



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:	23 January 2025
Centre ID:	OSV-0000096
Fieldwork ID:	MON-0042485

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 serviced 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:	43
--	----

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
Thursday 23 January 2025	07:55hrs to 15:50hrs	Niamh Moore	Lead
Thursday 23 January 2025	07:55hrs to 15:50hrs	Sharon Boyle	Support

What residents told us and what inspectors observed

This inspection took place in Simpson's Hospital on the Ballinteer Road in Dublin 16. During the inspection, inspectors spent time observing and speaking to residents, visitors and staff. Staff were seen to treat residents with respect and kindness throughout the inspection. The overall feedback inspectors received from residents was that they were very happy living within the centre, with comments that they felt safe and enjoyed the activities on offer, and one resident said the "staff are fantastic".

The centre could accommodate 48 residents. Residents resided in 30 single and nine twin-bedded bedrooms, all of which had en-suite facilities. Residents' accommodation was set out over two floors, the lower ground level and the upper ground level within the newer part of the building. Many residents had personalised their rooms with photographs and personal possessions to create a sense of home.

There was a sufficient number of communal spaces available for residents' use, such as day rooms, the dining room, an activity room and a visitor's room. There was also a hair salon available. The older part of the premises contained areas such as the kitchen, laundry and staff changing areas.

Inspectors observed residents in various areas of the centre throughout the inspection day; for example, some residents were sitting in chairs near to the nurses' station, some residents were leaving the dining room following lunch, some residents were spending time in the communal rooms, and others were seen enjoying walks on the external grounds. The centre had a resident cat called Bob, who was a part of the centre. The atmosphere was relaxed and calm.

There was one activity coordinator working within the designated centre and there was an activity schedule available which detailed activities available Monday to Sunday. On the morning of the inspection, there was balloon tennis and chair exercises, led by the activity coordinator. Inspectors observed both of these activities and found that the engagement was person-centred and encouraging to residents, it was evident that residents enjoyed this time. There was music and befriending activities on offer in the afternoon.

Notice boards provided information to residents such as advocacy details and the complaints procedures. Residents meetings were held monthly and were attended by an independent advocate. Minutes viewed showed that residents' views on the running of the centre were sought. Feedback received from residents' through residents meetings and complaints was seen to be acted on. For example, complaints were seen relating to meals not being provided as per the menu. Inspectors viewed a quality improvement plan in respect to these complaints and saw there were regular meetings held with the catering department.

Residents could attend the individual dining rooms or have their meals in their bedroom if they preferred. On the day of the inspection, residents were provided with a choice of meals which consisted of corned beef or a chicken curry dish. Inspectors viewed the lunch-time service and saw that for residents who required support with their eating and drinking, they were provided with timely assistance. Residents told the inspectors that the food on offer was very nice.

Throughout the day of inspection, inspectors observed staff tending to residents' needs in a caring and respectful manner. Overall inspectors found there was a sufficient number of staff available, however there was one delay in a call bell being responded to which required an inspector to seek out a staff member. In addition, one resident informed inspectors that at times there can be a delay in staff attending to their needs. Management confirmed to inspectors that this would be reviewed, including the completion of call bell audits showed that there was oversight to ensure bells had been responded to timely.

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 an unannounced inspection to review compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People (Amendment) Regulations 2022). This inspection followed up on the compliance plan from the last inspection in May 2024, and inspectors found that overall the management systems in place had strengthened to ensure the service residents received was safe, appropriate, consistent and effectively monitored. Inspectors found that overall action had been taken to address the majority of the findings of the previous inspection. However, some actions remained outstanding to be fully compliant, which will be further outlined under the relevant regulations within this report.

The registered provider of Simpson's Hospital is the Trustee's of Simpson's Hospital. There are ten committee members in place. The local management team on site included an administrator and the person in charge, both of whom are full time and who were responsible for the daily operations in the centre.

The person in charge was supported in their role by an administrator, clinical nurse manager, staff nurses, healthcare assistants, activity personnel and reception staff. The registered provider had outsourced support services such as catering, housekeeping and physiotherapy. During this inspection, inspectors were told there was no staff vacancies, and from a review of worked and planned rosters, inspectors were assured there was sufficient staffing available to meet residents' assessed needs.

The registered provider had a training matrix (an overview of staff members' completed training and remaining training requirements) which showed that staff had attended online and in-house training on topics such as fire safety, infection control, manual handling and safeguarding, and for staff nurses medicine management and care planning. Additional training was offered on topics such as challenging behaviour, restrictive practices, human rights and end-of-life care.

Documentation requested for the inspection was provided in a timely manner. Inspectors reviewed the accident and incident log and could see that incidents were recorded, with appropriate management follow up and oversight. Improvements were seen in the notification of notifiable incidents to the Chief Inspector. However, the directory of residents and staff Schedule 2 files did not contain all the information required by the regulations.

On the day of inspection, the inspectors found that services were delivered by a well-organised team of management and staff. The person in charge had commenced consultation with residents and their families to incorporate into the annual review of the quality and safety of care delivered to residents in 2024. There was evidence of good management systems in place such as meetings, committees, tracking clinical data and audits. Management systems were identifying and actioning areas for improvement which had resulted in improved regulatory compliance within the centre.

The complaints procedure was on display in prominent positions within the centre. This procedure identified the personnel to deal with the complaints and outlined the complaints time frames. It included a review process and referrals to the Ombudsman should a complainant be dissatisfied with the outcome of the complaints process. However, this procedure required further review to ensure it detailed all processes to follow relating to the different types of complaints outlined within the policy. Inspectors reviewed the complaints log and saw that complaints were recorded in line with regulatory requirements. Residents spoken with knew who to complain to if needed.

Regulation 15: Staffing

On the day of the inspection, there were sufficient staff to meet the needs of the 43 residents. Rosters showed there was a minimum of two registered nurses on duty day and night. Housekeeping resources had also been increased following the last inspection and this was seen to be effective with appropriate levels of cleanliness seen on the day.

Judgment: Compliant

Regulation 16: Training and staff development

Inspectors found that staff had received relevant training that was up-to-date and appropriate to the service provided, their role and the needs of residents. There was evidence that staff had received appropriate supervision such as induction forms and probation reviews, in line with the registered provider's policy on Staff Education and Development dated March 2024.

Judgment: Compliant

Regulation 19: Directory of residents

Information on residents was not maintained in one directory as required. For example, there was two reports available, one for current residents and one for discharged or deceased residents.

In addition, not all information specified in Schedule 3 was included. For example, the name and address of any authority or other body, which arranged the resident's admission to the designated centre was not recorded.

Judgment: Substantially compliant

Regulation 21: Records

Inspectors reviewed a sample of four staff records, and these were seen to be kept in a manner that was safe and accessible. However, one record did not contain a full employment history, together with satisfactory history of any gaps in employment. This was not in line with the requirements of Schedule 2 and the registered provider's policy on Staff Recruitment and Selection which states that offers of employment are subject to the exploration of any gaps in employment.

Judgment: Substantially compliant

Regulation 23: Governance and management

The provider had sufficient resources in place to ensure that care delivered was in accordance with the statement of purpose. The governance arrangements in place were suitable to ensure the service provided is safe, appropriate and consistent.

Judgment: Compliant

Regulation 31: Notification of incidents

Inspectors reviewed a sample of incidents and found that notifiable notifications were submitted to comply with Schedule 4 of the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

Inspectors reviewed a sample of three closed complaints. There was evidence that complaints were investigated and concluded as soon as possible, with the complainant informed of the outcome of the investigation and any improvements recommended.

Judgment: Compliant

Quality and safety

Overall the inspectors found that Simpson's Hospital was a well-managed centre where the residents' were supported and facilitated to have a good quality of life. Residents care and support needs were well catered for. The inspectors observed staff speaking with residents in a kind and respectful manner. The residents and visitors the inspectors met spoke highly of the staff and the care they received. However, key areas such as premises and fire precautions required action to ensure compliance with the regulations, these will be further discussed under the respective regulations.

Inspectors reviewed some care plans of residents' with communication difficulties and found that where a resident had specialist communication requirements these were recorded in their care plans and kept up to date.

Since the last inspection staff had received safeguarding training. Staff told the inspectors that this in house training has enabled staff to be more confident with identifying and reporting concerns. Some residents' told the inspectors they felt safe in the centre. The centre was not a pension agent for any of the residents, however, management systems were in place to account for residents incoming and outgoing spending from the communal account.

Visitors were seen throughout the day to visit their relatives. The communal rooms and private living rooms were utilised. There were no restrictions on visiting, and

while visitors were requested to respect mealtimes should they require to visit at these times the management facilitate this.

There was evidence that residents' personal possessions were respected through effective arrangements regarding residents' access to and control over their possessions, including laundry services. Residents who spoke to the inspectors said that they have no issues with their possessions missing and laundry was returned to them within two days. Bedrooms seen by the inspectors has adequate storage for residents' personal belongings.

The layout of the premises promoted a good quality of life for residents. Inspectors found that since the last inspection, there were improvements to the premises as works had been completed to twin occupancy bedrooms to ensure each resident had access to their personal storage space. In addition, hand hygiene sinks were in good working order, however, a cleaner's storeroom did not have soap or hand towels available at the hand wash sink. Inspectors were told that there were ongoing renovations planned especially following the completion of fire safety works to the older part of the premises. Some further action was required to ensure all areas of the premises conformed to the matters set out in Schedule 6. This is discussed under Regulation 17: Premises.

Meals were served in dining rooms and in the residents' bedroom if they choose. There was a relaxed atmosphere in the dining room at lunch time, and inspectors observed staff attending to residents in a dignified and unhurried manner. The food was observed to be hot and nutritious. Chefs, kitchen aids and nursing staff had a detailed and up-to-date list of residents' meal choices and dietary requirements. Meals were served in the dining room in an organised way to ensure that residents' received the correct meals in a timely manner. Residents' who required a modified diet had their meals prepared accordingly. There was ample staff to assist at mealtimes both in the dining room and bedrooms. While some complaints were seen in the complaints register regarding the amount and variety of meals served, actions were taken by management to address this. Overall feedback inspectors received relating to the food was positive and inspectors observed staff ensuring residents had enough to eat by asking if they wanted a second helping.

Staff had attended training on fire safety, with a further date scheduled for the month after the inspection. Personal evacuation plans contained details of residents' individual requirements. The smoking hut in the garden contained a fire extinguisher and metal ashtray ensuring adequate precautions against fire were in place. While there was no call bell in the smoking area at the time of the inspection, management informed the inspectors that there was a mobile call bell available if required, however, there was no resident who smoked living in the centre at the time of the inspection. Works to fire doors had commenced, however some doors were outstanding at the time of this inspection.

Regulation 10: Communication difficulties

Residents' with communication difficulties were facilitated to communicate freely. Their care plans reflected residents' personal needs with communication difficulties and were appropriately reviewed and updated. All residents had access to audiology, ophthalmology and speech and language services, as required.

Judgment: Compliant

Regulation 11: Visits

The registered provider had arrangements in place to facilitate residents' to receive visitors in either their private accommodation, or in one of the communal living rooms. Visits to residents were not restricted.

Judgment: Compliant

Regulation 12: Personal possessions

Management had a robust system in place to ensure residents had access to and retained control over their possessions. Residents' clothes were laundered regularly and a system was in place to ensure they were returned to the correct resident.

Judgment: Compliant

Regulation 17: Premises

Notwithstanding the maintenance works completed, further action was required to ensure the premises conformed to all matters set out in Schedule 6. For example:

- While there was one bath within the centre, this was not in working order and therefore residents did not have a bath available to them.
- There was inappropriate storage seen, such as items stored on the floor within store room 5 and the maintenance store room in the basement.
- There was some areas of wear and tear. For example, a light was not effectively working on the second floor, and the paint was peeling in a communal area and on the landing on the second floor.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Residents had adequate quantities of food and drink which were properly and safely prepared. Food was seen to be served in line with the assessed dietary needs of the residents.

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

A system of recording temporary absences and discharges of residents was in place and the person in charge ensured that all relevant information about the resident was provided and received when a resident was temporarily absent from the centre.

Judgment: Compliant

Regulation 28: Fire precautions

Notwithstanding the work completed to date, and a project plan in place, the programme of fire safety works was not yet complete as per the commitments from the action plan of the May 2024 inspection, and therefore full compliance had not been achieved. Inspectors were told that works to fire doors was due to commence two weeks following this inspection. Management told inspectors that following the replacement of fire doors, a full fire safety risk assessment for the designated centre would be completed.

Judgment: Substantially compliant

Regulation 8: Protection

Measures were in place to protect residents' from abuse. Following the last inspection, one staff member trained as a trainer and recently provided in house training to all staff on safeguarding. The provider had an up-to-date safeguarding policy and staff were aware of the procedures for reporting concerns.

Judgment: 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	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Substantially compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 8: Protection	Compliant

Compliance Plan for Simpson's Hospital OSV-0000096

Inspection ID: MON-0042485

Date of inspection: 23/01/2025

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 19: Directory of residents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 19: Directory of residents:</p> <ul style="list-style-type: none"> - IT staff of Simpson’s hospital are working on the software to ensure that the directory of residents is in one document. - Directory of residents is updated and is now complete with all relevant information. - Directory of residents will be audited every quarterly to ensure that all information is completed as per schedule 3. 	
Regulation 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records:</p> <ul style="list-style-type: none"> - One staff record identified with gaps in the CV is on leave, as soon as the staff member returns an explanation of the gaps in the employment history will be enquired and same will be documented. - Since February 2024, selected candidate CVs are explored for any gaps in the employment history and an explanation has been given in writing by the candidate. - PIC will ensure that staff recruitment and selection is carried on as per the organization’s policy. 	

Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none"> - Bath in the center has been serviced again after the inspection; it is in working order and available for residents to use if required. Regular maintenance is completed and planned. - Maintenance operator has been engaged to ensure that items stored in Room 5 and maintenance store room are cleared and that there is no inappropriate storage. - Going forward, Administrator will ensure that premises is checked every week for any inappropriate storage in the building. 	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ul style="list-style-type: none"> - Fire compartmentation in the new phase of the building is completed. - Fire compartmentation and Fire door replacements in the old phase of the building commenced on 4th February 2025 and aiming to complete by end of May 2025. - Upon completion of all the fire safety works, an external fire consultant will be engaged to conduct fire safety risk assessment and aiming to complete by end of August 2025. 	

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 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	31/03/2025
Regulation 19(1)	The registered provider shall establish and maintain a Directory of Residents in a designated centre.	Substantially Compliant	Yellow	31/03/2025
Regulation 19(3)	The directory shall include the information specified in paragraph (3) of Schedule 3.	Substantially Compliant	Yellow	28/02/2025
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available	Substantially Compliant	Yellow	31/03/2025

	for inspection by the Chief Inspector.			
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.	Substantially Compliant	Yellow	31/05/2025
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Substantially Compliant	Yellow	31/05/2025