

**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
Lead inspector:	Sarah Carter
Support inspector(s):	None
Type of inspection	Unannounced Dementia Care Thematic Inspections
Number of residents on the date of inspection:	48
Number of vacancies on the date of inspection:	0

About Dementia Care Thematic Inspections

The purpose of regulation in relation to residential care of dependent Older Persons is to safeguard and ensure that the health, wellbeing and quality of life of residents is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer and more fulfilling lives. This provides assurances to the public, relatives and residents that a service meets the requirements of quality standards which are underpinned by regulations.

Thematic inspections were developed to drive quality improvement and focus on a specific aspect of care. The dementia care thematic inspection focuses on the quality of life of people with dementia and monitors the level of compliance with the regulations and standards in relation to residents with dementia. The aim of these inspections is to understand the lived experiences of people with dementia in designated centres and to promote best practice in relation to residents receiving meaningful, individualised, person centred care.

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor compliance with specific outcomes as part of a thematic inspection. 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:
25 July 2018 09:30	25 July 2018 17:30
26 July 2018 08:30	26 July 2018 11:30

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

Outcome	Provider's self assessment	Our Judgment
Outcome 01: Health and Social Care Needs	Substantially Compliant	Compliant
Outcome 02: Safeguarding and Safety	Substantially Compliant	Compliant
Outcome 03: Residents' Rights, Dignity and Consultation	Substantially Compliant	Compliant
Outcome 04: Complaints procedures	Substantially Compliant	Compliant
Outcome 05: Suitable Staffing	Substantially Compliant	Substantially Compliant
Outcome 06: Safe and Suitable Premises	Substantially Compliant	Compliant

Summary of findings from this inspection

As part of the thematic inspection process, providers were invited to attend information seminars given by the Authority. In addition, evidence-based guidance was developed to guide the providers on best practice in dementia care and the inspection process.

Prior to the inspection, the person in charge completed the self-assessment and scored the service against the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Standards for Residential Care Settings for Older People in Ireland. The previous table outlines this self-assessment and the inspectors judgment for each outcome. In this self assessment the provider had identified that they were substantially compliant in all six outcomes; and had detailed actions they were taking

to come into compliance in each outcome and become more dementia friendly. Overall the inspector found good levels of compliance in five of six outcomes. The inspector judged outcome 5 substantially compliant due to gaps in the staff records relating to Garda vetting.

The centre provided a service for people requiring long term care and support as well as care for residents with dementia. On the day of inspection the centre had full occupancy, as 48 people were resident in the centre. Approximately two thirds of residents had a formal diagnosis of dementia or a condition which included symptoms similar to dementia. The centre does not have a dementia specific unit, and residents with the condition or a similar condition lived throughout the building, which had two floors. The first floor was accessible by lift and stairs. The building comprises of a new purpose built unit, where the residents bedrooms are, which is joined onto an older period house, which is used for dining and day room spaces in addition to visitor and meeting rooms. The newest part of the building has direct access out to a courtyard area which had a large selection of plants and seating, and was a short walk away from a main garden area - which included a circular pathway, more mature plants shrubs and trees and good amounts of seating.

Inspectors met with residents, relatives, and staff members during the inspection. The journeys of a number of residents with dementia and other conditions and needs were tracked. Care practices and interactions between staff and residents who had dementia were observed and scored using a validated observation tool. Documentation such as care plans, medical records and staff training records were also reviewed.

Residents were positive about the service they were receiving and reported that the staff were very kind and they felt well cared for. They reported they were supported to be comfortable and make their own decisions about how they spent their time day to day. Visitors were welcome in the centre, and there were facilities for meeting privately if the resident preferred, or a range of communal areas throughout the building and in the garden area.

Staff were seen to be skilled at meeting residents' needs, and responding to any changes to their health and social care needs by making contact with relevant healthcare professionals. Staff training supported staff to maintain the necessary skills to support the residents, including those with dementia. Staffing levels ensured staff had time to spend time with residents other than carrying out daily care routines.

The centre had been last inspected in June 2017 across all 18 outcomes; 12 were compliant and 6 were substantially compliant. The actions taken to address these six areas of sub compliances were found to have been completed, and will be discussed in the body of the report.

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

Outcome 01: Health and Social Care Needs

Theme:

Safe care and support

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

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

Findings:

Residents' wellbeing was being maintained, there was access to appropriate medical and health care, and care being delivered followed evidence based nursing practices. The provision of good care was supported by a comprehensive clinical handover meeting and the allocation of specific staff duties that were completed daily by the person in charge (PIC) or the clinical nurse manager (CNM).

Residents who spoke with the inspector said they felt their needs were being met in the centre and they liked living there. The inspector reviewed a sample of residents care records who had dementia or a similar cognitive impairment and found examples where referrals were made to appropriate healthcare professionals if their needs changes, for example to a dietician and physiotherapist. Following a review of resident's needs, care plans were updated to reflect their current needs and how they were to be met. Information was shared by the center when a resident was transferred to hospital, and received from the hospital on their return.

Residents' care plans were clearly recorded setting out their identified needs and included their preferences and wishes. Staff were seen to engage with residents by positively speaking about family or experiences that were relevant to those individuals. care plans were personalised, and used person centred language throughout. They were detailed with day -to -day information to inform staff practices, for example that talking about a persons pet may help them relax during personal care.

A range of nursing tools were used to support nurses in monitoring and evaluating residents changing needs. Where needs were identified appropriate support was put in place. For example where residents with dementia were at risk of poor nutrition, they were assessed using a standardised assessment that indicted their risk and this triggered a dietician review. Then detailed records of their nutritional intake were maintained.

The assessment and review of residents' needs was ongoing in the centre. Prior to admission an assessment was carried out to ensure the residents' needs could be met. On admission a detailed assessment was carried out by the nursing staff, and then care

plans were put in place setting out how those needs were to be met. Residents' care needs were reviewed at four monthly intervals, with examples seen of that being done more frequently if there were changes, for example as part of a residents end of life care. Audits on the residents general healthcare needs had taken place - which identified residents who had had recent dental and optical reviews and the residents who needed same.

Residents were supported to maintain good nutrition. There was a menu in place that offered choice at each mealtime. There was a picture menu available in the main dining room to assist the residents to make choices. The meals were seen to be nicely presented and residents confirmed the food was of a good standard. Where residents required a modified diet, they had been appropriately assessed and the correct meals were made available for them. Where residents required support with food and drink it was done discreetly by staff who knew the residents well, and provided effective encouragement. Clothing protectors were in use at mealtimes and both cloth and disposable paper versions were in use at meal time and residents were seen to agree to wear them when asked. Daily nutritional intake records were reviewed, and detailed portion sizes as required.

Medication was managed safely in the centre. It was stored securely and dispensed following recommended guidelines. Nursing staff were routinely assessed to ensure they were competent to dispense medication safely. Audits also took place on the medication process, the results of which were communicated with nursing staff via nursing meetings and in internal memos.

End of life care plans were up to date in the centre, many were updated very 6 months. they were signed by the residents and / or their relatives where appropriate and were clear in the instructions for staff.

The actions identified by the provider after the last inspection had been fully implemented. In the self assessment the provider outlined they were updating the end of life care plans and the inspector found that this had been achieved and the care plans were up to date.

Judgment:
Compliant

Outcome 02: Safeguarding and Safety

Theme:
Safe care and support

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:

There were appropriate measures in place to ensure residents were safeguarded and protected from suffering harm. There were clear systems in place to monitor the use of any restrictive practices, and the use of which followed national guidelines. The centre judged itself as substantially compliant in this outcome in their self assessment. The actions identified to reach compliance were training all staff in safeguarding and in dementia awareness.

Residents who spoke with the inspector said they felt safe in the centre. Staff were seen to be communicating well, and respecting residents' choices as they were going through their daily routines. Staff were knowledgeable about safeguarding, and knowledgeable on the different types of abuse to be vigilant for. They also knew the reporting process if an allegation of abuse was made to them. There was a clear policy in place, and the information provided by staff matched the processes described. There was no recent allegations of abuse reported or investigated in the centre. All staff had recently been trained in safeguarding.

There was a policy reflecting the national guidance document 'towards a restraint free environment'. It was seen to be used in the centre to guide restraint usage and review. Just under a quarter of residents used bedrails in the centre. A register of restrictive practice was kept, and included items such as bedrails. Where bedrails were in use they were assessed and a rationale for their use was recorded, it was also documented that alternatives to bedrail use were considered. Efforts had been made to assist residents understand the uses and risks of using bedrails, and a leaflet was given to them and their family to assist them in their decision making where appropriate. Staff were knowledgeable about the process involved in assessing the resident for bed-rail use and how they are safely used to protect the resident. Restrictive practices were also discussed routinely at staff meetings, with both healthcare assistants and with nursing staff.

As part of living with dementia some residents displayed responsive behaviours. Inspectors observed that staff were working well with residents to support them to follow their chosen routines, and to manage any anxiety or stress. Care plans provided clear and person centered guidance for staff to manage these behaviours, and staff were seen to be following these plans in practice. As discussed in the previous outcome, care plans had sufficient personalised information to assist staff engage with residents who may at time be distressed.

The person in charge and clinical nurse manager completed restraint audits and monthly incident analysis, where bedrail use and incidents where residents experience responsive behaviours were captured and discussed with management and staff.

Judgment:
Compliant

Outcome 03: Residents' Rights, Dignity and Consultation

Theme:

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

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

Findings:

Residents' privacy and dignity was respected and there were opportunities for meaningful social engagement for residents if they chose to take part in the activity programme. The centre judged itself as substantially compliant in this outcome in their self-assessment, stating that they were developing an audio visual residents guide to assist residents who may have communication or other sensory impairments. This process was nearing completion at the time of inspection.

Residents were seen to be receiving visitors throughout the inspection. Some chose to meet privately and others enjoyed meeting in the different communal areas in the centre or in its garden. Surveys were available which residents and their relatives had completed, and they expressed satisfaction with the services and facilities available in the center. Visiting was unrestricted and a log book was maintained at reception for visitors to sign in and out.

There were residents meetings held regularly and topics relevant to the residents were discussed, for example meals and activities. The minutes of the residents meetings were displayed on an accessible noticeboard. An advocate was available to residents and this was advertised on the noticeboards.

Staff were seen to be supporting residents in a range of activities and daily living tasks during the inspection and communication levels were seen to reflect resident's individual needs. Staff were seen spending time with residents talking about current events, or topics of interest. For some residents who were not able to engage in conversation staff were taking time to sit with them, hold their hand or speak with them.

The inspector carried out formal observations for periods of time using a standardised assessment tool called the QUIS. These periods of observation totaled two hours. The inspector observed a mealtime in two separate dining areas of the centre and also of a period of time coming up to a meal time in a day room area.

During these periods of observation, the inspector found that overall there was positive engagement and contact with the residents and that care was being delivered in line with their care plans. During the lunchtime meal, there was sufficient staff to assist and serve residents, and staff were observed interacting appropriately and socially with the residents. Residents who could not communicate verbally had staff to assist them, who used eye contact and touch to communicate with them, as well as talking to them in pleasant and appropriate ways. There were picture cards available to assist staff and residents communicate with each other when the resident had difficulties communicating verbally.

The activity programme throughout the centre was led by an activity instructor, who was supported by some external services providing activities, for example the provision

of an exercise programme. The centre also had the support of volunteers, some of whom supported residents engage in specific activities, inside the centre and in the community.

Staff were observed knocking on doors before entering rooms to maintain resident's privacy. Some residents elected to keep their bedroom doors open, and those spoke to, said they preferred that. Religious services were organised in the centre, and residents confirmed they valued this arrangement. There was also access to current affairs through daily newspapers, and access to TVs and radios. In the cases where bedrooms shared bathrooms, there was a privacy curtain that could be drawn across the mini hallway leading to the bathroom affording residents with additional privacy.

During a recent election, residents voting was facilitated in the centre.

In the centre's last inspection this outcome was judged as substantially compliant, and the actions taken by the centre included a review of the CCTV use in the centre. This had been completed and access to the CCTV data was now restricted to the data protection officer only, and reviewed only when required, for example in a post incident investigation.

Judgment:

Compliant

Outcome 04: Complaints procedures

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

The feedback, concerns and complaints of all residents in the centre were listened to, recorded, and acted upon. The centre had judged itself as substantially compliant in this outcome and they identified they were developing an audio visual complaint guide for residents with communication or sensory impairments. This process was nearing completion at the time of inspection.

The complaints policy was in date, and had been reviewed in 2017. It outlined clearly the process involved in making a complaint and how complaints were handled. The complaints procedure was displayed around the centre and set out in the residents' information guide. Residents' who spoke with inspectors named the clinical nurse managers and person in charge as people they would report any concerns to, and were happy they would be addressed. Staff were seen to be seeking feedback from residents through the day in relation to their experiences, for example the quality of their meal, and whether they needed anything in relation to their comfort.

The inspector reviewed the feedback, comments and complaints recorded in the centre. There were clear details including the issues raised, the action taken, the satisfaction of the complainant and if the complaint was open or closed.

There was a system in place for auditing any concerns or complaints received to ensure they were managed appropriately, This was done by the person in charge and discussed with the Board of Management on a monthly basis.

Judgment:

Compliant

Outcome 05: Suitable Staffing

Theme:

Workforce

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

No actions were required from the previous inspection.

Findings:

On the day of inspection there was an appropriate number and skill mix of staff available to meet the needs of residents. Residents spoke positively about the care delivered by staff and their friendly and patient attitude in delivering it. The centre had judged itself as substantially compliant in their self assessment and identified a need to re-train staff in safeguarding and responsive behaviours. This had been completed by the time the inspection took place.

The inspector observed staff delivering care and providing assistance to residents in a discreet and dignified manner. Assistance provided in bedrooms or bathrooms was done with the door closed to provide privacy and staff were observed knocking before entering residents' private space. Staff were observed speaking with residents in a friendly and respectful manner, and displayed a good knowledge of the residents, their needs, preferences, backgrounds and personalities. Dementia friendly techniques of verbal and non-verbal communication were used where appropriate.

The inspector reviewed the training records of staff and found staff were up to date in their mandatory training such as fire safety, manual handling, safeguarding of vulnerable adults and dementia awareness training.

The inspector reviewed a sample of recruitment files for staff. Files found to have the required documents as listed in Schedule 2 of the regulations including Garda vetting disclosures and references and all nurses were registered with the Nursing and Midwifery Board of Ireland. A small number of staff had commenced work prior to the receipt of a Garda vetting disclosure, however the person in charge gave assurances that all current staff had up to date Garda vetting and any new recruits would not

commence employment prior to receiving a Garda vetting disclosure in the centre.

Judgment:

Substantially Compliant

Outcome 06: Safe and Suitable Premises

Theme:

Effective care and support

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

No actions were required from the previous inspection.

Findings:

The design and layout of the centre met the needs of the residents. Areas were decorated to create a homely feel and to support the orientation of residents with dementia.

There were two parts to the centre, one area was a period property that had been adapted, and the other was a new building. The newest building consisted of residents' bedrooms and bathroom and an activity room. The period building had the dining areas and visitors rooms and relaxation / day rooms. The two were joined by a link corridor area. The link corridor had bright windows and was utilised to help residents sit comfortably and admire the plants, birds and squirrels outside. This area also had piped background bird song and residents were observed leafing through bird watching books, magazines and newspapers.

Residents were able to move freely between the units, and there were handrails and seating spread throughout the centre to assist residents to mobilise and rest as required.

Signage was well used within the centre, it was bright and at eye level to assist residents with dementia to move around the buildings. Bathrooms were also clearly marked. Orientation boards were well located in key locations in the centre and there were clocks in bedrooms reviewed by the inspector. All bedrooms had a view of planting or trees and large windows that allowed in good levels of natural light. Each bedroom had call bells within reach of the residents bed and seating area.

There was a well planted and maintained secure courtyard garden and a separate main garden area around the centre that could be accessed via a key-pad lock. There was a range of seating options and shelter for those who chose to spend time outside.

There were aids and adaptations available in the centre to meet the needs of the residents. Equipment and hoists were available in the centre for people who had been assessed as needing support with their mobility. A specialist table was also available to facilitate residents in wheelchairs have their meals at a table in the sun-room.

The centre was well presented and clean throughout. Household staff were seen to be available and working in a way that respected residents' routines. Recent audits on linen and personal clothing had taken place, resulting in improved practices in laundry and the management of residents clothes.

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:

Sarah Carter
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:	25/07/2018 and 26/07/2018
Date of response:	22/08/2018

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: Suitable Staffing

Theme:
Workforce

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

Some staff had commenced their work in the centre, prior to the centre securing a Garda Vetting disclosure for them.

1. Action Required:

Under Regulation 21(1) you are required to: Ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by

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

the Chief Inspector.

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

From the date of inspection, no staff will be employed in Simpson's Hospital without first securing Garda vetting disclosure. Since the inspection we employed one staff member who commenced work after securing the Garda vetting disclosure.

Proposed Timescale: 25/07/2018