



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

Report of an inspection of a Designated Centre for Older People.

Issued by the Chief Inspector

Name of designated centre:	Simpson's Hospital
Name of provider:	Trustees of Simpson's Hospital
Address of centre:	Ballinteer Road, Dundrum, Dublin 16
Type of inspection:	Unannounced
Date of inspection:	12 February 2024
Centre ID:	OSV-0000096
Fieldwork ID:	MON-0042854

About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

Simpson's hospital is a 48 bedded Nursing Home, located in Dundrum and provides long term residential care for men and women over 65 years of age. Since its foundation in 1779, Simpson's Hospital has cared for older persons from all walks of life and religious denominations. Simpson's Hospital is governed by a voluntary Board of Trustees. It has 30 single and nine double rooms located over two floors which are service by an assisted lift. The newer part of the building has a bright sunny seating area which links the original and new buildings. All bedrooms have under floor heating, full length windows and electric profiling beds. All en-suite bedrooms have assisted showers. The centres day space and dining room are located in main building, which has many original features. The ethos of Simpson's Hospital is centred around the provision of person centred care within a culture of continuous quality improvement. Simpson's Hospital strives to create a homely, relaxed and friendly atmosphere in a modern state of the art facility.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	46
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Monday 12 February 2024	09:30hrs to 15:30hrs	Yvonne O'Loughlin	Lead
Monday 12 February 2024	09:30hrs to 15:30hrs	Kathryn Hanly	Support

What residents told us and what inspectors observed

On the day of inspection the inspectors were greeted by the director of nursing and following an introductory meeting, the inspectors were guided on a tour of the premises. It was the director of nursing first official day as the person in charge of the centre.

The director of nursing is supported in her role by a newly appointed clinical nurse manager, a team of staff nurses and health-care assistants.

The centre comprised of two linked buildings, a georgian residence and a newer purpose built accommodation wing. These buildings were linked by a corridor with a seating area which overlooked the mature, landscaped gardens.

The centre is registered to accommodate 48 residents. The accommodation wing was divided over two floors and comprised of 30 single bedrooms and nine twin bedrooms. To enhance the feeling of homeliness and assist residents with settling into the centre the provider encouraged and supported residents to bring with them items that are meaningful to them. Through walking around the centre, inspectors observed that the majority of residents had personalised their bedrooms and had their photographs and personal items displayed. Several residents had brought in their own furniture and personal belongings. Overall, the general environment including residents' bedrooms, communal areas and toilets in the accommodation wing appeared visibly clean.

Residents appeared happy in the centre. It was evident from talking to staff that they were familiar with the residents and were able to describe their likes and interests. Inspectors spoke with eight residents and four visitors all were complimentary in their feedback. One of the visitors had been a carer for their parent prior to entering the centre who said "very good care from all the staff, the food is lovely and the place is warm and friendly".

Communal space included a large dining room, day room, visitors' room and an activities room. The original features of the communal areas in the older part of the building had been maintained with high ceilings and large windows that created a sense of space and grandeur. These areas were inviting and comfortable with antique artwork, decorative cornicing and other architectural details.

In contrast the surfaces and finishes in some parts of the older section of the building were showing signs of wear and tear and inappropriate storage. For example the kitchen cleaning room had uneven painted concrete walls and flooring, this room had no janitorial unit so dirty mop bucket water was emptied outside in the drain. The staff break room had two worn mattresses with used linen in the corner. The housekeeping laundry room was also used to store staff belongings e.g. shoes, coats, bags and staff food.

Equipment viewed was generally clean with some exceptions. For example, the pipes/ air jets hydrotherapy (jacuzzi) bath did not receive routine disinfection via the integrated cleaning and disinfection system and was visibly dirty. Failure to routinely decontaminate infrequently used baths can result in contamination of jets. Findings in this regard are further discussed under Regulation 27.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impact on the quality and safety of the service being delivered.

Capacity and capability

This was a risk based unannounced inspection carried out following the receipt of unsolicited information. There had been an outbreak of COVID-19 in the centre this year which had affected 31 residents and two staff members, all of which had recovered well with no admissions to acute care. The community support team visited the centre on the 26th January 2024 and gave guidance to support the centre on the management of the outbreak, and the inspectors were assured that this guidance was in the process of being completed.

Simpson's Hospital is a charitable institution and is managed by the voluntary Board of Trustees, Simpson's Hospital.

Overall, inspectors found that the provider had not taken all the necessary steps to ensure compliance with Regulation 27 and the *National Standards for Infection prevention and control in community services* (2018). Improvements were required in infection prevention and control governance, oversight and monitoring systems. Improvements were also required in the implementation of standard infection prevention and control precautions.

After the outbreak, cleaning records showed the centre had a full deep clean of surfaces. On the day of the inspection the inspectors noted that a number of curtains were visibly dirty. The curtains were not cleaned and replaced after the outbreak which is in line with best practice.

Cleaning of the centre is managed by a private company. The inspectors found that there were sufficient local assurance mechanisms in place to ensure that the environment and equipment was cleaned in accordance with best practice. Assurance processes in relation to the standard of environmental hygiene included well maintained cleaning trolleys with lockable compartments, cleaning specifications and checklists, flat mops and colour coded cloths to reduce the chance of cross infection. A daily and deep cleaning schedule was also in place and records viewed were consistently signed and dated.

The provider had nominated a staff member to the role of infection prevention and control lead and link practitioner. However, this person had not yet completed the required link practitioner training to support staff to implement effective infection prevention and control and antimicrobial stewardship practices within the centre.

Surveillance of healthcare associated infection (HCAI) and multi drug resistant organism (MDRO) colonisation was routinely undertaken and recorded. However a review of acute hospital discharge letters and laboratory reports found that staff had failed to identify a small number of residents that were colonised with MDROs including including Vancomycin-resistant Enterococci (VRE) and Extended Spectrum Beta-Lactamase (ESBL).

Documentation reviewed identified some examples of antimicrobial stewardship practice. However, the programme had not been active in recent months and the overall antimicrobial stewardship programme needed to be further developed, strengthened and supported in order to be re-established and to progress. Findings in this regard are presented under Regulation 27.

Documentation reviewed relating to Legionella control provided the assurance that the risk of Legionella was being effectively managed in the centre. For example, routine monitoring for Legionella in hot and cold water systems had identified high counts of legionella bacteria in three samples tested. Remedial actions had been taken and re-sampling found that actions had been effective in lowering the levels of contamination. However, more attention is required to ensure that the jacuzzi bath is flushed and maintained to reduce the risk of future high counts of Legionella bacteria.

The centre had a comprehensive infection prevention and control guideline which covered aspects of standard and transmission based precautions. Efforts to integrate infection prevention and control guidelines into practice were underpinned by mandatory infection prevention and control education and training. A review of training records indicated that the majority of staff were up to date with mandatory infection prevention and control training. However, inspectors also identified, through talking with staff, that further training was required to ensure staff are knowledgeable and competent in the management of residents colonised with MDROs. This is further discussed under Regulation 27.

Quality and safety

Overall, inspectors were assured that the quality of service and quality of care received by residents was of a high standard. There was a rights-based approach to care; both staff and management promoted and respected the rights and choices of residents living in the centre.

There were no visiting restrictions in place and public health guidelines on visiting were being followed. Signage reminded visitors not to come to the centre if they were showing signs and symptoms of infection. Visitors told inspectors that visits and social outings were encouraged and supported.

Resident care plans were accessible on a computer based system. A review of care plans found that most of the care plans were person centred and detailed enough to guide and direct the care to residents. Residents with urinary catheters had a care plan to guide the care which helps to prevent a catheter associated urinary tract infection. Further detail was required on three residents care plans, this is discussed further under Regulation 27.

Inspectors observed staff using appropriate personal protective equipment and segregating waste and used linen in line with best practice.

Hand hygiene facilities were conveniently accessible to clinical staff caring for residents. The hand hygiene sinks provided met the required national standards to help reduce the transmission of infections. Hand sanitisers were available for each resident and appropriately placed along the corridor, there was no hand sanitiser near the nurses' station or signage on the dispensers but this was being addressed on the day of inspection.

However, number of practices were also identified which had the potential to impact on the effectiveness of infection prevention and control within the centre. These included inconsistencies in the implementation of standard infection control precautions including equipment hygiene, sharps safety and waste storage. Findings in this regard are presented under Regulation 27.

The provider had access to diagnostic microbiology laboratory services and a review of resident files found that clinical samples for culture and sensitivity were sent for laboratory analysis as required. Copies of laboratory reports were scanned to resident's electronic healthcare records. However, a dedicated specimen fridge was not available for the storage of laboratory samples awaiting collection. Findings in this regard are presented under Regulation 27.

A lack of appropriate storage space was also observed which resulted in the inappropriate storage of equipment in some areas. For example equipment was stored in the communal bathrooms on each floor, this is a repeat finding from the last inspection. Details of further issues identified are set out under Regulation 27.

Regulation 27: Infection control

Infection prevention and control and antimicrobial stewardship governance arrangements did not ensure the sustainable delivery of safe and effective infection

prevention and control and antimicrobial stewardship. For example;

- Accurate surveillance of MDRO colonisation was not undertaken. There was some ambiguity among staff and management regarding which residents were colonised with MDROs including Vancomycin-resistant Enterococci (VRE) and Extended Spectrum Beta-Lactamase (ESBL). As a result accurate information was not recorded in three resident care plans and appropriate infection control and antimicrobial stewardship measures may not have been in place when caring for these residents.
- The overall antimicrobial stewardship programme needed to be further developed and strengthened in order to support good antimicrobial stewardship practices within the centre. For example, there was no evidence of recent antimicrobial stewardship audits, training or quality improvement initiatives.
- A locally developed pre-assessment form did not contain a comprehensive section to document details healthcare associated infection and MDRO colonisation. For example only Methicillin resistant *Staphylococcus aureus* (MRSA) colonisation status was listed on the form. Omissions of critical information including VRE, ESBL colonisation status during assessment may mean appropriate infection control measure may not be in place when caring for all residents.
- All elements of standard infection prevention and control precautions including laundry and waste management and sharps safety were not routinely audited. As a result there were insufficient assurance mechanisms in place to ensure compliance with the *National Standards for Infection prevention and control in community services* (2018).
- Staff required more training on caring for residents with an MDRO and when to apply extra precautions if required. Lack of knowledge in infection prevention and control may lead to the spread of infection between residents.

Standard infection prevention and control precautions were not effectively and consistently implemented by staff. This was evidenced by;

- The hydrotherapy bath was visibly unclean. Staff were unable to describe how the hydrotherapy jets were cleaned. These baths are potentially a high-risk source of fungi and bacteria, including *Legionella* if not effectively decontaminated after use.
- The outside clinical waste bin was not locked and was accessible to visitors and residents. This increases the risk of a sharps injury to visitors and residents.
- The sluice rooms contained a hose for washing equipment. The use of a hose may lead to environmental contamination and the spread of infection.
- A lack of appropriate storage space in the accommodation wing of the centre resulted in the inappropriate storage of equipment within communal bathrooms on each floor. This meant that these rooms were not accessible for residents to use and the area was not able to be cleaned by housekeeping staff.
- The provider had not yet substituted traditional unprotected sharps/ needles with a safer sharps devices that have features or a mechanism to prevent or

minimise the risk of accidental injury.

- Staff told inspectors that microbiology samples awaiting collection were stored in the medication fridges if a collection was delayed. This increased the risk of contamination and cross infection.
- Curtains were not changed after a deep clean of the centre. This meant that there was still a risk of infection spread to staff and residents.

Judgment: Not compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Quality and safety	
Regulation 27: Infection control	Not compliant

Compliance Plan for Simpson's Hospital OSV-0000096

Inspection ID: MON-0042854

Date of inspection: 12/02/2024

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 27: Infection control	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <ul style="list-style-type: none"> - A Janitorial unit is planned only for kitchen cleaning purpose, one of the toilet on basement will be converted into a Janitorial unit by 31/05/2024. - The staff room is cleaned, used linen and two Worn mattress from old building are disposed. - All housekeeping staff have designated locked storage spaces in the staff room to store their personal belongings. - MDRO surveillance undertaken, all care plans and handover sheet are updated reflecting the MDRO colonisation. MDRO line listing completed and IPC link nurse will oversee the same going forward. - Audit schedule planned for the year 2024, IPC link nurse is given protected time once a week only to focus on the IPC and antimicrobial stewardship. IPC meetings to recommence from April 2024 which includes Quality improvement plan for the audits conducted. - IT staff have been informed to include all MDRO’s on the Pre-admission assessment form, same will be completed in the next update due in April 2024. In the interim, PIC is recording on the Pre- admission form if any MDRO’s identified in the hospital. - Commenced with Monthly Environmental Hygiene Audits, Hand- hygiene Audits, Sharps Handling Audit, Laundry Handling Audits, Waste management Audits, Bodily fluid Spillage Audit and Specimen Handling Audit. These Audits will effectively help Simpson’s in identifying the gaps and to take corrective measures immediately. - All RGN’s commenced on HSE Land AMRIC modules directed by CHO6 as a refresher trainings. Tutor- Led IPC trainings to be scheduled for all staff commencing from 	

18/04/24. Aiming to be completed by 31/05/2024.

- Hydrotherapy Bath was cleaned by cleaning staff. The same is out of service, care tua company serviced in the month of February 2024 and a spare part has been ordered to bring this back into service. Also requested the company to schedule for a demo of the bath and its functionalities. To be completed by 31/06/2024.
- Once the bath is serviced, cleaning staff will be instructed to flush the Jacuzzi at least once a day.
- Hand sanitizers placed near the nurse's station on ground floor and upper ground floor with signage on all hand sanitizer dispensers.
- A dedicated fridge sourced and is being used only for specimens.
- Bathrooms on both floors are cleared now and there is no inappropriate storage except for the shower chairs to be placed in the bathrooms after use.
- The outside clinical waste bin is checked by Nurses twice a week and CNM once a week. The bin has been replaced as there was a fault in locking system. Waste area is secured with a pad lock and will be accessible only to staff.
- Hose in the sluice rooms will be removed by 31/05/24.
- Both sluice rooms' ceilings are painted – completed.
- The sharps/Needles are replaced with retractable needles to prevent risk of needle stick injuries.
- All curtains are changed and replaced in February 2024.

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Not Compliant	Orange	28/03/2024