Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Antoine House
Name of provider:	Health Service Executive
Address of centre:	Monaghan
Type of inspection:	Unannounced
Date of inspection:	07 July 2022
Centre ID:	OSV-0005751
Fieldwork ID:	MON-0035856

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. The property was purpose built by a parents and friends association. The property is leased by the Health Service Executive (HSE). Five residents live in this community home and are supported by a staff team 24 hours a day. 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

How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 7 July 2022	10:30hrs to 17:30hrs	Julie Pryce	Lead

What residents told us and what inspectors observed

This was an unannounced inspection to monitor and review the arrangements the provider had put in place in relation to infection prevention and control (IPC). During the course of the inspection the inspector visited throughout the centre, met with residents and staff and had an opportunity to observe the everyday lives of residents in the centre.

The centre was a large and spacious home for five residents, each of whom had their own bedroom and en-suite facilities. The house is nicely furnished and equipped, and has a pleasant outside garden area. It was evident throughout the inspection that residents were being supported to engage in activities according to their preferences, and that there were familiar staff on duty to support them.

On arrival it was immediately evident that the provider had put in place systems in accordance with public health guidelines, and that these were being implemented. Appropriate facilities were available on entrance, including hand sanitising items. Current public health guidelines in relation to visitors was being implemented. The management of visits during the pandemic had been in accordance with public health guidelines at the time, and all efforts had been made to ensure continued contact with friends and families, including garden and 'window' visits.

The inspector conducted a 'walk around' of the centre. The centre appeared initially to be visibly clean, however on closer inspection it was apparent that some minor areas required attention, and these are discussed later in the report. There were various communal areas, including a large kitchen dining area and pleasant sitting room, and private living spaces for residents in accordance with their assessed needs.

Some residents had gone out to their day services, and others were engaged in various activities or morning routines such as late breakfast. Some people were doing jigsaws, and others were playing music. Residents appeared to be content and occupied, and there was a pleasant atmosphere which indicated that people were comfortable in their home.

Various strategies had been employed to ensure effective communication with residents, and staff described different ways in which they had discussed the recent public health crisis and required guidelines with residents. While not all these discussions and interventions had been documented, there was evidence throughout the day of the strategies being implemented, for example, residents were seen to hold out their hands for hand sanitiser, so that it was clear that they were accustomed to this.

There was evidence of accessible information having been prepared and made available to residents, and easy read information was evident throughout.

All of the residents' bedrooms were personal to them, and contained their personal posessions, including photographs and items relating to their hobbies and interests. It was clear that residents kept their own rooms as they chose, with as many or as few personal items as they preferred. Whilst the communication challenges for residents did not allow for meaningful discussions with the inspector, some people showed the inspector their private rooms, which were person centred, and visibly clean.

Where that had been a recent outbreak of COVID-19, residents had been supported to self-isolate, and to continue to have a good quality of life during this time. Various activities had been introduced while residents were spending much of their time at home, and other activities were now being reintroduced, and residents were again enjoying their local community, and day trips further afield if they so chose.

Overall, the inspector found that multiple strategies were in place to safeguard residents from the risks associated with of an outbreak of infection, and that the provider and staff had ensured throughout the pandemic that residents were supported to maintain a meaningful life and were not subjected to unnecessarily restrictive arrangements, and that they were now returning to engaging with the community.

Capacity and capability

There was a clearly defined management structure in place which identified the lines of accountability, including an appropriately experienced and qualified person in charge. There was a competent and consistent staff team in place, and all staff engaged by the inspector were knowledgeable about the needs and abilities of residents, and about their responsibilities in relation to the management of infectious disease.

Policies and procedures were in place in accordance with current best practice, and included guidance in relation to IPC and COVID-19 in particular. There was clear guidance for staff in these policies, and again, staff were familiar with them. Whilst there was a gap in the guidance in relation to spillages of bodily fluids, the policies and guidelines for staff had been developed to meet the particular needs of the residents in the centre.

There was a contingency plan in place which clearly outlined the steps to be taken in the event of an outbreak of an infectious disease, and which had been implemented when there was an outbreak in the centre. This contingency plan had been regularly reviewed in light of updated public health guidelines.

An outbreak of COVID-19 had occurred in the centre, and the centre's contingency plan and each resident's personal plan had been implemented. Whilst the post outbreak review had not been completed, discussions and team meetings were on-going. The person in charge and the staff outlined to the inspector the steps that

they had taken during the outbreak, and it was clear that the contingency plan had been implemented, and that all public health guidance had been followed.

An annual review had been prepared in accordance with the regulations, as had six monthly unannounced visits on behalf of the provider. These reviews included oversight of the management of the recent public health crisis, and all identified actions had been completed. In addition, the required IPC self-assessment had been completed, and various additional audits had been undertaken.

Staff numbers and skill mix were appropriate to meet the needs of residents, and they were supported by both nursing and social care staff. All staff engaged by the inspector were knowledgeable, both in relation to the individual needs of residents, and to the required practices in relation to IPC.

Staff were well supported, both on a daily basis and by a formal supervision process. Communication with staff and management was evident, and there was an effective communication system between daily staff shift changes. IPC practices were observed by the inspector to be in line with current guidelines, including hand sanitising and appropriate mask usage.

Quality and safety

There was a personal plan in place for each resident which had been regularly reviewed. Some of the plans in relation to the management of the pandemic were generic rather that person centred, however the inspector found that they were relevant, and that there were additional healthcare plans that were more person centred, and had taken into consideration all eventualities. Whilst some of the plans did not outline individual communication needs, the staff explained in detail how they had made residents aware of the issues, and the inspector found sufficient evidence that this aspect of the management of the public health crisis had been well managed.

For example, the inspector observed the way staff interacted with a resident who had limited communication, and it was evident that staff were familiar with their preferred way of communicating, and the resident was comfortable with them, and looked for support from staff.

The personal plans included goals for residents in order to maximise their potential in accordance with the requirements of the regulations. During community restrictions goals had been limited, but still meaningful for each individual, and had included sensory activities, arts and crafts and local walks. Staff had found various ways to ensure a meaningful day for residents, including health promotion activities and home based activities such as baking. Activities had now been expanded to include more varied involvement in the local community.

There was clear evidence that staff had made all efforts to ensure that residents

were occupied and supported when they were required to self isolate. Public health guidance had been followed, and within those restrictions, residents were supported to be engaged and occupied.

There had been a deep clean of the centre following an outbreak of infectious disease, and the centre appeared to be clean and fresh. there were appropriate practices in place in regards to laundry, hand hygiene and general cleaning There were some minor cleaning issues identified during the course of the inspection, as outlined below.

Regulation 27: Protection against infection

Appropriate practices were in place and public health guidelines had been followed throughout the recent public health crisis, and the provider and the staff had implemented processes to ensure that residents were protected from the risks associated with infectious disease.

Some areas required attention as follows:

There were some gaps in cleaning and equipment maintenance, including some scuffed furniture, some debris on furniture, and in the oven. The shower rail attachment in one of the bathrooms had rusted onto the tiles and one of the floors required attention following recent plumbing work. There were missing lids on a toilet and bin and residents' foot spas needed to be cleaned.

Some of the documentation required review. Whilst staff could describe the management of an outbreak of COVID-19, and records of actions taken were available, a formal post outbreak review had not yet been developed. There was insufficient guidance available to staff in relation to the management of spillages.

However, overall there was evidence of good IPC practices, and that residents had been well supported throughout the pandemic.

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 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Quality and safety	
Regulation 27: Protection against infection	Substantially compliant

Compliance Plan for Antoine House OSV-0005751

Inspection ID: MON-0035856

Date of inspection: 070/07/2022

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	Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Protection against infection:
To ensure compliance with Regulation 27: Protection against infection the following actions have been undertaken;

• The Person in charge has reviewed and updated all cleaning schedules to include areas of identified gaps highlighted on the day of inspection. This will ensure they are completed in the daily/ weekly cleaning schedules as required.

• The Person in charge has sourced a new sofa and removed the scuffed furniture from the identified area. All missing lids from bins and toilet have been replaced

• The Person in charge has included the removal of any debris on furniture on the cleaning schedule to ensure it being maintained on a regular basis.

• The Person in Charge has ensured the oven has been cleaned and this is included on the weekly cleaning schedule and is completed by staff on night duty.

• The Person in charge sourced plastic handrails to prevent rust occurring and damaging tiles. All rails have been changed and tiles cleaned and resealed as required.

• The Person in charge reviewed and updated all highlighted records in person centered plans and made required changes in relation to regulation 27.

• The Person in Charge has ensured there is sufficient guidance for staff in relation to the management of spillages.

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The Person in charge has completed a post outbreak review for occasions were there has been a declared outbreak within the unit as requested.

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.	Substantially Compliant	Yellow	30/08/2022