



Office of the Chief Inspector

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

Name of designated centre:	Antoine House
Name of provider:	Health Service Executive
Address of centre:	Monaghan
Type of inspection:	Unannounced
Date of inspection:	24 June 2019
Centre ID:	OSV-0005751
Fieldwork ID:	MON-0024522

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. Most of the residents attend day services in the community and one resident is being supported using the new directions model of care in order to provide meaningful day activities during the day. 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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How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
24 June 2019	10:00hrs to 14:35hrs	Catherine Glynn	Lead

What residents told us and what inspectors observed

The inspector visited and completed a walk around of the centre on arrival. The inspector met with three residents living there. Two residents were not available to meet with the inspector as they were engaged in activities during their day services at this time.

The inspector met and spent time with one resident, who was comfortable with their presence in the centre. They showed the inspector the activities planned for that day and the staff who were supporting them with this process.

Some residents were not able to fully express their views on the quality of care and support being provided in the centre. Other residents chose not to engage with the inspector and made it clear that their presence was unsettling. The inspector respected their preference and staff maintained close support and supervision during this time.

The inspector found that residents were treated with dignity and respect and the person in charge demonstrated that they considered residents' rights throughout the inspection. For example, they asked residents consent for the inspector to see their bedroom or look at some of their personal belongings. The person in charge made the inspector aware of any specific communication needs of the residents.

Capacity and capability

This inspection was completed as a follow-up to a monitoring event carried out on the 08 November 2018. The inspection in November 2018 had identified a number of non-compliance with the regulations which impacted on the quality of care and support provided to residents. The provider had submitted a robust compliance plan in response to the last report, which was reviewed as part of this inspection.

The inspector reviewed the actions taken by the provider since the last inspection and found the provider had reviewed the operational management and quality assurance systems in the centre. Although the actions from the previous inspection were not all fully complete, the inspector found that improvements had been made in a number of areas and the centre was moving towards compliance, albeit not within the agreed time lines.

The provider had ensured following the last inspection, that a full review of practices at the centre and their impact on the quality of life experienced by residents had

occurred at Antoine house. Following completion of this review, the provider had developed a quality improvement plan to address identified findings and bring the centre back into compliance with the regulations and improve the lived experience of residents at the centre. The review had examined areas such as staffing levels, premise issues, complaints management, fire safety and positive behaviour training, and the inspector found that improvements in these areas were evident since the last inspection. However, further action was required by the provider to ensure full compliance with the regulations in regard to premises and communication. This included, reconfiguration of the premises to meet the assessed needs of residents; and access to communication services to provided residents with required supports.

The provider had taken steps to improve the safety of the service in response to previous incidents which had occurred. The service was now safer for residents, but the compatibility of residents living together in this centre remained an issue, as the accommodation provided did not fully meet the care and support needs of residents. However, the inspector was made aware that the provider had an agreed plan in place to address compatibility concerns and reconfigure the centre in a manner that would best suit residents' care needs.

The provider had ensured that staff had the right knowledge and skills to care for the residents. Induction processes were in place for new staff in the centre. For example; the person in charge spoke about shadowing another member of staff to ensure they were aware of the needs of the residents. Staff spoken with were knowledgeable around the residents' needs in the centre and were supported by the person in charge through regular supervision and staff meetings. Staff were able to raise concerns about the quality of services. One staff gave an example of how their concerns were addressed after they raised an issue about meeting one residents' needs in the centre. Staff were familiar with the quality improvement plan and were aware of the actions awaiting completion at the time of inspection.

Regulation 15: Staffing

A review of the staffing allocation in the centre had taken place and staff support was assigned to individual residents in-line with risk interventions. The inspector found there was a more consistent and cohesive approach towards meetings residents' assessed needs following the last inspection. The roster showed that additional hours were allocated to facilitate social outings at weekends. The provider reported that this was monitored as part of quality improvement meetings.

Judgment: Compliant

Regulation 23: Governance and management

Governance and management had improved since the last inspection. The senior management team had also provided support in the form of assessments, reviews and training for the new management team and staff. A review of the staff skill mix had also taken place and the staff roster had been changed to ensure there was adequate staff support available to residents when required.

While there remained a significant amount of work to be completed, the current management team had demonstrated the capability and capacity to lead the team to achieve identified improvements at the centre in timely and effective manner. Actions taken following the last inspection had brought about improvements for the residents. However, the provider did not have a robust, time bound quality improvement plan in place for all activities proposed at the centre by the management team. These actions included access to speech and language services and reconfiguration of the premises to improve the living environment for all residents.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The statement of purpose was subject to regular review, reflected the services and facilities provided at the centre and contained all information required under the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

The inspector was satisfied that the person in charge and provider representative had notified HIQA of any incidents required under the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

Improvements to complaints management at the centre had ensured that residents and their representatives were aware of their right to make a complaint as well as how to the centre's complaints officer and independent advocacy. Staff were knowledgeable on how residents' concerns were addressed at the centre, complaints records did document all actions taken in response and the complainant's satisfaction with the outcome.

Judgment: Compliant

Quality and safety

The quality and safety of this centre had improved since the last inspection, however, a significant amount of improvements remained to be completed. Following last inspection, the provider had implemented a full review of the quality and safety of the service and found that a more robust enhanced quality assurance system was required in the centre. The inspector found the the management structure had ensured the leadership and oversight of the centre which had a positive impact on the service delivery.

On this inspection, the inspector found that improvements had occurred in areas such as positive behaviour support, fire safety, and restrictive practices. However, there remained areas that required significantly more work to meet full compliance with the regulations. These related to premises reconfiguration and positive behaviour support.

As detailed in the first part of this report, the provider had plans to reconfigure the centre to provide more suitable accommodation, both from a restrictive practice perspective, as well as meeting the residents long-term care and support needs.

There were comprehensive support plans in place which promoted consistency of care for residents who may engage in behaviours of concern and recent referrals had also been made for some residents for further behavioural support. However, some improvements were required in regards to the implementation and oversight of restrictive practices to ensure that consent was gained prior to their use and the least restrictive practice was adopted.

Staff were knowledgeable around the needs of the residents and when changes to residents' needs occurred in the centre they were able to raise this with the person

in charge who affected changes to support the resident.

The provider had put systems in place to ensure residents' rights were respected and upheld. Residents were provided with opportunities to exercise their rights. For example, following the last inspection, a review of practices regarding discussion and documentation had occurred to ensure residents rights and management of information, were upheld in the centre.

While all incidents were reviewed by the person in charge, the inspector was assured that some significant incidents that had occurred in the centre had been comprehensively reviewed so as to mitigate future risks to residents and guide staff practice. In addition, the person in charge spoke of a reduction in the number of incidents due to improvements that had occurred following the last inspection. These improvements included; staff knowledge and familiarity with residents, training received and staff support that had been provided.

The provider had ensured that effective measures were in place to protect residents and staff from the risk of fire. There were procedures in place for the management of fire safety equipment and fire safety training for staff in the in the centre. A sample of records viewed demonstrated that equipment was serviced appropriately. All staff had completed training in fire safety. Daily and weekly checks were also completed by staff to ensure ongoing compliance with fire safety. Drills were completed and learning was evident on records maintained in the centre.

Regulation 10: Communication

Residents had communication assessments completed. The assessments outlined communication tools that were in use throughout the centre, such as pictures, daily planners and communication boards. Staff were observed to communicate with residents throughout the inspection. The provider had recognised the need for access to speech and language support. This required a response from the management structure and is addressed under the governance and management section of this report.

Judgment: Compliant

Regulation 17: Premises

The inspector found that the premises met the requirements of the regulations in many respects. However, had identified the need to make some modifications to ensure that it met the needs of all who lived there. A time frame for the completion of this work had not been put in place and this addressed under the governance and management section of this report.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had addressed the actions from the previous inspection satisfactorily. Drills were completed with residents and learning was identified and recorded on fire records by the person in charge.

Judgment: Compliant

Regulation 7: Positive behavioural support

Staff had completed training in positive behaviour support and the provider had completed a review of all restrictive practices in place in the centre and were monitoring them in-line with local policy. The provider had not ensured consent was received for restrictive practices in place in the centre.

Judgment: Substantially compliant

Regulation 9: Residents' rights

The provider had addressed the action from the previous inspection. Residents issues were discussed in an appropriate forum within the centre.

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
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Antoine House OSV-0005751

Inspection ID: MON-0024522

Date of inspection: 24/06/2019

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The provider has now included all actions identified on the Quality Improvement Plan for this centre with identified time frames. These include Speech and language services and the reconfiguration of the premises.</p> <p>Residents will have access to a Speech and Language Services by the 18th September 2019</p> <p>The Registered provider met with Housing association and the Builder on the 12th August 2019 and the reconfiguration of the premises to improve the living environment for residents will be completed by 6th Nov 2019</p>	
Regulation 7: Positive behavioural support	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:</p> <p>The provider has ensured that all residents and their next of kin's have been notified of all restrictive practices that are in place within the centre- Completed 10th July 2019</p>	

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 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	06/11/2019
Regulation 07(3)	The registered provider shall ensure that where required, therapeutic interventions are implemented with the informed consent of each resident, or his or her representative, and are reviewed as part of the personal planning process.	Substantially Compliant	Yellow	18/09/2019