



# 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:	Announced
Date of inspection:	15 August 2023
Centre ID:	OSV-0005688
Fieldwork ID:	MON-0031772

## 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 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 four 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 two other houses are small bungalows comprising a sitting room, a small well-equipped kitchen cum dining room and two bedrooms. They have 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:

13

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 15 August 2023	09:15hrs to 16:45hrs	Eoin O'Byrne	Lead

## What residents told us and what inspectors observed

The inspector visited the five homes that made up this service and had the opportunity to meet with ten residents during the inspection. The residents' homes were well maintained and had homely atmospheres.

The inspector began the inspection by meeting with residents in the morning before they left their homes. Many residents attend day-service programmes, have part-time employment, or access the community independently.

The inspector sat and chatted with residents, they spoke of recent holidays they had been on where one group had gone to Galway for a number of nights, and others had gone to Wicklow. Some residents said they preferred to go on breaks closer to their home, which was facilitated. The residents spoke of positive holidays, and the inspector was shown some pictures they had taken while away. The inspector also observed that plans were being made for residents to go on further breaks before the end of the year.

Residents spoke to the inspector about their plans for the day. Some residents went to a nearby town to go shopping, others went to the cinema, and another group relaxed at home before returning to work the following day.

The discussions with residents identified that the residents were happy in their homes. Residents told the inspector that they could talk to the staff team if they were upset and they said they liked where they lived.

A group of respite residents informed the inspector that they loved coming to respite and enjoyed their breaks. They spoke very positively regarding the staff team supporting them. They said they could relax or participate in activities as they chose

Through the review of information and discussions with residents and staff members, the inspector observed that the provider was supporting a group of residents with a wide variety of needs. Some residents required a high level of support, and others engaged in community activities independently. The inspector found that, the staff team and the provider respected the rights of each resident and supported their choices. There were examples of the staff team acting as advocates for the residents and seeking additional support when required from external bodies. Residents were supported to live as self-determined lives as possible, and the staff team were available to support them if they wished.

The residents were actively involved in decision-making regarding their homes, and the provider had also supported the development of a residents' council. The council members had been elected by peers, they were actively involved in decision-making regarding the service being provided. Some residents had also been involved in

recruitment sitting on interview panels and giving feedback regarding candidates.

The inspector observed warm and friendly interactions between residents and the staff members supporting them throughout the inspection. Staff members demonstrated that they had established relationships with the residents and were aware of their needs. The inspector was helped to interact with some residents who communicated non-verbally. The staff member supporting the resident had a strong understanding of the resident's communication methods.

Residents were supported to maintain links with family and friends. Some residents were visiting their families at the time of the inspection, and there was evidence of staff members helping residents to maintain connections with family through video calling and supporting visits.

In conclusion, the inspection findings were positive, the provider and staff team ensured that a person-centred approach was provided to each resident, and the residents reported that they were happy with the service they were receiving.

The next 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 on the quality and safety of the service being delivered.

## Capacity and capability

The inspector found that there were well-established governance and management systems. The service was led by a person in charge who was supported by a staff team and members of the provider's senior management. The management systems ensured that, the service was effectively monitored and met the residents' needs.

The review of the current and previous staffing rosters identified a consistent staff team supporting the residents. As noted earlier, the staff members were observed to have positive interactions with the residents, and residents also spoke positively of the staff. The inspector found that the number and skill mix of the staff team were also appropriate. A review of a sample of staff members' records was completed, and it was found that the provider had ensured that they had gathered the required documents relating to Schedule two of the regulations.

The training needs of the staff team were under regular review and there was a training needs matrix in place which tracked staff's completed training. Having reviewed the matrix the inspector found that, some staff required refresher training however, the inspector was provided with a schedule of upcoming training that addressed the needed training and demonstrated that the training would be provided in the coming weeks.

The provider had ensured that there was an appropriate complaints process and

residents were aware of it and understood how to make a complaint. The inspector observed information displayed in the residents' homes regarding complaints and how complaints were managed. The inspector reviewed complaints records and found that a resident had been supported to make a complaint in recent months. The complaint had been handled appropriately, and the outcome satisfied the complainant.

In summary, the management systems ensured that the service provided to residents was under close review and was meeting the needs of the residents.

#### Regulation 14: Persons in charge

The provider ensured that the person in charge had the necessary qualifications, skills and experience to manage the designated centre. The person in charge had arrangements in place that ensured that the service was effectively monitored and that the needs of residents were being met.

Judgment: Compliant

#### Regulation 15: Staffing

The provider ensured that the number and skill mix of staff was appropriate to the number and assessed needs of residents. During the inspection, the inspector observed that the staff members respectfully support the residents and that the residents appeared to enjoy the staff members' company.

Judgment: Compliant

#### Regulation 16: Training and staff development

The provider ensured that staff development was prioritised and that the staff team had access to appropriate training. Staff members had been provided with a suite of training that prepared them to support and care for the residents.

Judgment: Compliant

#### Regulation 23: Governance and management

There was an internal management structure appropriate to the residential service's size, purpose, and function. Leadership was demonstrated by the management and staff team, and there was a commitment to improvement. Existing management systems ensured that the service was safe, appropriate to residents' needs, consistent and effectively monitored.

The provider had also ensured effective arrangements were in place to support, develop and performance manage the staff team.

Judgment: Compliant

### Regulation 3: Statement of purpose

The provider had prepared a statement of purpose that contained the required information in Schedule 1 of the regulations. The inspector found that the statement of purpose accurately reflected the service being provided to the group of residents.

Judgment: Compliant

### Regulation 31: Notification of incidents

The person in charge ensured that the necessary notifications were submitted when required.

Judgment: Compliant

### Regulation 34: Complaints procedure

The provider had ensured that residents had been provided with information regarding the complaints procedure. Residents had been supported to log complaints, and there was evidence of the complaints being addressed promptly and the complainant being satisfied by the outcome.

Judgment: Compliant

## Quality and safety

The inspector reviewed a sample of residents' information in relation to respite and full-time residents. The inspector found that the provider had completed comprehensive assessments of the residents' health and social care needs. Care plans had been devised, and the review of these showed that they were under regular review and reflected the changing needs of the residents. As noted above, the provider was supporting residents with varying needs. The information review demonstrated that residents' care was person-centred and individualised. Some residents had high levels of support in certain areas, whereas others were independent.

Some of the residents informed the inspector that they were attending day-service programmes, a resident spoke to the inspector about their part-time employment and another resident worked with the provider's maintenance team. If they wished to do so, residents had also been offered the opportunity to engage in educational programmes.

The inspector found that the residents were encouraged to engage with their key workers monthly to identify activities or achievements they would like to complete. There was also evidence of residents completing these and engaging in their preferred tasks.

Throughout the inspection, there were examples of residents being supported to be the decision-makers in their daily routines and lives. The provider and the staff teams' approach supported this. The inspector found that some residents requested limited support from staff. However, staff members were available to aid them if they wished. The staff team respected the decisions of residents and an environment where residents were supported to learn from decisions and actions was facilitated by the provider and the staff team.

The staff team had been provided with training regarding safeguarding vulnerable adults. There was evidence of staff members identifying risk areas regarding some residents and reporting these to the provider's safeguarding officer. Safeguarding plans had been devised, and these were in place to support the safety of residents. Residents had also received educational support to enhance their awareness and safety.

As noted earlier in the report, the inspector visited all five houses that make up the service. The residents' homes were well-maintained and nicely decorated. The inspector observed that some enhanced cleaning was required in two bathrooms. The provider responded to this quickly, and the issues were addressed.

The provider had a system where adverse incidents were responded to and reviewed. Learning was identified following the incidents, and supports were put in place to reduce the likelihood of them happening again. The inspector found that individual risk assessments had been developed for the residents and focused on reducing the risk of harm to residents and those supporting them. The provider had also set a risk register that addressed environmental and social care risks. As noted earlier, some residents accessed the community independently, and risk assessments were developed around this, with social stories created to support

residents and role-play work completed to help residents.

The provider had developed a contingency plan regarding planning for instances such as an outbreak of a respiratory virus in the service. There were clear guidelines for staff members and thresholds for when clinical support was required. The inspector also found that the staff team had received appropriate training regarding infection prevention and control practices (IPC).

### Regulation 10: Communication

Throughout the inspection, it was observed that staff members communicated with residents appropriately and individually to each resident. As noted, the inspector also observed non-verbal communication methods utilised by staff members in their communication with residents.

Judgment: Compliant

### Regulation 13: General welfare and development

The provider's multidisciplinary team and person in charge had developed individualised support for residents, which promoted positive outcomes for residents. Care plans specific to each resident's needs had been set. The plans outlined how best to support residents to remain healthy and to engage in activities of their choosing. Residents had been supported to identify social goals they would like to work towards, and there were systems in place to help them achieve them.

Judgment: Compliant

### Regulation 17: Premises

The inspector visited the five homes. The inspector found that the residents' homes were well-maintained and in a good state of repair. Some enhanced cleaning was required in two bathrooms, and the provider quickly addressed this.

Judgment: Compliant

### Regulation 20: Information for residents

The provider had developed a resident guide. The inspector reviewed it and found it contained the required information per the regulations.

Judgment: Compliant

### Regulation 26: Risk management procedures

The centre had appropriate risk management procedures in place. Records demonstrated that there was an ongoing review of risk. Individual risk assessments were developed for residents that provided staff with the relevant information to maintain the safety of residents.

Judgment: Compliant

### Regulation 27: Protection against infection

The provider and the person in charge had adopted procedures consistent with the standards for preventing and controlling healthcare-associated infections published by the Authority. Information was available for staff to review that was kept up to date. The staff team had also received appropriate IPC training.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

The inspector reviewed a sample of residents' information and found that the provider and person in charge had ensured that assessments of the residents' health, personal and social care needs had been completed. Care plans had been created that were individual to each resident, and there was evidence of these being updated to reflect the changing needs of the residents. Support for residents was developed through a person-centred approach with the staff team encouraging residents to be the lead decision-makers.

Judgment: Compliant

### Regulation 8: Protection

The provider had demonstrated that there were sufficient safeguarding

arrangements in place. Residents, had been provided with educational work on maintaining their safety.

Where staff members had reported concerns, the provider had carried out investigations and developed safeguarding plans. The inspector reviewed a sample of these and was assured that the provider had followed the relevant statutory requirements, notifying the required bodies and developing strategies to promote the safety of the residents.

Judgment: Compliant

### Regulation 9: Residents' rights

The provider and staff team supporting the residents had ensured that the rights of each resident were being upheld and promoted.

As discussed in earlier parts of the report the staff team were observed to respond to residents in a caring and respectful manner. Staff members were also supporting residents to identify and engage in activities they enjoyed.

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
<b>Capacity and capability</b>	
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
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant