Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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:	02 January 2024
Centre ID:	OSV-0004649
Fieldwork ID:	MON-0039114

About the designated centre

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

Summerhill House is a designated centre operated by the Health Service Executive (HSE). It provides a residential service to a maximum of 12 adults with a disability. The centre comprises of two units located within a short distance of another in County Wexford. The first unit is a large two story house set on its own grounds. The unit consists of a kitchen, sitting room, dining room, office, seven individual resident bedrooms and a number of shared bathrooms. The second unit is located on a campus based setting and consists of a kitchen, dining room/sitting room, five individual resident bedrooms, staff office, laundry room, multi-sensory room and a number of shared bathrooms. There is a large secure garden area to the side and rear of the unit with activity equipment and two central enclosed courtyard areas with activity equipment which the residents can access. The centre is located close to local amenities. The staff team consists of a person in charge, clinical nurse manager 2, nurses and multi-task workers.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	12

How we inspect

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
Tuesday 2 January 2024	10:30hrs to 15:00hrs	Conan O'Hara	Lead

What residents told us and what inspectors observed

This was a short-term announced inspection completed by one inspector. The purpose of this inspection was to inform a registration decision in relation to two applications to vary the registration conditions of this designated centre. The applications sought to increase the footprint of this centre from one unit which provided a residential service to seven adults with a disability to two units to provide a residential service to 12 adults with a disability. The inspector only visited the proposed unit to be added to the registration of the designated centre for this inspection.

In October 2023, another designated centre operated by the provider was damaged due to flooding and the five residents were evacuated to a day service centre operated by the provider. Following a review, the inspector was informed that the provider decided to close the designated centre and transition the residents to an appropriate alternative property. However, the identified alternative property required upgrade works. In the interim, while awaiting for the works to be completed, the provider plans for the residential service to be provided to the five residents from the day service premises. The inspector was informed that the provision of day services on the premises has been ceased and relocated while the five residents remain in the day service premises.

In December 2023, the provider submitted an application to increase the footprint of Summerhill House to include this new unit and increase the capacity of the centre from seven to 12.

The inspector carried out a walk through of the proposed unit to be added to the designated centre accompanied by the Clinical Nurse Manager 2. The centre is a purpose-built premises to provide day services and consists of four wings. The provider has reconfigured the premises to provide a residential service in three of the four wings. One wing remains administration offices which are not part of the designated centre and arrangements are in place to ensure the three residential wings are separate to the administration wing. The unit consists of a kitchen, dining room/sitting room, five individual resident bedrooms, staff office, laundry room, multi-sensory rooms and a number of shared bathrooms. There is a large secure garden area to the side and rear of the unit with activity equipment and two central enclosed courtyard areas with activity equipment which the residents can access.

The inspector was informed of work completed to enhance the design and layout of the unit including new flooring in areas of the unit, the creation of two individual resident bedrooms and painting throughout the unit. Overall, the unit presented as well maintained and homely. The inspector observed the unit decorated for Christmas and residents personal possessions and pictures of residents and those important to them throughout the unit.

The inspector did not get an opportunity to meet with the residents on this

inspection as they were accessing the community and decided to go for lunch followed by spending time in the cinema and shopping. The inspector was informed that the five residents have settled in well to the unit and that residents representatives have visited the unit over the last number of months. Overall, the inspector was informed that it appears residents and representatives are content with the interim arrangements in place.

In summary, the provider had submitted an application to increase the footprint and capacity of this centre. The provider had undertaken significant premises works to ensure the new unit, originally built for a day service, presented in a homely manner while an alternative premises was being upgraded. However, some improvement was required in the governance and management arrangements.

Capacity and capability

Overall, there was a management system in place which ensured the service provided quality safe care. On the day of inspection, the staffing levels in place were appropriate to the needs of the residents and the size and layout of the unit. However, as the unit was establishing under this designated centre, improvement was required in the governance and management arrangements.

The centre was managed by a full-time, suitably qualified and experienced person in charge. In October 2023, an established staff team and manager had moved from the centre which flooded with the residents to this unit. The Clinical Nurse Manager 2 was responsible for the day-to-day management of this unit. However, as this unit was proposed to be registered as part of the designated centre Summerhill House, further clarity was required in the lines of authority and accountability. This was discussed at the feedback meeting with the Clinical Nurse Manager 2, person in charge and Area Director of Nursing.

There was evidence of quality assurance audits taking place to ensure the service provided was effectively monitored. These quality assurance audits included the annual review for 2022 and six-monthly unannounced provider audits. The quality assurance audits identified areas for improvement and action plans were developed in response. However, there was an area for improvement in the timeliness of the six monthly unannounced audits. In addition, local audits were observed by the inspector including care plan audits and internal monthly inspections.

On the day of inspection, there were appropriate staffing levels in place to meet the assessed needs of the residents in the unit. From a review of the roster, there was an established staff team in place. The staffing complement was maintained through the staff team and the use of regular relief and agency staff.

Regulation 15: Staffing

A planned and actual roster was maintained. From a review of the roster, it was demonstrable that there was sufficient staffing levels in place to meet the assessed needs of the residents in the proposed unit. The five residents in this unit were supported by six staff during the day and two waking night staff at night. There was an established staff team in place. The unit was operating with two whole time equivalent vacancies. This was managed through the staff team and the use of regular agency and relief staff. The inspector was informed that the provider was actively recruiting to fill the vacancies.

Judgment: Compliant

Regulation 23: Governance and management

There was a management structure in place. The person in charge reported to a Clinical Nurse Manager 3, who in turn reports to the Assistant Director of Nursing. An application to vary the conditions of the registration of Summerhill House was made in December 2023 to register a new unit under Summerhill House. This application was made in response to another designated centre operated by the provider flooding which resulted in five residents, staff team and management moving to the new unit. However, the governance arrangements in place, lines of authority and accountability required further clarity. For example, on the day of the inspection, the governance arrangements in place stated that the person in charge was responsible only for the original Summerhill House unit and the Clinical Nurse Manager 2 was solely responsible for the new unit. Under the regulations, the person in charge of the designated centre is legally responsible for the quality of care and support provided in each unit of the centre. This therefore needed to be reviewed by the provider to ensure that clear and consistent lines of accountability were operating in the centre.

There was evidence of quality assurance audits taking place to ensure the service provided was appropriate to the resident's needs. The quality assurance audits included the annual review 2022 and local audits such as care plans and monthly internal inspections. The audits identified areas for improvement and action plans were developed in response. However, some improvement was required in the timeliness of the six monthly provider audits. For example, the two last six monthly audits took place in February 2023 and October 2023.

Judgment: Not compliant

Regulation 3: Statement of purpose

The provider had prepared a statement of purpose and function for the designated centre. While some details in relation to the governance arrangements required further clarity, the statement of purpose and function contained all of the information as required by Schedule 1 of the regulations.

Judgment: Compliant

Quality and safety

Overall, the inspector found that this unit provided a comfortable home which provided a good standard of person-centred care and support to the residents. There was evidence that the provider had reviewed a number of areas including fire safety, restrictive practices and premises to ensure the unit would be appropriate in the short-term while an alternative property was being upgraded.

The inspector reviewed a sample of the residents' personal files which comprised of a comprehensive assessment of residents' personal, social and health needs. Personal support plans reviewed were found to suitably guide the staff team in supporting the residents with their personal, social and health needs.

There were appropriate systems in place for fire safety management. For example, the unit had suitable fire safety equipment in place and regular drills had been completed since the residents moved into the unit since October 2023.

Regulation 17: Premises

The premises was not suitable in the long-term to provide a community residential service to five residents as it was a purpose-built day service building located on a campus setting. However, the inspector found that for the period of time the alternative accommodation was being upgraded, the unit was appropriately designed and laid out to meet the needs of the residents. There was evidence of work completed to upgrade the premises including painting, areas of new flooring and the creation of individual bedrooms. Overall, the unit was decorated in a homely manner.

Judgment: Compliant

Regulation 28: Fire precautions

There was suitable fire safety equipment in place, including emergency lighting, a fire alarm and fire extinguishers which were serviced as required. There was evidence of regular fire evacuation drills taking place in the unit including night time drills. Personal Emergency Evacuation Plans (PEEPs) were in place to guide staff in how to support residents evacuate.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed a sample of residents' personal files. Each resident had a comprehensive assessment which identified the resident's health, social and personal needs. Each resident had personal plans in place to guide the staff team in supporting residents' with identified needs, supports and goals.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents' were supported to manage their behaviours and positive behaviour support guidelines were in place. The inspector reviewed a sample of these guidelines and found that they were up to date and appropriately guided the staff team.

There were restrictive practices in use in the unit. The inspector reviewed the restrictive practice register and found that they had been suitably identified, reviewed and updated since the residents moved to this unit in October 2023.

Judgment: Compliant

Regulation 8: Protection

The registered provider had systems to keep the residents in the centre safe. There were appropriate systems and protocols in place to manage identified safeguarding 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 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 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Summerhill House OSV-0004649

Inspection ID: MON-0039114

Date of inspection: 02/01/2024

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 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
Outline how you are going to come into compliance with Regulation 23: Governance and management: The provider has agreed an appropriate and robust governance structure with the PIC and the CNM2 and put in place the required process to ensure a high level of governance and oversight	

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 23(1)(b)	The registered provider shall ensure that there is a clearly defined management structure in the designated centre that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of service provision.	Not Compliant	Orange	03/01/2023
Regulation 23(2)(a)	The registered provider, or a person nominated by the registered provider, shall carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and shall prepare a written report on the safety and	Substantially Compliant	Yellow	03/01/2023

	quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.			