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:	My Life-Baile
Name of provider:	MyLife by Estrela Hall Limited
Address of centre:	Louth
Type of inspection:	Unannounced
Date of inspection:	21 April 2026
Centre ID:	OSV-0005688
Fieldwork ID:	MON-0048013

About the designated centre

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

My Life-Baile is a designated centre operated by MyLife by Estrela Hall Limited. This residential service comprises four houses providing care and support for up to 15 adults (both male and female) with disabilities. One house is used as a respite facility providing short breaks for up to four adults at any given time. The other houses offer permanent homes for the remainder of the residents. The four houses are located in Co. Louth is in the same geographical location and close to a large town. Three of the houses comprising this centre consist of large, well-equipped kitchen cum dining rooms, separate, tastefully furnished sitting rooms and communal restrooms. All residents have their own bedroom (some en-suite), which are decorated to their style and preference. Very well-maintained gardens to the front and rear of each house and adequate private parking spaces are provided. The two other houses are small bungalows comprising a sitting room, a small well-equipped kitchen/dining room and two bedrooms. The service is staffed on a 24/7 basis. Each house also has a 'house lead' providing operational support to the day-to-day running of the centre.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	15

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 21 April 2026	09:30hrs to 18:15hrs	Brendan Kelly	Lead

What residents told us and what inspectors observed

This unannounced inspection was carried out to monitor the provider's ongoing compliance with the The Health Act 2007 (Care and Support of Residents in Designated Centres (Children and Adults) with Disabilities) Regulations 2013. Overall this inspection showed high levels of compliance with the regulations. The inspector observed that the residents in each of the residential houses visited experience a high quality, safe and resident led service that was designed to meet all resident's assessed needs.

My Life-Baile designated centre comprises of five separate residential houses all located in a town in Co. Louth. The centre is currently registered for up to 15 residents and on the day of this inspection there were no resident vacancies. The provider had also submitted applications to vary the footprint of this designated centre. Currently the centre comprises of four residential centres and one respite centre. The provider had outlined in the applications to vary, changes that would see the centre reduced to three residential homes. This inspection focused on three of the five centres that currently make up the designated centre. The inspection focused on two of the residential centres and the respite centre.

The two residential homes visited during the inspection were similar in design and layout. Both houses were bungalows that consisted of four bedrooms, two of which were en-suite. Both of the residential premises had extensions that were recently completed. Each extension consisted of a bedroom that was en-suite. These bedrooms were not occupied and were linked, in both houses, to the applications to vary the footprint of the centre. Each of the residential locations had well equipped kitchen/dining area, sitting room, utility space and, bathroom.

The respite centre consisted of four bedrooms, two of which were en-suite a well equipped kitchen/dining area, a utility space, sitting room and bathroom.

On the day of this inspection the inspector had the opportunity to meet with and speak to seven residents living across all three locations visited, the person in charge, person participating in management, five of the front line staff team members and, three of the providers senior management team.

On arriving at the centre the inspector was met by one of the front line staff team who was the deputy house lead. The staff member completed a walk-around of the centre with the inspector until the person in charge and person participating in management arrived. The inspector observed the three centres to be homely, well maintained, warm and, resident's bedrooms appeared to be decorated in line with their preferences.

The inspector had the opportunity to meet with one resident shortly before they left for an appointment. The resident told the inspector they had recently moved into

the centre and hadn't been living there that long. The resident told the inspector they found it difficult at first to settle in their new home but that now they were very happy. The resident told the inspector that ''I can't fault the house''. The resident told the inspector that they picked everything for their bedroom and were very happy with their room. The resident told the inspector that they felt safe in their home and would have no issue in talking to staff if they had a concern as they felt confident that the staff team would support them. The resident told the inspector that they had their own mobile phone and called friends and family as they wished. The resident told the inspector that they visited their family each week and their favourite family member was their pet cat, the resident then proudly showed the inspector photographs of their pet.

The inspector met with a second resident later in the morning in the second residential house. The resident was relaxing in the sitting room watching television with a cup of coffee. The resident told the inspector that they had lived in the centre for many years and was very happy in their home. The resident told the inspector that they can plan their day as they wished and that their choices were always respected. The resident told the inspector that they enjoy the company of their housemates. They also would be confident in approaching staff if there was an issue with the resident telling the staff member that they felt confident staff would support them in the issue. The resident told the inspector that their plan for the day was to relax for a bit in the morning and maybe go into the local town later in the day for a coffee.

The inspector briefly met with a second resident in this location. The resident appeared to be happy and showed the inspector a new mobile phone they had. Shortly after this the resident went off to day service.

The inspector then met the three resident's who were present in the provider's respite service house. The inspector observed the residents all appeared happy and content in each others company. One resident showed the inspector their bedroom. The inspector observed that the resident had brought some personal items with them. The resident told the inspector they enjoyed using the respite service and had been staying in the centre for many years. A second resident talked to the inspector about maintenance works they had identified as being required with the inspector observing that the works identified by the resident had been undertaken by the provider. The inspector observed that the resident had brought with them their electronic tablet and a gaming device to use while in the centre. The inspector observed the third resident at the kitchen table in the company of their two housemates. The resident appeared to be very happy and comfortable with a cup of tea watching television.

The inspector had the opportunity to meet with one more resident on their return from day service. The resident indicated that they had a good day in day service. The resident showed the inspector around their bedroom, the inspector observed the resident had a mobile phone, smart television, electronic tablet and keyboard in their bedroom. The resident showed the inspector photographs of loved ones that

were also in their room. The resident told the inspector that they were happy in their home and got on well with their housemates.

Centre management talked to the inspector about the lives and experiences of the resident's in the centre. The inspector was told residents had a mix of employment and meaningful day activities and opportunities including, attending a day service, volunteering and, attending college courses. One resident worked in paid employment in the provider's maintenance department. The inspector was told about strong family connections across the centre. The inspector observed that one resident spent time independently in the town they were from and that residents were supported, in line with their wishes, to spend time with their families and visit their family homes each week.

The staff who met with and spoke to the inspector were knowledgeable in terms of key plans and assessments for all residents. Staff spoke about maintaining independence levels for residents and also about caring for one resident who was currently experiencing significant changing needs. The inspector observed through the inspection in each centre staff, who interacted with residents in a person centred and caring manner. The inspector also observed residents who were comfortable in the presence of staff.

The next two sections of this report will outline in greater detail the governance and management arrangements in the centre and how these systems impacted on the quality and safety of the care provided to residents.

Capacity and capability

This inspection showed that the provider had robust and sufficient systems in place that ensured they had the capacity and capability to manage the day-to-day operations of the centre.

The provider had multiple layers of effective management that ensured continual governance and oversight of the centre. The provider had ensured they had full staff teams in each centre who had been in receipt of the appropriate training to meet the assessed needs of the residents.

The provider had an effective system in place that ensured openness and accountability in terms of their complaints process with residents telling the inspector they felt confident in reporting concerns to staff.

Regulation 15: Staffing

The provider had planned and actual rosters in place in the centre that were maintained by the person in charge as part of their oversight responsibilities. The inspector reviewed the rosters for the months of February and March 2026 and, observed that the provider had a sufficient number and appropriate skill mix of staff to meet the assessed needs of the residents.

A review of the rosters across the five locations in the centre showed the following:

- day duty shifts were 08:00-20:00
- one location with one resident used a single sleepover 08:00-08:00 seven days a week
- waking night duty shifts were 20:00-08:00

The inspector observed that each centre had a full staff team and the provider did not use agency staff in any of the locations. All rosters reviewed showed that all planned shifts were worked with no gaps in the rosters.

The inspector also observed that rosters contained information such as training dates for staff, team meeting dates, who was the assigned 1:1 staff for a resident and, resident outings and medical appointments were noted.

Judgment: Compliant

Regulation 16: Training and staff development

The centre had a training log that evidenced the mandatory and refresher training completed by the staff team. The training log was maintained by the person in charge as part of their oversight responsibilities. The person in charge told the inspector that they schedule training for the staff team as required. Training is discussed at team meetings and supervisions to ensure staff are aware of their training requirements.

On the day of this inspection the inspector reviewed the training log and observed that staff had completed training in areas such as:

- basic life saving
- positive behaviour support
- children's first
- fire safety
- human rights
- manual handling
- safeguarding
- safe administration of medications

The inspector also observed that where staff training was due to expire, refresher sessions were scheduled. For example, the inspector observed refresher sessions scheduled in areas such as:

- epilepsy
- fire safety
- manual handling
- safeguarding
- safe administration of medications

The inspector observed that staff were provided with supervision. The person in charge maintained a schedule for supervision sessions that was in line with the providers policy. The inspector reviewed a sample of the supervision records and spoke to the staff team regarding supervision.

Staff who met with and spoke to the inspector spoke positively regarding supervision. Staff told the inspector they felt supported and could approach centre management with any issues confident that they would be supported.

The supervision sessions reviewed by the inspector showed discussion topics such as team work, communication, health and safety, training, attendance, promoting rights and, therapeutic relations. The inspector also observed that each session had an agreed action plan to be completed by the next supervision session.

Judgment: Compliant

Regulation 23: Governance and management

The centre had clear lines of authority and accountability. The local management teams consisted of deputy team leads, team leads and the person in charge. The person in charge reported to the person participating in management. Each level of governance had a clearly defined role.

The provider had built in systems to ensure effective auditing and monitoring of the service was ongoing. These systems included an annual review, provider led unannounced six monthly inspections, governance meetings, local team meetings and, local centre specific audits. On the day of this inspection the inspector reviewed the providers annual review, the most recent two provider led six monthly audits and, a sample of the meeting minutes that occur in the centre.

The governance systems in place were used to develop action plans that were aimed at improving service delivery. The inspector observed across the audits and meetings actions identified such as:

- multi-disciplinary team referrals required due to changing needs of residents
- arranging person centred planning meetings for residents and families
- maintenance works including planning of extensions to two centres

- staff training needs
- planning of resident holidays
- recording of restrictive practices
- review of residents finances

The inspector observed evidence that the provider had completed or had agreed time bound plans in place to address the identified actions. For example, the extensions for two properties had been completed. The inspector saw evidence of an occupational therapy referral for a resident who had experienced recent changes in their mobility needs. The provider had also recorded and submitted any restrictive practices used in the centre to the Chief Inspector of Social Services via the use of quarterly notifications.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had effective systems in place to allow for complaints to be made, investigated and responded to in a timely manner.

The provider had a complaints policy that gave clear guidance in terms of the processes and time lines for complaints to be managed. The provider also had an easy read version of the complaints process to ensure resident's were aware of the process.

On the day of this inspection the inspector met with a number of resident's living in the centre. The inspector spoke to each resident in regard to making a complaint. Each resident told the inspector they felt safe in making a complaint if it was required and felt confident their complaint would be listened to and responded appropriately to.

The inspector also spoke to staff regarding supporting resident's to make a complaint if it was required. All staff who met with the inspector spoke confidently and competently regarding the complaints process and supporting resident's to do so.

The provider had ensured that appropriate signage was located in each house with details of advocacy services, the complaints process and who to contact within the provider if resident's had a concern.

The inspector also reviewed the complaints log for 2026 and noted that to date in 2026 no complaints had been made.

Judgment: Compliant

Quality and safety

This inspection found that resident's living in the centre were being provided with a safe and effective service. Risk and safeguarding were subject to robust procedures and processes and were standing items at all meetings in the centre.

Resident's each had comprehensive assessments and care plans that informed and guided staff practice in resident assessed needs and preferences.

Fire safety was also subject to robust and effective systems with staff all having the required training.

Resident's in the centre were also supported to be active members of their local communities and engaged in a variety of activities of their choosing.

Regulation 12: Personal possessions

Resident's in the centre had ample storage space for their personal possessions and residents had access to their finances in line with their individual preferences.

The provider had submitted notifications to the Chief Inspector of Social Services regarding one resident's finances. On the day of this inspection the inspector met with the resident and chatted about the changes to the residents' financial arrangements and also reviewed the systems in place for the resident finances.

The resident told the inspector they now had their own bank account which they can access as they wish. The resident reviews bank statements with the staff team every three months which is in line with their preferred choice. Regrinding expenditures, the resident told the inspector they make a contribution towards a family members care which is something they want to continue to do. The inspector observed an effective system in place to manage these transactions.

The inspector reviewed other resident's financial arrangements and observed that charges for resident's are clearly outlined and the provider had effective oversight systems in place such as twice daily checks of resident's monies. The inspector also observed centre management signing off on completed staff checks.

Residents each had sufficient storage in their bedrooms for personal belongings such as clothes, toiletries, electrical equipment and, where required mobility aids.

Judgment: Compliant

Regulation 13: General welfare and development

Resident's in the centre were being supported to engage in social, recreational, educational and, employment opportunities in line with their assessed needs and preferences. The inspector observed that resident's have access to mobile phones, Internet, electronic tablets and, television, in line with their preferences.

On the day of this inspection the inspector reviewed person centred plans of resident's and spoke to resident's regarding their access to hobbies and their community.

One resident who met with the inspector spoke about having finished first year of an animal welfare course. The resident spoke of their enjoyment on the course and were looking forward to returning for second year. The resident also told the inspector that in the meantime while college had finished for the academic year they were volunteering in a local animal welfare centre.

Another resident was not present on the day of this inspection as they were in paid employed by the provider working with the maintenance team three days a week. The inspector reviewed this resident's person centred plan and observed the resident is exploring a trip away for which they have obtained their passport.

The inspector observed further evidence via monthly key worker meetings of activities resident's engage in such as:

- bowling
- cinema
- days away
- shopping
- attending concerts
- regular appointments in local hair salons

Judgment: Compliant

Regulation 17: Premises

The provider had ensured that all premises inspected on the day of this inspection were laid out to meet the assessed needs of the residents.

The inspector completed a walk around in three of the premises and observed they were clutter free, warm, bright, well-decorated and well-equipped to meet the needs of the residents. Each centre was a bungalow which allowed resident's to remain in their home despite changing mobility needs for some residents.

The provider had built extensions on two of the residential properties which were observed by the inspector. The extensions were completed to a high standard and each had a spacious en-suite bathroom. Gardens in these two centres were currently being renovated upon the completion of the extensions.

Each resident had their own bedroom with all resident's who met with the inspector telling the inspector they were involved in the decorating of their bedrooms and happy with the space they have. The inspector also observed that the staff each took the time to knock on resident's bedroom doors telling the resident who they were before entering.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had effective systems in place to identify, assess, mitigate and review risk in the centre. The provider had a risk management policy in place and also maintained risk registers for both the centre and each resident. Risk registers were maintained by the person in charge as part of their oversight responsibilities. The inspector observed that risk assessments were completed by centre management and that risk was a standing item on all centre specific meetings.

On the day of this inspection the inspector reviewed the risk registers in place and a sample of the risk assessments in place for both the residents and centre specific risk. The inspector observed that all risk assessments were reviewed between July 2025 and April 2026. The inspector observed risks identified in areas such as:

- night working
- building works
- refusal of care
- medications
- absence without leave
- road safety
- finance
- false allegations
- epilepsy

The inspector reviewed one residents' risk assessment for the management of their epilepsy diagnosis. The inspector observed control measures in place such as:

- staff training in epilepsy
- daily and rescue medications in place
- epilepsy mat and visual monitor

The inspector observed that all staff had completed the required training, the resident was being administered the appropriate medications and, the provider had

notified the Chief Inspector of Social Services of the restrictive practices in place regarding the management of the residents' epilepsy.

The inspector also reviewed one residents risk assessment regarding mitigating the resident absconding from the centre. Control measures observed by the inspector included:

- 1:1 staffing in place for the resident
- behaviour support and psychology input
- request for multi-disciplinary (MDT) meeting
- number of restrictive practices in use such as a chime on the front door

The inspector observed that the residents' 1:1 staff was outlined on rosters. The provider had also held an MDT meeting regarding the resident in October 2025 and there was specific behaviour support and psychology guidance for staff.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had adequate firefighting systems in place that included fire detection and alarm systems, fire doors, fire extinguishers, emergency lighting and fire signage.

On the day of this inspection the inspector reviewed the providers fire folder, servicing dates for fire fighting and fire detection equipment and, fire safety checks completed by staff. The inspector observed the following:

- fire fighting equipment such as fire extinguishers and fire blankets had been serviced in August 2025
- each centre had an emergency box located in the kitchen with its contents checked monthly
- each resident had a detailed personal emergency evacuation plan (PEEP) that were reviewed in March 2026
- the providers detection and alarm system had been serviced by an external fire company in January 2026
- the centres emergency lights had been serviced by an external fire company in January 2026

On the day of this inspection one of the fire doors in one centre did not fully close. The inspector showed this to the person in charge and the door was fully operational by the end of this inspection.

The inspector reviewed the providers online system of daily, weekly and monthly fire safety checks completed by the staff team. The inspector reviewed the checks for March 2026 and observed that all fire safety checks had been completed.

The inspector also observed that all staff had completed fire safety training.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Resident's living in the centre each had a comprehensive suite of assessments and plans that guided and supported staff in meeting the residents assessed needs.

On the day of this inspection the inspector reviewed a sample of the care plans. The inspector observed the provider had care plans in place in areas such as:

- communication
- mobility
- medication management
- money management
- skin integrity
- epilepsy
- behaviour support

The inspector observed that all care plans reviewed on this inspection had been reviewed by centre management between January and April 2026. The inspector reviewed one residents' care plan regarding behaviour support. The plan was last reviewed in January 2026 and gave clear guidance and support to staff in supporting the resident. For example, the plan informed staff the goal of the plan was to use a non-invasive approach to maintain residents positive mood. Guidance was given to staff in proactive and reactive strategies as well as a traffic light system to show staff what the residents' presentation could look like at various stages of anxiety.

The plan also informed staff of what data was required to be collected to ensure that the plan could be effectively reviewed.

The inspector also reviewed a residents epilepsy care plan. The plan guided staff on the three types of seizure observed to date that the resident suffers from and what each looks like. The plan told staff what the resident may communicate prior to a seizure, for example, the resident may verbalise "I don't feel right". The plan also informed staff of what is required of them in the event the resident had a seizure. For example, the plan told staff how long to wait before administering rescue medications.

Judgment: Compliant

Regulation 8: Protection

The provider had systems in place that ensured all resident's were safe in their home. The provider had a safeguarding log in place that was updated as required by centre management. On the day of this inspection the inspector reviewed the safeguarding log, safeguarding plans, two resident's intimate care plans and, spoke to staff and resident's regarding safeguarding systems.

The provider had a safeguarding policy in place and also had an easy read version in place for residents. The resident's who met with and spoke to the inspector all told the inspector they felt safe in their home. The resident's all also commented that they get on with their housemates. Staff who met with and spoke to the inspector were knowledgeable in terms of safeguarding systems in the centre.

The providers safeguarding log showed that all incidents from 2025 had been closed by the relevant safeguarding and protection teams. One safeguarding incident had been reported in 2026 which was also closed in regard to resident finances. As discussed in this report the inspector observed the provider had completed all required actions from the 2026 safeguarding plan.

The inspector reviewed two resident's intimate care plans and observed that the plans gave clear individualised guidance for staff. For example, one plan was in relation to a resident who required significant staff supports. This plan informed staff on how to position the resident, how the resident is supported with showering, skin integrity, maintaining clean eyes, hair and, dental care.

The second plan reviewed by the inspector was in relation to a resident who had more independence. The guidance for staff in this plan was aimed at maintaining and promoting resident independence, for example, it was clear that the resident required full support for some personal care activities and for others only required supervision. The plan also discussed the use of aids in the shower as prescribed by an occupational therapy review. The inspector observed that the aids were in place for the resident.

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 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 8: Protection	Compliant