



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:	28 and 29 June 2022
Centre ID:	OSV-0005688
Fieldwork ID:	MON-0031776

About the designated centre

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

This residential service comprises four houses providing care and support for up to 14 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 three houses offer permanent homes for the remainder of the residents. The four houses are located in Co. Louth 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 fourth house is a small bungalow comprising a sitting room, a small well-equipped kitchen cum dining room and two bedrooms. This house has a small garden area to the rear and street parking to the front. 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 staff team have been provided with training to support the residents in meeting their assessed emotional, social and health care needs.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	12
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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 (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 28 June 2022	09:30hrs to 15:30hrs	Eoin O'Byrne	Lead
Wednesday 29 June 2022	09:30hrs to 14:30hrs	Eoin O'Byrne	Lead

What residents told us and what inspectors observed

This inspection was completed over two days due to the designated centre comprising four separate houses and providing a service to up to 14 residents. Three provided houses full-time residential care and one house provided respite breaks.

The inspector visited the four houses and, over the two days, had the opportunity to meet with four residents. Through observations and the review of information, the inspector found that the provider had developed systems to meet the needs of the group of residents. It was clear that individualised care was being provided. The group of residents presented with varying support needs. Some residents lived largely independently, whereas others required additional support. Despite the varying needs, the provider had developed appropriate systems to guide staff to deliver a service suited to each resident.

As mentioned above, the inspector met with four of the residents. The inspector met with three residents on the first day of visiting the houses. The residents were relaxing in their home, some in the kitchen and others in their rooms. The inspector was introduced to three residents. They appeared happy in their home and interacted positively with those supporting them. There was a period when one resident seemed upset. The inspector observed the staff member to know the resident's needs and help them through the period. The inspector sat and chatted with one of the residents in their sitting room. The resident spoke of some of the activities they like to do. They spoke of using public transport independently and regularly visiting friends and family. The resident spoke of liking the staff that supported them and was observed to interact with staff pleasantly during the inspection.

During the first day of the inspection, many of the residents were engaging in activities away from their home. As the inspector completed a two-day inspection, they suggested that any resident who wished to meet with them could do so at a time that suited them during the second day. One of the residents chose to meet with the inspector. The resident spoke with the inspector about their plan for the day and said that they were due to attend their day programme and were looking forward to this. The resident spoke to the inspector regarding things they liked to do, going out for a meal or coffee. The resident also spoke of looking forward to going away on holiday.

The inspector found that residents' rights were promoted and respected by the provider and the front-line staff members supporting them. The inspector completed an appraisal of resident meeting minutes, key working meetings and daily notes. These demonstrated that residents were, as much as possible, the active decision-makers in their lives and the care they received. Residents were active members of their community, with some accessing same independently. Residents were communicated with in line with their individual needs. There was evidence of the

more independent residents being communicated within an age-appropriate manner that further promoted their everyday living skills.

The inspector spoke with two family members via telephone. The inspector spoke with a family member whose loved one received full-time care and a family member whose loved one received respite care. Both family members spoke positively of the service provided. They were happy with the staff team and the care they provided. They also expressed that their loved ones were also happy with the service. One family member spoke of being able to visit whenever suited and having regular contact with the staff team.

The provider and staff team supported the residents in decorating their homes to their preferred tastes. There were pictures of residents throughout the houses and a homely atmosphere. Before the inspection, the provider had identified through completing infection prevention and control (IPC) audits that some maintenance works were required in the houses. The impact of these works will be discussed in the Quality and Safety section of the report.

The following two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted the quality and safety of the service being delivered.

Capacity and capability

Residents were receiving a consistent and good standard of care. The centre was effectively resourced with a clearly defined management structure in place.

There were appropriate arrangements to ensure that service was effectively monitored. This ensured the service provided to residents was focused on meeting their needs. For example, monthly comprehensive audits were being completed and captured areas that required improvement.

The provider had completed an annual review of the quality and safety of care and support provided to residents. The provider had also conducted unannounced visits to the centre as per the regulations. Following these, written reports on the centre's safety and quality of care and support were generated.

An appraisal of staffing rosters demonstrated that residents were receiving continuity of care and that staffing levels were appropriate to the number and assessed residents' needs. A consistent staff team was in place who knew the residents well and supported them appropriately. The inspector also reviewed a sample of staff members' files and found that the provider had gathered the information per Schedule 2 of the regulations.

The provider and the centre's management team had ensured adequate

arrangements to support, develop, and manage the staff team. The staff team supporting the residents had access to appropriate training as part of their continuous professional development. While there was some outstanding training, the inspector was assured that the training would be addressed in the coming weeks.

A sample of staff members' supervision records was also reviewed, and the person in charge ensured that the staff team was appropriately supervised. The inspector also appraised staff team meetings; these meetings focused on information sharing and ensuring that the best possible service was being provided to each resident.

There was an effective complaints procedure that was accessible to residents. The inspector reviewed the centre's complaints log and noted that there were systems to respond to complaints promptly.

Overall, the provider and person in charge had ensured that adequate systems were in place to provide good quality and safe service to residents.

Regulation 14: Persons in charge

The person in charge had the required experience and skills to manage the designated centre.

Judgment: Compliant

Regulation 15: Staffing

The provider had ensured that the number, and skill-mix of staff was appropriate to the number and assessed needs of residents.

Judgment: Compliant

Regulation 16: Training and staff development

The provider had ensured that staff development was prioritised and that the staff team had access to appropriate training.

Judgment: Compliant

Regulation 23: Governance and management

There was an internal management structure that was appropriate to the size and purpose and function of the residential service. Leadership was demonstrated by the management and staff team, and there was a commitment to improvement in the centre.

Judgment: Compliant

Regulation 3: Statement of purpose

The provider had developed a statement of purpose that contained the relevant information per the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge was submitting notifications regarding adverse incidents within the three working days as set out in the regulations. The person in charge had also ensured that quarterly and six-monthly notifications were being submitted as set out in the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

There was an effective complaints procedure that was accessible to residents.

Judgment: Compliant

Quality and safety

Residents received appropriate care and support that was individualised and focused on their needs.

The centre was operated in a manner that promoted and respected residents' rights. Residents were engaging in activities of their choosing and were aided in developing and maintaining links with the broader community.

Due to the service providing full-time and respite care, the inspector reviewed a sample of residents' information from both settings. It was found that the residents had received comprehensive assessments of their health and social care needs. For full-time residents, there was a more detailed assessment. Care plans had been devised that outlined the residents' strengths and areas they required support. These plans were under regular review and gave clear directions on best supporting each resident. Goals were devised through person-centred meetings and key-working sessions, and there was evidence of residents being supported to achieve them. The information reviewed also demonstrated that residents received and had access to appropriate healthcare. Residents' health needs were monitored, some residents were receiving support from a range of allied healthcare professionals, and this was being coordinated by the staff teams.

For the respite residents, their stays were built around their wishes. Some residents chose to relax during their breaks. In contrast, others sought to be active, going bowling to the cinema, shopping or eating out. Support plans had been devised for these residents to aid staff and to promote positive outcomes for residents during their respite stays. The inspector reviewed a sample of resident meetings across all four houses. These meetings were held regularly and were focused on information sharing and encouraging residents to take the lead in choosing activities or raising concerns or complaints if required.

The provider and person in charge had demonstrated that there were appropriate arrangements to respond to and act upon any safeguarding concerns. Residents were provided with information through their meetings regarding self-awareness, understanding and skills needed for self-care and protection. The provider and person in charge had, if required, carried out investigations and submitted notifications relating to safeguarding concerns as per the regulations.

The provider had arrangements for the prevention and control of infection. The provider had adopted procedures in line with public health guidance. There was a COVID-19 contingency plan specific to the centre. Staff had been provided with a range of training in infection control. Team meetings included discussions regarding IPC measures and ensuring that best practice was employed. Notwithstanding these measures, infection control risks were identified.

During the opening meeting, a member of the provider management team informed the inspector that issues with the premises posed IPC risks. The senior manager accompanied the inspector in viewing all premises. It was found that there was damage to surfaces in some areas, including kitchen presses and sitting room furniture. The damage meant that the surfaces could not be appropriately cleaned. The provider had identified this and was in the process of addressing the issues. There were some enhancements required regarding the storage of equipment. This was highlighted to the provider and addressed on the day of inspection.

The provider generally ensured that the residents' homes were well maintained. However, some enhancements were needed. These were due to general wear and tear and included the damage to kitchen presses. There was also painting required in some rooms. The inspector was assured that there was a plan to address the works.

The provider had ensured that there were systems for the assessment, management and ongoing review risk. Furthermore, the inspector found arrangements for the identification, recording and investigation of and learning from serious or adverse incidents. Risk registers were developed for each house, capturing the environmental, operational and clinical risks present. Risk assessments had been developed, and these were under regular review. Resident-specific risk assessments had also been devised. These were again under regular review and focused on maintaining the safety of the residents.

Through observations and the review of records, the inspector found effective fire safety management systems were in place. The inspector notes that some improvements were required regarding recording fire drills, but general practices were appropriate. This was discussed with the provider, who assured the inspector that steps were being taken regarding the issue. The provider ensured that firefighting and detection equipment was in place and serviced per guidelines. The staff team had also been provided with appropriate fire safety management training.

In conclusion, the inspection found that systems were in place to provide a safe and quality service to residents.

Regulation 10: Communication

Residents were communicated with in a manner that respected their needs and wishes.

Judgment: Compliant

Regulation 11: Visits

Residents were facilitated to receive visitors in accordance with the residents' wishes.

Judgment: Compliant

Regulation 13: General welfare and development

Residents had opportunities to participate in activities per their interests, capacities and needs.
Judgment: Compliant
Regulation 17: Premises
Some improvements were required to ensure that all aspects of the residents' homes were kept in a good state of repair.
Judgment: Substantially compliant
Regulation 26: Risk management procedures
The centre had appropriate risk management procedures in place. There were also policies and procedures for the management, review and evaluation of adverse events and incidents.
Judgment: Compliant
Regulation 27: Protection against infection
Overall, there were suitable procedures in place for the prevention and control of infection, which were in line with national guidance. However, it was noted that the damage to surfaces in a number of areas meant that the areas were difficult to clean from an infection control perspective.
Judgment: Substantially compliant
Regulation 28: Fire precautions
The provider had ensured that there were effective fire safety management systems.
Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The provider's multidisciplinary team and person in charge had developed individualised supports for residents and these were promoting positive outcomes for residents.

Judgment: Compliant

Regulation 6: Health care

The health needs of residents were under review. They had access to appropriate healthcare services on the same basis as others in order to maintain and improve their health status.

Judgment: Compliant

Regulation 8: Protection

The provider had ensured that there were suitable systems in place to respond to safeguarding concerns. There were policies and supporting procedures to ensure that each resident was protected from all forms of abuse.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were facilitated and empowered to exercise choice and control across a range of daily activities and had their choices and decisions respected.

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 14: Persons in charge	Compliant
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
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for My Life-Baile OSV-0005688

Inspection ID: MON-0031776

Date of inspection: 29/06/2022

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: There is a scheduled plan of work that is ongoing and was active at time of inspection. The completion of this work will be done during coming weeks.	
Regulation 27: Protection against infection	Substantially Compliant
Outline how you are going to come into compliance with Regulation 27: Protection against infection: There is a scheduled plan of work that is ongoing and was active at time of inspection. The completion of this work will be done during coming weeks. This work is linked to some painting and furnishings which will ensure compliance.	

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 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	16/09/2022
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Substantially Compliant	Yellow	16/09/2022