

**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:	Patrick O'Connor
Lead inspector:	Nuala Rafferty
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	46
Number of vacancies on the date of inspection:	2

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 monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 10 January 2017 10:00 To: 10 January 2017 16:00

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

Outcome	Our Judgment
Outcome 02: Governance and Management	Non Compliant - Major
Outcome 08: Health and Safety and Risk Management	Non Compliant - Moderate

Summary of findings from this inspection

This was an unannounced monitoring inspection by the Health Information and Quality Authority (HIQA). The purpose of the inspection was to monitor ongoing regulatory compliance and to follow up on matters arising from a monitoring inspection carried out on 14 October 2014.

As part of the inspection, practices were observed and relevant documentation reviewed such as nursing and medical records.

On arrival the inspector noted that the centre was warm, visibly clean and welcoming. Staff were providing care for residents discreetly and in a respectful and friendly manner. Residents were observed to greet staff with familiarity and warmth. Several residents were involved in an arts and crafts session in the activity room, while others were observed reading books or newspapers, listening to radio or watching TV in their bedrooms. There were sufficient numbers of staff on duty to deliver care to the residents. Residents were facilitated to make choices about their daily routines and meals were brought to those who preferred to eat in their bedrooms. Residents looked well presented with good attention to detail shown in terms of hair, nails and clothing.

However, the inspector found that there was reasonable cause to suspect an outbreak of influenza like illness in the centre and that appropriate governance responses were not implemented.

An Immediate action plan was issued to the person in charge (in the absence of the provider representative for the entity) as procedures, consistent with standards for the prevention and control of healthcare associated infections as published by HIQA in 2009, which include the prevention, management and control of communicable/transmissible diseases, were not implemented.

The Inspector did not continue with the overall monitoring inspection but limited the inspection to this single issue in order to conclude the inspection as swiftly as possible in the interests of best infection prevention and control practice.

The Action Plan at the end of this report identifies areas where improvements are required to comply 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.

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 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 outlined the lines of authority and accountability was in place in the centre. The centre was governed by a board of trustees who met regularly and were due to meet on the evening of the inspection. The person in charge attended these meetings. Daily operational management of the centre was the responsibility of the person in charge who was supported by a full time administrator and clinical nurse manager.

Management systems that ensured the delivery of a safe appropriate and consistent level of care was provided to residents were not sufficiently responsive or effective.

The inspector found that there was reasonable cause to suspect an outbreak of influenza like illness in the centre. However, appropriate governance responses to detect, manage and prevent further spread of communicable/transmissible diseases were not implemented.

The inspector reviewed the presentation of residents who were ill over the previous two weeks and found that several residents had presented with similar influenza like illness between January 1 and January 3. More residents presented with similar influenza like illness between January 6 and January 9. All of these residents presented with cough and weakness or fatigue. Other indicators included: fever, headache and increased confusion.

National guidance outlines the clinical manifestation of influenza in older people and acknowledges 'the symptoms may initially be very subtle and difficult to recognise' instead older people may only present with: 'cough, fatigue and confusion'.

Although staff had responded by calling the GP or Doctor on call service to review the residents on an individual basis, they did not follow Health Service Executive (HSE) guidance (version 4.0 08082016) on the detection, prevention and control management

protocols for Influenza. Examples include:

- No monitoring processes in place to recognise and identify possible cases.
- No system in place to review the clinical presentation of ill residents and prompt discussion with GP on the possibility that the increased numbers of residents with respiratory illness could be a suspected influenza-like illness.
- Viral swabs were not sent for assessment.
- Advice was not sought from the HSE Community Infection Prevention and Control Nurse (CIPCN) or the local Director of Public Health.

It was noted by the inspector that the person in charge had only returned the day before from a week's leave. The person in charge had spent the previous day receiving updates on the residents' conditions and liaising with the GP. It was accepted by the inspector that the person in charge would not have had a complete overall picture of every residents' condition when the inspector arrived.

However, it was evident that almost a quarter of the resident population were presenting with similar symptoms of a respiratory illness. National guidance and protocols on the prevention, management and control of communicable/transmissible diseases were not implemented.

Judgment:

Non Compliant - Major

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):

No actions were required from the previous inspection.

Findings:

On arrival the inspector noted that the centre was warm, visibly clean and welcoming. However, systems to support staff implementation of best practice to ensure good infection prevention and control needed improvement.

The inspector noted that some of the cleaning equipment was not maintained in a hygienic condition. Mop Buckets and mop heads, to which clean mop cloths were attached on a daily basis, were found to be dirty. These mop buckets and mops were viewed by the inspector when accompanied by the person in charge.

The inspector raised this with the staff from household team and was told that there was no system in place whereby this equipment was routinely cleaned. The cleaning of the centre is conducted by a private company under a service agreement. The household team have their own supervisor who visits weekly and conducts audits. These audit reports are then given to the person in charge. On a regular, usually monthly basis the supervisor chooses aspects of cleaning processes for spot checks which are

conducted with the person in charge. However, a system whereby the person in charge conducts a separate spot check or review of hygiene and cleaning practices was not in place.

Judgment:
Non Compliant - Moderate

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 report¹

Centre name:	Simpson's Hospital
Centre ID:	OSV-0000096
Date of inspection:	10/01/2017
Date of response:	27/01/2017

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:

Management systems that ensured the delivery of a safe appropriate and consistent level of care was provided to residents were not sufficiently responsive or effective. This included failure to recognise indicators of influenza-like illness and implement appropriate governance responses to detect, manage and prevent further spread of communicable/transmissible diseases.

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

1. Action Required:

Under Regulation 23(c) you are required to: Put in place management systems to ensure that the service provided is safe, appropriate, consistent and effectively monitored.

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

- Infection Control Committee will monitor the prevalence of communicable diseases on a monthly basis or as required and respond appropriately.
- The Centre's Infection Prevention and Control Policy was updated by the Infection Control Committee.
- A 'Flu-Preparedness Box' has been introduced.
- Staff education on the Centre's Policy on Infection Prevention and Control, and Public Health Guidelines on Prevention and Management of Influenza Outbreaks in Residential Care Facilities in Ireland 2016/2017 provided on 18/01/2017.
- Further staff education/ training on infection prevention and control is planned for 02/02/2017.

Proposed Timescale: 05/02/2017

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:

Sufficient systems were not in place to ensure appropriate oversight of outsourced cleaning services and adherence to good hygiene and infection prevention and control practices

2. Action Required:

Under Regulation 27 you are required to: Ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.

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

- The mop and bucket in sluice room is used by HCA staff and a protocol concerning clean after- use system is now being audited daily.
- The outsourced cleaning contractor will deep clean the cleaning equipment on a weekly basis and keep record of same.
- The contractor has a daily cleaning schedule for cleaners' room and equipment and it will be recorded and kept at local level for inspection.
- The PIC has implemented a weekly cleaning audit and spot checking system.
- Spot checking on night and day cleaning system has been implemented.

Proposed Timescale: 31/01/2017

Theme:

Safe care and support

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

This was issued as an Immediate Action Plan on the day of inspection.

The registered provider failed to ensure that procedures consistent with standards for the prevention and control of healthcare associated infections as published by HIQA which include the prevention, management and control of communicable/transmissible diseases, were implemented.

3. Action Required:

Under Regulation 27 you are required to: Ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.

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

- The Centre is committed to implement the Public Health Guidelines on the Prevention and Management of Influenza Outbreaks in Residential Care Facilities in Ireland 2016/2017 fully in the future.
- Viral swabs were obtained from the residents with respiratory illness and sent to National Virus Reference Laboratory on 10/01/2017.
- The local Director of Public Health was notified on 10/01/2017.
- Based on the results of viral swabs received on 11/01/2017, the Community Infection Prevention and Control Nurse advised that no further swabs were necessary as there was no influenza outbreak.
- While awaiting the results of viral swabs, the residents with respiratory illness were isolated and visiting was restricted.
- The importance of Standard Precautions especially hand hygiene, respiratory hygiene and cough etiquette were re-emphasized to all the staff.
- Transmission based precautions were implemented on 10/01/2017.

Proposed Timescale: 05/02/2017