



# 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:	28 August 2024
Centre ID:	OSV-0004649
Fieldwork ID:	MON-0043161

## 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 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:	11
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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 28 August 2024	09:50hrs to 17:30hrs	Conan O'Hara	Lead
Wednesday 28 August 2024	09:50hrs to 17:30hrs	Linda Dowling	Support

## What residents told us and what inspectors observed

This was an unannounced inspection conducted to monitor on-going compliance with the regulations carried out by two inspectors over one day. The centre comprises of two units located within a short distance of another in County Wexford. The inspectors had the opportunity to meet with nine of the 11 residents across two units over the course of this inspection. Overall inspectors found the residents of the designated centre were safe, well cared for and were actively involved in their local community.

On the morning of the inspection, the inspectors visited the first unit of the centre and found residents were up, had eaten breakfast and were well presented. Residents had their individual schedules agreed for the day and this was on display for them to view. The inspectors were greeted by two residents in the front sun room when they arrived. One resident was relaxing on a comfortable chair while the second resident was interacting with a staff member. As inspectors entered the house, they observed a third resident sitting on the couch with their bag ready to leave to go to day service. Another two residents were relaxing in the sitting room with calming music playing in the background. The remaining resident was observed being supported with breakfast as per their assessed needs. The atmosphere in the house was calm and it was evident the staff were aware and following the low arousal approach.

Later in the morning, the residents were engaged in hand therapy, two residents went to the library and one had an appointment to get their hair cut. In the afternoon, residents had plans to go for a walk in the local community, attend the cinema and one had an appointment for reiki and massage.

The inspectors carried out a walk through of the first unit accompanied by the assistant director of nursing, as the person in charge was on annual leave. As noted, the first unit is a large two story house set on its own grounds which consisted of a kitchen, sitting room, dining room, office, seven individual resident bedrooms and a number of shared bathrooms. A previous inspection noted areas of the premises requiring attention including painting and flooring. This had been addressed. Overall the inspectors found the unit was clean, decorated in a homely manner and well maintained on the day of inspection.

In the afternoon, the inspectors visited the second unit and briefly met with three of the residents before they left the centre to access the community. Two residents had already left the centre to access the community. Residents were observed to be enjoying some music on the TV and one resident was observed relaxing in one of two egg chairs in the living area. Another resident was observed to be lying out on a couch while music played in the background. The residents were observed getting coats and leaving to visit a familiar park close to their previous home.

The second unit is a purpose-built premises on a campus setting to provide day

services. In October 2023, another designated centre operated by the provider was damaged due to flooding and the five residents were evacuated to this unit on an interim basis. The inspectors were informed that the provider plans to transition the residents to an appropriate alternative residential property. In the interim, while awaiting for the alternative premises, the provider plans for the residential service to be provided to the five residents from the day service premises.

The inspectors carried out a walk-through of the second unit accompanied by the clinical nurse manager 2. The unit consists of a dining room/sitting room, five individual resident bedrooms, staff office, laundry room, multi-sensory room and a number of shared bathrooms. Inspectors were informed that the residents in this unit had settled well and showed no signs of distress. While work had been undertaken to make the premises suitable for the residents on an interim basis, it was not suitable in the long-term to provide a community residential service to five residents.

In summary, the inspectors found that the residents were in receipt of a safe and quality service. The residents appeared content and comfortable in the service and the staff team were observed supporting the residents in an appropriate and caring manner. However, some improvement was required in the premises and fire safety.

The next two sections of the report present the findings of this inspection in relation to the overall management of the centre and how the arrangements in place impacted on the quality and safety of the service being delivered.

## Capacity and capability

Overall, there was a management system in place which ensured the service provided quality safe care and the inspectors found that residents were in receipt of good quality care and support. There were appropriate staffing arrangements in place to meet the needs of residents.

The centre was managed by a full-time person in charge. They they were supported in their role by a full-time clinical nurse manager 2 who had responsibility for the day-to-day running of the second unit. It was found that the management system in place was effective.

Through the review of documentation and discussion with management the inspectors found that the systems the provider had in place to monitor the quality and safety of care and support were being fully implemented and were effective at the time of the inspection. 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 inspectors reviewed a sample of staffing rosters for both units and found that

there was appropriate staffing arrangements in place to meet the assessed needs of residents.

### Regulation 15: Staffing

The registered provider ensured that the number, qualifications, skill mix and experience of staff was appropriate to the assessed needs of the residents. The person in charge maintained a planned and actual roster. From a review of the roster, there was an established staff team in place. The six residents in the first unit were supported by seven staff during the day and by three waking night staff at night. In the second unit, the five residents were supported by five during the day and two waking night staff at night. Throughout the inspection, staff were observed treating and speaking with the resident in a dignified and caring manner.

At the time of the inspection, the centre was operating with one staff nurse vacancies and two multi-task worker vacancies . The continuity of care and support provided to residents was ensured by the use of regular relief and agency staff. The provider was in the process of recruiting to fill the vacancies.

Judgment: Compliant

### Regulation 23: Governance and management

There was a clearly defined 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. The person in charge was supported in their role by an experienced Clinical Nurse Manager 2 who had responsibility for the day-to-day running of the second unit.

There was evidence of quality assurance audits taking place to ensure the service provided was appropriate to the residents needs. The quality assurance audits included the annual review 2023 and six monthly provider visits which were carried out on January 2024 and July 2024. The audits identified areas for improvement and action plans were developed in response. For example a recent unannounced thematic inspections carried out identified the need for the windows in the front sun room to be cleaned, there was evidence that the quotation was sourced and approved and contact made with contract cleaners.

Judgment: Compliant

### Regulation 31: Notification of incidents

The inspectors reviewed a sample of adverse accidents and incidents occurring in the centre and found that the Office of the Chief Inspector was notified as required by Regulation 31.

Judgment: Compliant

## Quality and safety

Overall, the inspectors found that this centre provided a good standard of person-centred care and support to the residents. However, some improvement was required in the premises and fire safety.

The inspectors reviewed six of the residents' personal files which demonstrated that the residents were active in the community and supported to achieve identified goals in line with their interests. For example, one resident's goals included developing their interest in a local sports team and goals were in place to attend matches and purchase the club's jersey. Other resident goals included developing their skills in finances, visiting different gardens and parks and attending events.

As noted the inspectors carried out a walk through of both units on the day of inspection. Overall, the units were decorated in a homely manner and well-maintained. However, the residential service being provided to five residents in a campus based day service premises required ongoing review as this was not a suitable long-term arrangement.

There were appropriate fire safety equipment in place in both units which were serviced as required. Regular fire drills were taking place in both units. However, the hour of darkness drills in one unit required improvement.

## Regulation 13: General welfare and development

Each resident was supported to make decisions about how they wish to live their life. The inspectors reviewed activity and daily records for a six of the residents for a month of August 2024. There was evidence of residents attending a local music festival, going shopping, visiting parks, and accessing the community.

In addition, goals were set for the residents and progress in achieving same was recorded in their personal files. For example, some goals included maintaining positive links with their family, attending events and developing their interest in a local sport team.



Judgment: Compliant

### Regulation 17: Premises

Overall, the inspectors found that both units were decorated in a homely manner and well maintained. Each resident had a personalised individual bedroom. A previous inspection carried out in 2022 found that premises works were required in the first unit including chipped and peeling paintwork and worn flooring. This had been addressed.

The second unit was a purpose-built day service unit located on a campus setting. It was configured in late 2023 to accommodate five residents due to flooding damage of another designated centre operated by the provider. While work had been undertaken to make the premises suitable for the residents on an interim basis, it was not suitable in the long-term to provide a community residential service to five residents.

Judgment: Substantially compliant

### Regulation 26: Risk management procedures

The safety of residents was promoted through risk assessment, learning from adverse events and the implementation of policies and procedures. It was evident that incidents were reviewed and learning from such incidents informed practice. The inspector reviewed the risk register and found that general and individual risk assessments were in place, reflected the control measures in place and were up to date.

Judgment: Compliant

### Regulation 28: Fire precautions

The centre had suitable fire safety equipment in place, including emergency lighting, a fire alarm and fire extinguishers which were serviced as required. Each resident had a detailed personal emergency evacuation plan which clearly outlined the support they may require to safely evacuate in the event of an emergency this included the use of evacuation aids and supervision where required. There were records to demonstrate regular visual inspections by staff of fire doors, emergency lighting and fire-fighting equipment and these were reviewed by the inspectors for the last twelve months.

There was evidence of regular fire drills. However, some improvement was required. For example, one unit had not completed a hours of darkness fire drill with the maximum number of residents and least amount of staff within the last year. This meant it was not demonstrable that all persons could be safety evacuated in the event of fire.

Judgment: Substantially compliant

### Regulation 8: Protection

The provider had systems in place to safeguard the residents. There was evidence that incidents were appropriately reviewed, managed and responded to. The residents were observed to appear content and comfortable in their home and in the presence of the staff team and management. All staff had up-to-date safeguarding training.

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
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
<b>Quality and safety</b>	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 8: Protection	Compliant

# Compliance Plan for Summerhill House OSV-0004649

Inspection ID: MON-0043161

Date of inspection: 28/08/2024

## 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 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: The second unit – a new property has been acquired. The time line scheduled for the property acquired is: the property is being handed over to the contractors for work to commence 14/10/2024. The works to the property is scheduled to be completed 25/04/2025.	
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: A fire drill has been scheduled for night-time (hours of darkness) with all residents present and the minimum amount of staff.	

## 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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
Regulation 17(1)(a)	The registered provider shall ensure the premises of the designated centre are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.	Substantially Compliant	Yellow	30/04/2025
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	31/10/2024