



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

Issued by the Chief Inspector

Name of designated centre:	Antoine House
Name of provider:	Health Service Executive
Address of centre:	Monaghan
Type of inspection:	Announced
Date of inspection:	13 February 2024
Centre ID:	OSV-0005751
Fieldwork ID:	MON-0033717

About the designated centre

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

Antoine House is a large detached bungalow situated in a large town in County Monaghan operated by the Health Service Executive (HSE). Five residents live in this community home and are supported by a staff team 24 hours a day, including registered nurses. Each resident has their own bedroom with en suite facilities. The property is spacious and modernised with a large garden to the rear of the property.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5
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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
Tuesday 13 February 2024	11:00hrs to 18:00hrs	Julie Pryce	Lead

What residents told us and what inspectors observed

This inspection was conducted in order to monitor on-going compliance with the regulations, and to inform the decision to renew the registration of the designated centre.

When the inspector arrived at the centre, one of the residents opened the door together with a staff member, and greeted the inspector in their own unique way. Other residents had either gone out for the day or were at their family homes, so the inspector did not have the opportunity to meet all of them. However the person in charge and staff team had gained permission from the residents for the inspector to look around their home, and to review documentation relating to their care and support.

The designated centre was clean and spacious, and there were various communal living areas together with a bedroom for each resident and a self-contained apartment for one person. Each resident's personal spaces were decorated in accordance with their preferences, and in some cases, in accordance with their assessed needs. For example, the inspector enquired about the lack of soft furnishings or floor coverings in some of the areas, and clear rationale was given, sometimes relating to preference, and sometimes in accordance with risk assessments relating to behaviours of concern.

The staff team had all received training in human rights, and there were various examples where the choices and preferences of residents were being respected. For example, where one of the residents had indicated that they were no longer enjoying and engaging in the day service that they used to attend, the person in charge and staff team sourced alternative activities and pastimes. The resident was now involved in community hobby groups, and in activities in their home. It was evident that they were very content and engaged following these changes.

Staff were also very aware that where restrictive practices might be necessary to ensure the safety of some residents, this might also have an impact on other residents. For example the kitchen door was occasionally locked during the behaviours of concern of one of the residents, and staff described the way in which they monitored the situation and removed the restriction as soon as it was safe to do so.

Residents had access to advocacy services, and a representative of an advocacy service had recently visited the house. They met the residents and gave a short talk about the advocacy services they offered. The person in charge had also arranged for the national confidential recipient to visit the residents, and this visit was scheduled in the forthcoming weeks.

There was evidence of staff having explored various options with residents in relation to preferred activities. One of the residents had shown an interest in horses,

so staff had introduced them to horse riding, The resident had found this to be overwhelming, but staff had persevered in exploring this interest and found an activity whereby the resident was involved in the brushing of horses, and this activity had been very successful and meaningful to the resident in a way that they could enjoy.

Later in the day of the inspection some of the residents returned from their activities, and staff had explained to the inspector the ways in which they preferred to communicate. Therefore, when one of the residents asked about the presence of the inspector, the inspector was able to respond in the way that the resident preferred, and the resident laughed and went off to enjoy their evening.

One of the residents who accepted a visit from the inspector to his room pointed to photos of interest to them, and indicated a jigsaw that he was proud of, and staff explained that this meant that he was choosing to engage in this activity.

However, while the staff could explain several of the ways in which residents preferred to communicate, this was not always documented, and some of the strategies that would assist in communication were not in place. This is further discussed under regulation 10 of this report.

During the early evening towards the end of the inspection the inspector observed staff preparing an evening treat for residents, and observed that there were lovely interactions between staff and residents, who were clearly comfortable and at ease in their home.

Overall residents were supported to have a comfortable and meaningful life, with an emphasis on supporting choice and preferences. While some improvements were required in the documentation and application of communication strategies, the inspector found that residents in this designated centre were offered a good standard of care and support.

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

Capacity and capability

There was a clearly defined management structure in place, and lines of accountability were clear. There were various oversight strategies which were found to be effective both in relation to monitoring practices, and in quality improvement in various areas of care and support.

There was an appropriately qualified and experienced person in charge who was knowledgeable about the support needs of residents and showed clear oversight of

the centre.

There was a competent staff team who were in receipt of relevant training, and demonstrated good knowledge of the support needs of residents. Staff were appropriately supervised both formally and informally.

There was good oversight of any accidents and incidents, and all required notifications were submitted to HIQA within the required timeframe.

There was a clear and appropriate complaints procedure in place, and a good response to complaints was recorded.

Registration Regulation 5: Application for registration or renewal of registration

All the required documentation was submitted with the application to renew the registration of the designated centre.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge was appropriately skilled and experienced, and was involved in the oversight of the centre, and in quality improvement of care and support offered to residents.

Judgment: Compliant

Regulation 15: Staffing

There were sufficient numbers of staff to meet the needs of residents both day and night, and an appropriate skill mix, including registered nurses and social care staff. A planned and actual staffing roster was maintained as required by the regulations. There was a consistent staff team who were known to the residents. Where residents required individual staff support this was accommodated.

The inspector spoke to several staff members, and found that they were knowledgeable about the support needs of residents and about their responsibilities in the care and support of residents.

Judgment: Compliant

Regulation 16: Training and staff development

All staff training was up-to-date and included training in fire safety, safeguarding, behaviour support and infection prevention and control. There was a clear system of oversight of training through both a training needs analysis, and a matrix of mandatory training whereby the person in charge had clear oversight of training needs.

Regular supervision conversations were held with staff, again, there was a clear system of recording of completion of these conversations and ensuring that the schedule of supervision was overseen.

A review of the records of these discussions showed that they were meaningful two way conversations. Staff were facilitated to identify areas of self-development, and the person in charge identified any areas requiring improvement.

Judgment: Compliant

Regulation 23: Governance and management

There was a clear management structure in place, and all staff were aware of this structure and their reporting relationships. All required actions identified in the previous inspection of the designated centre had been completed.

Various monitoring and oversight systems were in place. An annual review of the care and support of residents had been prepared in accordance with the regulations, and six-monthly unannounced visits on behalf of the provider had taken place. A review of the reports of these visits indicated a detailed review, and began with a review of the actions required from the previous visit. The views of residents and their families were elicited as part of the review, which examined all aspects of life in the designated centre. There was a detailed action plan which identified the person responsible for the action and the required time frame. All actions had either been completed or were within their time frame.

There was a schedule of audits in place, including audits of person centred plans, restrictive practices and medication management. Any required actions identified in these audits were added to a quality improvement plan, and were monitored until complete.

Any accidents and incidents were reported and recorded appropriately, and again any required actions were monitored until complete. For example, a recent medication error had resulted in several actions, all of which were documented and monitored.

Regular staff meetings were held, and a record was kept of the discussions which included accidents and incidents, risk management and the care and support of residents. A record of attendance at these meetings was maintained, and any staff unable to attend were required to sign the record to say that they had reviewed the minutes. The person in charge discussed plans to introduce a discussion on human rights into the team meetings.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose included all the required information and adequately described the service.

Judgment: Compliant

Regulation 31: Notification of incidents

All required notifications were submitted to HIQA within the required timeframes, and a review of any notifications indicated that incidents were minor in nature and had been well managed by the person in charge and the staff team.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a clear complaints procedure available to residents and their friends and families, and displayed in the designated centre as required by the regulations. Any complaints were recorded and remained open until resolved. The records were clear and included the steps taken to resolve the issue, and the satisfaction of the complainant. There review of any complaints was undertaken every six months.

Judgment: Compliant

Quality and safety

There were systems in place to ensure that residents were supported to have a

comfortable life, and to have their needs met. There was an effective personal planning system in place, and the residents and their families were involved in the person centred planning process.

Healthcare was effectively monitored and managed and changing needs were responded to in a timely manner. There were appropriate practices in relation to the management of medication.

Whilst there was some good practice in relation to communication with residents, improvements were required in ensuring that available information was accessible to residents, and in documenting the optimum ways of communicating with each resident.

Fire safety equipment and practices were in place to ensure the protection of residents from the risks associated with fire, although not all staff were familiar with some of the fire equipment. There was evidence that the residents could be evacuated in a timely manner in the event of an emergency.

Infection prevention and control (IPC) practices were appropriate, and in accordance with current public health guidelines, and a detailed contingency plan was in place to guide staff in the event of an outbreak of an infectious disease. There were risk management strategies in place, and all identified risks had effective management plans in place, although the risk ratings of identified risks were not appropriate to the level of risk posed.

The rights of the residents were well supported, and given high priority in the designated centre.

Regulation 10: Communication

Whilst there was some good practice evident in relation to communication, and staff were observed to be communication in a caring and respectful manner with residents, improvements were required to ensure that all available strategies were in place to support residents.

While there was information available to residents in various locations, some of the displayed information was not always in an accessible format. For example, There was a notice board in one of the communal living areas that mainly contained information for staff. The information displayed in relation to Information about advocacy was not in easy read format and was not accessible to residents.

There was information in various sections of each residents' personal plan in relation to the ways in which they communicate, however it was not always in sufficient detail as to guide staff. For example the description in one of the care plans was that the residents used gestures, but there was no description of what each gesture meant. There was a reliance on the knowledge of staff, however, the current staff team could describe the ways in which they communicated with residents, and were

observed to communicate effectively with residents.

In addition some of the items which had been identified as being useful for residents were not in use in a meaningful way. For example there was a communication book available for one of the residents, to assist understanding and to offer choices, but the information included on the day of the inspection did not relate to that day.

Judgment: Substantially compliant

Regulation 13: General welfare and development

Residents were enjoying a good quality of life, and had access to numerous activities, both in their home and out in the community. People were involved in activities such as bowling and cinema trips, and one resident attended a local community dance class. Some residents went to a day service and there was clear communication between the day service and the staff of the designated centre. Activities within the home included sensory activities, arts and crafts, and indoor games.

Residents each had a person centred plan, and goals were set with them each month in accordance with the preferences and any interests they had. One of the residents was learning how to use money independently, having shown interest in this area. Another resident who was particularly interested in having a very tidy room had a skills teaching plan in place whereby she was learning to fold her own clothes and choose where to store them in her wardrobe. Another who was interested in cooking is learning how to bake with staff support.

The person in charge and the staff team ensured that any goals set with residents were meaningful, and recorded progress towards them. Where residents indicated that they no longer had an interest, new possibilities were explored with them. Many goals had been achieved, for example a resident had planted and cultivated their own plant.

Judgment: Compliant

Regulation 26: Risk management procedures

There was a current risk management policy which included all the requirements of the regulations. Risk registers were maintained which included both local and environmental risks, and individual risks to residents. There was a risk assessment and risk management plan for each of the identified risks. Detailed risk management plans were in place for risks such as residents entering the rooms of others, and local risk management plans included the risk associated with the storage of oxygen

and the risk of behaviours of concern.

However, the risk rating of each identified risk was not always appropriate. For example the highest rated risk in the centre was the risk of injury from electrics, so that a review of the ratings was required to ensure appropriate oversight and escalation of risk.

Judgment: Substantially compliant

Regulation 27: Protection against infection

Appropriate infection prevention and control (IPC) practices were in place. All current public health guidance was being followed. The centre was visibly clean, and cleaning records were maintained. Including a twice daily record of the cleaning of 'high touch' areas. All required actions identified in the previous inspection relating to IPC had been addressed and completed.

The person in charge and the staff team had undertaken to continue to wear masks whilst delivering personal care to residents, based on their assessment of risk.

There was a contingency plan in place to guide staff in the event of an outbreak of an infectious disease. Where there had been an outbreak of an infectious disease there was a detailed post-outbreak review which described the actions taken, and identified any learning.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had put in place structures and processes to ensure fire safety. There were self-closing fire doors throughout the centre and all equipment had been maintained. Regular fire drills had been undertaken, and there was evidence that all residents could be evacuated in a timely manner in the event of an emergency.

There was an up-to-date personal evacuation plan in place for each resident, giving clear guidance to staff as to how to support each resident to evacuate. There were regular checks of equipment, and where any issues were identified during these checks they had been addressed immediately.

Staff were all in receipt of fire safety training and staff could describe the actions they would take in the event of an emergency, however this training and knowledge did include the use of a ski sheet for the evacuation of residents, and some staff had never used this piece of equipment.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

There were safe practices in medication management in relation to the prescriptions, ordering and storage of medications, and staff described their administration practices clearly, and were aware of best practice in this regard. All staff had received training in the safe administration of medication, and the ordering and monitoring of stock was undertaken by the registered nurses.

Stock control of medications was well managed, and stock checked by the inspector was correct. Where there had been a medication recently identified, the appropriate actions were taken, including clear communication between the person in charge and the staff team in terms of the prevention of recurrence, and refresher training being undertaken by staff members.

Judgment: Compliant

Regulation 6: Health care

Healthcare was well managed, and both long term conditions and changing needs were responded to appropriately. There were detailed healthcare plans in place which included appropriate guidance for staff, for example a care plan in relation to the management of epilepsy gave guidance for the long term management of the condition, and also for the management of the resident in the event of a seizure, There was evidence that these care plans were implemented, and the interventions were recorded daily where appropriate. There were plans in place providing guidance in the management of dysphagia, and skin integrity, and all care plans were regularly reviewed and incorporated the recommendations of members of the multi-disciplinary team (MDT).

Residents had good access to members of the MDT, including the occupational therapist and speech and language therapist. The behaviour support specialist regularly attended the designated centre, and the residents had a General Practitioner (GP) who would also attend the house if required, including in the event of a resident being reluctant to attend the surgery.

Residents had all received health assessments, and a new system was in the process of being introduced whereby residents were assessed by the Advanced Nurse Practitioner and GP together. Three residents had undergone this process at the time of the inspection.

Judgment: Compliant

Regulation 7: Positive behavioural support

Where residents required positive behaviour support, there were plans in place, based on a detailed assessment of needs. Proactive strategies were identified, and staff could discuss the ways in which they were supporting residents to reduce the occurrence of incidents of behaviours of concern.

However the guidance for staff in relation to the reactive strategies in the event of behaviours of concern was not always in sufficient detail as to ensure consistency of implementation, and appropriateness of decision making. For example, guidance in one of the plans for an intervention was described as to be used 'as a last resort' with insufficient detail about what this actually meant in terms of observed behaviour. Also, the direction in one of the plans was that 'staff should use the appropriate physical intervention for the shortest period of time'. This vague direction was reliant on staff to make a decision in a potential crisis, and required detail as to the type of intervention that should be used at each stage of escalation of behaviour for the resident.

All record of all restrictive practices was maintained in a log, and each implementation of an intervention was recorded appropriately, including the time of application and removal of the restriction. All those reviewed by the inspector had been appropriately applied. Restrictive interventions had all been approved by the MDT and were regularly reviewed.

Judgment: Substantially compliant

Regulation 8: Protection

There was a clear safeguarding policy, and all staff were aware of the content of this policy, and knew their responsibilities in relation to safeguarding residents. Staff were in receipt of up-to-date training in safeguarding, and could discuss the learning from this training.

Several incidents between two of the residents had been recorded and reported appropriately. The incidents were minor in nature, and it was clear that these two residents actually had a good friendship, and that any incidents between them were minor and quickly resolved. There were no current open safeguarding plans, and those that were closed had associated risk assessments and management plans which remained open.

Judgment: Compliant

Regulation 9: Residents' rights

All staff had received training in human rights, and could discuss their learning from this training, as outlined in the first section of this report.

Residents were regularly consulted with. It had been identified that residents did not engage in residents' meetings, and that this was not a meaningful way of consulting with them, so the person in charge and staff team had changed this and introduced monthly individual consultation, which had been found to be more meaningful in eliciting the views and choices from residents.

A human rights committee had been established which reviewed any rights restrictions on a quarterly basis. In addition, any new restriction that were being considered were referred to this committee.

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	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Substantially compliant
Regulation 13: General welfare and development	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Antoine House OSV-0005751

Inspection ID: MON-0033717

Date of inspection: 13/02/2024

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 10: Communication	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 10: Communication: In order to meet compliance with Regulation 10: Communication, the following actions have been undertaken</p> <ul style="list-style-type: none"> • The person in Charge has reviewed each Resident’s Person Centred Plan to ensure that there is an adequate description of gestures used by the resident and there meaning. • The Person in Charge will ensure all communication information pertaining to the residents will be made available in an accessible format and displayed in the communal living area within the centre. 	
Regulation 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures: In order to meet compliance with Regulation 26: Risk Management the following actions have been undertaken</p> <ul style="list-style-type: none"> • The Person in Charge has reviewed all Risk Assessments to ensure appropriate oversight and escalation of risk. 	

Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: In order to meet compliance with Regulation 28: Risk Management the following actions have been undertaken</p> <ul style="list-style-type: none"> • The Person in Charge will ensure the use of the ski sheet for evacuation of residents is included in all future centre practice evacuations. 	
Regulation 7: Positive behavioural support	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support: In order to meet compliance with Regulation 07: Positive behavioural support the following actions have been undertaken</p> <ul style="list-style-type: none"> • The Clinical Nurse Specialist has reviewed positive behavioural support plans in conjunction with centre staff. These have been updated to include additional information to guide staff in relation to reactive strategies and the type of intervention to be utilised. 	

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 10(2)	The person in charge shall ensure that staff are aware of any particular or individual communication supports required by each resident as outlined in his or her personal plan.	Substantially Compliant	Yellow	18/04/2024
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	15/04/2024
Regulation 28(4)(a)	The registered provider shall make arrangements for staff to receive suitable training in	Substantially Compliant	Yellow	21/04/2024

	fire prevention, emergency procedures, building layout and escape routes, location of fire alarm call points and first aid fire fighting equipment, fire control techniques and arrangements for the evacuation of residents.			
Regulation 07(4)	The registered provider shall ensure that, where restrictive procedures including physical, chemical or environmental restraint are used, such procedures are applied in accordance with national policy and evidence based practice.	Substantially Compliant	Yellow	21/02/2024