



# 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:	Short Notice Announced
Date of inspection:	15 February 2021
Centre ID:	OSV-0005751
Fieldwork ID:	MON-0031479

## 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 nurse led 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. There is a full time person in charge in the centre who is a qualified nurse. Transport is provided in the centre so as residents can avail of community facilities if they wish.

**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 - 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
Monday 15 February 2021	10:50hrs to 16:50hrs	Caroline Meehan	Lead

## What residents told us and what inspectors observed

From speaking with residents and staff members, observing interactions, and from a review of relevant documentation, it was evident that the quality of life for residents had improved significantly over the past number of months. Residents were enjoying a varied and active lifestyle in which the organisation of the centre had changed from a resource dependant to a person centred service.

On the day of inspection the inspector spoke briefly with four of the five residents living in the centre and later in the inspection viewed all areas of the premises. The inspector also spoke with three staff members and the person in charge over the course of the inspection. Staff expressed that residents were safe and well cared for in the centre, and they could raise concerns regarding the quality of care and support with the person in charge should the need arise.

Five questionnaires were completed by residents with staff members, and by staff on behalf of residents. Overall residents expressed in the questionnaires that they were comfortable and happy living in the centre. They also expressed they were happy with the choices of food and activities, and with the facilities such as their own bedrooms, storage and laundry facilities. Residents outlined who they would go to if they had a complaint. Overall residents expressed they felt their rights were protected in terms of choice, privacy, respect, dignity and safety and where dissatisfaction with the service provided had arisen, it had been dealt with through the centre's complaints process. The service had also requested residents to complete provider questionnaires, and from a review of one of these questionnaires it was evident that the resident was happy with the service they received in the centre.

Residents were also supported to express their views, choices and concerns in a monthly residents' meeting. For example, resident were asked about the activities they were involved in, and if there were any changes or additional activities they would like to try. The residents' meeting also provided an opportunity for staff to provide accessible information and advice around safeguarding, how to make a complaint, fire safety and information on an upcoming vaccination programme, in order for residents to make an informed choice.

Overall the inspector found the individual rights of residents were upheld, and the differing needs and preferences of residents were respected. While some residents had expressed some difficulty with relationships with peers, the resources and daily life of the residents in the centre was organised and supported in order to minimise the impact of these concerns, and to avail of varied opportunities and activities for residents.

The centre was homely and comfortable. Each resident had their own bedroom and ensuite facilities, promoting dignity and privacy for residents. It was evident that residents' rooms were decorated to their own preference with storage provided for

residents to display and secure personal items. A resident had recently had their bedroom redecorated, as was their goal. The centre was a bungalow and all areas of the centre were accessible for residents, with additional equipment provided to ensure residents' safety and mobility were promoted. Two sitting rooms, a sunroom and two dining rooms were also available, allowing residents to enjoy quiet spaces in the centre and to engage in 1:1 activities if they wished.

The inspector observed that staff had a kind and patient approach to residents, cognisant of residents' communication needs and intent. For example, some residents communicated using gestures and facial expressions, and staff interpreted and responded to residents' requests promptly and appropriately. Staff had a positive approach to residents and it was evident that residents were comfortable with staff. Staff were mindful of the need to engage in a calm and reassuring way with residents, and overall the service embraced a person-centred, respectful and considerate approach. The inspector observed staff communicating with residents in response to a request for assistance to find a preferred item, to set up a DVD player, and support residents to get ready to go out on bus trip.

Since the previous inspection in September 2020 the provider had increased staffing levels each day which had impacted positively on the quality of service and support residents experienced. Residents had since enjoyed increased access to activities in the community and more time was available for residents to avail of individual support for activities both in and outside of the centre. For example, an increase in exercise activities, walks in various community settings, supporting residents to purchase snacks and meals in various food and retail outlets, supporting residents to prepare their own lunch, encouraging and promoting residents to do household chores, art and craft activities and personal care activities. Consequently the increased support and improved activation, had impacted positively, with a reduction in the frequency of use of restrictive practices, and on adverse peer to peer incidents.

Residents' rights in choice and decision- making were upheld and residents were actively involved in planning for their care and support. Residents had been involved in the development of personal goals, supported by their relatives and staff in the centre, and it was evident in the main that these goals had been pursued. There had been delay in the implementation of some goals due to public health restrictions however, residents had been supported to develop and pursue alternative goals in the interim. Residents were provided with information relating to their healthcare needs, for example, vaccination programmes, and consent had been sought from residents and their representatives in this regard. Where residents chose not to avail of this programme their choice was respected. The individual preferences of residents were also evident in plans of care, for example in intimate care plans, with the support outlined in these plans reflecting how these choices were upheld, while ensuring residents' privacy and dignity was respected.

Residents were supported to maintain links with their families. On the day of inspection, one resident was going home to celebrate a significant occasion and told the inspector with the support of a staff member, they were looking forward to this event. While the recent restrictions had impacted on visitors into the centre, staff

had ensured regular contact was maintained through phonecalls to family members. Prior to the restrictions, visits to family members homes had also been arranged for residents by staff in the centre.

The experience of residents in the centre, and the impact of positive outcomes for residents is reflected in the high level of compliance found on this inspection. The overall commitment to ensure residents received a good standard of care and support in line with regulatory requirements, and an approach to continuous improvement is outlined in the remainder of the report.

## Capacity and capability

The provider had systems in place to ensure the service was safe and effective, in meeting the needs of residents. The service provided was monitored on an ongoing basis, with the outcomes of audits informing a continuous quality improvement process, resulting in improved outcomes for residents. There was an effective management arrangement to ensure ongoing supervision of the care and support provided to residents, and to respond to risks as they arose.

An up-to-date statement of purpose had been submitted to HIQA as part of the provider's application to renew the registration of the centre. The services and facilities provided were in accordance with the details set out in the centre's statement of purpose, and all the required information was contained in this document.

The centre was managed by a full-time person in charge who was based in the centre five days a week. Staff in the centre reported to the person in charge. The person in charge reported to the director of nursing and the assistant director of nursing, both of whom reported to the registered provider representative. An out of hours on call management system was also available for support if required.

Staff spoken with stated the management structure in place was very supportive and staff could raise concerns with the management team and person in charge about the quality and safety of care and support provided to residents as the need arose. The staff also stated the views of staff were taken on board in terms of ways to improve the service, and outcomes for residents, and opportunities to express views were welcomed on an ongoing basis and also at staff team meetings.

Since the last inspection, additional staffing had been provided each day, and the inspector found this had ensured there was sufficient staffing in the centre. The inspector reviewed a sample of rosters over a three month period. There was one nurse and three health care assistants on duty in the morning, and an additional health care assistant in the afternoon up to 10pm seven days a week. One staff nurse and one healthcare assistant were on duty at night, and one nurse and four

healthcare assistants on duty at the weekends during the day. The staffing numbers and skill mix had ensured that residents needs were safely and comprehensively met, with the increase in staffing resulting in improved outcomes for residents. There were no staff vacancies in the centre ensuring residents received continuity of care. Staff absences due to leave had been filled by regular agency staff. Staff rosters were appropriately maintained.

Staff had been provided with a range of training, such as fire safety, manual handling, safeguarding, medication management, infection control, hand hygiene and cardiopulmonary resuscitation for nursing staff. Most staff had up-to-date training in managing behaviour that is challenging, and refresher training was scheduled in the coming days for five staff members. The training provided ensured staff had up-to-date knowledge and skills to meet the needs of residents and respond to potential risks in the centre as they emerged. The person in charge had recently completed a training review, which outlined the training requirements for staff for the coming months. Staff supervision records were not reviewed as part of this inspection; however, two staff spoken with stated supervision meetings had recently been facilitated by the person in charge.

The service provided in the centre was monitored on an ongoing basis. The inspector reviewed a report of a six monthly unannounced visit by the provider and a number of the actions subsequently developed. This had been completed since the last inspection and a review of all restrictive practices were considered during this visit. Actions reviewed were found to be completed on the day of inspection. Following the last inspection the inspector found the oversight in relation to restrictive practices had improved, with monitoring of practices by the person in charge daily, and weekly by the clinical team. This oversight had ensured that restrictive practices were implemented in accordance with agreed protocols.

There were a number of audits also completed in the centre in relation to medication management, person centred planning, complaints, incidents, and infection prevention and control. The outcomes of these audits, and from the six monthly visit by the provider, were collated to form an overall centre quality improvement plan, with all actions within the current timeframe completed on the day of inspection.

Since the last inspection all incidents of the use of restrictive practices had been notified to the Chief Inspector.

## Regulation 15: Staffing

There were sufficient staff numbers in the centre, with the right skills and qualifications to meet the needs of the residents in accordance with the statement



of purpose. Continuity of care was maintained and nursing care was provided in line with the needs of residents. Staff rosters were appropriately maintained.

Judgment: Compliant

### Regulation 16: Training and staff development

Staff had been provided with a range of mandatory and additional training, ensuring residents needs were met and risks were responded to appropriately as they emerged. Training was arranged for staff requiring refresher in managing behaviours that challenge. Staff were supervised appropriate to their role.

Judgment: Compliant

### Regulation 23: Governance and management

The management arrangement had ensured the service provided was safe and met the needs of residents. The service was monitored on an ongoing basis and actions arising from audits in the centre were completed within the stated timeframe. The centre was managed by a fulltime person in charge who provided supervision and oversight of the care and support provided to residents. The management structure ensured staff were supported to fulfil their role, raise concerns about the quality of care and support provided to residents, and to provide views on ways to improve outcomes for residents in the centre.

Judgment: Compliant

### Regulation 3: Statement of purpose

There was an up-to-date statement of purpose in the centre, which reflected the services and facilities provided in the centre. All the required information as per Schedule 1 of the regulations was contained in the statement of purpose.

Judgment: Compliant

### Regulation 31: Notification of incidents

Since the last inspection all incidents of the use of restrictive practices had been

notified to HIQA.

Judgment: Compliant

## Quality and safety

Residents were provided with a good standard of care and support resulting in their wellbeing, safety and welfare being promoted and maintained. An increase in resources in the centre had resulted in improved quality of life for residents, and enhanced opportunities for leisure activities, self-help skills and community access. In addition, the use of restrictive practices in the centre and adverse peer to peer incidents had also reduced, leading to a more positive experience for residents living in the centre.

The centre was laid out to meet the individual and collective needs of residents. The premises was clean and well maintained and residents had their own bedrooms and ensembles decorated to their preference. The centre was homely and residents had access to all areas of the centre including a sun room, two sitting rooms, two dining rooms, a kitchen and a laundry. A self-contained apartment, accessible from within the premises, was provided for a resident in line with their needs. Since the last inspection suitable storage for clothing had been provided for a resident.

The inspector reviewed documentation pertaining to care and support for three residents in the centre. An assessment of need had been completed for residents and updated as residents' needs changed, or a minimum of annually. Personal plans were developed in line with residents' identified needs, and clearly outlined the support residents required to meet their needs. Plans also reflected residents' individual preferences for example, communication plans, intimate care plans and person centred goals. Residents had been consulted in the development of goals and there was ongoing consultation with residents regarding their activity choices and preferences. Records were maintained of meetings in which families had been kept up-to-date on residents' wellbeing and on the plans residents had to achieve goals. There was evidence that goals for residents had been overall actively pursued however, the impact of public health restrictions meant that not all goals could be achieved for residents. In the interim, the person in charge had ensured that plans for goals were modified and activity goals implemented for residents. Access to meaningful activities for residents had developed and improved over the past number of months, and included activities both inside and outside of the centre, for example, walks and bus trips in various community locations, arts and crafts, personal care activities, music, using restaurants and shops, making simple meals, bowling and using an exercise bike.

Residents were supported with their healthcare needs, and were supported by staff to pursue healthy lifestyles. For example, residents were supported with specific dietary needs, and daily activities included walks in various community locations,

football activities and use of an exercise bike. Residents could access a general practitioner (GP) in the community. On review of a service questionnaire completed by a resident, it was evident that the resident was happy with their access to GP services. Residents were also supported as required by a range of healthcare professionals, for example, speech and language therapist, psychologist, physiotherapist, clinical nurse specialist and access to specialists in general hospital services. Health care plans were found to be implemented and ongoing monitoring of residents healthcare needs were completed and recorded in line with plans. A staff member spoken with was knowledgeable on the care requirement for a resident in the event of an emergency healthcare event.

Residents were supported with their emotional needs and the development and implementation of behaviour support plans were overseen by a clinical psychologist and a clinical nurse specialist in behaviour. Behaviour support plans detailed proactive and reactive strategies to support residents with their emotional needs, and to ensure all residents safety. Since the last inspection the conditions for the use of an environmental restrictive practice was clearly set out in a behaviour support plan, and the measures to support a resident and to ensure their safety during the use of this practice were implemented in practice. This included staff adhering to prescribed observations, documentation of these observations, and implementation of the restriction within the parameters set out in the plan. Two staff spoken with were clear on the rationale for use of this practice and the strategies to use prior to the implementation of this practice to ensure it was used as a last resort. The increase in staffing levels had resulted in a significant reduction in the use of this practice, enabling proactive strategies to be provided on a more consistent basis for a resident. Evidence was available to confirm a resident's representative had been informed of all restrictive practices impacting their relative. In addition, the impact of restrictive practices on other residents living in the centre had been assessed and alternatives options to limit these impacts had been planned for.

Residents were protected by safeguarding procedures in the centres. There had been some notifications submitted to HIQA since the last inspection following peer to peer incidents. The inspector found all incidents had been reported to the relevant authorities and safeguarding plans were developed. Staff knew the details of safeguarding plans and described to the inspector the measures to ensure residents were protected. Residents were supported to develop awareness around safeguarding, and information on safeguarding was shared with residents at monthly meetings. All staff had up-to-date training in safeguarding vulnerable adults and in children's first.

The rights of residents were considered and acted upon in the delivery of care and support in the centre. Residents were given opportunities to express their wishes through personal planning processes, through day to day activity planning, and through residents' meetings. The views of residents contributed to the overall running of the centre, in that the day to day organisation of the centre were centred around the expressed needs of residents and their preferences, for example, what they would like to do, places they would like to go or their meal choices. Residents had been given appropriate information in order to make an informed choice or to

voice concerns for example, vaccination programmes, how to make a complaint, and residents had been kept up-to-date on information which make affect their wellbeing, for example infection control measures and on COVID-19. The privacy and dignity of residents was promoted in the centre. Each resident had their own private space and personal information relating to residents' care was securely stored.

Risks had been identified and assessed in the centre. Since the last inspection the control measures outlined in a risk management plan were able to be implemented in practice due to an increase in staff resources. Individual risk management plans for two residents were reviewed. The control measures outlined in plans were reflective of the care and support being provided in the centre. The inspector reviewed a sample of incidents for two months in the period since the last inspection. Incidents were recorded and there was evidence of follow up with the relevant healthcare professionals or where required maintenance services.

Suitable measures were in place for the prevention and control of infection. The provider's contingency plan in relation to COVID-19 was found to be appropriate to respond to suspected or confirmed cases of COVID-19. Staff were observed to adhere to public health guidelines including regular hand hygiene, use of personal protective equipment, and social distancing. Monitoring of residents, staff and visitors to the centre was ongoing in relation to symptoms of COVID-19. Staff were observed to engage in cleaning in line with an enhanced cleaning procedure. Staff had been provided with relevant training in infection control and hand hygiene. Plans of care were developed to respond to risks for residents associated with COVID-19, and to support residents' wellbeing in the event of an outbreak in the centre.

Appropriate and safe practices were in place in relation to the prescribing, ordering, receipt, storage, administration and disposal of medication, and all documentation relating to these practices were found to be complete. PRN (given as the need arises) medication prescriptions stated the circumstances under which medication should be administered, and the maximum dose in 24 hours was clearly stated. Residents' medication had been reviewed regularly by the prescribing practitioner, and residents availed of the services of a local pharmacy. Residents had been assessed as to their capacity to self-administer medication.

Overall suitable fire safety systems were in place in the centre. Adequate measures were in place for the containment of fire and suitable fire fighting equipment was provided. There were weekly and monthly fire safety checks completed by staff in the centre, including checking fire exits, the fire alarm, emergency lighting and potential hazards. Fire drills had been completed regularly and the inspector reviewed records for the preceding five months. Three day time and one night time evacuations had been completed within an adequate timeframe. Individual personal emergency evacuation plans were developed; however, the assistive equipment required to evacuate a resident was not readily accessible. This was pointed out to the person in charge and immediately rectified.

## Regulation 17: Premises

The centre was homely and comfortable, in order to meet the needs of residents and to ensure their privacy and dignity was respected. Since the last inspection suitable storage had been provided to a resident for their clothing.

Judgment: Compliant

## Regulation 26: Risk management procedures

The risk management procedures included the identification, assessment and management of risk in the centre. Since the last inspection the additional staff resources provided ensured control measures as per a risk management plan could be implemented. Control measures in a risk management plan were updated to reflective the current control measures. Procedures were in place for reporting, recording and follow up of incidents occurring in the centre.

Judgment: Compliant

## Regulation 27: Protection against infection

Suitable measures were in place for the prevention and control of infection. Appropriate contingency plans were developed to respond to a suspected or confirmed case of COVID-19. Staff were observed to adhere to appropriate infection control measures.

Judgment: Compliant

## Regulation 28: Fire precautions

Appropriate fire safety management systems were in place in the centre, including the containment of fire, and the provision of a fire alarm and fire fighting equipment. Regular fire safety checks were completed by staff and regular timely fire drills had also been completed. Suitable procedures for the evacuation of residents from the centre were also in place.

Judgment: Compliant

## Regulation 29: Medicines and pharmaceutical services

There were safe and appropriate practices relating to medication management in the centre. Medications were regularly reviewed and residents used a local pharmacy in the community. Residents had been assessed as to their capacity to self-administer medication.

Judgment: Compliant

## Regulation 5: Individual assessment and personal plan

An assessment of need had been completed for residents, and were subject to regular review, as needs changed or a minimum of annually. Personal plans were developed, reflecting care and support practices in the centre, and the preferences of residents. Residents had been involved in the development of individual goals and plans relating to goals had been reviewed and updated in light of restrictions relating to the COVID-19 pandemic. Residents' families had been met and updated on residents' wellbeing and on the plans relating to personal goals. Meaningful activities had been provided to residents in line with their wishes.

Judgment: Compliant

## Regulation 6: Health care

Residents were supported with timely access to healthcare services and were supported to enjoy a healthy lifestyle. Residents' healthcare needs were monitored on an ongoing basis.

Judgment: Compliant

## Regulation 7: Positive behavioural support

Residents were provided with appropriate support in order to manage their emotional needs. The oversight of restrictive practices was found to have significantly improved since the last inspection. The rationale for the use of an environmental restrictive practice was clearly set out in a behaviour support plan and supporting protocols, and staff were knowledgeable in this regard. The conditions for use of this restrictive practice were implemented in practice including observations, documentation and a consistent rationale for use. A resident's

representative had been informed of the use of all restrictive practices impacting their relative in the centre. The impact of all restrictive practices in residents on the centre had been assessed, and measures to minimise these impacts were outlined in plans.

Judgment: Compliant

### Regulation 8: Protection

There were suitable practices in the centre to ensure residents were protected from a risk of abuse. Safeguarding incidents involving residents had been reported appropriately and measures implemented in practice to ensure residents were protected. Staff had up-to-date training in safeguarding and were knowledgeable on the measures outlined in safeguarding plans. Awareness around safeguarding was promoted with residents during monthly residents' meetings.

Judgment: Compliant

### Regulation 9: Residents' rights

The rights of residents living in the centre were actively promoted through policies and practices in the centre. This included practices relating to consent, expressing and acting on residents' wishes and preferences, consulting residents about their care and support, and on the organisation of the centre on a day to day basis, and respecting the privacy and dignity of residents.

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

Regulation Title	Judgment
<b>Capacity and capability</b>	
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
<b>Quality and safety</b>	
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant