



Report of an inspection of a Designated Centre for Disabilities (Adults).

Issued by the Chief Inspector

Name of designated centre:	Summerhill House
Name of provider:	Health Service Executive
Address of centre:	Wexford
Type of inspection:	Announced
Date of inspection:	11 August 2022
Centre ID:	OSV-0004649
Fieldwork ID:	MON-0028667

About the designated centre

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

Summerhill House, provides long-term residential care to seven adult residents, both male and female, with severe to profound intellectual disability, autism and behaviours that challenge. Residents require full time nursing care and have additional care needs including support with behaviours. The centre comprises a large two story house located in rural town in Co.Wexford. It has all single bedrooms with two living rooms, a kitchen, and a large accessible garden. Residents attend day services attached to the organisation, external agencies and also have in-house activities. The staff team comprises of nursing staff and multi-task workers. An appointed person in charge was responsible for the oversight of the day to day operations of the centre. Local amenities include shops, restaurants, and café's.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	7
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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 Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (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 11 August 2022	09:30hrs to 17:00hrs	Sinead Whitely	Lead

What residents told us and what inspectors observed

This was an announced inspection and the purpose of the inspection was to inform a registration renewal decision. The inspection took place during the COVID-19 pandemic and therefore measures were taken by the inspectors and staff to ensure adherence to COVID-19 guidance for residential care facilities. This included wearing personal protective equipment (PPE) and regular hand hygiene throughout the inspection day.

There were seven residents living in the centre on the day of inspection and the inspector had the opportunity to meet with five residents. Residents had been informed of the inspection and a social story had been used to communicate the inspectors visit to their home. Residents used non verbal methods to communicate and the inspector endeavoured to determine their experience living in the centre through observation, speaking with the staff and management supporting residents, reviewing care records and observing non verbal methods of communication.

The premises comprised of a detached two storey building with seven bedrooms. There was a number of communal areas in the centre, including two living rooms, a kitchen and a dining room. The inspector noted pictures of residents and some of their artwork hung on the walls around the centre. A number of maintenance issues were noted when walking around the premises which had not been appropriately addressed by the provider since the most previous inspection. Chipped and peeling paintwork was observed in a number of areas around the centre. Scratched doors and chipped and worn flooring was also observed in a number of areas. All residents had their own bedrooms. Bedrooms differed in sizes and two residents bedrooms were quite small with limited storage space for personal belongings and the residents equipment. Residents had access to an internal garden within the centre where the inspector observed flowers and a vegetable garden.

The residents appeared to enjoy a program of daily activation. One resident was enjoying a trip to a wildlife park on the day of inspection. Residents activation schedules were noted prominently displayed in the centre and these were developed in a version that was accessible to residents. Regular activities included gardening, music, sensory activities, bird watching, playing on the swings, drives and walks. Residents also attended day services regularly and appeared to have choice and control in their daily routines. Two residents were observed relaxing in their rooms in the afternoon, listening to some music and they appeared happy and content.

The staff team consisted of a full time person in charge and a mix of nursing staff and assistant support workers. In general, the inspector found that the residents were well supported and happy living in Summerhill. There was a regular management presence and staff support appeared appropriate to meet the needs of the residents.

Some of the residents family members had completed questionnaires sent to the

centre, from HIQA, as part of the registration renewal process. In general, high levels of satisfaction with the service provided was communicated. One family member communicated how happy they were with the staff support in Summerhill, although they also noted that they would prefer to see their family member living in a smaller setting.

The next two sections of this report detail the inspectors findings regarding the governance and management of the centre, and how this affected the quality and safety of the service being delivered to the residents. Overall, it was noted that some improvements were required to ensure higher levels of compliance with the regulations and a safe service in areas including governance and management, safeguarding, premises, infection control and fire safety.

Capacity and capability

This inspection was short term announced and the purpose of the inspection was to monitor the centre's levels of compliance with the regulations and to inform a registration renewal decision. The inspector looked at a number of areas which impacted the care and support provided to residents including staffing, training, governance and management, fire safety, risk management, infection control, personal plans communication and safeguarding.

There was a clear management structure in place and a regular management presence in the designated centre with a full time person in charge. There was a consistent staff team in place providing care and support and this was clearly identified on the centre's staff rota. The care and support provided was regularly audited and reviewed by the services management team. In general, the inspector found that residents appeared happy and well supported living in the centre. However, a number of improvements were required to ensure higher levels of compliance with the regulations reviewed. The provider had also failed to adhere to a compliance plan response submitted to HIQA for the centres previous inspection in November 2021 which had highlighted a number of infection prevention and control concerns.

Regulation 15: Staffing

There were sufficient staffing levels and skill mixes in place to meet the assessed needs of the residents. The staff team comprised of nursing staff and multi-task workers. There was a clear staff rota in place which accurately reflected staff on duty during the day and night. Staff experienced regular meetings with the staff team and management. Staff working in the centre appeared knowledgeable regarding the residents and their individual needs on the day of inspection.

Judgment: Compliant

Regulation 16: Training and staff development

Staff training was provided in areas including fire safety, safeguarding, infection control, behaviour management, manual handling, and childrens first. Following a review of staff training records, it was found that all staff had up-to-date training and refresher training in these mandatory areas. All staff experienced formal one to one supervision with a line manager twice per year. The person in charge had a clear schedule in place for this to be completed in 2022.

Judgment: Compliant

Regulation 22: Insurance

Appropriate insurance cover had been purchased by the provider which protected the centre against risks including loss or property damage, and injury to residents. Evidence of this had been submitted as part of the registration renewal process.

Judgment: Compliant

Regulation 23: Governance and management

There was a clear management structure in place with a full time person in charge who was regularly present in the designated centre and was fully qualified and experienced to manage the running of the centre. There were regular audits and reviews taking place which were self-identifying areas in need of improvements. These included an unannounced six monthly audit and an annual review of the care and support provided. Thematic audits were also regularly completed by members of the management team and these included a review of themes including safeguarding, fire safety, staff training and complaints.

However, the provided had failed to address a number of concerns regarding the premises and infection control systems, which had been highlighted during the centres most previous inspection in November 2021 and had failed to adhere to the compliance plan response submitted to HIQA following this inspection. A number of non compliance's and substantial compliance's were noted on this inspection in areas including safeguarding, premises, infection control and fire safety.

Judgment: Not compliant

Regulation 34: Complaints procedure

There was a clear complaints procedure in place in the service and a designated person who managed complaints and concerns. Residents and/or their representatives were regularly consulted regarding their views on the service provided as part of the providers own auditing and review systems. Some of the residents family members had also completed questionnaires sent to the centre from HIQA as part of the registration renewal process. In general, high levels of satisfaction with the service provided was communicated. One family member communicated how happy they were with the staff support in Summerhill, although they also noted that they would prefer to see their family member living in a smaller setting. Staff advocated for residents at times, by utilising the complaints procedure on behalf of residents when they demonstrated dissatisfaction with the service provided. For example when there was a safeguarding incident.

Judgment: Compliant

Quality and safety

Some improvements were required to ensure that the service was always safe. The centres most previous inspection in November 2021 had highlighted a number of issues in relation to infection control and the premises. The provider had failed to appropriately address all these issues in line with the time lines submitted to HIQA following the inspection. The provider had not submitted a compliance plan update to HIQA. Some other concerns were noted on the day of inspection in areas including fire safety and safeguarding.

Appropriate systems and practices were noted in the areas of personal planning, communication, risk management, complaints procedures and staff training. Residents' documentation reflected their most current plan of care. Plans incorporated all aspects of supporting residents and included behavioural support and risk management measures. The residents appeared to have regular input into their plan of care and their choice and preferences appeared to be considered and respected.

Aspects of the premises required maintenance and updating as detailed under regulation 17. The residents had personalised areas of their home to suit their preferences. COVID-19 continued to be a focus and a potential risk in the centre and management had implemented procedures and plans to manage this.

Regulation 10: Communication

All residents had communication passports in place which highlighted their individual communication needs. These included details of the residents preferences, routines, do and don'ts and individual communication methods. Residents communication needs were assessed and reviewed in the residents assessment of need. Assessment tools were used with residents with limited verbal communication to determine signs of pain or distress. Family members communicated satisfaction regarding communication with their family and between staff and management during periods when visitation was restricted the centre, secondary to COVID-19.

Judgment: Compliant

Regulation 17: Premises

The premises comprised of a detached two storey building with seven bedrooms. A number of maintenance issues were noted when walking around the premises which had not been appropriately addressed by the provider since the most previous inspection. Chipped and peeling paintwork was observed in a number of areas around the centre. Scratched doors and chipped and worn flooring was also noted in a number of areas. All residents had their own bedrooms. Bedrooms differed in sizes and two residents bedrooms were quite small with limited storage space for personal belongings and the residents equipment.

Judgment: Not compliant

Regulation 26: Risk management procedures

The registered provider had ensured there were systems in place for the assessment, management and ongoing review of risk in the designated centre. The centre maintained a risk register, where all actual and potential risks were outlined. This was reviewed regularly and included control measures in place to mitigate potential risks.

Each resident had individual risk assessments in place for risks including falls, safeguarding, healthcare risks and injuries. Residents with specific vulnerabilities such as skin integrity or nutritional risks had specific assessments in place completed by nursing staff. Clear rationale for use of any restrictive practices was identified in corresponding risk assessments.

Judgment: Compliant

Regulation 27: Protection against infection

There were systems and guidelines in place for infection prevention control and it was evident that staff and management were striving to promote quality and safety in the centre. However, improvements were required to comply with Regulation 27. Many of the issues identified were highlighted during the centres most previous inspection in November 2021, and the provider had failed to address these issues and adhere to the compliance plan response submitted to HIQA following the inspection. Concerns were noted in the following areas:

- There were outstanding premises works. A number of surfaces, finishes and flooring were worn, torn, peeling and chipped and as such did not facilitate effective deep cleaning of these areas of the centre.
- There was a lack of appropriate storage space in the centre.
- The laundry room was dual use and was also utilised as an area to store cleaning products. The size and layout of the room meant there was a risk of cross contaminating clean and dirty laundry.
- Mop storage systems did not ensure separation of different colour codes for cleaning separate areas of the centre.
- There was an old sluice room in the centre, which was not fit for purpose and no longer in use. Areas of this room were visibly unclean on the day of inspection.
- A recent audit in the centre by an infection control specialist highlighted that there was an insufficient number of hand washing facilities in the centre.
- Areas of the centre were in need of deep cleaning. Cobwebs were visible in corners of windows and dust and dirt were evident on outer aspects of the windows. The centre had a conservatory area and the roof of this was in need of cleaning.

Judgment: Not compliant

Regulation 28: Fire precautions

Systems were in place for fire safety in the centre. Each resident had individual fire evacuation plans in place and these were prominently displayed in each residents room. Fire safety checks were completed on a regular basis and these included a weekly fire safety checklist completed by the person in charge and a review of fire safety systems with a fire specialist. A walk around the centre noted appropriate fire safety mechanisms in place including emergency lighting, fire detection systems, containment measures and clear escape routes.

The centre completed regular fire evacuation drills in the centre. Following a review of these it was not evidenced that all residents could be safely evacuated from the

centre in an efficient manner in the event of fire during the night. Recent drill records had not fully simulated the night time conditions and staffing levels of seven residents and two staff members. The inspector acknowledges that clear plans were in place for this to occur, however drill records reviewed on the day of inspection had not yet demonstrated this.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

All residents had assessments of need and personal plans in place which had been recently reviewed and reflected their most current plan of care. All residents enjoyed a program of regular activation and attended regular day services. Residents all had individual social goals in place which staff were supporting them to work towards achieving. One resident had goals in place for day trips, mindfulness activities and new sensory experiences. All residents experienced annual reviews, where their multi-disciplinary teams and representatives met with the resident to discuss their plan of care for the year ahead.

Judgment: Compliant

Regulation 8: Protection

There were clear safeguarding protocols in place in the centre and all staff had completed training in the safeguarding and protection of vulnerable adults. All resident had intimate care plans in place and these were regularly reviewed.

There had been a number of peer to peer physical safeguarding incidents in the weeks prior to the inspection, where one resident had been the victim of physical abuse from two peers. Five similar incidents had taken place since June 2022. The inspector was not assured that measures had been fully implemented following each incident taking place, to fully mitigate the risk of re-occurrence. The inspector observed evidence that the person in charge had expressed high levels of concern with the senior management team following the safeguarding concerns occurring and had reported these concerns to the safeguarding officer and national safeguarding team. Senior management approved a change in staffing shifts on the day of inspection, to provide further supervision in the centre at specific times.

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 Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (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 22: Insurance	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Not compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Not compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 8: Protection	Not compliant

Compliance Plan for Summerhill House OSV-0004649

Inspection ID: MON-0028667

Date of inspection: 11/08/2022

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 Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

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 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>All IPC areas required to meet compliance are being actioned in order of priority and taking cognisance of the decongregation plan and financial viability</p>	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>All areas requiring decorative enhancement have been scheduled for improvements.</p> <p>Reconfiguration of resident’s room allocation to allow for additional aids and appliances to be accommodated in larger rooms.</p> <p>A vacant room is being redesigned to be used as a seasonal storage area.</p> <p>A review of laundry management practices has been completed to ensure a dirty / clean flow</p> <p>Unused sluice area reconfigured to support the storage of mops</p> <p>Conservatory roof scheduled for cleaning</p>	
Regulation 27: Protection against	Not Compliant

infection	
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection: All IPC areas required to meet compliance are being actioned in order of priority and taking cognisance of the decongregation plan and financial viability</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: Simulated night time evacuation drills will be carried out and concerns will be discussed with Local Fire Dept Fire assessment completed by HSE, Fire officer</p>	
Regulation 8: Protection	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection: Resident compatibility study completed and 2 residents are due to move in the coming weeks</p>	

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(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Not Compliant	Orange	31/03/2023
Regulation 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Not Compliant	Orange	31/12/2022
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Not Compliant	Orange	31/03/2023
Regulation 27	The registered provider shall	Not Compliant	Orange	31/03/2023

	ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.			
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.	Substantially Compliant	Yellow	31/10/2022
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Not Compliant	Orange	31/12/2022