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:	Board of Trustees, Simpson's Hospital
Address of centre:	Ballinteer Road, Dundrum, Dublin 16
Type of inspection:	Unannounced
Date of inspection:	08 March 2023
Centre ID:	OSV-0000096
Fieldwork ID:	MON-0039478

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:	48

How we inspect

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
Wednesday 8 March 2023	09:05hrs to 17:00hrs	Deirdre O'Hara	Lead

What residents told us and what inspectors observed

Overall feedback from residents was that this was a nice place to live. Residents and family members who spoke with the inspector said that they were very satisfied with the care they received and that staff were very kind and responsive to their needs. They said they were regularly communicated with, should there be a change in a resident's condition. Interaction between staff, residents and visitors was seen to be friendly and respectful. The inspector spoke with five residents and four visitors who were very satisfied with the cleanliness of the centre. Support and assistance was offered to residents in an unhurried and friendly manner. These positive interactions contributed to the calm and relaxed atmosphere in the centre.

This inspection took place over one day. There were 48 residents accommodated in the centre. Bedroom accommodation comprised of single bedrooms and multi-occupancy bedrooms which were located on two floors. Access between each floor was facilitated by a lift or stairs. Residents had access to bathing facilities in either en-suite or shared showers or bathrooms. Many resident bedrooms were decorated with personal items such as family photos, rugs and other items important to them. There was a choice of communal spaces and well-kept grounds and residents were seen to go out with family to the grounds or into the local areas, if they wished. Visiting was managed safely and took place in residents' bedrooms, communal rooms and gardens.

While the centre provided a homely environment for residents, further improvements were required in respect of premises and infection prevention and control, which are interdependent. For example ancillary rooms such as the housekeeping rooms, laundry room and linen storage had damaged flooring and /or walls which did not facilitate effective infection prevention and control measures. Findings in this regard are further discussed under Regulation 27.

The provider was endeavouring to improve current facilities to improve the lived experience of residents. They had replaced flooring on the corridors leading to bedrooms, the link corridor and hall and some of the bedrooms. The inspector was informed that other flooring, that was damaged, would be replaced on a phased basis to reduce disruption to residents. Despite the infrastructural issues identified, overall the general environment and residents' bedrooms, communal areas and toilets, bathrooms inspected appeared visibly clean. There was sufficient wardrobe space, display space, and storage for residents' personal belongings.

Alcohol hand gel dispensers were available throughout the centre. However barriers to effective hand hygiene practice were observed during the course of this inspection. For example soap and hand sanitiser dispensers were topped up and could result in cross contamination. While there were sufficient numbers of dedicated clinical hand-wash sinks available for staff use, the available sinks in sluice rooms and the treatment rooms, and corridors did not comply with the recommended specifications for clinical hand-wash basins. The clinical hand-wash

basin beside the conservatory was cracked and there were no wash-hand basin in the cleaners rooms to facilitate hand hygiene. A small number of staff were seen to wear wrist jewellery which impacted on effective hand hygiene. There were posters illustrating the correct procedure to perform hand rubbing, above all alcohol based hand rub dispensers.

Overall the equipment viewed was generally clean with some exceptions. For example two shower chairs, the medication fridge, Intravenous trays (I.V.) trays and the blood glucose monitoring trays were unclean and impacted on good infection prevention and control.

Food was seen to be well presented and residents said that they enjoyed the variety of food on offer. Residents mobilised freely throughout the centre on their own or with the assistance of staff. During the inspection, many residents sat in the link corridor and enjoyed the views of the front gardens and could watch visitors arriving to the centre.

The next two sections of the report present the findings of this inspection in relation to the governance and management of infection prevention and control in the centre and how these arrangements impacted the quality and safety of the service being delivered.

Capacity and capability

Overall the inspector found that the provider had not taken all necessary steps to ensure compliance with Regulation 27 and the National Standards for infection prevention and control in community services (2018). Weaknesses were identified in infection prevention and control governance, antimicrobial stewardship, guidelines, training, oversight and monitoring systems. Infrastructural barriers to effective hand hygiene and premises were also identified during the course of this inspection. Findings in this regard are further discussed under Regulation 27.

This was an unannounced inspection which took place over one day. This inspection focused on Regulation 27: Infection control.

Simpson's Hospital is a charitable institution and is managed by the voluntary Board of Trustees, Simpson's Hospital. The inspector found that the person in charge had left employment with the provider on 9 February 2023. A proposed person in charge commenced working in the centre at the start of March 2023, however the required information as set out in the regulations had not been submitted to the Chief Inspector.

The management team were supported by an administrative manager, a team of nursing, health care assistants, housekeeping, catering and activities staff. Medication was not always stored securely in line with Regulation 29: Medicines and pharmaceutical services. For example; drug storage keys were left unattended in a

drawer and in an unattended drug trolley twice during the day. In the treatment room, medication was not locked in the medication fridge and some medication cupboards, this room was not locked, therefore there was unsecured access to medication in the fridge and storage cupboards. The medication fridge was operating outside of the temperature range since 17 December 2023. These findings were not in line with best practice and with *Guidance for Registered Nurses and Midwives on Medication Administration* 2020. The provider was issued an immediate action and all medication safety issues were addressed by the end of the inspection.

Governance and management systems were not sufficiently robust. Oversight of service and infection prevention and control practices in the centre required action. For example:

- The provider had no formalised access to an infection prevention and control specialist as recommended by the National Standards for Infection prevention and control in community services (2018)
- surveillance of healthcare-associated infections and multi-drug resistant organisms (MDROs) was not routinely undertaken and recorded. This meant that the provider may not be able to monitor changes in infectious agents and trends in development of antimicrobial resistance. There was some ambiguity among staff with regard to which residents were colonised with MDROs and may result in inappropriate care been given
- antimicrobial guidelines were not available to staff, however, antimicrobial prescribing was done using microbiology reports and consultation with microbiologist, when required, to ensure that the correct treatment was given
- the infection prevention and control policy had not been reviewed since 2017. While it covered aspects of standard and transmission based precautions and the care and management of residents with infections, such as, Methicillin-resistant Staphylococcus aureus (MRSA) and Clostridium Difficile (C. Diff), there was no policy to guide the care of residents with other multi-drug resistant organisms (MDROs) or for residents with nebulizers. This meant that they were not accessible to staff to guide practice
- in five staff records reviewed, there was no evidence that staff had received infection prevention and control training, relative to their role, before they commenced work in the centre does the standard say they have to have before employment
- the findings of this inspection found that further training and supervision was required on standard infection control precautions including hand hygiene, safe sharps and appropriate clinical waste management and equipment hygiene practices
- audit tools used monitored environmental cleanliness only and did not monitor other aspects of infection prevention and control and is further detailed in Regulation 27
- following a COVID-19 outbreak during September 2022, the provider had not completed an outbreak review after the outbreak finished, to review the management of the outbreak and lessons learnt to improve the safety of care provided.

There were two household cleaning staff on duty each day in the centre, and one

extra staff attended one day each week to carry out deep cleaning in the centre. Cleaning services was outsourced to an external contractor and a supervisor visited the centre twice each week to monitor and support cleaning staff. There was a comprehensive cleaning schedule in place for each of the units, and records were overseen by the manager. Overall, the staffing and skill-mix on the day of inspection appeared to be appropriate to meet the care needs of residents and cleaning in the centre.

Quality and safety

Overall the inspector was assured that the residents living in the centre enjoyed a good quality of life and care was provided to a good standard, through appropriate access to a General Practitioner (GP), physiotherapy, and wound care specialists via a referral process. However, there were delays in residents who required a review by a dietitian. Referrals had been sent during November 2022 had only been followed up in March 2023. While there was evidence of good infection control practice identified, a number of actions are required by the provider in order to fully comply with this regulation. Details of issues identified are set out under Regulation 27: Infection Control.

The national transfer document was used when residents were being transferred to the acute hospital setting. This document contained details of health-care associated infections to support sharing of and access to information within and between services. While the pre-admission assessment documentation contained detail with regard to residents' medical history and Methicillin-resistant Staphylococcus aureus (MRSA) status, and Clostridium Difficile (C.Diff), it did not contain information with regard to other infectious or colonisation status of new residents. The provider told the inspector that a new pre-admission assessment form would be implemented in the near future.

In care plans reviewed, they demonstrated that residents had good access to their GP and tissue viability specialists. However, there were delays in accessing the services of a dietitian for residents. This had been followed up by the Clinical Nurse Manager the previous week. Otherwise all recommendations by these specialists were integrated into residents care plans.

There was a successful vaccination programme in place and was available to residents and staff. There had been a high uptake of influenza vaccines and COVID-19 boosters among residents and staff. However, the provider did not keep concise records of residents who had received all vaccines in the centre, such as pneumonia vaccinations. The inspector was assured by the provider that this would be addressed.

Staff assigned to cleaning duties had good knowledge with regard to physical cleaning practices. This included, the use of colour coded mops and cleaning cloths to reduce the risk of cross infection. Staff had the appropriate knowledge with

regard to the safe management of blood and bodily fluid spills and needle stick injuries.

The physical environment was generally well-maintained and ventilated with a few exceptions. For example, the walls and/or flooring in the laundry and storage rooms were damaged and there were boxes of equipment stored on floors and would impact on effective cleaning or possible contamination of items contained within the boxes. While corridors were free of clutter and were bright and clean there was inappropriate storage in two communal bathrooms, such as, commodes and hoists. This meant that these bathrooms were not accessible to residents if they wished. There were gaps in practice important to good infection prevention and control which required action and are discussed in more detail under Regulation 27: Infection Control.

Visits were being managed well in line with the regulations and residents were supported to receive their visitors in private or in designated areas. Resident's routines and preferences were promoted and respected. For example some residents preferred to spend their time in their room, listening to the radio or watching TV or interacting with other residents in communal areas. Residents were dressed well and residents said they could get up or go to bed when they wanted. The hairdresser came to the centre each week and many residents said they were happy with service they provided.

Regulation 27: Infection control

The registered provider had not ensured effective governance arrangements were in place to ensure the sustainable delivery of safe and effective infection prevention and control and antimicrobial stewardship. For example;

- Staff records reviewed were unclear, they did not show if staff had attended infection prevention and control training on induction or periodically thereafter to ensure that it was appropriate to their specific role and areas of responsibility
- the number of residents who had been prescribed antibiotics was monitored each month but the overall antimicrobial stewardship programme, to improve the quality of antibiotic use, needed to be further developed, strengthened and supported in order to progress
- the infection prevention and control policy had not been updated since 2017 and did not contain guidance with regard to the management of all MDROs and equipment, such as, nebulizers. This meant that staff did not have up-to-date information to guide safe care
- a review of local infection prevention and control audits did not identify issues highlighted on this inspection and therefore failed to drive quality improvement. For example it did not monitor all aspects of standard precautions
- the centres pre-admission assessment did not include comprehensive

infection prevention and control history or risk assessment and could result in inappropriate measures being put in place to protect residents from infection.

The environment was not always managed in a way that minimised the risk of transmitting a healthcare-associated infection. This was evidenced by;

- Walls and flooring in the store rooms on the second floor and the laundry room were poor condition and there were pieces missing or damage to flooring in some bedrooms, the kitchen and one communal room. Damaged surfaces impacted on effective cleaning
- there were no hand-wash basins in housekeeping rooms and a crack in the clinical wash-hand basin beside the conservatory. Five staff were seen to wrist jewellery when delivering direct care to residents, this impacted on effective hand hygiene
- there were no clinical waste bins in sluice rooms to allow for the safe disposal of potentially contaminated items, such as used wound dressing equipment. Many bins in the centre had unclean signs on the lids or sticky residue from taped signs on bins. This meant that they had not been or could not be effectively cleaned
- there was inappropriate storage in communal bathrooms and some store rooms which result in cross contamination.

The provider had not ensured that adequate precautions to ensure practices for effective infection control was part of routine delivery of care to protect people from preventable health care-associated infections. This was evidenced by:

- Alcohol based hand rubs and liquid soap were being refilled which increases the risk of cross contamination
- all sharps bins inspected did not have the temporary closure mechanism engaged when they were not in use. One sharps bin was overfilled past the recommended fill line and staff did not have access to safety engineered needles. This meant that residents and staff could be inadvertently exposed to contaminated clinical waste
- open in-use containers of personal hygiene products were stored in shared bathrooms and were not labelled with resident names or they were stored with other residents' items. This practice could result in cross infection and was a similar finding during the last inspection
- open in-use dressings were not used in line with their stated purpose. For example open dressing were stored with unopened dressings and may result in them being reused
- Intravenous (I.V.) trays and the blood glucose monitoring box and medication fridge were unclean. This meant that they had not been cleaned and made safe for further use. Blood sugar monitoring needles: the use of these devices require a risk assessment to ensure they do not pose a risk of cross contamination.

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-0039478

Date of inspection: 08/03/2023

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

Outline how you are going to come into compliance with Regulation 27: Infection control:

• Staff records reviewed were unclear, they did not show if staff had attended infection prevention and control training on induction or periodically thereafter to ensure that it was appropriate to their specific role and areas of responsibility

Review all staff records to assertain any gaps in training records.
All staff to undertake basic infection control training.
All staff to undertake Hand Hygiene training
All clinic staff to undertake Blood /Bodily Fluid spilage training.

12/05/2023.

• the number of residents who had been prescribed antibiotics was monitored each month but the overall antimicrobial stewardship programme, to improve the quality of antibiotic use, needed to be further developed, strengthened and supported in order to progress.

Establish a clinical infection control team consisting of the GP for the centre, the centres pharmacist, infection prevention and control staff nurse, Clinical Nurse Manager and PIC to review the use of anti-microbials on a monthly basis.

25/04/2023.

• The infection prevention and control policy had not been updated since 2017 and did not contain guidance with regard to the management of all MDROs and equipment, such as, nebulizers. This meant that staff did not have up-to-date information to guide safe care.

The infection prevention and control policy updated

20/03/2023.

The infection prevention and control policy to be read by all staff.

29/05/2023.

The infection prevention and control policy to be reviewed by clinical MDT team.

29/05/2023.

• A review of local infection prevention and control audits did not identify issues highlighted on this inspection and therefore failed to drive quality improvement. For example it did not monitor all aspects of standard precautions.

Enviromental infection prevention and control team a sub committee of the Infection control and prevention MDT to commence,

Enviromenta audits,
Laundry audits,
Resident personal laundry. Audits.

12/05/2023

• The centres pre-admission assessment did not include comprehensive infection prevention and control history or risk assessment and could result in inappropriate measures being put in place to protect residents from infection.
Pre-admission assessment form updated to include comprehensive infection control and prevention history or risk assessment.
30/03/2023.
The environment was not always managed in a way that minimised the risk of transmitting a healthcare-associated infection. This was evidenced by;
• Walls and flooring in the store rooms on the second floor and the laundry room were poor condition and there were pieces missing or damage to flooring in some bedrooms, the kitchen and one communal room. Damaged surfaces impacted on effective cleaning

Walls to be plastered where necessary and flooring to be replaced in second floor store room
Flooring to be replaced in treatment room, bedrooms 16,17,27,27,28,29,31,32,33,34 , Kitchen
floor, communal room laundry room, TV room

30/06/2023.

• There were no hand-wash basins in housekeeping rooms and a crack in the clinical wash-hand basin beside the conservatory. Five staff were seen to wrist jewellery when delivering direct care to residents, this impacted on effective hand hygiene.

Wash hand basin to be inserted in House keeping room.

30/06/2023

All staff instructed regarding the risk of infection from wearing wrist jewellery including watches and fit-bits.
09/03/2023.

Daily inspection and through out the day to insure compliance

09/03/2023.

Clinical wash-hand basin beside the conservatory.

30/06/2023.

• There were no clinical waste bins in sluice rooms to allow for the safe disposal of potentially contaminated items, such as used wound dressing equipment. Many bins in the centre had unclean signs on the lids or sticky residue from taped signs on bins. This meant that they had not been or could not be effectively cleaned.

Clinical waste bins placed in sluice rooms.

09/03/2023.

All signs removed from waste bin. Damaged waste bins removed.

10/03/2023

• There was inappropriate storage in communal bathrooms and some store rooms which result in cross contamination.

All comoides and Weighing scales removed to store room.
09/03/2023

The provider had not ensured that adequate precautions to ensure practices for effective infection control was part of routine delivery of care to protect people from preventable health care-associated infections. This was evidenced by:

• Alcohol based hand rubs and liquid soap were being refilled which increases the risk of cross contamination.

Alcohol based hand rubs and liquid soap to be replaced with single use cartridge Dispensers.

30/05/2023.

• All sharps bins inspected did not have the temporary closure mechanism engaged when they were not in use. One sharps bin was overfilled past the recommended fill line and staff did not have access to safety engineered needles. This meant that residents and staff could be inadvertently exposed to contaminated clinical waste.

All sharps bins with no temporary closure mechanism removed.
Overfilled bins removed

09/03/2023.

All needles are now safety engineered needles. All other needles disposed of.

12/03/2023

• Open in-use containers of personal hygiene products were stored in shared bathrooms and were not labelled with resident names or they were stored with other residents' items. This practice could result in cross infection and was a similar finding during the last inspection.

All personal toiletries and Hygiene products to be labelled and dated.

30/04/2023.

• Open in-use dressings were not used in line with their stated purpose. For example open dressing were stored with unopened dressings and may result in them being reused.

Single use individual dressings and individual dressing kits.

20/04/2023.

• Intravenous (I.V.) trays and the blood glucose monitoring box and medication fridge were unclean. This meant that they had not been cleaned and made safe for further use.

Blood sugar monitoring needles: the use of these devices require a risk assessment to ensure they do not pose a risk of cross contamination.

Establish a cleaning reigme for medication fridge.
13/03/2023

All residents who required glucometer have been provided with their own fully equiped kit and glucometer.

10/03/2023.

Incidental findings on day of inspection

1. Drug storage keys were left unattended in a drawer and in an unattended drug trolley twice during the day

Corrected 8/3/203.

2. In the treatment room, medication was not locked in the medication fridge and some medication cupboards, this room was not locked,

Fridge replaced with lock and internal temperature control monitor.

08/03/2023.

New FOB controlled access to Medication Room.

12/04/2023

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	30/09/2023