

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Simpson's Hospital
Centre ID:	OSV-0000096
Centre address:	Ballinteer Road, Dundrum, Dublin 16.
Telephone number:	01 298 4322
Email address:	info@simpsonshospital.org
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Board of Trustees, Simpson's Hospital
Provider Nominee:	John Curry
Lead inspector:	Deirdre Byrne
Support inspector(s):	Liam Strahan
Type of inspection	Unannounced
Number of residents on the date of inspection:	43
Number of vacancies on the date of inspection:	1

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.

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.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor ongoing regulatory compliance. 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:
14 October 2014 09:30	14 October 2014 17:30
15 October 2014 07:30	15 October 2014 15:00

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

Outcome 01: Statement of Purpose
Outcome 03: Information for residents
Outcome 04: Suitable Person in Charge
Outcome 05: Documentation to be kept at a designated centre
Outcome 07: Safeguarding and Safety
Outcome 08: Health and Safety and Risk Management
Outcome 09: Medication Management
Outcome 11: Health and Social Care Needs
Outcome 12: Safe and Suitable Premises
Outcome 13: Complaints procedures
Outcome 14: End of Life Care
Outcome 16: Residents' Rights, Dignity and Consultation
Outcome 17: Residents' clothing and personal property and possessions
Outcome 18: Suitable Staffing
Outcome 02: Governance and Management

Summary of findings from this inspection

The inspection took place to assess compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Standards of Residential Care Settings for Older People in Ireland. Inspectors also followed up on areas of non compliance identified at the previous inspection, which had taken place to inform a registration renewal decision on 28 and 29 May 2014. At that inspection a significant number of non compliances were identified at that inspection, with 26 actions required. The high level of non compliances were discussed with the provider nominee (the provider) following the inspection in the Authority offices. An action plan update was submitted by the provider prior to this inspection.

The provider made an application for four additional new beds prior to this inspection. These bedrooms were visited during the inspection and discussed under

Outcome 12 (Premises) of the report.

As part of the inspection, inspectors met with residents and staff members, observed practices and reviewed documentation such as care plans, accident logs, policies and procedures.

At this inspection, inspectors found significant progress had been made in addressing the non compliances from the previous inspection. Overall, inspectors found the documentation of care plans had improved and met the requirements of the Regulations. The practices and management of falls and restraint had improved. Inspectors found the residents were regularly consulted with about the running of the centre, with a monthly residents' meeting taking place. There were improved practices in the management of fire drills and staff were aware of the procedures to be followed in the event of a fire.

Staff were observed to treat the residents in a kind, patient and dignified manner, and were knowledgeable of their health care needs. Care was provided to residents in a timely and effective manner, with good access to medical, pharmaceutical and a range of allied health professionals.

There were adequate staffing levels and skill mix to meet the assessed needs of residents. A robust staff recruitment process was in place.

A fit person interview was held with the person in charge, during which he demonstrated his fitness in the role.

However, ongoing improvements were identified in relation to the management of risk, and the operational policies guiding practice. The 26 actions from the previous inspection were reviewed. 24 of the 26 actions had been completed, and two had not been fully completed. These also related to the non compliances identified above.

These and all other matters are outlined in the report and Action plan at the end of the report.

Section 41(1)(c) of the Health Act 2007. 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.

Outcome 01: Statement of Purpose

There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

Inspectors were satisfied a written statement of purpose was developed for the centre that met the requirements of Regulation 3 and Schedule 1 of the Regulations.

The statement of purpose outlined the aims, mission and ethos of the service. It provided a clear and accurate reflection of facilities and services provided. A draft statement of purpose that reflected the additional four beds and planned increase in staff was submitted to the Authority as part of the application for the bed increase. This was also read by inspectors during the inspection.

Judgment:

Compliant

Outcome 03: Information for residents

A guide in respect of the centre is available to residents. Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.

Theme:

Governance, Leadership and Management

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

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

Inspectors were satisfied that a contract of care was agreed with each resident on their admission to the centre and a guide to the centre was available.

There was evidence a written contract of care was agreed with resident's on their admission to the centre. A sample of contracts were reviewed and they set out the services to be provided and the fees to be charged. A list of services that incurred an additional fee were also included in the contract. This had been an action from the last

inspection and was completed.

The residents guide to the centre was reviewed and it met the requirements of the Regulations.

Judgment:

Compliant

Outcome 04: Suitable Person in Charge

The designated centre is managed by a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:

Governance, Leadership and Management

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

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

Inspectors were satisfied that the centre was managed by a suitably qualified and experienced person with accountably and responsibility for the service.

The person in charge was a registered intellectual disability nurse who had the relevant length of experience required by the Regulations. He demonstrated adequate knowledge of the Regulations, and was aware of his requirements therein.

An action from the last inspection was completed and inspectors found the person in charge demonstrated improved clinical leadership and governance. For example, improved practices were identified in relation to the management of falls and restraint (as outlined in Outcome 11: Health Care Needs). In addition, the care planning process had been fully reviewed and the documentation improved. The person in charge had set up a clinical governance committee since the last inspection and was in the process of developing a system of reviewing key performance indicators with a start date for the 27 October 2014 (as discussed in Outcome 2: Governance and Management).

The person in charge was based in the centre five days per week and fully engaged in the management of the service. He met with the provider every week, and participated in board meetings each month. There were monthly staff meetings and a range of issues discussed and acted on. The person in charge was familiar with the residents' health and social care needs, and was observed interacting with resident's during the inspection.

The person in charge participated in ongoing professional development by attending courses on a range of topics. As outlined in the previous inspection report, he had completed a management diploma and also training in mandatory areas. The person in charge continued his professional development and had completed courses in medication management, the national standards and regulations.

Satisfactory deputising arrangements were in place. The person in charge was

supported in his role by a clinical nurse manager (CNM) who deputised in his absence. The CNM participated fully in the inspection process, demonstrated good clinical knowledge and adequate familiarity with the Regulations.

Judgment:

Compliant

Outcome 05: Documentation to be kept at a designated centre

The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

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:

Inspectors reviewed this outcome in context of the policies and procedures required by Regulations. Overall, inspectors found policies and procedures required by Regulations were in place, with an area of improvement identified. An action from the last inspection was followed up and was not fully completed.

While most policies and procedures as required by Schedule 5 of the Regulations were in place, an area of improvement was identified. For example, there was no policy on temporary absence and discharge of residents. While policies were detailed and comprehensive, not all policies reviewed were centre specific and guided practice. For example, the policy on residents' personal possessions and finances did not reflect the practices carried out in the centre.

Inspectors found staff were sufficiently knowledgeable of policies for example, the falls policy (as outlined in Outcome 11). However, the system to ensure staff have read and understood policies was not robust.

Judgment:

Non Compliant - Minor

Outcome 07: Safeguarding and Safety

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:

Safe care and support

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

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

Inspectors found systems were in place to protect residents from being harmed or suffering abuse. However, financial practices reviewed required review. There were measures in place to ensure a positive approach to behaviours that challenged. Restrictive practices were in accordance with the Regulations and national policy.

Inspectors reviewed the arrangements in place to safeguard residents' finances. Overall, good practices were identified. However, the policy in place did not reflect practice carried out. For example, a range of differing practices were in place. This is discussed under Outcome 5: Documentation. The system in place to withdraw residents' money was reviewed, and designated staff were only permitted to make transactions on behalf of residents where authorised to do so. An action from the last inspection was completed and cash transactions were signed with a second person signature. It was noted electronic transactions had no evidence of who sanctioned the payment. This discussed with the centre administrator who agreed to address the matter.

There was a detailed policy on the protection of vulnerable adults that provided sufficient detail to staff on the steps to follow in the event of an allegation of abuse. Records read confirmed all staff had received training in the protection of vulnerable adults. Three staff were trainers and facilitated training. Staff spoken to were knowledgeable of the types of abuse and the reporting arrangements in place.

The person in charge was familiar with the procedures on how to investigate an allegation, suspicion or disclosure of abuse. He was aware of the requirement to notify any such allegation to the Authority.

The residents spoken to said that they felt safe and secure in the centre. Families spoke to said they felt their loved ones were safe and attributed this to the staff who said they were caring and trustworthy.

Inspectors read a policy on the management of behaviours that challenged that guided practice. A number of residents presented with behaviours that challenged. Care plans were developed that guided practice and evidenced based tools were used when required. An action from the previous inspection was completed and care plans reviewed outlined suitable interventions.

There was evidence that the national policy "Towards of Restraint Free Environment" was promoted. A policy on the use restrictive practices was seen to be implemented in practice. An action from the last inspection was addressed and restrictive practices had improved. There was evidence of regular risk assessments completed. There was consultation with families on the decision to use bedrails. However, there was inconsistent evidence if residents were consulted with. This was discussed with the CNM who assured inspectors residents were and a record would normally be maintained. Care plans were developed for the use of restraint (with an area of improvement outlined in Outcome 11: Health care), and regular monitoring checks were carried out when in use. There was one resident using a lap belts and nine residents using bedrails. This had been an increase from three since the last inspection. However, the person in charge attributed the bed rail usage to overall reduction of falls in the centre. Residents were actively encouraged to use alternatives, and all beds provided were of a "low low" type.

Judgment:

Compliant

Outcome 08: Health and Safety and Risk Management

The health and safety of residents, visitors and staff is promoted and protected.

Theme:

Safe care and support

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

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

Findings:

Inspectors found there were systems in place to protect and promote the health and safety of residents, visitors and staff. However, an area of improvement was identified in relation to the ongoing management of risk.

There was a risk management policy that met the requirements of the Regulations. A risk register had been developed that contained risk assessments for a range of hazards identified along with control measures to manage them. However, some areas of risk identified by inspectors were not fully controlled. For example, the assessment of residents who smoked were not comprehensive enough and control measures were did not guide practice. This had been an action at the previous inspection and was not completed. In addition, inspectors noted an unlocked sluice room door that contained chemicals which could pose a risk. This matter were brought to the attention of a nurse who assured inspectors it would be addressed immediately.

There was an annual health and safety check carried out by the centres administrator and safety representative, however, as reported at the previous inspection also, there was no evidence of action taken or whether these check had picked up on the issues identified above. These matters were discussed with the provider. Inspectors saw maintenance request forms were completed as an issued was identified. All issues were addressed by a general maintenance man.

There were arrangements in place to manage adverse events involving residents. Inspectors reviewed incidents records and there was evidence that appropriate action was taken to address each incident and they were investigated in a timely manner. There was evidence of the learning or improvement to prevent these incidents from happening again. For example, the management of falls had improved, with evidence of prevention of falls and serious injuries in the centre since the last inspection.

Inspectors saw residents were encouraged to be as mobile as best as possible, and were seen being escorted around the centre. Staff were observed following best practice in the movement of residents. There was evidence of regular training in the movement and handling of residents at the previous inspection. Records on training were not reviewed at this inspection.

There was safe floor covering and handrails throughout the centre and a passenger lift accessed each floor.

An emergency plan was in place which identified what to do in the event of fire, flood, loss of power or heat and any other possible emergency.

Inspectors found that there were measures and policies in place to control and prevent infection. Staff had received training in infection and appeared to follow best practice. There was access to supplies of gloves and disposable aprons and staff were observed using the alcohol hand gels which were available throughout the centre.

Inspectors were satisfied suitable fire precautions were in place. An action from the last inspection was completed in relation to fire drills and staff knowledge of procedures. Records of regular fire drills were read by the inspector. The centre administrator conducted drills with each department in the centre on a regular basis. In addition, drills were conducted as part of the training. Staff told the inspectors they participated in a simulated evacuation using a dummy. Staff spoken with were knowledgeable of the procedure to follow in the event of a fire.

Fire procedures were prominently displayed throughout the centre. Service records showed that the emergency lighting and fire alarm system was serviced regularly and fire equipment was serviced annually. It was noted that the fire panels were in order and fire exits, which had daily checks, were unobstructed. Training records were not reviewed at this time however, it was confirmed at the previous inspection that all staff had completed annual training.

Judgment:

Non Compliant - Moderate

Outcome 09: Medication Management

Each resident is protected by the designated centre's policies and procedures for medication management.

Theme:

Safe care and support

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

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

Inspectors were satisfied that each resident was protected by policies and procedures for medication management. The actions from the previous inspection were satisfactorily addressed.

There were comprehensive policies relating to the prescribing, storing and administration of medicines for residents. There were policies in place on out of date and the disposal of medication. A sample of residents medication prescription and administration sheets were reviewed and overall good practice was observed. Nursing staff spoken with were knowledge of the best practices to follow.

Inspectors saw a procedure on and observed good practice in the management and storage of medications that required strict controls (MDAs). A register of controlled medications was held, and two nurses checked the balance of the medications at the end of every shift.

There was evidence of regular review of residents' medication by a general practitioner (GP). There was a system in place for monitoring safe medication practices. Audits were carried out by the pharmacy. In addition, since the last inspection documented audits were completed by the CNM. Where improvements were identified it was evident they were acted on.

The person in charge had commenced competency assessments with three staff since the last inspection. Inspectors saw training records that confirmed nursing staff completed medication management training. There were no medication errors in the centre since the last inspection. The person in charge had investigated and taken appropriate action for errors that happened in the past.

Judgment:

Compliant

Outcome 11: Health and Social Care Needs

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. The arrangements to meet each resident's assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.

Theme:

Effective care and support

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

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

Overall, inspectors found residents were regularly assessed for a range of health care needs with care plans developed where a risk was identified. There were good practices identified in the management of residents' health care needs, in particular in relation to the management of falls. The actions from the previous inspection were addressed, with an area of improvement identified.

A sample of residents' care plans were reviewed during the inspection. Actions from the last inspection were completed and good practices were found in the documentation and review of care plans. A key nurse was identified to oversee the care planning process for a number of residents. There was evidence of regular re-assessment of residents' health care needs every four months or more frequently if required. Care plans were developed where a need was identified. However, an area of improvement was identified as no care plan was developed for a resident diagnosed with epilepsy. There was evidence care plans were regularly reviewed, were detailed and guided practice. However, care plans for the use of restraint were located within the falls care plans, which may lead to confusion in the provision of care in this area. There was evidence residents were consulted with regarding their care.

Inspectors found good practices in place for the prevention of falls. Since the last inspection there was a reduction in the number of resident's experiencing falls. There was a policy on the prevention of falls that was found to be implemented in practice at this inspection. The files for a number of residents' at risk of falls were read. There was consistent evidence that neurological observations were completed following an unwitnessed fall or suspected head injury. Care plans were updated following a fall, and outlined the interventions and strategies to prevent future falls occurring. This had been an action at the previous inspection and was now fully completed. There was evidence of regular assessments, and post falls assessments carried out following a fall. Inspectors saw controls measures were in place to protect resident's such as hip protectors, alarm and crash mats. There was access to physiotherapy for residents at risk of falls.

Inspectors found there were suitable arrangements in place for wound care. There was a policy in place to guide staff. There were two residents with wounds at the time of inspection. The file for one resident was reviewed. A care plan was developed that

outlined the frequency and dressing type. A wound assessment chart was completed to track healing and photos were also taken. Residents were regularly assessed for the risk of developing pressures sores, and care plans were developed where a risk was identified. The setting for pressure relieving mattresses was clearly outlined in care plans.

The residents had a choice of retaining their own GP and there was evidence of regular review of residents' medical needs. An on call arrangement was in place for out of hours and at weekends. There was access to a range of allied health professionals. Inspectors met a speech and language therapist (SLT) and physiotherapist attending residents during the inspection. There was evidence of records of referrals and appointments for other services including dietician, occupational therapist, and chiropody. Where recommendations were made, these were recorded and residents' care plans were updated. This was an action from the previous inspection and completed.

Judgment:

Non Compliant - Minor

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):

No actions were required from the previous inspection.

Findings:

Inspectors were satisfied the location, design and layout of the centre is suitable for its stated purpose and met residents, individual and collective needs in a homely and comfortable way. This outcome was also reviewed in the context of an application made by the provider for four additional beds as part of the current application to renew registration.

The provider had applied for four additional beds as part of the current application to renew registration on the 1 October 2014. These bedrooms were visited by inspectors during the inspection, who were satisfied that the bedrooms were adequate and would meet the needs of residents. The bedrooms comprised of four single bedrooms in an extension off the new part of the building. The bedrooms were designed to a high specification, with views over the front garden. They were adequate in size, with an en-suite toilet, wash hand basin and shower. A seat, large wardrobe, drawers and locker were provided. Each bed was provided with an emergency call bell.

In addition, the dining room was to be extended and inspectors saw work on this room was nearly completed. The dining room would double in size, providing extra room for

residents at mealtimes.

Inspectors found the centre was kept clean, and well maintained to a good standard of repair. There was a secure internal garden to the rear of the centre. Inspectors visited the garden and observed residents sitting outside. Both gardens were pleasantly landscaped, with shrubs and plants, and seating areas provided. In addition, there was a large garden at the front of the centre directly accessible to residents.

The centre consisted of a period house with a large extension housing residents accommodation. It was laid out over two floors which were accessed by a lift.

There was adequate private and communal accommodation provided, with an oratory, a private sitting room and a number of seating areas for residents to sit in during the day.

As outlined above all beds had an emergency call facility, inspectors had read records at the previous inspection in May 2014 that confirmed these were regularly serviced.

There was provision of assistive equipment such as hoists and lifts. Servicing reports were read by the inspectors at the previous inspection in May 2014 that confirmed they had been serviced. Suitable storage was provided for assistive equipment.

Judgment:

Compliant

Outcome 13: Complaints procedures

The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:

Person-centred care and support

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

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

Inspectors were satisfied that the provider and person in charge ensured a proactive approach to the management of complaints. The actions from the previous inspection were completed.

There was a detailed complaint's management policy in place that met the requirements of the Regulations. The complaints procedure was displayed throughout the centre, and it outlined the complaints process. It included an appeals process, that was fair and objective. A complaints form and letter box was located beside the procedures, which encouraged comments from residents, visitors and staff.

Residents and family members who spoke to inspectors said they would have no problem making a complaint if they needed to. They were able to name the person in charge who was the complaints officer.

A complaints log was maintained and a sample of records were reviewed. There was also a verbal complaints log maintained. There was evidence that each complaint was appropriately responded to, with details of the investigation carried out, the action taken, and whether the satisfaction of the complainant.

Judgment:
Compliant

Outcome 14: End of Life Care

Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.

Theme:
Person-centred care and support

Outstanding requirement(s) from previous inspection(s):
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:
Inspectors found this outcome was compliant as residents' received care at the end of his or her life that met their individual needs, with policies and procedures in place to ensure each resident's end-of-life care needs were met.

A detailed policy was reviewed which provided guidance to staff. There was one resident approaching at end-of-life care on the day of inspection. Inspectors reviewed the residents care plan which contained very detailed information of the residents physical needs, pain and symptom management. The residents spiritual and emotional wishes were outlined in a care plan also. This had been an action at the previous inspection and it was completed. End-of-life care practices were discussed with the person in charge and the CNM. They explained meetings were held with relatives and their families to discuss the residents preferences. It was envisaged all residents would be met, and if not their relatives during the year.

There was access to the local palliative care team who provided support and advice when required. There was evidence staff had completed training in end-of-life care.

A visitor's room was available for relatives and friends for privacy if required. A single room was made available to residents approaching end-of-life if this was requested or required. As residents approached end of life, a discreet sign was displayed.

An oratory was available if families wished to use it. Staff and residents were informed of any residents passing.

Judgment:
Compliant

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):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

Inspectors were satisfied that residents were consulted with and participated in the organisation of the centre. Each residents privacy and dignity was respected including receiving visitors in private. Residents were facilitated to communicate and there were opportunities to participate in meaningful activities appropriate to each persons interests and capacities.

Residents were consulted with about how the centre was planned and run. A residents committee met every month, and the minutes of the recent meeting held in September 2014 were displayed on the notice board. The minutes read confirmed a range of matters were discussed including the HIQA inspection of May 2014 and the management of complaints. It was evident feedback was sought from residents and it informed practice. For example, residents were asked about the menu being displayed on each table however, residents requested that it was to remain displayed on the wall. This was an action from the last inspection and completed.

Inspectors were satisfied residents had opportunities to participate in activities that were meaningful, purposeful and in accordance with their interests. An action from the previous inspection was completed, and activities for residents unable, or unwilling due to a cognitive impairment or dementia diagnosis had improved. A sample of care plans were read, and they described clearly the activities carried out in practice. Inspectors met the activities manager who outlined the changes she had brought in to ensure residents with a cognitive impairment had an activities plan catered to suit their needs. For example, there was one to one sonas (a sensory and music programme for residents with a communication impairment), hand massage, conversation, music and reading. She described how one resident enjoyed these extra one to one sessions. Volunteer staff who visited the centre also added to these residents opportunities to socialise. The activities coordinator informed inspectors she was to commence a specialist training programme in activities in dementia care. She had also attended talks and meetings organised by an association for therapeutic activities practitioners.

There was evidence that residents communication needs were highlighted in care plans and reflected in practice. Staff were aware of the different communication needs of residents and systems were in place to meet the diverse needs of all residents. For example, one resident was from another country, and spoke another language. The

resident was facilitated to attend English classes each week. Furthermore, staff had translated assessment tools into the residents language to ensure as best as practicable that the resident was aware and included in their care. Family members were also involved in the residents care and supported staff by translating at meetings.

The religious of residents were respected. The majority of residents were Roman Catholic however, residents of all denominations were welcome and facilitated. Voting rights were respected, and a polling booth was set up by the local council at each election or referendum.

There were no restrictions on visits except where requested by residents. There were arrangements in place for residents to receive visitors in private and a visitors room was available.

The residents had access to a their own telephone and a centre phone. There were televisions provided and available in each bedroom. There were newspapers available each day including weekends.

There were adequate facilities for recreation with a number of sitting areas for residents to choose to sit in, including two large living areas. There were two smaller, sitting rooms also located in the centre.

Judgment:

Compliant

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):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

Inspectors were satisfied that residents had adequate space for their personal belongings and their clothes were suitably laundered and returned to them.

There was a policy on residents personal property and possessions. There was a list maintained of each residents personal possessions which was up-to-date. This was an action at the previous inspection and completed.

Residents were encouraged to personalise their bedrooms. Many of the bedrooms were decorated with pictures and photographs. There was ample storage space for residents clothing and belongings.

There were adequate laundry arrangements in place, and inspectors spoke to family

members who confirmed they were satisfied with how their loved ones' clothes were cared for.

Judgment:

Compliant

Outcome 18: Suitable Staffing

There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.

Theme:

Workforce

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

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

Inspectors were satisfied that the current staffing levels, qualifications and skill mix were appropriate for the assessed needs of residents on the day of inspection.

There were adequate staffing levels and skill mix provided on the days of inspection. There were two nurses on duty at all times, over a 24 hour period. A two week roster was read that accurately outlined the staff on duty.

There was a recruitment policy that met the requirement of the Regulations. Inspectors reviewed a sample of staff files and found recruitment practices were in line with the Regulations. The person in charge had yet to commence staff appraisals however, he outlined plans to do so on an annual basis for staff. There were no agency staff working in the centre.

Inspectors reviewed a sample of nurses' files and found there was up-to-date registration with An Bord Altranais agus Cnáimhseachais na hÉireann (Nursing and Midwifery Board of Ireland) for 2014.

There was education and training available to staff in a broad range of areas. All staff had completed up-to-date mandatory training. The system in place to ensure all had up-to-date training had improved and a new document was shown to inspectors that tracked training completed by staff to date. This had been an action at the previous inspection and was completed.

A small number of volunteers and external service providers provided a valuable service to residents in the centre. There was evidence of vetting by An Garda Síochána and a written agreement of the role of the volunteer in the centre. This had been an action at the previous inspection and was completed.

Judgment:

Compliant

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):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

Inspectors were satisfied there was a clearly defined management structure that outlined the lines of authority and accountability, with systems in place to review the quality and safety of life of residents.

The centre was governed by a board of trustees who met regularly. The person in charge also attended. Minutes read by inspectors outlined a range of issues discussed regarding the operation of the centre. The person in charge presented a report to the board that included residents' health care needs, staffing levels, training and care plan updates. The provider visited the centre weekly to meet the person in charge.

The system in place to monitor the quality and safety of care and the quality of life of residents had improved since the last inspection. A clinical governance committee had been established since the last inspection and had met twice. Minutes of the meeting were read, and included a review of falls, weights, catheter care and smoking. Currently data was collected on the number of falls and the use of restraint. While the use of restraint (that is the use of bedrails) had increased since the last inspection, this had been directly attributed to the reduction in falls. Furthermore, audits on medication management were carried out both internally and externally. The person in charge had developed a document to collate key performance indicators on a weekly basis from the end of October 2014.

Although there was no report on the overall review of the safety and quality of care of residents, this was discussed with the provider and person in charge who are aware of the requirement to prepare such a report annually. While residents and families were not yet involved or consulted with for feedback, this was discussed with the provider who said it would be addressed through the residents committee

Judgment:

Compliant

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:

Deirdre Byrne
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:	Simpson's Hospital
Centre ID:	OSV-0000096
Date of inspection:	14/10/2014
Date of response:	29/10/2014

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 05: Documentation to be kept at a designated centre

Theme:

Governance, Leadership and Management

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

Not all policies outlined in schedule 5 of the Regulations were in place

Action Required:

Under Regulation 04(1) you are required to: Prepare in writing, adopt and implement policies and procedures on the matters set out in Schedule 5.

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

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

The Admissions, Transfers and Discharge Policy has been updated to include the Temporary Absence of a resident. The policy is currently being read and signed by all staff.

Proposed Timescale: 31/10/2014**Theme:**

Governance, Leadership and Management

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

The policy on residents personal possessions and finances did not reflect practice.

Action Required:

Under Regulation 04(3) you are required to: Review the policies and procedures referred to in regulation 4(1) as often as the Chief Inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.

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

The policy on managing resident's finances will be updated to include a section on the procedures to be followed by the hospital when the hospital is the agent to collect a resident's pension

Proposed Timescale: 07/11/2014**Theme:**

Governance, Leadership and Management

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

The system to ensure staff had read and understood policies was not robust.

Action Required:

Under Regulation 04(2) you are required to: Make the written policies and procedures referred to in regulation 4(1) available to staff.

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

All staff are to be informed that they have to read and sign off on all relevant policies. At staff meetings when Power Point presentations are given on specific policies staff will sign the policy acknowledgement form.

Proposed Timescale: 28/11/2014**Outcome 08: Health and Safety and Risk Management****Theme:**

Safe care and support

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

The identification and assessment of risk required improvement for example, the assessment of residents who smoked and an unlocked sluice room.

Action Required:

Under Regulation 26(1)(a) you are required to: Ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.

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

The smoking risk assessments have been reviewed and updated.
The risk assessment on Chemical / Substances / Poisons has been reviewed and updated. Signage has now been placed on doors reminding staff to ensure same are closed and locked at all times.

Proposed Timescale: 22/10/2014

Outcome 11: Health and Social Care Needs

Theme:

Effective care and support

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

Care plans were not consistently developed for all residents identified needs for example, epilepsy

The documentation of care plans for the use restraint required revision.

Action Required:

Under Regulation 06(1) you are required to: Having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care for a resident, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais.

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

A specific care plan for a resident with Epilepsy has been introduced and placed in Special Treatments and Procedures domain.

A specific domain has been created for Restraints. It will no longer be documented in the Falls Care Plan.

Proposed Timescale: 07/11/2014