

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Simpson's Hospital
<b>Centre ID:</b>	OSV-0000096
<b>Centre address:</b>	Ballinteer Road, Dundrum, Dublin 16.
<b>Telephone number:</b>	01 298 4322
<b>Email address:</b>	info@simpsonshospital.org
<b>Type of centre:</b>	A Nursing Home as per Health (Nursing Homes) Act 1990
<b>Registered provider:</b>	Board of Trustees, Simpson's Hospital
<b>Provider Nominee:</b>	Patrick O'Connor
<b>Lead inspector:</b>	Nuala Rafferty
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	48
<b>Number of vacancies on the date of inspection:</b>	0

## **About monitoring of compliance**

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

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

Regulation has two aspects:

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

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

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

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

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration renewal decision. This monitoring inspection was announced and took place over 2 day(s).

**The inspection took place over the following dates and times**

From:	To:
06 June 2017 09:30	06 June 2017 17:30
07 June 2017 08:30	07 June 2017 17:00

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

<b>Outcome</b>	<b>Our Judgment</b>
Outcome 01: Statement of Purpose	Compliant
Outcome 02: Governance and Management	Substantially Compliant
Outcome 03: Information for residents	Compliant
Outcome 04: Suitable Person in Charge	Compliant
Outcome 05: Documentation to be kept at a designated centre	Substantially Compliant
Outcome 06: Absence of the Person in charge	Compliant
Outcome 07: Safeguarding and Safety	Compliant
Outcome 08: Health and Safety and Risk Management	Substantially Compliant
Outcome 09: Medication Management	Compliant
Outcome 10: Notification of Incidents	Compliant
Outcome 11: Health and Social Care Needs	Substantially Compliant
Outcome 12: Safe and Suitable Premises	Compliant
Outcome 13: Complaints procedures	Compliant
Outcome 14: End of Life Care	Compliant
Outcome 15: Food and Nutrition	Substantially Compliant
Outcome 16: Residents' Rights, Dignity and Consultation	Substantially Compliant
Outcome 17: Residents' clothing and personal property and possessions	Compliant
Outcome 18: Suitable Staffing	Compliant

**Summary of findings from this inspection**

An application was received by the Health Information and Quality Authority (HIQA) to renew the registration of this designated centre. Prior to the inspection the provider was requested to submit relevant documentation to the Authority. The inspector reviewed this documentation, ascertained the views of residents, relatives, and staff members, observed practices and reviewed records as required by the

legislation.

There was a clearly defined management structure that identifies the lines of authority and accountability. Persons participating in the management of the centre demonstrated throughout the inspection process that they were knowledgeable regarding the legislation, regulations and standards underpinning residential care. They facilitated the inspection process and had all the necessary documentation available for inspection which was maintained in accordance with legislation.

Residents and relatives were positive and complimentary in their feedback to the Authority. They expressed satisfaction about the facilities and services and in particular, they highlighted the caring attitude of staff and management and enjoyed the variety of activities provided both in the centre and on regular outings.

An examination of the staff rosters, communication with staff on duty, residents and relatives showed that the levels and skill mix of staff were sufficient to meet the needs of residents on this inspection. There was evidence that staff had access to education and training, appropriate to their role and responsibilities.

Residents had good access to nursing, medical and allied health care and the administration of medicines was satisfactory. Residents' assessed needs and arrangements to meet these assessed needs were set out in individual plans. There were measures in place to protect residents from being harmed or suffering abuse and information received confirmed that residents felt safe in the centre.

Overall there was a good level of compliance with the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended) and the National Standards for Residential Care Settings for Older People in Ireland. In particular there was a good system of governance and an emphasis on continual improvement. Some areas of ongoing improvement were identified with regard to health and safety, documentation and nutrition.

**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: 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:**

A written statement of purpose was available that broadly described the service provided in the centre and contained all of the information required by Schedule 1 of the Regulations.

Copies of the document were available in the centre.

**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):**

No actions were required from the previous inspection.

**Findings:**

A clearly defined management structure that identified the lines of authority and accountability as outlined in the statement of purpose was in place. The centre was governed by a board of trustees who met on a monthly basis. These meetings were

attended by the person in charge who reported to the board on a range of governance issues including: recruitment and retention, staff training and performance appraisals, clinical audit processes and outcomes, occupancy, waiting lists and referrals, feedback from residents consultation meetings, policy updates and financial issues.

The person in charge was supported by the chairperson of the board who visited the centre formally on a weekly basis and was in contact informally on a regular basis. The chairperson of the board is the authorised person for the provider entity.

The person in charge was also supported by an administrator and clinical nurse manager on a daily basis. Further supports were available for the operational management team, through expertise in accountancy, human resources and legal matters from members of the board of trustees. External supports were also provided through HR and finance companies where required.

Effective governance systems were in place on this registration inspection.

As part of the governance systems in place monthly management team meetings were held to discuss strategic and operational issues affecting service delivery. Monthly quality and risk management meetings were also held. These meetings considered the outcomes of audits conducted on a monthly and quarterly basis. The audits were based on key performance indicators collated at unit level on clinical and non-clinical aspects of care. The audits in progress for 2017 included areas of clinical practice such as: medication management personal care, restraint, nutrition and care planning. A complete audit cycle that showed learning resulting in consequences for residents were discussed, and measures to reduce or prevent recurrences and improve systems were identified. Examples included reduction in the use of psychotropic medication and use of bed rails. Results of audits and actions to be implemented where improvements were required were communicated to staff.

An annual review of safety and quality of care was conducted and was viewed. The report concentrated on areas where the management team identified improvements were required to the delivery of care to residents and a detailed quality improvement plan was in place. The report also included an undertaking to consult with residents and their relatives on future service developments and to undertake a satisfaction survey. However, it did not provide an overview of the safety and quality of the care currently delivered and had not been prepared in consultation with residents or their families.

**Judgment:**

Substantially 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):**

No actions were required from the previous inspection.

**Findings:**

The centre maintained a residents' guide which described the facilities and services provided by the centre and a description of the specialities of each unit. A newsletter was also circulated to keep residents and families informed of updates and events in the centre. There was information for residents posted on a notice board regarding matters such as the complaints procedure and activities on that day. A separate white board showed the date and time and staff on duty.

Each resident had a written contract of care signed in agreement with the provider which clearly stated the regular fee payable, the resident's contribution and the services to be provided under that fee. The contracts of care outlined the terms of residency and also specified if the room to be occupied was a single or shared room.

**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):**

No actions were required from the previous inspection.

**Findings:**

The centre was managed by a suitably qualified and experienced nurse who held authority, accountability and responsibility for the provision of the service. She was engaged on a daily basis in the governance, operational management and administration of the centre. The person in charge facilitated the inspection process by providing documents and having good knowledge of residents' care and conditions and was focused on developing a culture of quality improvement and learning to drive improvements in the standard of care delivered to residents.

**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):**

No actions were required from the previous inspection.

**Findings:**

Records set out in Part 6 of the Regulations were available and kept in a secure place. The centre maintained a suite of policies including those required under Schedule 5 of the regulations. Policies were reviewed on a regular basis and within the three year timeframe required by the regulations. General records, as required under Schedule 4, such as visitors' log, food records and notifications were also in place.

Key records under Schedule 3 were maintained including appropriate staff rosters, and accident and incidents, nursing and medical records. A directory of resident was maintained for each unit of the centre and contained complete information on the residents, their next of kin and their general practitioners. The directory was up to date with records of admissions discharges and transfers maintained.

The statement of purpose, residents' guide and insurance certificate was complete and available.

Documentation of testing and servicing of fire safety equipment and assistive technology for residents such as hoists and specialised chairs was viewed.

A data protection policy was in place in the centre. This policy set out the purpose and manner in which personal data is processed in the centre. The policy referenced the processing of personal data in relation to staff and the use of CCTV monitoring in the centre. However, the policy did not identify the retention periods, or storage arrangements in place, nor did it clarify the access entitlements for persons other than staff. In addition the policy did not clarify whether the data controller had conducted any assessments of any risk to, or impact on, the privacy of persons living, working or visiting the centre in respect of the use of CCTV.

This issue is further referenced under outcome 16 of this report.

**Judgment:**

Substantially Compliant

***Outcome 06: Absence of the Person in charge  
The Chief Inspector is notified of the proposed absence of the person in charge from the designed centre and the arrangements in place for the***

***management of the designated centre during his/her absence.***

**Theme:**

Governance, Leadership and Management

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

No actions were required from the previous inspection.

**Findings:**

Suitable arrangements were in place for periods of absence of the person in charge, and the provider complied with his responsibilities to notify the Authority when a change occurred. The fitness of the clinical nurse manager to replace the person in charge in the event of her absence was determined through observation and discussion during the inspection. The clinical nurse manager was resident focused, aware of the roles and responsibilities of the position and had the qualifications and experience required by the legislation.

**Judgment:**

Compliant

***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):**

No actions were required from the previous inspection.

**Findings:**

Staff had received training on the prevention of elder abuse and all staff spoken too were clear on their role and responsibilities in relation to reporting abuse. Staff were also knowledgeable in recognising the possible signs and symptoms, responding to and managing abuse. Procedures to protect residents, such as a robust recruitment system, staff induction and training were also in place and implemented.

In conversations with them, residents spoken with, told the inspector that they felt safe and secure in the centre and relatives also confirmed that they did not have any concerns for the safety of their loved ones.

Assessment of risks, associated with the use of restraints such as bed rails and lap belts, were in place and regularly reviewed. The use of bed rail restraint had reduced since the last inspection, and the use of alternative measures such as low-low beds, mat and bed alarms had increased.

Falls management systems included appropriate supervision of residents by staff and incident and accident records indicated a low falls rate.

The inspector reviewed the system in place to manage residents' money and found that reasonable measures were in place and implemented to ensure residents' finances were fully safeguarded.

**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):**

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

**Findings:**

Actions were required from the previous inspection in January 2017 to ensure that cleaning equipment was maintained in a hygienic condition. This was fully addressed on this inspection.

The internal and external premises and grounds of the centre appeared safe and secure, with appropriate locks installed on all exterior doors. A register of visitors was maintained. A CCTV system was in place both internally and externally.

The inspector reviewed the fire safety management practices in place. Records for maintenance, fire safety training of staff and policies and procedures relating to fire safety were also viewed. Emergency lighting and fire-fighting equipment, and directional signage were available throughout the building. The internal and external premises and grounds of the centre appeared safe and secure, with locks installed on all exterior doors. A health and safety statement and related policies and procedures were in place. Risk registers were also in place these included clinical risks, health and safety and fire risk registers.

Arrangements for fire safety training to be provided to staff were in place and the inspector was told that the response by staff to fire alarm activation was regularly spot checked and practiced. A revised fire safety management procedure and fire safety information policy was recently introduced in the centre. Staff training had commenced and most staff had recently attended the first training session in the new procedures. This training included a simulated evacuation drill. However, the record also showed that the drill reflected the evacuation of one resident only and did not show whether all residents in a specific compartmented area could be safely evacuated within a reasonable time-frame. It was found that simulated fire drills were not previously recorded.

Personal emergency exit plans (PEEPs) that identified residents' level of mobility, the numbers of staff required to assist them, and the method of evacuation for each resident were in place. The plans also included issues that may affect the residents' level of cooperation with evacuation such as, anxiety or sensory impairments. Most staff spoken with, although not all, were familiar with these plans but some were not familiar with the plans or their location. All staff spoken with demonstrated a broad knowledge of, and practical approach to, the principles of fire safety management. Nevertheless, they differed in their approach to some aspects, in particular to the evacuation of residents and their responsibilities and manner of response.

In conversation with a number of residents the inspector learned they were not involved in, or informed of the procedures to be followed in the event of a fire. Several said they recognised the fire alarm when it activated and knew it was checked every week. Some said they would like to be told what they should do if a fire occurred, and others said it was the one thing they were most scared of, when they came to live in the centre. However, all said that they were assured that staff practiced the drills and would know what to do in a fire situation.

A policy was in place on the management of a Missing Person's incident, it was found that all staff were familiar with the procedures in place to manage such an incident. An emergency toolkit was available to support staff in the event of such an emergency.

Appropriate arrangements for investigating and learning from serious incidents/adverse events which identified residents who were at risk of falls and put in place appropriate measures to minimise and manage the risks was in place. This included an identification of residents at risk of falls using a leaf symbol, colour coded to reflect the level of risk for each resident.

Governance and supervision systems were in place to monitor residents at risk of falls, wandering or negative interactions. These were reviewed on an ongoing basis and an appropriate level of supervision was in place for identified residents.

**Judgment:**

Substantially Compliant

***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):**

No actions were required from the previous inspection.

**Findings:**

Written operational policies were in place in the centre relating to the ordering, prescribing, storage, and administration of medicines to residents.

Medicines were supplied to the centre by a retail pharmacy business in an individual monitored dosage system. Medicines were stored securely in the centre in medication trolleys or within locked storage cupboards. A secure fridge was available to store all medicines and prescribed nutritional supplements that required refrigeration, and temperatures were checked and recorded on a daily basis. Controlled drugs were stored securely within a locked metal cabinet, and balances of all controlled drugs were recorded in the controlled drugs register. Nursing staff checked and documented the balances of all controlled drugs twice daily at the change of shift. Nursing staff were familiar with the procedure for disposing of unused or out of date medicines.

Nursing staff, administering medicines to residents during the lunch time administration rounds, were observed. The administration practice was in line with current professional guidance.

Evidence of ongoing training and in-house practice development processes were in place. One nurse had taken the lead role in identifying medicines for review on a weekly basis and a folder was viewed which showed the nursing team regularly reflected on, and familiarised themselves with medicine and food interactions and contra- indications of medicine usage.

**Judgment:**  
Compliant

***Outcome 10: Notification of Incidents***  
***A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.***

**Theme:**  
Safe care and support

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

**Findings:**  
A record of all incidents occurring in the designated centre was maintained and, where required, notified to the Chief Inspector.

**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):**

No actions were required from the previous inspection.

**Findings:**

Residents had access to medical care, an out of hours services and a full range of other services available on referral, including occupational therapy, speech and language therapy, dietician, chiropody, dental services and optical services. Evidence of referral and review were available and viewed. The inspector found that residents' healthcare needs were met through a high standard of nursing care and allied health professional monitoring.

Systems were in place for the assessment planning implementation and review of healthcare needs. This included nursing assessments, care plans and clinical risk assessments. A sample of clinical documentation and medical records were viewed. The systems in place to make sure healthcare plans reflected the care delivered and were amended in response to changes in residents' health were implemented by the nursing team. Most care plans viewed were detailed enough to guide staff, on the appropriate use of interventions to manage the identified need, and the reviews considered the effectiveness of the interventions to manage, and or treat the need. Efforts to plan and deliver care in a person centred manner were noted.

The inspector noted that the standard of nursing documentation was good, although more co-ordination between the care plans, risk assessments and nursing progress notes to give a clearer picture of residents overall condition was found to be required. Examples included care plans in place for responsive behaviours, nutrition and medication management. Although regular staff were aware that for some residents, behaviours such as agitation and anxiety were linked to distress caused by pain, the care plans in place did not identify pain as a trigger for the behaviour and did not guide staff to refer to the care plan for pain management. Other methods, known to staff to manage the responsive behaviours, were not included in the care plans. It was also noted that the reviews of care plans did not consider the effectiveness of the interventions to manage and or treat the need, in the sample reviewed.

**Judgment:**

Substantially Compliant

***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:**

The centre was not purpose built, but is a period house with a large extension where residents' accommodation is located.

The centre consisted of two units located over two floors. Residents' bedroom accommodation was situated to the left of the main reception area and the main communal areas were located to the right.

The ground floor contains 15 single bedrooms with full en suite. There are also three twin bedrooms, one has a full en suite and the remaining two share a full en suite.

The first floor contains 17 single bedrooms with full en suite. There are also five twin bedrooms, of these two have a full en suite and the remaining three share a full en suite.

Each floor also contains fully accessible shower and toilet facilities, dirty utility room, cleaners store, linen rooms, nurses' station, clinical areas and adequate storage facilities.

A large sitting room, separate dining room, conservatory and visitors room are all located in the original period house. A smaller sitting room is also available for use. The inspector observed that the design, layout and decor of the centre provided a comfortable and tastefully furnished environment for residents with small areas of diversion and interest. There was also a hair salon, oratory space and activities room.

Residents' bedrooms were personalised with pictures, photographs and home furnishings. Call bells were available in residents' bedrooms and communal rooms, grab rails and safe flooring facilitated safe mobilising and the centre was comfortably warm. All bedrooms were of sufficient size and layout for the residents, appropriately decorated and with adequate storage for belongings, including lockable space for valuables.

Privacy screening was in place in communal bedrooms. The centre as a whole was of a suitable layout and design for the residents and was well maintained.

The purpose and function of each room was identified and colour cueing was also used to differentiate bedrooms and bathroom doors. The person in charge had identified the need to improve signage and cueing to support freedom of movement for residents with dementia and this was included in the quality improvement plan for 2017

Assistive equipment was in place, available for use and in good working order. Service records were up to date and maintenance contracts were in place.

There was a secure internal garden to the rear of the centre and a large garden at the front of the centre directly accessible to residents. Both gardens were pleasantly landscaped, with shrubs and plants, and seating areas were provided. Residents and their visitors were observed enjoying the garden throughout both days of inspection.

**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):**

No actions were required from the previous inspection.

**Findings:**

Policies and procedures which comply with legislative requirements were in place for the management of complaints. Residents were aware of the process which was displayed.

On review of the record of complaints there was evidence that all complaints were documented, investigated and outcomes recorded. Complainants were notified of the outcomes and a review was conducted to ascertain the satisfaction of the complainant further to issues being resolved.

**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):**

No actions were required from the previous inspection.

**Findings:**

A determination on the standard of end of life care delivered could not be fully made as no resident was receiving end of life care at the time of the inspection.

Access to specialist palliative care services were available when required.

Some evidence was available that residents will or preference was sought in relation to issues such as emotional, social and spiritual needs, place of death or funeral arrangements.

Facilities to allow families remain with their loved one were available in the centre.

**Judgment:**

Compliant

***Outcome 15: Food and Nutrition***  
***Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discrete and sensitive manner.***

**Theme:**  
Person-centred care and support

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

**Findings:**  
Residents were provided with food and drink at times and in quantities adequate for their needs. A rolling menu was in place to offer a variety of meals to residents. Assistance was observed and was offered to residents in a discreet, patient and sensitive manner by all staff.

Most residents took their meals in the dining room and tables were appropriately set with cutlery condiments and napkins. The dining experience was conducive to conversation. Staff engaged with residents in conversations in a variety of topics. The lunch service was organised and marshalled by the administrator. Each table was served in turn. The chef served each meal directly from a hot bain marie at the top of the room. A team of dining room staff served, while the care team assisted residents with their meals. The efficiency of the meal service, with the hum of conversation, together with the elegant setting combined to make a fine dining experience for all residents. Drinks such as water, milk, tea and coffee and fresh drinking water at all times were available.

Close monitoring of all residents weights and nutritional status was in place throughout the centre. A record of the intake of residents' who were nutritionally compromised was documented for specific periods of between three to five days on an as required basis. However, it was noted that a review of the recording processes for fluid and food intake was required. A food diary directed staff to record amounts eaten in percentage terms. For example: a good intake represented 75- 100% of the meal had been eaten. A fair intake represented 50- 75% and so on. However, portion sizes were not determined to enable an accurate analysis of the adequacy of the intake to meet the resident's nutritional needs. In addition it was noted that the recording of intake did not always follow the guidance available.

**Judgment:**  
Substantially 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):**

No actions were required from the previous inspection.

**Findings:**

Evidence that residents were consulted with, and participated in, the organisation of the centre was found. Regular resident meetings were held, where residents were consulted about future activities or outings and facilitated to give feedback on how the centre was run. There were no restrictions to visiting in the centre and the inspector observed a constant stream of visitors throughout the two day inspection. Visitors were provided with tea and cake which they enjoyed as they chatted to their relatives. Choice was respected and residents were asked if they wished to attend Mass or exercise programmes. Control over their daily life was also facilitated in terms of times of rising or returning to bed and whether they wished to stay in their room or spend time with others in the communal rooms. The right to vote in national referenda and elections was facilitated with the centre registered to enable polling.

Staff and volunteers were observed speaking with residents in a respectful and patient manner, especially with residents expressing confusion or agitation.

There was a varied activities programme for both physical and mental stimulation.

These included; arts and crafts, bingo, baking, gardening and music. There were also a mix of group and individual sessions including makeovers and hand massage. Therapies and activities to reflect the needs of those with dementia were also included such as reminiscence and sensory stimulation. Access to the community was facilitated with regular outings for coffee and shopping on an individual basis and organised group outings to concerts, art galleries and various other trips throughout the year were also held.

Feedback from residents and their relatives on the level of consultation with them and access to meaningful activities was very positive. All those spoken too praised the staff for the cheerful and respectful manner in which they delivered care. Relatives were also happy with how staff kept them informed of any changes in their loved ones health condition and on the warm and friendly atmosphere in the centre.

CCTV was in place both internally and externally in the centre. A sign was placed in a prominent position to inform all visitors of its use. Cameras were in place in all communal areas such as sitting and dining areas but not all cameras were signposted to inform visitors of their use. The reasons given for use of the CCTV in these areas were for security and safety, although, the inspector noted that these areas were well supervised by staff. It was also noted that there were cameras in place on the corridors

leading to and from these areas. The inspector considered that the use of cameras within these communal rooms was difficult to justify as there were no recent security breaches and low levels of resident falls. The centre policy did not reflect the responsibility of the provider, to be proportionate in the use of CCTV generally, and particularly in communal areas.

The person in charge notified the inspector following the inspection that these monitors had now been turned off to safeguard the privacy of residents. However, a review of the use of CCTV in general and the policy in place is required.

**Judgment:**

Substantially 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):**

No actions were required from the previous inspection.

**Findings:**

There were arrangements in place for regular laundering of linen and clothing and the safe return of clothes to residents.

A policy on residents' personal property was in place and implemented using an inventory on clothes and valuables belonging to residents upon admission.

Residents had access to a locked space in their bedroom if they wished to store their belongings.

There was a policy in place of residents' property in line with the Regulations and a list of residents' valuable property and furniture was maintained where required

**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):**

No actions were required from the previous inspection.

**Findings:**

The inspector found staffing levels, qualifications and skill mix were appropriate for the assessed needs of the current residents' profile on this inspection. A rota was maintained and any absences or gaps were filled by a bank of relief staff.

Samples of personnel files were reviewed. These contained all information and documentation required under Schedule 2 of the regulations. The person in charge gave assurances that all staff completed the Garda Síochána (police) vetting process prior to commencing work in the centre. All nurses active in the centre had documented confirmation of their 2017 registration with An Bord Altranais agus Cnáimhseachais na hÉireann (Nursing Board of Ireland)

The centre had a schedule of training for 2017. All staff were up to date in mandatory training for safeguarding, fire safety and manual handling. Supplementary training available included infection prevention and control, CPR, dementia awareness and nutrition training. The inspector spoke with some staff who were confident that they were supported to carry out their role and could request additional training to meet residents' care needs.

Staff were observed interacting with residents in a polite and respectful manner, and demonstrated knowledge of residents' histories, care needs and personalities. The centre utilised a small number of volunteers who assisted staff by taking residents out for walks, coffee or shopping. They also assisted with activity provision in group scenarios, entertainment and chatting with residents.

**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:***

Nuala Rafferty  
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 report<sup>1</sup>

<b>Centre name:</b>	Simpson's Hospital
<b>Centre ID:</b>	OSV-0000096
<b>Date of inspection:</b>	06 & 07/06/2017
<b>Date of response:</b>	11/07/2017

### Requirements

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

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

### Outcome 02: Governance and Management

#### Theme:

Governance, Leadership and Management

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

The annual review was not prepared in consultation with residents or relatives

#### 1. Action Required:

Under Regulation 23(e) you are required to: Prepare the review referred to in regulation 23(1)(d) in consultation with residents and their families.

<sup>1</sup> 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 annual review of the quality and safety of care delivered to residents will be completed in consultation with residents and their representatives.

We are in the process of compiling a satisfaction survey for our residents and representatives as a part of annual review.

We will implement the improvements identified as a result of this review in order to enhance the quality and safety of our care.

**Proposed Timescale:** 31/01/2018

**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:**

The policy in place on the use of CCTV in the centre did not fully reflect best practice guidance under the Data Protection Acts of 1988 and 2003. The policy did not include all of the information required to determine whether it fully meets the obligations of the Data Protection Acts.

**2. 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 current CCTV policy has been updated to address the issues identified by the Chief Inspector. The policy identifies the retention periods and storage arrangements in place for CCTV footage.

The policy clarifies the access entitlements for persons other than staff.

CCTV Policy will be reviewed with an outside consultant as part of review of all our clinical policies.

**Proposed Timescale:** 31/08/2017

**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:**

Staff were not consistent in their approach to implementing evacuation procedures recently revised. Residents were not involved or aware of the procedures to be followed in the event of a fire.

**3. Action Required:**

Under Regulation 28(1)(e) you are required to: Ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and residents are aware of the procedure to be followed in the case of fire.

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

Simulated fire evacuation drills will be completed for compartmented areas to determine that the residents can be safely evacuated within a reasonable time frame.

Training sessions will be provided to all staff to familiarise with Personal emergency evacuation plans (PEEP) and their location.

Refresher fire training with specific emphasis on the evacuation of residents and staff responsibilities and manner of response will be provided.

From 27th June, the administrator has commenced a training programme for residents to inform them what they should do in the event of a fire.

**Proposed Timescale:** 30/09/2017

**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:**

Reviews of care plans did not include a determination of the effectiveness of the plans to manage the needs identified

**4. Action Required:**

Under Regulation 05(4) you are required to: Formally review, at intervals not exceeding 4 months, the care plan prepared under Regulation 5 (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.

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

The care plans are formally reviewed, at intervals not exceeding 4 months, and where necessary they are revised, after consultation with the resident concerned and where appropriate that resident's family.

The Chief Inspector was advised that the effectiveness of care plans were determined informally when they were reviewed. However, no formal documentation of this process was available. Care Monitor (Care Plan Software Provider) has been contacted and asked to include a formal evaluation process in to the current care plan system.

**Proposed Timescale:** 31/08/2017

**Theme:**

Effective care and support

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

In a sample viewed, a small number of assessments and care plans were not specific enough to direct the care to be delivered in a holistic and consistent manner

**5. Action Required:**

Under Regulation 05(3) you are required to: Prepare a care plan, based on the assessment referred to in Regulation 5(2), for a resident no later than 48 hours after that resident's admission to the designated centre.

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

Each resident will have a personalised care plan within 48 hours after admission which details their needs and choices.

Staff training arranged to improve the standard of nursing documentation with particular emphasis on the co-ordination between the care plans, risk assessments and nursing progress notes in order to ensure a clear picture of resident's overall condition.

**Proposed Timescale:** 31/08/2017

**Outcome 15: Food and Nutrition**

**Theme:**

Person-centred care and support

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

The documentation of residents' intake, where required, did not enable an accurate determination of the adequacy of the intake to meet residents' nutritional needs

**6. Action Required:**

Under Regulation 18(1)(c)(iii) you are required to: Provide each resident with adequate quantities of food and drink which meet the dietary needs of a resident as prescribed by health care or dietetic staff, based on nutritional assessment in accordance with the individual care plan of the resident concerned.

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

Contact the dietetic service to request their assistance in reviewing the recording process for food and fluid intake and provide assistance to compile a new food diary to reflect more accurate documentation of portion size.

Contact Care Monitor to determine whether they can upgrade the recording system to reflect more accurate analysis of the adequacy of intake.

**Proposed Timescale:** 31/08/2017

### **Outcome 16: Residents' Rights, Dignity and Consultation**

**Theme:**

Person-centred care and support

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

CCTV cameras were in place in all communal areas such as sitting rooms and dining areas which may be in breach of the Data Protection Acts of 1988 and 2003 in respect of the right to privacy.

**7. Action Required:**

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

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

Each resident's privacy and dignity is respected including receiving visitors in private.

A review will be undertaken regarding the use of CCTV in communal areas and the CCTV policy will be updated if required.

**Proposed Timescale:** 31/08/2017