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Summer Hill House, OSV-0004649, 23 April 2019

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Office of the Chief Inspector

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

Name of designated centre:	Summer Hill House
Name of provider:	Health Service Executive
Address of centre:	Wexford
Type of inspection:	Unannounced
Date of inspection:	23 April 2019
Centre ID:	OSV-0004649
Fieldwork ID:	MON-0023384

About the designated centre

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

The statement of purpose states that the centre Health Service Executive, Summerhill House, provides long-term residential care to 10 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. It has four single and three double bedrooms with two living rooms, a kitchen, and a large accessible, safe and well equipped garden. Residents attend day services attached to the organisation, external agencies and also have in-house activities.

The following information outlines some additional data on this centre.

Current registration end date:	23/01/2020
Number of residents on the date of inspection:	10

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 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
23 April 2019	09:00hrs to 16:30hrs	Noelene Dowling	Lead

Views of people who use the service

The inspector met with all of the residents who communicated in their preferred manner and allowed the inspector to observe some of their routines including their mealtimes, activities and relaxation during the day. The residents were observed to be generally content in their home environment. However, the number of residents living in the centre was seen to impact on their personal space and movement in the centre. The residents had ease of access to the garden which was used by them all day, their primary care needs were well supported. There was good interaction with the staff during the day and staff were observed to be vigilant to the residents' needs. They were observed to be eager to go out for their trips with the staff.

Capacity and capability

This inspection was carried out to monitor the providers ongoing compliance with the regulations and in response to the providers application to vary (extend) the conditions applied for on the previous registration issued in January 2017. This condition required the provider to eliminate the use of the three shared bedrooms, and therefore reduce the number of residents to eight by 31 December 2018. This condition was based on the provider's action plan submitted to HIQA in December 2016

However, the provider failed to adhere to this condition and was therefore operating outside of the regulations and the terms of the Health Act 2007 as the application to vary the condition was not made prior to the expiry date.

This reduction in numbers was part of a strategic reconfiguration of the provider's services in the region. This required the construction of two new premises on the site of the current centre. However, delays in the granting of the planning application prevented this occurring. The provider has applied to have the condition extended until May 2021. Funding has been agreed for the new premises.

This inspection was therefore necessary to ascertain the continued impact on the residents of the large number of persons living together in this environment and inform the decision for the application for the variation.

The findings indicate that while the shared bedrooms do impact on the residents lives, of more concern is the numbers of residents with very high support needs living together in this centre for such an extended duration. These matters are outlined in the quality and safety section of this report in terms of safeguarding

and the provision of appropriate care for all residents.

This inspection found that management and oversight arrangements were satisfactory with an experienced person in charge and systems for monitoring of practice evident. The person in charge was responsible for two designated centres. However, as there is a clinical nurse manager in each of the centres this arrangement remained satisfactory. There were good reporting structures evident.

Systems for quality assurance were in place. These included various audits of medicines usage, incidents, staff training and fire safety. Other systems for oversight included unannounced visits by managers at irregular hours, including night time, to monitor residents' care. Unannounced visits by the provider had also taken place and an annual report was compiled. This report acknowledged the problems experienced by the residents due to the number of residents an additional staffing had been provided in an attempt to alleviate the impact.

There was a high ratio of staff provided with fulltime nursing care and up to six staff during the day and with two waking staff at night. This was appropriate to the assessed needs of the residents and helped to support them. On-call management was also available. There was a commitment to ongoing staff training evident and records showed that all mandatory training was completed with schedules for 2019 available. Recruitment practices were not reviewed on this inspection as the records were not available.

Inspectors saw that there was pertinent staff supervision undertaken by the person in charge with good induction programmes for new staff members to support them in their role. Team meetings were regular and focused on the residents' care which helped to ensure their needs were being met. Complaints were seen to be managed transparently and in consultation with the complainant.

Registration Regulation 8 (1)

The provider failed to adhere to the conditions attached to the registration of the centre, failed to inform the The Chief Inspector of this and failed to apply for the variation in the correct time frame. They were therefore operating outside of the registration regulations and the Health Act 2007.

Judgment: Not compliant

Regulation 14: Persons in charge

The person in charge was suitably qualified, experienced and carried out the role

effectively.

Judgment: Compliant

Regulation 15: Staffing

There was a high ratio of staff provided with fulltime nursing care, up to six staff during the day and with two waking staff at night. This was appropriate to the assessed needs of the residents.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were suitably qualified, trained and supervised to carry out their role effectively.

Judgment: Compliant

Regulation 23: Governance and management

This inspection found that management and oversight arrangements locally were satisfactory to monitor the quality and safety of care. However, the provider had breached the conditions of registration as laid down by the Chief Inspector, and had not informed HIQA of this in a timely manner. Steps to address the impact of the number of residents living in the centre, and in particular that the needs of all residents were being met, while awaiting the completion of the new centres were not evident.

Judgment: Not compliant

Regulation 3: Statement of purpose

The statement of purpose was forwarded for the purpose of the variation and the care provided to the residents was in accordance with this.

Judgment: Compliant

Regulation 34: Complaints procedure

Complaints were seen to be managed transparently in consultation with the complainant.

Judgment: Compliant

Quality and safety

It was apparent that, despite the high number of residents living in the centre, the person in charge and staff made every effort to support the resident's quality of life and safety of care. Nonetheless, there was an impact on residents quality of life despite this.

The premises was clean, brightly decorated and furnished. However, the inspector observed that the layout of the community areas, coupled with the numbers of residents, did not allow for the maintenance of personal boundaries, or noise reduction, which was important, given the sensory needs of the individual residents. Coupled with the additional staffing levels, there were up to 16 adults in the centre at times. This of itself impacted on the space available to the individual residents and at times contributed to the behaviours that challenged. The three shared bedrooms remained in use. One of these bedrooms was particularly small and did not allow for sufficient personal furnishings. Despite the use of curtains and screens this did not adequately promote residents privacy and personal space.

The inspector reviewed the incident records maintained. A number of these related to assaults on another vulnerable resident. Safeguarding plans and additional staffing had been allocated promptly to manage this. Increased psychiatric supports, and changes to day services and activities had been made to good effect. The frequency of incidents had reduced significantly. However, records indicated that further incidents (described as near misses) had also occurred, despite these actions. These were not considered in terms of the potential threat or impact on the more vulnerable resident. However, the nature of the behaviours was cyclical and the clinical reports indicated that the current environment was not suitable to meet one resident's needs, due to the number of other vulnerable residents living in the centre. While the provider was aware of this, no plans had been made to address this in the interim.

In other respects however, the residents were protected by the systems in place to prevent and address any issues of abuse. The inspector found that the person in

charge had acted promptly and robustly when an external safeguarding matter became evident. All relevant authorities were involved and systems were implemented to ensure the residents were protected, and supported, as this matter progressed.

There was good access to clinical guidance for the support of behaviours that challenge, with frequent review and guidance for staff in relation to these. In some instances however, the actions to be taken as a last resort to prevent residents self-harming, were not outlined for staff, despite this being a significant risk. Nonetheless, the inspector observed staff responding promptly to the triggers and early signs of distress for residents and gently redirecting them. Medicine administration records reviewed also showed that the use of medicines to manage behaviours had significantly reduced. Restrictive practices were minimal, appropriately assessed, reviewed and necessary to protect the residents.

The residents required full support with personal care. While guidance was available to staff, it required some review to take account of the need for residents' privacy and choice to be considered when being supported with such care. Staff were observed to be respectful and gently in their interactions with the residents however. Residents also required full support with their finances and there was a robust system for oversight of this. Family members acted as advocates for residents and external advocates were also supporting some residents with specific matters.

The residents had complex healthcare needs and there was a strong focus on supporting these. This was demonstrated by the careful attention paid to ensuring that the residents had frequent access to medical care reviews and assessments. These included general practitioners, physiotherapy, speech and language, dieticians, neurology and gender specific screening, where appropriate. A resident had recently undergone significant surgery and the inspectors saw that all clinical and personal supports had been implemented to ensure a good recovery. The residents' primary care needs were well supported and this was apparent. Detailed support plans were implemented for the all of the residents needs and staff were very well aware of their individual needs.

The inspector observed that staff were very familiar with the resident's non-verbal communications and responded quickly to this. For example, staff recognised that a resident was not enjoying the music activity on the day of the inspection. A change of environment and quieter music was quickly organised, which the resident did enjoy. A number of residents had detailed communication passports implemented and were assisted with social stories and pictorial images.

The inspector reviewed the details of four residents' personal plans and annual reviews and found inconsistent practices. The majority of the plans and reviews were comprehensive and reflected the residents needs and known preferences. In some instances however, improvements were necessary to ensure that these reviews, which are crucial to the residents life and well being, were informed by the residents' assessed needs and that the care environment was suitable for them. Personal goals for social or life skills were identified

with residents but these were not consistently implemented. For instance, a resident wished to attend a sports match on a regular basis, as this was a particular interest. This had not occurred and no plans had been made to do so. In other instances, the resident's preferences and needs, such as using a tablet for communication, going away for a holiday and promoting basic life skills were being achieved with the residents.

The residents had good social and community access pertinent to their preferences for specific environments. They went out for lunch local walks, shopped locally with staff and used local services and facilities such as swimming or hydro pools. In house activities, including music, massage, and baking, also took place when they are they were not attending their day services. Staffing levels available ensured that these activities took place.

However, on occasions, the need for emergency medicines limited the residents community access. All staff were trained in its administration but currently only the nursing staff could administer this. This matter has been raised with the provider on a number of inspections of the centres and has not been progressed.

Risk management systems were satisfactory. The provider had a detailed risk register governing the clinical; environmental and safety needs of the residents and each resident had a detailed risk management plan implemented. Fire safety management systems were good with suitable equipment and containment systems and evidence of regular servicing evident. Fire drills took place regularly at various times and with various numbers of staff to ensure they could evacuate the residents. Systems for the management of medicines were good with evidence of robust actions taken in response to a any errors. Residents medicines were reviewed regularly.

Regulation 10: Communication

The inspector observed that staff were very familiar with the resident's non-verbal communications and responded quickly to this.

A number of residents had detailed communication passports implemented and were assisted with social stories and pictorial images.

Judgment: Compliant

Regulation 12: Personal possessions

One of the shared bedrooms does not have sufficient space for the storage of

residents' personal belongings.
Judgment: Substantially compliant
Regulation 17: Premises
The premises, in its layout, including the shared bedrooms, does not meet the assessed needs of all of the residents.
Judgment: Not compliant
Regulation 26: Risk management procedures
Risk management systems were satisfactory with a detailed risk register governing the clinical, environmental and safety needs of the residents.
Judgment: Compliant
Regulation 28: Fire precautions
Fire safety management systems were good with suitable equipment and containment systems in place and evidence of regular servicing evident. Fire drills took place regularly at various times and with various numbers of staff to ensure they could evacuate the resident at different times.
Judgment: Compliant
Regulation 29: Medicines and pharmaceutical services
Systems for the management of medicines were good with evidence of robust actions taken in response to any errors. Residents medicines were reviewed regularly.
Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The residents had regular access to multidisciplinary assessments of their health and psychosocial care needs. These were frequently reviewed. However, their annual reviews were not consistently informed by their assessed needs to ensure they could be met in the centre and the environment and plans made to address these.

The residents had good social and community access pertinent to their preferences for specific environments.

However, the need for emergency medicines limited their community access on occasions. Some residents' social goals were not being met, for example, to attend sporting events if that was their preference.

Judgment: Not compliant

Regulation 6: Health care

The residents' complex healthcare needs were responded to promptly with careful attention paid to ensuring that the residents had frequent access to medical care reviews and assessments and day-to-day clinical care provided by the nursing staff.

Judgment: Compliant

Regulation 7: Positive behavioural support

There was good access to clinical guidance for the support of behaviours that challenge, with frequent review and guidance for staff in relation to these. However, the actions to be taken, as a last resort, to prevent residents self-harming were not outlined for staff. However, staff did tell the inspector what they would do in this situation.

Judgment: Substantially compliant

Regulation 8: Protection

Overall, the residents were protected by the systems in place to prevent and address any issues of abuse.

However, a number of incident reports seen indicated that the residents were subject to the impact of episodes of challenging behaviours or threats of harm. Safeguarding plans, additional staffing and increased psychiatric supports had been sourced which had helped to reduce the number of incidents.

Residents also required full support with their finances and there was a robust system for oversight of this. However, guidance on supporting the residents with their personal care was available to staff but it required some review to take account of the need for residents' privacy and choice to be considered in this matter.

Judgment: Substantially 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 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Views of people who use the service	
Capacity and capability	
Registration Regulation 8 (1)	Not compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 12: Personal possessions	Substantially compliant
Regulation 17: Premises	Not compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Not compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Substantially compliant

Compliance Plan for Summer Hill House OSV-0004649

Inspection ID: MON-0023384

Date of inspection: 23/04/2019

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
Registration Regulation 8 (1)	Not Compliant
<p>Outline how you are going to come into compliance with Registration Regulation 8 (1): The provider has devised a monthly monitoring tool to ensure that conditions of registration and variation time scales going forward will be identified and actions that need to be taken will be done so in a timely manner. Thus ensuring compliance with registration regulations and ensuring that we do not operate outside these.</p>	
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management: The provider has made an assurance to the chief inspector that the number of residents will reduce from 10 to 7 from the 14th of October 2019. This reduction in the number of residents residing in the centre will in turn eliminate the use of shared bedrooms, address safeguarding concerns in relation to computability of residents and ensure an appropriate focus on increased safety and quality of life for residents while also providing enhanced opportunities for social inclusion and social integration.</p>	

Regulation 12: Personal possessions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 12: Personal possessions:</p> <p>The Reduction in the number of residents residing in the centre from the 14/10/2019 will eliminate shared bedrooms and ensuring each resident has sufficient space for adequate storage of personal belongings.</p>	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>The Reduction in the number of residents residing in the centre from the 14/10/2019 will provide adequate recreational space for 7 residents and will eliminate the use of shared bedrooms.</p>	
Regulation 5: Individual assessment and personal plan	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:</p> <p>The PIC has developed a schedule to meet with each Keyworker to discuss the documentation required for quality annual reviews.</p> <p>A number of MTA's have now successfully completed training in the administration of emergency medications. The policy for medication management which includes protocols for administration of Buccal Midazolam /O2 Therapy by MTA's is now authorised by the provider and circulated to all centres. This will promote enhanced opportunities for residents to access community facilities and enable residents to meet social goals.</p>	
Regulation 7: Positive behavioural support	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:</p>	

The PIC is currently reviewing and collaborating with the Behavioural Support Liaison Nurse to develop a detailed intervention protocol for individual residents to prevent them in relation to preventing engagement in self harming.

Regulation 8: Protection

Substantially Compliant

Outline how you are going to come into compliance with Regulation 8: Protection:
The PIC will ensure that all keyworker's will review the resident's intimate care plans and will take into consideration resident's preference in the area of privacy and dignity.

Going forward the PIC will ensure a more robust reporting structure is in place in the centre in relation to safeguarding concerns and the recognition of same in view of previously viewed 'near misses'.

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
Registration Regulation 8(1)	A registered provider who wishes to apply under section 52 of the Act for the variation or removal of any condition of registration attached by the chief inspector under section 50 of the Act must make an application in the form determined by the chief inspector.	Not Compliant	Orange	24/04/2019
Regulation 12(1)	The person in charge shall ensure that, as far as reasonably practicable, each resident has access to and retains control of personal property and possessions and, where necessary, support is provided to manage their	Not Compliant	Orange	14/10/2019

	financial affairs.			
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.	Not Compliant	Orange	14/10/2019
Regulation 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Not Compliant	Orange	14/10/2019
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	24/04/2019
Regulation 05(3)	The person in charge shall ensure that the designated centre is suitable for the purposes of meeting the needs of each resident, as assessed in accordance with paragraph (1).	Not Compliant	Orange	01/05/2019
Regulation 05(6)(a)	The person in charge shall ensure that the personal plan is the subject of a review, carried out	Not Compliant	Orange	01/05/2019

	annually or more frequently if there is a change in needs or circumstances, which review shall be multidisciplinary.			
Regulation 07(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.	Substantially Compliant	Yellow	01/05/2019
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Substantially Compliant	Yellow	24/04/2019