



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

Issued by the Chief Inspector

Name of designated centre:	My Life-Solas
Name of provider:	MyLife by Estrela Hall Limited
Address of centre:	Louth
Type of inspection:	Announced
Date of inspection:	27 January 2025
Centre ID:	OSV-0008267
Fieldwork ID:	MON-0037346

About the designated centre

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

The My Life Solas is a respite service. It can support up to four adults with minimum, low, moderate and high support needs. The range of needs includes physical disability, intellectual disability, respite, convalescence and persons with acquired brain injury. The house is a detached dormer bungalow on the outskirts of a large town in Co Louth. Residents can access a range of amenities such as bowling, cinema, sporting events, local, regional and national entertainment events, and house-based activities such as art, bingo, board games and jig saws. A team of care assistants supports residents during their respite breaks. The residents are cared for on a twenty-four-hour basis.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
------------------------------------------------	---

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
Monday 27 January 2025	09:00hrs to 15:30hrs	Eoin O'Byrne	Lead

What residents told us and what inspectors observed

This was an announced inspection. Through the review of a large volume of information and discussions with residents, the person in charge, and staff members, the inspector was satisfied that residents were receiving a good service during their respite stay.

The inspector observed a relaxed atmosphere; residents sat and chatted with one another, and staff members were at the kitchen table throughout the inspection. The residents appeared at ease in their interactions, sharing stories with each other and staff.

The inspector had the opportunity to sit and chat with three of the residents. All residents spoke highly of the service they received, they told the inspector that they enjoy coming to respite and meeting people. The residents informed the inspector that they were well cared for by the staff team. A resident spoke of how the staff team would listen to their concerns, and the other residents agreed.

The residents spoke of getting along with other service users during their breaks. One resident informed the inspector that they would tell staff if they weren't getting along with someone and the matter would be addressed. The residents told the inspector they were always 'well-fed', and the food was good.

The review of daily notes, resident meetings and activity planners informed the inspector that the residents were engaging in a range of activities. The residents told the inspector about some of the activities that they had engaged in. The residents also said they liked to relax in the house and sometimes had lazy days, and the staff supported them in whatever they chose to do.

The inspector observed the staff members supporting the residents in a caring manner throughout the inspection. The residents also appeared at ease in their interactions with staff members. The inspector spoke with a staff member regarding supporting and promoting residents' rights during their respite stay. The staff member had completed training in human rights and spoke of how, following the training, they were more focused on gaining each resident's input and ensuring that residents' views were respected.

The inspector sought clarity regarding information with staff members throughout the inspection. The staff members managed the requests and provided appropriate responses, demonstrating good knowledge of the residents' needs and best practice.

In summary, the inspection findings were positive. The residents spoken with told the inspector, they liked coming to the respite service and that they were well cared for when attending.

The next two sections of this report present the findings of the inspection of the

governance and management in the centre and how governance and management affect the quality and safety of the service being delivered.

Capacity and capability

The inspector evaluated the provider's governance and management arrangements and found them to be appropriate. They ensured that the service delivered to each resident was safe, suitable for their needs, consistent, and effectively monitored.

Additionally, the inspector assessed the provider's arrangements regarding the person in charge, staffing, staff training, the statement of purpose, complaints, and admissions. This review confirmed compliance with the regulations in these areas.

The inspector also reviewed a sample of staff rosters and concluded that the provider maintained safe staffing levels. The person in charge ensured that the staff team had access to and completed training programs necessary for caring for the residents.

In summary, the review indicated that the provider had systems in place to ensure that the service delivered to residents was person-centered and safe

Regulation 14: Persons in charge

The person in charge was responsible for this and another provider's services. Through discussions and the review of information, the inspector found that the person in charge had good oversight of practices and the care provided to the residents.

The inspector reviewed the person in charge's credentials and found that they were a qualified healthcare professional with additional qualifications in management. Throughout the inspection, the person in charge showed their knowledge of the residents' needs

Judgment: Compliant

Regulation 15: Staffing

The inspector reviewed the current roster along with the rosters from October 2024. The current roster indicated that the staff team was fully present and that the staffing levels were appropriate for the number and assessed needs of the residents.

The comparison of the rosters showed a consistent staff team, and discussions with staff members and observations demonstrated that the staff performed their duties effectively. Feedback from residents regarding the staff was also positive.

Additionally, the inspector examined the information for two staff members and found that the person in charge had ensured that all relevant information about the staff members listed under Schedule 2 of the regulations was obtained.

In summary, the provider and the person in charge ensured appropriate staffing arrangements.

Judgment: Compliant

Regulation 16: Training and staff development

The inspector sought assurances that the staff team had access to and had completed appropriate training. The inspector reviewed the training records for the staff members. Evidence showed that staff training needs were under regular review and that staff members attended training when required. While there was some outstanding training, there were arrangements for staff to complete the training in the coming weeks.

Staff members had completed training in areas including:

- fire safety
- safeguarding vulnerable adults
- medication management
- infection prevention and control
- human rights-based approach
- epilepsy awareness and buccal midazolam (rescue medication) administration
- first aid
- children first
- manual handling.

The inspector also sought to ensure that the provider had ensured that the staff team was receiving supervision. The inspector reviewed two staff members' records, which showed that the staff members had received supervision in line with the provider's processes.

The staff team was provided with appropriate training and supervision per the provider's arrangements.

Judgment: Compliant

Regulation 23: Governance and management

The inspector's analysis of the provider's governance and management arrangements concluded that they were appropriate. The person in charge was supported by a house lead and a deputy house lead in managing the service. Additionally, the person in charge received regular guidance and support from members of the provider's senior management team. The provider ensured that the required reviews and annual reports were completed. The inspector reviewed these documents and found that appropriate assessments of the service provided to residents had been conducted. When necessary, the provider identified areas needing improvement and took steps to address them. The person in charge was also conducting regular audits.

The inspector reviewed the audits completed in the fourth quarter of 2024, which included assessments of:

- residents' rights
- Infection prevention and control
- health and safety
- fire safety
- care plans.

The inspector found that the audits were appropriate and, when necessary, identified areas for improvement. Additionally, the review of information indicated that regular staff meetings were held. The inspector examined the last two meetings and found that they focused on sharing information and ensuring that the service provided to residents met their needs.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

A pre-admission checklist was completed with residents before their arrival to the centre for their respite break. The inspector reviewed three of these checklists, and found they ensured the staff team had the most up-to-date information regarding the residents, allowing them to create plans to support the residents in having positive respite breaks.

The management team informed the inspector that they assessed resident compatibility when scheduling respite breaks. A staff member mentioned that they grouped individuals who got along and also those with similar interests. Residents reported to the inspector that during their respite breaks, they enjoyed the company of the other residents.

In summary, the inspector found that there were appropriate pre-admission and

admission processes in place, as well as a competent management and staff team.
Judgment: Compliant
Regulation 3: Statement of purpose
<p>The registered provider prepared a statement of purpose containing the information set out in Schedule 1 of the regulations. The statement was updated when required, and a copy was available to residents and their representatives.</p> <p>The inspector reviewed the statement of purpose as part of the preparation for the inspection. On the inspection day, the inspector was assured that it accurately reflected the service provided to the residents.</p>
Judgment: Compliant
Regulation 31: Notification of incidents
<p>As part of the inspector's preparation for the inspection, they reviewed the notifications submitted by the provider. The inspection also involved studying the provider's adverse incidents. This review showed that the person in charge had submitted all required notifications for review by the Office of the Chief Inspector.</p>
Judgment: Compliant
Regulation 34: Complaints procedure
<p>The review of information indicated that residents were consistently informed about the provider's complaints procedure. Some residents submitted complaints in 2024, and the inspector assessed how these issues were handled. It was noted that the person in charge promptly spoke with the residents after the complaints were made. Furthermore, the inspector found that the provider's response was appropriate, as an investigation was conducted and lessons were learned from the incidents.</p> <p>In summary, the review showed that residents understood how to make a complaint and the provider responded quickly and effectively to those complaints when they arose.</p>
Judgment: Compliant

Quality and safety

The review of information and observations revealed that residents received personalized services that were aligned with their specific needs and delivered in a manner that respected their rights. The provider ensured that residents' needs were assessed and support plans were developed accordingly. The inspection noted that guidance documents were created to assist staff in providing the best possible support to residents.

The inspector evaluated several aspects, including risk management, food and nutrition, general welfare and development, and fire safety measures. The review found all these areas to be compliant with regulations.

In conclusion, the provider, the person in charge, and the staff team were effectively delivering safe and high-quality services to the residents.

Regulation 13: General welfare and development

The inspector reviewed two of the residents' information and also sat and chatted with three of the residents. The review of information and discussions with the residents assured the inspector that the residents received a good standard of care and support during their respite breaks.

Care and support plans had been developed where required, and the staff team working with the residents were also observed carrying out their duties in a caring and professional manner.

The residents told the inspector they were supported to engage in their preferred activities. Residents spoke of going out doing activities and relaxing in the respite centre when they wanted to.

In summary, the inspector found that the residents were well cared for when attending the respite service and engaging in activities in accordance with their interests.

Judgment: Compliant

Regulation 18: Food and nutrition

Without prompting, the residents told the inspector that they liked the food they

received and were 'well-fed' during the respite breaks. Residents also spoke of going to the shops with staff if they wanted to buy additional food.

Residents identified what they would like to have for their meals during resident meetings, and the inspector reviewed a sample of these to see how residents' choices were captured.

Judgment: Compliant

Regulation 20: Information for residents

A resident's guide had been developed, and the inspector reviewed it. The document contained the necessary information in accordance with regulations and was readily available for residents to access.

Judgment: Compliant

Regulation 26: Risk management procedures

When reviewing information for two of the residents, the inspector found that risk assessments had been developed where necessary. These assessments were linked to the residents' care plans and needs assessments. The appraisal of the assessments also showed that the risk control measures were appropriate for the level of risk.

The inspector examined adverse incidents that occurred in 2024. Incident report forms were completed after these incidents, and wherever possible, lessons were identified to reduce recurrence. There were also examples of changes made to support the residents' needs following the review of this information.

In summary, the inspector was satisfied that the provider had systems in place to identify risks and record, investigate, and learn from adverse incidents.

Judgment: Compliant

Regulation 28: Fire precautions

The person in charge ensured that all staff members received fire safety training. The inspector reviewed fire evacuation records and found evidence of regular fire drills being conducted. These drills demonstrated that both staff and residents could

be evacuated during day and night scenarios.

The inspector examined a folder containing all fire safety information. The provider ensured that fire detection, containment, and firefighting equipment were in working order and serviced as needed.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

After reviewing a sample of information from two residents, the inspector confirmed that their health, personal, and social care needs had been properly assessed. Care plans were subsequently created to guide staff on how to provide the best support for each resident. The inspector found that these care plans accurately reflected the residents' needs and the areas in which they required assistance.

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 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant