 10: Communication difficulties

Residents were supported to communicate their needs and wishes.

All residents had communication care plans which were developed based on the residents' known communication difficulties, for example poor eyesight or hearing, impaired speech or cognitive impairments. The inspector observed staff communicating with residents in an appropriate manner, which ensured that the residents were content and happy throughout the day.

Judgment: Compliant

## Regulation 5: Individual assessment and care plan

From a safeguarding perspective, residents were assessed for any existing safeguarding concerns prior to admission, and thereafter on a regular basis. There was evidence in individual care plans of potential or actual safeguarding risks, and details on how these could be managed.

Judgment: Compliant

## Regulation 7: Managing behaviour that is challenging

A restraint-free environment was promoted in the centre. All restrictive practices were implemented in line with national guidance, and the provider's own local policy. Alternative approaches were attempted by staff to assist the resident before implementing any restrictive practice. Risk assessments aimed to identify any physical, psychological, emotional, social or environmental factors that may trigger responsive behaviours, in order to prevent or limit the use of restrictive practices. Restrictive practices were reviewed on a regular basis in order to evaluate their necessity, impact and effectiveness.

Staff had access to appropriate training on managing the types of behaviours that may occur in the centre.

Judgment: Compliant

## Regulation 8: Protection

All staff, had received training in safeguarding vulnerable adults and were aware of the various types of abuse, the signs of abuse and their role in reporting and responding to concerns. All residents were kept informed about their right to raise a concern, the formal complaints process, and access to advocacy through posters displayed in the centre and through discussions at staff meetings.

Judgment: Compliant

### Regulation 9: Residents' rights

From the inspector's observations, and through conversations with residents, staff and visitors, residents were supported to exercise their human rights, in line with their abilities and preferences.

All of the residents were observed to be comfortable in the presence of staff and the staff were observed to be person-centred in their approach to residents. From a review of documentation, it was clear that documentation regarding residents, for example daily nursing notes and care plans, were outlined in a respectful and dignified way.

Judgment: Compliant

## Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication difficulties	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant