



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:	Board of Trustees, Simpson's Hospital
Address of centre:	Ballinteer Road, Dundrum, Dublin 16
Type of inspection:	Unannounced
Date of inspection:	09 June 2022
Centre ID:	OSV-0000096
Fieldwork ID:	MON-0037166

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 service 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:	46
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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
Thursday 9 June 2022	08:45hrs to 18:00hrs	Jennifer Smyth	Lead

What residents told us and what inspectors observed

From what residents told the inspector and from what was observed, it was evident that residents were happy living in Simpsom's Hospital and their rights were respected in how they spent their days. The home had a calm and tranquil atmosphere. Residents who spoke with inspectors expressed great satisfaction with the staff and the service provided to them.

Throughout the inspection, residents spoke very highly of the staff. One resident stated that the "staff were wonderful, nothing was too much trouble." All residents spoken with said they felt safe in the centre, and knew who they would speak to should they have any complaints.

A dedicated activities coordinator led a number of lively, fun-filled activities during the inspection, such as bowls and a writing class. The inspector observed that staff encouraged residents to partake in the activities and some good humoured banter was heard. Residents told the inspector that they enjoyed the activities on offer, in particular the music and bingo sessions.

Many of the residents spoken with were very complimentary about the food and the meal choices. Residents were observed to take their meals in the dining room. The dining room was pleasantly decorated with dressed tables and a notice board that displayed the menus of the day. Residents' bedrooms were seen to be personalised with soft furnishings, ornaments and family photographs.

Residents told inspectors that they were delighted that they can receive visitors again and inspectors observed many visitors meeting with residents throughout the day, having complied with all infection control procedures on their arrival.

A burst water expansion tank had led to damage to two corridors on the lower ground floor and the upper ground floor on the 10 May 2022. The drain cover and second expansion tank have since been replaced. The contractors were met with and plans were developed to replace the ceiling tiles, redecorate areas that were stained from the water, and install a new hydro alarm, a third extra expansion tank and a second drain. These works are planned to be completed within the next one to two months.

The inspector found that there was limited storage space within the centre which impacted on residents accessing bathrooms. Wear and tear was visible in some areas of flooring which did not always support effective cleaning and appropriate disinfection. Staff informed the inspector that there was a phased schedule of work to upgrade worn flooring. This work was seen to have commenced in some areas of the centre.

Residents were observed sitting in the front garden enjoying the outdoors and the sunshine. The front garden was in bloom with flowers and the trees provided shelter

from the sun. Residents had been involved in planting seeds as part of the activities programme. However, the grass was long and the paths required attention as there was moss covering some areas. Staff reported the gardener had been on holidays. There was also a section of the path which had uneven terrain which could impact on residents' safety.

Visitors indicated that they felt welcomed by the staff, with visitors seen meeting their loved ones in their bedrooms, communal areas and outside in the garden. They said that they were kept updated regarding their loved ones condition and that they were well cared for.

Capacity and capability

The governance and management team was committed to providing a good service and sought regular feedback from residents and families to improve practice and service provision. However, action was required in governance and management, complaints, residents' rights, premises and infection control

Simpson's Hospital is owned and managed by the Board of Trustees, Simpson's Hospital. The inspector found that there were clear lines of accountability and responsibility in the centre. The person in charge is supported in their role by an administrative manager and a clinical nurse manager (CNM).

A suite of clinical monthly audits were carried out on falls, pressure ulcers, responsive behaviour, restrictive practice and antibiotic usage to monitor the care and service delivered. Findings were presented at senior management meetings. However, while these audits informed on a number of incidents with some trend analysis, the provider did not identify learning or action plans.

A sample of staff records were reviewed. Records were well maintained in the centre and available for the inspector to view. However, not all staff files contained the required prescribed information as set out in Schedule 2 of the regulations. This is further discussed under Regulation 16: Staff training and development.

Records showed regular staff meetings were carried out and all relevant information was appropriately shared with staff to ensure consistent and safe practice.

Staff were supported to access mandatory training. Records reviewed showed that there was high attendance at mandatory training on safeguarding, manual handling and fire. Dates for further fire safety training were scheduled for June 2022.

Staff were aware of the lines of accountability in the centre and knew who to report issues to. Staff who spoke with the inspector said they were supervised in their work

and they were knowledgeable regarding the needs of residents, including the policy on safeguarding residents from abuse and fire safety.

There was a complaints procedure in place with information displayed in the centre on how to make a complaint. Complaints were managed in line with the centre's own policy. Residents who spoke with the inspector knew who to speak to if they had a complaint or concern. There was a suggestion box available in the reception area. While there was a complaints log, this log had incomplete records as discussed under Regulation 34: Complaints.

Regulation 15: Staffing

There was sufficient staff on the roster to meet the assessed needs of residents and within the current layout of the centre.

Judgment: Compliant

Regulation 16: Training and staff development

Staff training records were available in the centre and contained the required prescribed information set out in Schedule 2 of the regulations.

Judgment: Compliant

Regulation 23: Governance and management

The inspector found that a review of the management systems within the centre was required. For example:

- There were no record from management to show that the analysis of some key information gathered by the provider was being used to inform service improvements.
- The environmental audit did not highlight the findings on inspection as discussed under Regulation: 27 Infection Control.
- The inspector was provided with the annual review for 2021 which showed consultation with residents, however, this review was not readily available to residents.
- The Emergency plan had not been updated following the burst water tank. The venues listed as alternative accommodation were not up to date.

- The Covid-19 contingency plan required updating to include the most recent guidance on visiting.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

The contract of care did not have the correct fees for all residents. For example, two of the three resident contracts examined did not reflect current fees being paid.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

While there was a complaints log which recorded the complainant's satisfaction level, records were incomplete.

There was no record of what actions had taken place to result in a complaint been closed.

Two complaints were recorded in the senior management meetings; however, these complaints were not recorded in the complaints log.

Judgment: Substantially compliant

Quality and safety

Overall, the findings showed that on the day of inspection, the provider was delivering good quality care and support to residents. However, actions were required to improve residents' rights, premises and infection control.

The inspector reviewed a sample of six care plans for residents. A comprehensive pre-admission assessment was completed for the residents which ensured that the centre could meet the personal, medical and social needs of each resident prior to them being admitted to live in the designated centre. A care plan on key assessed needs was developed within 24 hours of admission. Care plans were well written, concise and person centred to give individualised information on how to most effectively support residents with their assessed health, social and personal care

needs. However, there were gaps identified in three care plans. This is further discussed under Regulation 5: Individualised Assessment and Care Plan.

Residents had good access to general practitioner (GP) services and other health and social care specialists, with the national screening programmes available to those residents who qualified for them.

There were opportunities for all residents to participate in activities. There was a wide variety of activities available to residents which was advertised on the notice boards. Residents' privacy and dignity was seen to be respected on the day of inspection. Staff were observed to knock on residents' bedroom doors and await a reply before entering. Staff ensured doors were closed during residents' personal care procedures.

Residents' meetings were held regularly and they were encouraged to participate in and influence the running of the centre. Residents had access to independent advocacy services which were advertised in the centre.

There was a detailed plan in place to respond to major incidents and emergencies, including an infection outbreak such as COVID-19. Staff who spoke with inspectors were knowledgeable regarding emergency evacuation procedures in the centre. The emergency plan, however, required review following the leak from the water tank, which caused damage to two ceilings. Learning identified from the incident highlighted the need for a direct communication link between the designated centre and other nursing homes in the area. An evacuation of residents was not required at that time, however, the accommodation recorded on the emergency plan as an option to house residents was not up to date.

The premises provided residents with a comfortable, accessible and secure environment. The inspector observed that numerous items were inappropriately stored within shared bathrooms, sluice rooms, communal areas such as a day room. The inspector found that due to this inappropriate storage, there was an impact on residents accessing some areas of the designated centre, as well as infection control risks.

The inspector observed that the layout and design of the nine multi-occupancy rooms did not afford all residents sufficient floor space. This is further discussed under Regulation 17: Premises.

Residents were kept informed of updates in the COVID-19 pandemic and changing public health guidance. There was a detailed preparedness plan in place in the event of a COVID-19 outbreak which was last reviewed in April 2021. This policy required updating to reflect current visiting practices in line with the Health Protection Surveillance Centre's guidelines.

The inspector observed staff adhering to good hand hygiene practice and the correct use of surgical masks throughout the day. Housekeeping staff who spoke to the inspector were knowledgeable about good infection prevention and control procedure. For example, staff were able to describe how they used single mops for each room and separated soiled and clean mops to prevent cross contamination.

There were strategically placed alcohol hand gels within the centre; however, the clinical hand wash sinks available did not conform to HBN 00-10 specifications. Staff were seen to wear plastic aprons at mealtimes which did not lend itself to a homely environment. The inspector found some practices that were not consistent with measures to maintain an infection free environment and these practices are described under Regulation 27: Infection Control.

An up-to-date risk management policy and procedure was available to guide and assist staff to maintain a safe service. The centre had arrangements in place for the identification, recording, investigation and learning from serious incidents

Regulation 11: Visits

The inspector found that visiting arrangements within the centre were in line with the Health Prevention Surveillance Centre's 'COVID-19 Normalising Visiting in Long Term Residential Care Facilities' guidance issued at the time of inspection.

Judgment: Compliant

Regulation 17: Premises

On the day of inspection, the inspector found that the premises did not conform to the matters set out in schedule 6. For example:

- The current layout of the nine multi-occupancy rooms does not achieve compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) (Amendment) Regulations 2016. The inspector observed residents did not have access to their personal belongings within their floor space.
- Inappropriate storage was found in two bathrooms, for example resident personal property, bed tables, and office equipment
- Sluices contained inappropriate storage of cammodes.
- A linen press had items stored on the floor.
- Building debris was piled up outside without safety signage.
- A unused mattress was stored outside waiting on collection.
- The garden path was covered in moss and one area had an uneven surface.

Judgment: Not compliant

Regulation 26: Risk management

There was a risk management policy in place and risk assessments to guide staff with regard to abuse, unexplained absence of any resident, aggression and violence, accidental injury to residents, visitors or staff and self-harm.

Judgment: Compliant

Regulation 27: Infection control

Findings on the day of inspection identified that the following areas required action:

- Most soap dispensers were refilled, some soap was seen to be crystallised.
- One cartridge soap dispenser was out of date from 2017.
- Strong odours were noted in both sluices, whilst the air ventilation was on, the air flow was not sufficient. The vents themselves were seen to be dusty.
- Three hand towels dispensers were empty and one towel dispenser was broken in bathrooms and sluices.
- A cleaner's trolley bucket was found locked in a store room with dirty water inside.
- The hairdresser area had high levels of dust accumulated on surfaces. There was evidence of communal usage of hairstyling equipment which posed a risk of cross contamination. For example hair rollers and combs.
- While there were blood spillage kits available, a blood spillage kit was water damaged and therefore not fit for purpose.

The following issues were on the previous inspection:

- A number of bins were not in good working order, they were rusty and damaged,
- Inappropriate storage of commodes in an assisted bathroom and sluice, where access to the hand wash sink was blocked.
- Refresher training with regard to single use items such as wound dressings was required. Single use dressings were found open.
- Resident creams were found to be unlabelled, without an open date which could lead to cross infection.
- Inappropriate storage of items on storeroom floors was found, such as boxes of hand towels and PPE. This did not allow for effective cleaning.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

The inspector reviewed a number of care plans. While they were person centred with regard to the holistic needs of residents, gaps were identified. For example:

- One resident had been referred to a psychiatry of old age service by the GP in February 2022. This was following an episode of a responsive behaviour. No review carried out.
- A resident who was identified with low body weight had not been seen by the dietitian since 2018.
- A resident's mobility care plan did not reflect their current status despite been reviewed on a four monthly basis.

Judgment: Substantially compliant

Regulation 6: Health care

Residents had good access to GP and physiotherapy services, and to other medical and health and social care professionals via a referral process. The inspector also noted that eligible residents were facilitated to access the services of the national screening programme.

Judgment: Compliant

Regulation 9: Residents' rights

The inspector found that the provision for privacy for residents at end of life was not sufficient. On reviewing two resident care plans, the inspector found one resident remained in the day room during the day, in order to provide privacy to the other resident who shared the bedroom.

Judgment: Substantially 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
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Not compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Not compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Simpson's Hospital OSV-0000096

Inspection ID: MON-0037166

Date of inspection: 09/06/2022

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant 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 document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non-compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none"> • Audit findings will be disseminated in the daily handover and staff meetings to feed into the quality improvement- ongoing • Environmental audit will be carried out every month to improve cleaning and storage- ongoing • Emergency plan will be updated and will reflect the current alternative accommodation- 31st August • Annual review will be discussed with residents in the residents' council and made available on request- 31st August • Contingency plan updated to reflect the most recent HPSC visiting guidelines- 31st July 	
Regulation 24: Contract for the provision of services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services:</p> <ul style="list-style-type: none"> • Contract of care will be given on the day of admission and any changes to fee will be recorded in the contract- commenced on 15th June and ongoing 	

Regulation 34: Complaints procedure	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p> <ul style="list-style-type: none"> • Signature of the complainant will be recorded at the closure of the complaint- 10th June • Verbal complaints log will be kept up to date- ongoing 	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none"> • A review of the layout of rooms, residents' personal space and wardrobes of shared rooms; sluice room ventilation system; and the feasibility of changing an assisted bathroom to an end of life room will be carried out by the architect and the fire safety officer- 31st August 	
Regulation 27: Infection control	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <ul style="list-style-type: none"> • Rusty bins are replaced with new bins- 15th July • Environmental audit will be carried out monthly to identify cleaning and/or storage needs • Meeting with cleaning contractor to improve cleaning standards- 10th June • Monthly cleaning audit by cleaning contractor • New hand towel dispenser installed in sluice rooms- 31st July • Commodes are removed and stored in the appropriate storage room • Single use items ordered for dressing • Medicinal creams are dated and discarded after a month • A review of the sluice room ventilation system will be carried out by the architect and the fire safety officer- 31st August 	
Regulation 5: Individual assessment and care plan	Substantially Compliant

<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <ul style="list-style-type: none"> • Psychiatry of Old Age referral was followed up and care plan updated • Dietician review arranged with Abbott- 31st August • Care plan audit 4 monthly and discuss the findings with nurses. 	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <ul style="list-style-type: none"> • Provision of an end of life room for residents in a shared room is being explored. A review will be carried out by the architect and the fire safety officer to assess the feasibility of changing Lower Ground Floor assisted bathroom to an end of life room- 31st August 	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Not Compliant	Orange	31/08/2022
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	31/08/2022
Regulation 23(d)	The registered provider shall ensure that there is an annual review of the quality and safety of care delivered to residents in the designated centre	Substantially Compliant	Yellow	31/08/2022

	to ensure that such care is in accordance with relevant standards set by the Authority under section 8 of the Act and approved by the Minister under section 10 of the Act.			
Regulation 24(2)(b)	The agreement referred to in paragraph (1) shall relate to the care and welfare of the resident in the designated centre concerned and include details of the fees, if any, to be charged for such services.	Substantially Compliant	Yellow	15/06/2022
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Not Compliant	Orange	31/08/2022
Regulation 34(1)(c)	The registered provider shall provide an accessible and effective complaints procedure which includes an appeals procedure, and shall nominate a person who is	Substantially Compliant	Yellow	10/06/2022

	not involved in the matter the subject of the complaint to deal with complaints.			
Regulation 5(1)	The registered provider shall, in so far as is reasonably practical, arrange to meet the needs of each resident when these have been assessed in accordance with paragraph (2).	Substantially Compliant	Yellow	31/08/2022
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.	Substantially Compliant	Yellow	31/08/2022
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.	Substantially Compliant	Yellow	31/08/2022