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:	19 May 2026
Centre ID:	OSV-0005751
Fieldwork ID:	MON-0049846

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

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
Tuesday 19 May 2026	09:30hrs to 17:15hrs	Miranda Tully	Lead

What residents told us and what inspectors observed

This was an unannounced inspection to ensure ongoing compliance with the regulations. On the day of inspection there were five adults living in the centre. Overall, the inspection found that residents were in receipt of good care and support and found positive examples of how residents were supported to live lives of their choosing. All regulations reviewed were found to be complaint with the exception of Regulation 5: Individual assessment and personal plan which was found to be sub-complaint.

On arrival to the centre, the inspector was greeted by three staff members working for the day. The staff members advised the inspector that work was in progress in the centre with renovations taking place to the kitchen and utility room of the centre. The inspector observed the kitchen area was boarded off and no access was available to staff and residents. A temporary kitchen was provided for and staff and residents were observed utilising and accessing same.

The inspector met with residents at different internals throughout the inspection. One resident was at day service and scheduled to visit family and therefore not available for the inspector to meet with on the day. Other residents met with the inspector between appointments and social events and on return from their day service.

Residents were observed receiving one to one support from staff enjoying massage, support with healthcare and during meals and snacks. Engagements between staff and residents were observed to be thoughtful and engaging and staff were very familiar with each residents communication style and preferences. One resident had returned to bed before starting their morning routine after the inspector arrived. The resident was supported by a preferred staff member whom knew the resident well. The resident spoke with family members before breakfast, it was evident this was of great importance to the resident and something which was encouraged and supported by the staff team. The resident enjoyed jovial conversation with staff and mentioned going to see animals later in the day.

For another resident there had been a change in their health needs and their social preferences. Staff discussed with the inspector how they were exploring new activities that would be preferred and also support their mobility and stimulation. For example the resident enjoyed reflexology and co-ordination games . On the day of the inspection, staff were supporting the resident to attend a scalp assessment and hair appointment. Another resident was seen completing household tasks and familiarising themselves with the new kitchen area putting away dishes. The resident went for a coffee in the afternoon and was due to have a visit from family before attending a jiving group. Other residents enjoyed a snack on their return

from day service and sitting with the inspector and staff before leaving to also attend a dance class and enjoy a meal out.

Staff members discussed with the inspector how they consulted with the residents with regard to the building works. Residents were shown the area where the works were taking place to ensure they understood what was happening. In addition, staff spoke about plans to personalise and decorate residents rooms once the works were finished. The staff team made efforts to ensure minimal impact on residents from the building works. The renovations took place over stages and building works was separated from the residents main living area.

There was evidence of effective oversight of the centre. There was a full-time person in charge who was supported by a Director of Nursing. The Director of Nursing facilitated the inspection as the person in charge was on planned leave on the day of the inspection.

In summary, the inspector found throughout the inspection that residents appeared well cared for, happy, relaxed, comfortable and content. The residents were supported by a staff team who were very familiar with their care and support needs and who were motivated to ensure that each resident was encouraged and facilitated to participate in activities that were meaningful and purposeful to them.

In the next two sections of the report, the findings of this inspection will be presented in relation to the governance and management arrangements and how they impacted on the quality and safety of service being delivered.

Capacity and capability

Overall findings from this inspection were positive. The inspector found that the provider was demonstrating the capacity and capability to provide a safe and effective service to the residents.

There was a clear management structure in place and a regular management presence in the designated centre.

The provider had established good systems to support the provision of care and support to the residents. There was evidence of regular quality assurance audits of the quality and safety of care taking place. Quality assurance audits identified areas for improvement and action plans were developed in response.

Regulation 15: Staffing

There was an appropriate number and skill mix of staff present in this centre. On the day of the inspection, the inspector met with three health care assistants and the staff nurse. The staff team was established and the inspector found staff to be professional, knowledgeable in their roles and very caring towards the residents.

The staffing ratio's and rosters in the centre were reviewed and found to be meeting residents needs.

Judgment: Compliant

Regulation 23: Governance and management

High levels of compliance with the regulations reviewed were observed on the day of inspection. There was a clearly defined management structure in place. The governance systems in place ensured that service delivery was safe and effective through the ongoing audit and monitoring of its performance resulting in a thorough and effective quality assurance system.

For example, 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 and six-monthly provider visits. These audits identified areas for improvement and developed action plans in response.

Judgment: Compliant

Regulation 31: Notification of incidents

A record was maintained of all incidents occurring in the centre and the person in charge was aware of the requirement to notify specific incidents to the Chief Inspector of Social Services in line with the requirement of the regulations.

The inspector had completed a review of notifications received in advance of this inspection and also completed a review of the provider's accident, incident and near miss records and found that all incidents that required notification had been completed in line with the Regulation.

Judgment: Compliant

Regulation 34: Complaints procedure

The registered provider had prepared an effective complaints procedure. The procedure was underpinned by a written policy, which included information on how complaints were to be managed.

Information was available to residents about how to complain and when spoken to they were aware of and felt comfortable to raise any complaints.

Judgment: Compliant

Quality and safety

Overall, inspection findings showed high levels of compliance indicating that the registered provider was ensuring a safe service was provided. The inspector reviewed a number of key areas to determine if the care and support provided was safe and effective to the residents at all times. This included meeting residents and staff, observing support practices and conducting a review of residents care records and a review of managements audits. Overall, the inspector found that the centre provided a comfortable home and person centred care to the residents.

Regulation 13: General welfare and development

Residents were found to be very well supported to be active and engage in meaningful activities.

The inspector spoke with residents and reviewed documentation and found that residents participated in a multitude of activities of their own choosing. Residents were supported by staff who ensured that a number of recreational and social activities were made available to them. As mentioned previously for one resident new activities and social events were being explored following a recent change in their health. Staff were exploring activities suitable for the residents age and also their capabilities. In addition there were efforts to ensure the resident was supported to maintain and develop their physical skills. Residents were also supported to keep in regular contact with their families and people important to them. Some residents choose to attend day services, while others were support to engage a range of activities from the centre, for example animal therapy, reflexology, visits to an aquarium, music festivals and dance classes.

Judgment: Compliant

Regulation 17: Premises

The centre was undergoing refurbishments at the time of the inspection. The works had been completed on a phased basis with bathroom and en-suites completed and the kitchen and utility area in progress. There were also plans for increased storage and painting and decorating. Risk assessments had been completed to ensure works were carried out in a safe manner and that there was minimal impact on residents.

On the day of inspection the area where building works were being carried out was not accessible to staff and residents. Alternative temporary arrangements were in place for preparing food and laundering clothes. The inspector completed a walk around of the premises and found that there was adequate communal and private space for residents.The staff team had supported residents to display their personal items and in ensuring that their personal possessions and pictures were available to them.

Judgment: Compliant

Regulation 26: Risk management procedures

There were systems in place for the assessment, management and ongoing review of risks in the designated centre. The residents had a number of individual risk assessments on file so as to promote their overall safety and wellbeing, where required.

Staff demonstrated a good understanding of the main risks prevalent in the centre and how to manage these risks appropriately.

Risk was found to be responded to and well managed in this centre. Incidents and accidents were being logged and reported through an on-line system which allowed for information sharing and oversight. The inspector reviewed a sample of incidents to date. The provider was responsive and reviewed control measures to mitigate risk.

The provider had also taken measures to ensure works to the centre were planned and carried out in a safe manner with appropriate risk management plans in place such as, the operation of temporary catering facilities during kitchen refurbishment works and noise disturbance.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Over the course of the inspection, the inspector reviewed the personal plans and associated care and support plans for a sample of residents. The review found that the plans were for the most part reflective of the current and evolving needs of the resident. The plans reviewed were informative and practical, providing clear guidance on how best to support each individual. There were some areas which required review to ensure consistency and that the most up to date information was available. For example, where there had been a change in need regarding administration of medication this had not been consistently updated.

The inspector observed that staff members were familiar with the content of these plans and demonstrated a strong understanding of each resident's needs. Staff were seen responding appropriately to residents and were able to articulate their support strategies confidently during discussions with the inspector.

These findings indicate that the centre was delivering individualised and responsive care, underpinned by effective planning and staff awareness.

Judgment: Substantially compliant

Regulation 6: Health care

Notwithstanding the findings in Regulation 5: Individual assessment and personal plan, the health and wellbeing of the residents was promoted and supported in a variety of ways, including nutrition, recreation, exercise and physical activities. A review of residents personal plans indicated that health care plans were in place and for the most part appropriately guided staff. Residents had good access to a range of multi-disciplinary supports such as occupational therapy and mental health support and there was evidence of regular engagement with all of the residents general practioners (GP's). Health passports were used to support healthcare professionals to understand the needs of the residents in order to achieve improved health outcomes.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents were supported to experience positive mental health and where required, had access to a behavioural support specialist. Residents were supported to have behaviour support plans in place, which were found to be detailed and offered guidance to staff on how to support the resident. Each plan was specific to the

residents' individual needs. Staff spoken with were aware of how to support residents in a person-centred manner and in line with their plans.

A number of restrictive practices were in use in the centre. Any use of restrictive practices had been notified to the Chief inspector on a quarterly basis, as required by Regulation 31.

Judgment: Compliant

Regulation 8: Protection

Residents were protected by the policies, procedures and practices relating to safeguarding and protection. Staff had completed training in relation to safeguarding and protection and were found to be knowledgeable in relation to their responsibilities should there be a suspicion or allegation of abuse.

Safeguarding concerns had been reported to the national safeguarding team and the Office of Chief Inspector and residents had access to a team of multi-disciplinary supports as required. Systems were also in place to manage and mitigate risk and support residents safety in the centre.

Judgment: Compliant

Regulation 9: Residents' rights

Through observation and review of systems in place it was evident that residents were facilitated and empowered to exercise choice and control across a range of daily activities and to have their choices and decisions respected. Staff were observed to respectfully engage with residents. Residents were seen to be consulted regarding how the centre was run with regular discussion.

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	
Regulation 15: Staffing	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Antoine House OSV-0005751

Inspection ID: MON-0049846

Date of inspection: 19/05/2026

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 5: Individual assessment and personal plan	Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:
In order to meet compliance with Regulation 5: Individual assessment and personal plan, the following actions have been undertaken

The Person in Charge has reviewed and updated the personal plans to ensure they support residents' current needs.

The Person in Charge has ensured all follow up appointments and screenings are scheduled and these are reflectived in the Residents Care plans.

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 05(1)(b)	The person in charge shall ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out subsequently as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.	Substantially Compliant	Yellow	30/06/2026