



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:	Unannounced
Date of inspection:	17 November 2021
Centre ID:	OSV-0004649
Fieldwork ID:	MON-0034227

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
Wednesday 17 November 2021	09:00hrs to 15:30hrs	Sinead Whitely	Lead
Wednesday 17 November 2021	09:00hrs to 15:30hrs	Marguerite Kelly	Support

What residents told us and what inspectors observed

This inspection was unannounced and the purpose of the inspection day was to monitor the centres levels of compliance with Regulation 27 and the National Standards for infection prevention and control in community services (HIQA, 2018). The COVID-19 pandemic was ongoing on the day of inspection and measures were taken by staff and the inspector to reduce risk of infection. This included wearing face masks, regular hand hygiene and maintaining a two metre distance in line with national guidance for residential care facilities.

There were seven residents living in Summerhill house on the day of this inspection and the inspectors had the opportunity to meet with all seven residents. Residents used non verbal methods to communicate their thoughts. The inspectors observed some residents smiling and laughing during the day and some resident made vocal sounds. One resident happily sat with the inspectors in the staff office on several occasions throughout the inspection day. Residents were heading out to various activities during the inspection day with support from staff. In general, residents appeared happy and comfortable living in their home on the day of inspection.

Residents' lives continued to be impacted by the COVID-19 restrictions, however residents had not experienced a COVID-19 outbreak to date. The centre was open to visitation on the day of inspection in line with national guidance for residential care facilities and all staff and visitors to the centre underwent a COVID-19 temperature and symptom check on arrival.

The centre comprised of a large two story house in Co.Wexford. All resident had their own bedrooms and aspects of these had been personalised. The centre also had two living rooms, a kitchen, a dining area, staff offices, accessible bathrooms, a laundry room and a large accessible garden. In general the environment appeared visibly clean in the centre and aspects had been personalised to suit residents preferences. It was also noted that some residents bedrooms did not have sufficient storage space for all of the residents belongings. Following a walk around the centre, the inspectors observed some areas requiring improvements to promote infection prevention and control as further detailed in the below sections of the report.

Residents were appropriately supported in the centre by the staff team to meet their individual needs. The staff team comprised of nursing staff and multi-task workers. Staffing levels in place in the centre appeared appropriate to meet the assessed needs of the residents. The inspectors observed that staff were respectful and courteous towards residents throughout the inspection day. Residents experienced regular residents meetings and these were used as an opportunity to discuss residents preferences and choices.

The next two sections of the report will discuss findings from the inspectors review of infection prevention and control measures in the centre. This will be presented

under two headings: Capacity and capability and Quality and Safety, before a final overall judgment on compliance against regulation 27: Protection Against Infection. This was the centres first inspection which focused on infection prevention and control and some areas requiring improvements were identified.

Capacity and capability

This inspection was unannounced and the purpose of the inspection day was to monitor the centres levels of compliance with Regulation 27 and the National Standards for infection prevention and control in community services (HIQA, 2018). This was the centre's first experience of an inspection focused only on Regulation 27. Staff and management were found to be responsive to the inspection process and evidently were endeavouring to provide a safe service to the residents.

The service had a clear management structure in place with a full time person in charge and senior management team. The provider used a nursing management structure. The provider representative and members of management were completing regular checks and audits on the service provided. This included six monthly unannounced inspection, an annual review and thematic audits. The centre also experienced a health and safety audit. Appropriate compliance plans were developed following audits when required. There was a COVID-19 related infection control audit completed which highlighted deficits in practice and the building. A quality improvement plan following the infection control audit had not yet been completed on the day of inspection to following up on deficits in this audit. While there were clear review systems in place in the centre, further review systems were required to ensure there was full senior management oversight of infection prevention and control measures in the centre. Some of the issues highlighted during the inspection, had not been highlighted through the services own auditing systems.

The staff team comprised of nursing staff and multi-task workers. Inspectors found that there were appropriate staffing levels in place to meet the needs of the residents. With regards to infection control, staff training was provided in areas including hand hygiene, infection control and donning and doffing. There was no evidence on the day that staff had been trained in decontamination processes. Although the centre informed the inspectors they have plans to train their staff with a certified cleaning training company.

The service had access to a clinical nurse specialist in infection control who delivered training sessions to the staff team. The person in charge was also part of a national steering group and was regularly sharing learning with the service and the centre regarding best practice. Staff spoken with were knowledgeable when asked about Standard Precautions and during the inspection, staff were seen to adhering to standard precautions. However, two members of the staff team spoken with were unsure about the correct procedure for blood spills and needle stick injury.

The service had developed a COVID-19 information folder. The management team had also developed a contingency plan for in the event of an outbreak of COVID-19 in the centre. While this highlighted isolation procedures for residents, the inspectors found that this would not adequately guide unfamiliar staff on the management and general operation of the designated centre in the event of an outbreak of COVID-19 in the centre. Escalation pathways and emergency contacts were not clearly laid out in this plan. Nonetheless, staff spoken with were knowledgeable on how to escalate concerns in the absence of the person in charge and there were good structures in place to support the centre in the event of any outbreak.

Quality and safety

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. The inspectors identified a number of examples of good practice with regards to infection control. However, improvements were required in relation to the maintenance, storage, hand hygiene facilities and infection control auditing.

The premises comprised of a large two story house. All residents had their own bedrooms and aspects of these had been personalised. The centre also had two living rooms, a kitchen, a dining area, staff offices, accessible bathrooms, a laundry room and a large accessible garden. On the day of inspection, the resident bedrooms and living areas were generally very clean, tidy and homely. The person in charge was undertaking to improve some aspects of the centre through ongoing maintenance and painting. Some of the rooms in the centre were in need of maintenance and upgrading such as the room labelled as the "dirty utility". This room housed an old waste water outlet. This was very stained, and had excessive sealant which made cleaning this outlet impossible. There were examples of walls and surfaces with flaking paint and chipped wood observed making deep cleaning of these surfaces difficult.

Information about resident's colonisation or infection status was documented in care records. The inspector observed that residents were supported to perform hand hygiene and the inspectors were also informed that residents were encouraged to practice respiratory hygiene. It was evidenced that the staff were regularly discussing infection control during regular resident meetings. The residents had good access to their GP's, and allied health care staff. The service was also in the process of introducing an Advanced Nurse Practitioner (candidate) to the team to enhance the resident's health care choices.

Ample supplies of personal protective equipment (PPE) were available in the centre. The inspectors observed that PPE such as surgical masks were used appropriately by all staff during the course of the inspection. However, facilities for and access to staff hand wash sinks were less than optimal throughout the centre. There was a

limited number of dedicated hand washing sinks in the centre, and all sinks appeared to be dual purpose.

There was a system in place in the centre for the management of residents laundry. However, the laundry room within the centre was extremely small and it was not possible to allow a dirty to clean laundry flow within the room as the machines and the shelving were in close proximity. The small laundry room was also utilised as an area to store cleaning products and equipment. The small size of this room meant that this posed a risk of cross contaminating clean laundry.

There were cleaning checklists and schedules in place for staff to follow. Staff were completing and recording these schedules, when completed, daily. Aspects of these required more detail regarding the differences between cleaning and disinfection. Further details were required regarding the products, equipment and methods needed by staff for deep cleans, terminal cleans and the cleaning of equipment. The waste procedures were adequate for the centre and they had regular pick-ups for health care risk waste.

Residents equipment was observed to be clean, however storage was limited in this centre which meant residents equipment was stored inappropriately in different areas of the centre. For example items such as new sanitary products were stored in a cupboard which also stored unused cleaning products. Communal stocks of personal hygiene products were observed in a shared bathrooms and toilets.

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.

- Further review systems were required to ensure that there was adequate management oversight of infection prevention and control measures in the centre.
- Some surfaces, finishes and flooring were worn, torn and chipped and as such did not facilitate effective deep cleaning of these areas.
- There was a lack of appropriate storage space in the centre resulting in the inappropriate storage of some of the resident's supplies and equipment.
- There was a limited number of dedicated hand washing sinks in the centre.
- Communal stocks of personal hygiene products were observed in a shared bathrooms and toilets.
- There were housekeeping checklists but no clear procedures to guide staff on how to deep clean the centre.
- Staff were not clear on procedures and cleaning products for the management of spills of bodily fluids.
- The laundry room was dual use and was also utilised as an area to store cleaning products. The small size of this room meant that there was a risk of

cross contaminating clean laundry.

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	
Quality and safety	
Regulation 27: Protection against infection	Not compliant

Compliance Plan for Summerhill House OSV-0004649

Inspection ID: MON-0034227

Date of inspection: 17/11/2021

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 27: Protection against infection	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <ul style="list-style-type: none"> • The service has established an IPC committee who are currently developing a baseline in IPC standards in the service. The PPIM attends quarterly Antimicrobial Stewardship Committee and reports into the local IPC committee. SECH IPC CNS has committed to attending service IPC meetings and providing support and feedback. IPC CNS completed a site visit on 10/02/2022 to offer guidance and advice required. • The PIC is responsible for implementation of agreed actions and improvements highlighted by HIQA self assessment tool and quality improvement plan and any actions identified within the IPC committee meetings. • Funding has been approved to replace the flooring in the dining area & a corridor area. The PIC is in consultation with the maintenance dept to address an area of need outside the dining room. • The entire home requires painting and refurbishing, quotations have been submitted. • Jacuzzi bath in upstairs bathroom to be removed and replaced funding has been approved for same. • The Registered Provider and PIC are liaising with technical services in relation to the removal of the sluice area and conversion of this room into a storage area. • The PIC is in consultation with technical services in relation to reconfiguration of the laundry room to facilitate clean to dirty workflow. The Registered Provider and PIC are also engaging with technical services to allocate additional appropriate storage areas within the home. <ul style="list-style-type: none"> • The SECH IPC CNS following a site visit on 10/02/2022 has identified suitable locations for designated hand washing sinks and funding has been escalated. • There are adequate supplies of wall mounted hand sanitising gels in prominent areas. • Communal stocks of items were removed immediately and systems put in place to 	

ensure items are personal and for sole use by individual residents.

- Staff require training in Clean Pass. Procurement has been applied for and awaiting approval and tendering process will begin.
- South East Community Healthcare Cross Divisional Cleaning Guidelines and Procedures 2021 will be implemented following Clean Pass training. The procedure will educate staff in cleaning and disinfection and specific procedures to follow for cleaning of all elements. In the interim the two IPC link nurses are commencing information sharing sessions for all staff utilising the SECH cross divisional cleaning guidelines. This will include the management of blood spills and body fluids. Prior to the information sharing sessions all staff have been advised to complete the following modules on HSEland:

AMRIC Cleaning and Disinfecting the Healthcare Environment and Patient Equipment

AMRIC Management of Blood & Body Fluid Spills

- The management of blood spills and body fluids was clearly discussed with staff and included in the next staff meeting and the information training sessions as above.

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 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.	Not Compliant	Orange	30/06/2022