# Centre Information

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>My Life-Chara</th>
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<tr>
<td>Centre ID:</td>
<td>OSV-0003481</td>
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<td>Centre county:</td>
<td>Louth</td>
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<tr>
<td>Type of centre:</td>
<td>Health Act 2004 Section 38 Arrangement</td>
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<tr>
<td>Registered provider:</td>
<td>Moorehall Disability Services Ltd</td>
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<tr>
<td>Provider Nominee:</td>
<td>Sean McCoy</td>
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<tr>
<td>Lead inspector:</td>
<td>Anna Doyle</td>
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<tr>
<td>Support inspector(s):</td>
<td>Conan O'Hara</td>
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<td>Type of inspection</td>
<td>Announced</td>
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<td>Number of residents on the date of inspection:</td>
<td>16</td>
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<td>Number of vacancies on the date of inspection:</td>
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About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:
- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider’s compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:
- to monitor compliance with regulations and standards
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority’s Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.
This inspection report sets out the findings of a monitoring inspection, the purpose of which was following an application to vary registration conditions. This monitoring inspection was announced and took place over 1 day(s).

The inspection took place over the following dates and times
From: 16 November 2017 10:20
To: 16 November 2017 15:00

The table below sets out the outcomes that were inspected against on this inspection.

| Outcome 05: Social Care Needs |
| Outcome 06: Safe and suitable premises |
| Outcome 07: Health and Safety and Risk Management |
| Outcome 08: Safeguarding and Safety |
| Outcome 11. Healthcare Needs |
| Outcome 12. Medication Management |
| Outcome 13: Statement of Purpose |
| Outcome 14: Governance and Management |
| Outcome 17: Workforce |

Summary of findings from this inspection
Background to Inspection.
This was an announced inspection following an application to vary conditions of registration submitted to the Health Information and Quality Authority (HIQA) by Moorehall Disability Services (the provider).

The centre was previously inspected in May 2015, following which a decision to register the centre was made.

In May 2017 the provider made an application to vary the conditions of the registration for the centre, to increase the capacity of residents that could be supported from 15 to 17 residents.

In October 2017, the provider submitted an application to vary the registration of the centre, to decrease the capacity of the centre from 17 to 15 residents. This application will involve removing two existing units under this centre to another designated centre and opening new premises under this centre.

How we Gathered Evidence.
For the purpose of this inspection, the inspectors visited one existing community
home currently under this centre and the newly acquired community home.

One of the community houses currently supports five residents, one resident currently resides in this centre on a full time basis, and respite care is provided to the remaining residents. There is currently one vacancy in this centre. As part of this application to vary the provider intends to move the existing residents who receive respite services in this centre to another designated centre.

The provider intends to support six residents in the new community home. Care is provided to both male and female residents over the age of 18 years of age. Care is delivered by health care assistants and nursing staff. As part of the inspection, the inspectors met one resident, two staff members, the provider and the person in charge.

Inspectors followed up on the actions from the last inspection, reviewed documents, governance arrangements and the arrangements in place for the quality and safety of care for proposed residents in the two newly acquired properties.

Description of the Service.
The three intended community homes under this centre are a short distance away from each other in Ardee, County Louth. They are all located close to a range of amenities such as shops, restaurants, churches, barbers, hairdressers and shops. Each house is furnished and maintained to a high standard. The newly acquired property had been refurbished by the provider to a high standard throughout.

Overall Judgment of our Findings.
Overall inspectors found that residents were consulted about how the centre was run. Complaints were being effectively dealt with and the records demonstrated that the outcome of complaints was recorded.

As evidenced at the last inspection good levels of compliance had been found under the outcomes inspected and the two actions identified from the last inspection had been implemented.

The proposed new premises were finished to a high standard and each resident will have their own room, which will be personalised to their own tastes as part of the transition process. The inspectors found that the provider had decorated and renovated the centre to resemble a home. For example, the fire doors had been designed to emulate regular doors to create a home like environment.

Of the nine outcomes inspected all of them were found to be compliant with the regulations.
Section 41(1)(c) of the Health Act 2007. Compliance 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.

Outcome 05: Social Care Needs
Each resident’s wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident’s assessed needs are set out in an individualised personal plan that reflects his /her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.

Theme:
Effective Services

Outstanding requirement(s) from previous inspection(s):
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:
The inspectors found from reviewing the documentation and in discussion with the person in charge that there were arrangements in place to meet the residents’ assessed needs.

Since the last inspection the person in charge had completed an audit of all residents’ personal plans in the centre. From this some new templates for care plans had been devised and training had been delivered to all staff in the centre on care planning.

At the opening meeting inspectors were informed of the procedures that the provider and person in charge would instigate once residents had been identified for transition to the new premises under this centre. This included a pre-admission assessment by the person in charge which would involve consultation with the residents, their representatives and staff that may have been involved in their care from any previous residential placements.

This assessment will identify the supports required for each resident in terms of staffing, access to allied health professionals and any equipment that may be required for the residents. Further staff training may also be required in order to support the residents’ needs and the provider was committed to facilitating this.

Most of the residents attended day services in line with their own preferences and those who chose not to were supported by staff to participate in meaningful activities.

The person in charge informed inspectors that the same provisions would be afforded to
any new residents transitioning to the centre and residents would be supported to improve and develop independent living skills. For example through accessing their own finances, contributing to meal preparation, buying groceries and maintaining their own homes. Examples of this were observed at the inspection also.

One resident was currently being supported by the provider and an advocate, to source alternative accommodation. Inspectors met with this resident who were unhappy with their current placement and they were able to verify this information. Inspectors found that the provider and the person in charge demonstrated a commitment to ensure that this resident would be effectively supported to achieve this.

**Judgment:**
Compliant

**Outcome 06: Safe and suitable premises**
*The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.*

**Theme:**
Effective Services

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
Overall the inspectors found that the layout and design of the new building was suitable for its stated purpose.

The new building is a six bedroom bungalow located close to the other units comprising the designated centre.

The premises were finished to a very high standard and the person in charge intended to personalise the bedrooms and other areas of the centre with the residents prior to their transition. The inspectors found that the new premises had:

- Adequate private and communal accommodation, including adequate social and recreational space.
- Rooms of a suitable size and layout
- Adequate space and suitable storage facilities for the personal use of the residents
- Adequate ventilation, heating and lighting.
- A kitchen/ dining area with suitable space for a large dining table.
- Contained showers and toilets facilities to support the number of residents proposed in the centre.
- Adequate facilities for the residents to launder their own clothes if they so wished.
- A large garden to the back of the property, which residents had access to from a number of exits in the premises.

The premises had been designed to support residents who may require wheelchairs. For example, all doors had been widened, shower facilities were walk in wet rooms and a ramp was in place at the front door.

**Judgment:**
Compliant

**Outcome 07: Health and Safety and Risk Management**
*The health and safety of residents, visitors and staff is promoted and protected.*

**Theme:**
Effective Services

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
Overall inspectors found that the person in charge and the provider had systems in place in order to protect the health and safety of visitors, residents and staff in the centre.

Inspectors found that there was an adequate means of escape and exits were unobstructed in the new community home. Adequate fire systems had been installed, including a fire alarm, fire fighting equipment and emergency lighting. Measures were in place for the containment of fire, as all doors in the new premises were fire doors.

The person in charge intended to have a personal emergency evacuation plan in place for each resident prior to their transition and was aware of the requirements to complete regular fire drills in the centre; as was the practice currently in the centre. A sample of fire drills viewed since the last inspection demonstrated that residents were evacuated in a timely manner and any learning from fire drills had been recorded and discussed with staff.

Health and safety checks will be completed on a monthly basis to ensure that the fire equipment in place is maintained, serviced appropriately and that fire exits remain unobstructed. Examples of this were viewed by the inspectors for some of the other units under this designated centre.

There was policy in place on risk management in the centre. All incidents are recorded on an incident form. The person in charge reviews each incident and from this review additional control measures may be identified and included in residents risk management plans.
Inspectors reviewed a sample of the incidents that had occurred in the centre since the last inspection and found that the person in charge and the provider had taken responsive action when incidents occurred in the centre. For example, the person in charge completed a mock emergency response in the event that a resident goes missing, to ensure that the plan was effective and staff were aware of the response to take in such an event. The learning from this had been implemented which included putting a map of the area into the emergency response plan.

A risk register was maintained by the person in charge and included all risks associated with the centre. This was reviewed every month by the person in charge or sooner if required.

There were adequate precautions in place for the prevention and control of infection. Some training had been provided to staff in this area and the units visited were clean.

**Judgment:**
Compliant

**Outcome 08: Safeguarding and Safety**
Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

**Theme:**
Safe Services

**Outstanding requirement(s) from previous inspection(s):**
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**
Overall the inspectors found that there were systems in place to protect residents suffering abuse or being harmed.

The person in charge was clear about what to do in the event of an allegation of abuse and aware of the procedures to follow. Staff training records demonstrated that all staff had received training in safeguarding vulnerable adults.

Staff were able to outline the measures they would take to protect residents in the event of an allegation being made. From a review of notifications submitted to HIQA, the inspectors found that the provider and person in charge had taken timely and responsive actions to any concerns that had been notified.

There was policy in place on behaviour support and residents have access to allied
health professionals as required to support residents. One resident had been reviewed by a psychologist since the last inspection to support the development of a behaviour support plan. This had been an action from the last inspection.

Staff had been provided with training in the management of behaviours of concern. Staff met were clear about the strategies required to support residents in the centre. Behaviour support plans were regularly reviewed by the team and allied health professionals.

There were some restrictions in place in the centre. The inspectors found that they had been discussed with the resident and that they were regularly reviewed to ensure that the least restrictive practice was being used.

One restriction identified had not been notified to HIQA, however on discussion with the resident and from a review of the records, good practices were in place around this. This was discussed with the person in charge who intended to notify this to HIQA going forward.

Judgment:
Compliant

Outcome 11. Healthcare Needs
Residents are supported on an individual basis to achieve and enjoy the best possible health.

Theme:
Health and Development

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
Inspectors found that the provider and person in charge had provisions in place to ensure that residents were supported to maintain good health.

At the last inspection this outcome was found complaint and therefore not all of the areas were inspected against but instead assurances were provided from the person in charge that the findings of the last inspection would be reflected and continued with any new residents transitioning to the centre. Some quality improvement initiatives had also been implemented since the last inspection. For example, as already discussed earlier in the report all care plans had been audited and training provided to all staff in this area since the last inspection.

The person in charge informed inspectors that healthcare plans and assessments were updated every three months or sooner if required.
Residents currently were supported to access a general practitioner of their own choosing and assurances were given by the person in charge that the same opportunities would be afforded to any new residents transitioning to the centre.

Staff spoken to had a good awareness of the residents healthcare needs in one area visited. The person in charge outlined that staff were trained in order to support residents with specific health care needs. For example, stoma care and epilepsy. The training records viewed verified this.

Allied health professionals are sourced from community services. However, private arrangements would be supported by the provider in the event that timely access was not available in the community. Inspectors found one example where this had already been instigated by the provider in order to support one residents assessed needs.

The person in charge outlined the arrangements in place to ensure that residents were provided with appropriate nutritional supports in line with their personal preferences. This included, residents were consulted with meal planning in the centre, participated in grocery shopping, could change their meal preferences on a daily basis and were involved in some meal preparation.

Residents are be supported with their individual nutritional requirements and allied health professionals are involved in this process as and when required in order to guide practice.

All staff were trained in food hygiene practices.

**Judgment:**
Compliant

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**Outcome 12. Medication Management**
*Each resident is protected by the designated centres policies and procedures for medication management.*

**Theme:**
Health and Development

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
Overall the inspectors found that the person in charge intended to have appropriate medication management systems in place in the new premises that reflected the practices of the existing centre.

This outcome was compliant at the last inspection and the person in charge outlined that the practices in place at this inspection would be reflected in the new proposed
community house.

There was a medication policy available in the centre. The inspectors were informed that the person in charge intended to assess where the most appropriate place to store medication would be in the centre.

The person in charge outlined the current practices for ordering, prescribing, storing and disposing of medications in the centre which were found to be appropriate.

Staff were trained in the safe administration of medication where required and other prescribed as required medication to support residents with epilepsy.

Medication errors were recorded on a form when they occur and are reported to the person in charge/ nursing personnel or an on call service when they occur. Advice is then sought from a medical practitioner if required. The person in charge reviews any medication errors that occur in the centre and assesses whether additional controls identified were required.

From a review of the medication errors that had occurred in the centre since the last inspection, inspectors found that this practice was followed.

In addition, the person in charge conducted medication audits and in response to some findings had met with the pharmacist to address some issues.

The person in charge informed the inspectors that residents who had expressed a wish to self medicate had been assessed. However, only one resident had identified that they wanted to do this but had since decided not to pursue this. These records were not reviewed and will be followed up at subsequent inspections of the centre.

There were no controlled drugs prescribed to residents in the centre.

Judgment:
Compliant

Outcome 13: Statement of Purpose
There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:
Leadership, Governance and Management

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
The statement of purpose contained most of the information prescribed by Regulation 3 and Schedule 1. Some minor improvements were required to this document. However, the provider intended to amend these and submit the final version to HIQA once complete.

**Judgment:**
Compliant

**Outcome 14: Governance and Management**

*The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.*

**Theme:**
Leadership, Governance and Management

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
The inspectors found that the management arrangements in place in the centre identified clear lines of accountability. This application to vary the registration of the centre would not change the governance arrangements currently in place in the centre.

Since the last inspection a new person in charge had been appointed. They had been appointed to the position on an interim basis while the provider was recruiting a more permanent arrangement. The person in charge was also a PPIM for this centre, they were employed as the director of care in the wider organisation. They are a qualified nurse in learning disabilities and had a considerable amount of experience in this area.

They were found to be suitably qualified and had the necessary supervisory management qualification and experience as outlined in the regulations. Inspectors found that they had a very good knowledge of the residents in the centre.

The person in charge was supported in their role by a nurse. They were supernumerary in their role and while full time; half of their hours were committed to the role of a person participating in management in a new designated centre under this provider. The inspectors were satisfied that this arrangement would not impact on the governance arrangements of this centre as both centres were located in close proximity to each other.

Staff meetings were held every six weeks in the centre and were facilitated by the person in charge.
The person in charge reports directly to the provider and said that they had regular meetings to discuss the quality of care provided.

Inspectors found that the provider was also very aware of the residents needs in the centre. They were aware of their obligation to ensure that an unannounced quality and safety review was completed in the centre. The last one viewed by inspectors found that the actions outlined had been addressed.

An annual review had been completed for the centre last year and included consultation with some residents. The person in charge outlined that going forward this would include all residents. For example, residents in the centre had recently voted for representatives for a new residents council committee in the organisation. Their views and the views of all residents in the centre would be included in the annual review for 2017.

The person in charge had also developed a schedule for the year to ensure that reviews and audits in the centre were well planned. For example, health and safety checklists were completed on a monthly basis by the person in charge. From a sample viewed findings had been actioned and followed up on.

**Judgment:**
Compliant

**Outcome 17: Workforce**
There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

**Theme:**
Responsive Workforce

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
The inspectors were informed that the provider intends to have adequate staff in place to support the residents in the new premises as outlined in the statement of purpose. The staffing levels in the remaining houses will be reviewed based on the needs of the residents that will transition to the centre.

Staff felt supported in their role and spoke about a number of training days that they had attended which included mandatory training, first aid, the management of epilepsy, care planning and risk assessment training.
The training records viewed demonstrated that all staff had completed mandatory training.

Regular supervision was in place and staff felt they could raise concerns to the person in charge. The person in charge had developed a schedule for the year in order to complete supervision with all staff.

Staffing levels in the new unit and the existing respite community home would be finalised once the proposed residents’ needs had been assessed. One unit where residents’ medical needs were assessed as high was staffed with nursing staff 24 hours a day.

The person in charge and the provider provided out of hours over the phone support and advice to staff should they require it.

Personnel files were not reviewed as part of this inspection.

There were no volunteers employed in the centre at the time of this inspection.

Judgment:
Compliant

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

Anna Doyle
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
Provider’s response to inspection report

Centre name: A designated centre for people with disabilities operated by Moorehall Disability Services Ltd

Centre ID: OSV-0003481

Date of Inspection: 16 November 2017

Date of response: 5 December 2017

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance 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.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Theme:

The is failing to comply with a regulatory requirement in the following respect:

1. Action Required:
Under Regulation you are required to:

1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
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