



Office of the Chief Inspector

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

Name of designated centre:	My Life-Baile
Name of provider:	Moorehall Disability Services Ltd
Address of centre:	Louth
Type of inspection:	Unannounced
Date of inspection:	11 March 2019
Centre ID:	OSV-0005688
Fieldwork ID:	MON-0021381

About the designated centre

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

This is a residential service comprising of 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 provide permanent homes for the remainder of the residents. The four houses are located in Co. Louth in the same geographical location and in close proximity to a large town. Transport is provided so as residents have ease of access to community based amenities such as shopping centres, shops, hotels, clubs and restaurants. Three of the houses that comprise this centre consist of large very well equipped kitchen cum dining rooms, separate tastefully furnished sitting rooms and communal rest rooms. All residents have their own bedroom (some en-suite) which are decorated to their individual style and preference. There are very well maintained gardens to the front and rear of each house and adequate private parking space is provided. The fourth house is a small bungalow, comprising of 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 on street parking to the front.

The healthcare needs of the residents are comprehensively provided for and access to a range of allied health care professionals, including GP services form part of the service provided. Systems are also in place to ensure the emotional well-being of each resident is supported. The rights of each resident are promoted and respected and residents chose what social activities to engage in. Access to independent advocates also forms part of the service provided to the residents. The service is staffed on a 24/7 basis. There is an experienced person in charge who is a qualified nursing professional and she is supported in her role by a care manager (also a qualified nursing professional). 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 in order to support the residents in meeting their assessed emotional, social and health care needs.

The following information outlines some additional data on this centre.

Current registration end date:	23/01/2021
Number of residents on the date of inspection:	13

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 - 2015 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
11 March 2019	11:00hrs to 17:00hrs	Anna Doyle	Lead
11 March 2019	11:00hrs to 17:00hrs	Raymond Lynch	Lead

Views of people who use the service

The inspectors met and spoke with three of the residents over the course of this inspection and also viewed written feedback on the service from both residents and family members. Residents reported that they liked living in the house and it was observed that they were very much at ease in the company of staff. Staff were also seen to be attentive to, caring and respectful towards each resident. Residents decided for themselves about what activities to engage in and what meals to have on a day-to-day basis and the inspectors saw that these choices were respected and promoted by staff. Written feedback on the service from residents informed that they were very happy with the service provided (some saying it was excellent) and very happy and content with both management and staff. Feedback from one family representative was also very complimentary on the service provided to the residents.

Capacity and capability

Residents appeared very happy and content in this centre and the provider ensured that appropriate supports and resources were in place to meet their assessed needs. This was reflected in the high levels of compliance found across the majority of regulations assessed as part of this inspection process. The model of care provided to the residents was person centred and supported their autonomy, choice and independence.

The centre had a management structure in place which comprehensively responded to residents' needs and feedback. This management structure was clearly defined and consisted of an experienced person in charge who worked on a full time basis in the organisation and was supported in their role by a full time and experienced care manager. Each unit that comprised this centre also had a 'house lead' who provided day-to-day supervision and support to the house.

The person in charge was a qualified nursing professional and provided good leadership and support to their team. They ensured that resources were channelled appropriately which meant that the individual and assessed needs of the residents were being met as required by the regulations. They also ensured staff were appropriately qualified, trained, supervised and supported so as they had the required skills and knowledge to provide a person centred, responsive and effective service to the residents.

Of the staff spoken with, the inspectors were assured that they had the skills, experience and knowledge to support the residents in a safe and effective way. Some held professional qualifications and all had undertaken a suite of in-service training to include safeguarding of vulnerable adults, fire safety training, manual/patient handling and safe administration of medication. This meant they had the skills necessary to provide care and support to the the residents in a consistent and safe manner.

The person in charge ensured the centre was monitored and audited as required by the regulations. There was an annual review of the quality and safety of care available in the centre along with six-monthly auditing reports. Such audits were ensuring the service remained responsive to the needs of the residents and were bringing about changes in the centre.

There were systems in place to ensure that the residents' rights were respected in the centre. Residents could also complain if they were dissatisfied with any aspect of the service. However, residents were very complimentary about the service provided and there were no recent complaints on file in the centre. Residents where required, also had information on and access to an independent advocate.

One resident had recently been admitted to the centre. It was observed that this admission was in line with the statement of purpose of the centre and took into account the needs of the other residents. The person in charge ensured that the prospective resident had the opportunity to visit the centre prior to admission and ensured that there were adequate systems and resources in place to provide comprehensive and appropriate care and support to the resident. It was also observed that the resident chose their own room in their new home and they were in the process of decorating it to their individual style and preference.

Residents were also involved in the running of the centre and they chose what social activities to engage in and agreed weekly menus between them. They were also consulted with about their care plans.

Overall, from spending time with and speaking directly to the residents, from speaking with management and staff and from viewing feedback from residents on the service the inspectors were assured that the service was being managed effectively so as to meet the assessed needs of the residents in a competent and effective manner. Residents reported that they were very happy with their living arrangements, got on very well with the staff team and appeared happy and content living in their home.

Regulation 14: Persons in charge

The inspectors found that there was a person in charge in the centre, who was a qualified nursing professional with significant experience of working in and managing services for people with disabilities.

They were also aware of their remit to the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

The person in charge provided good supervision and support to the staff team and knew the needs of each individual resident very well.

Judgment: Compliant

Regulation 15: Staffing

On completion of this inspection, the inspectors were satisfied that there were appropriate staff numbers and skill mix in place to meet the assessed needs of residents and to provide for the safe delivery of services.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were provided with all the required training so as to provide a safe and effective service. Staff had training in Safeguarding of Vulnerable Adults, Safe Administration of Medication, Fire Safety and Manual Handling.

From speaking with four staff members over the course of this inspection, the inspectors were assured they had the skills and knowledge necessary to support the residents and meet their assessed needs.

Judgment: Compliant

Regulation 19: Directory of residents

A directory of residents was maintained in the centre.

Judgment: Compliant

Regulation 23: Governance and management

The inspectors were satisfied that the quality of care and experience of the residents was being monitored and evaluated on an ongoing basis. Effective management systems were also in place to support and promote the delivery of safe, quality care services.

The centre was also being monitored and audited appropriately so as to ensure the service provided was appropriate to the assessed needs of the residents.

There was also an experienced and qualified person in charge in place who was supported in their role by an experienced care manager.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

Admissions to the centre were in line with the statement of purpose and took into account the needs of the other residents.

Judgment: Compliant

Regulation 3: Statement of purpose

The inspectors were satisfied that the Statement of Purpose met the requirements of the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

The inspectors were satisfied that the person in charge and provider representative had notified HIQA of any incidents required under the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

The inspectors saw that there was a logging system in place to record complaints, which included the nature of the complaint, how it would be addressed and if it was addressed to the satisfaction of the complainant. However, it was observed that there had been no recent complaints made about the service.

There was a number of compliments on file in the centre from residents and family representatives who expressed that they were very happy with the service provided.

Judgment: Compliant

Quality and safety

Overall the inspectors found that the quality and safety of care provided to the residents was being monitored and was to a very good standard. There were systems in place to ensure each residents' health care needs, emotional needs and social care needs were being supported and comprehensively provided for. A minor issue was identified with regard to one aspect of managing risk which is discussed later in this report.

The individual social care needs of residents were being supported and encouraged. From viewing a small sample of files, the inspectors saw that the residents were being supported to achieve personal and social goals and to maintain links with their families and community. For example, residents engaged in sporting activities such as bowling and swimming. Outings and trips to local shops was supported and residents liked to have meals out, go to restaurants, the cinema and shopping centres. Residents were also supported to go on holidays of their choice.

The registered provider had ensured that each resident was assisted and supported to communicate in accordance their assessed needs and wishes. For example, one resident communicated using sign language. It was observed that all staff had taken a course in sign language so as they could effectively communicate with this

resident. The inspectors observed staff communicating with the resident enquiring of them how their day went and what they would like to do for the afternoon.

Supports were in place so as to ensure the health care needs of the residents were provided for. Regular and as required access to a range of allied health care professionals also formed part of the service provided. The inspectors saw that residents had as required access to GP services, dentist, chiropodist, speech and language therapy and occupational therapy. Hospital appointments were facilitated as required and care plans were in place to support residents in achieving best possible health. These plans helped to ensure that staff provided consistent care in line with the recommendations and advice of the health care professionals.

Residents were also supported to enjoy best possible mental health and where required had access to psychology support. Where required, residents had positive behavioural support plans in place which were reviewed and updated regularly.

There were systems in place to ensure that residents were adequately safeguarded in the centre. Where required, safeguarding plans were in place. Staff had training in safeguarding of vulnerable adults and from speaking with one staff member, the inspectors were assured that they had the confidence, knowledge and skills necessary to report any issue of concern if they had any. Access to independent advocacy services was also provided for.

There were systems in place to manage and mitigate risk and keep residents safe in the centre. For example, where a resident may be at risk of falling, a falls risk assessment was in place and they had support and input from allied health care professionals so as to mitigate this risk. Where required, additional staff were also deployed to the centre so as to ensure each residents safety. However, it was observed that some aspects of how risks were recorded and documented in the centre required review. This was identified as an area for improvement in order to ensure that risks and their associated mitigating measures were clearly identified and communicated in order to drive consistent management in this area.

There were systems in place to ensure all fire fighting equipment was serviced as required. A sample of documentation informed the inspectors that staff undertook as required checks on all fire fighting equipment and where required, reported any issues or faults. Each resident had a 'personal emergency protocol' in place which documented the supports they required for the safe evacuation of the centre. Fire drills were carried out regularly and residents were regularly reminded of the importance of fire safety. It was observed that no issues were identified with regard to the evacuation of residents in the last three fire drills. From a small sample of files viewed, the inspectors observed that staff also had training in fire safety.

There were procedures in place for the safe ordering, storing, administration and disposal of medicines. P.R.N. (as required) medicine, where in use was kept under review and there were protocols in place for its administration. Any staff member that administered medication were trained to do so.

Overall, residents reported to the inspectors that there were very happy with the service provided. Written feedback from residents reported that they felt adequately

supported in the centre and that they were very happy with the quality and safety of care provided to them.

Regulation 10: Communication

The registered provider had ensured that each resident was assisted and supported to communicate in accordance with their assessed needs and wishes.

Judgment: Compliant

Regulation 13: General welfare and development

Residents had access to facilities for occupation and recreation and were supported to develop and maintain links with the wider community in accordance with their wishes.

Judgment: Compliant

Regulation 17: Premises

The design and layout of the premises were adequate and appropriate in meeting the assessed needs of the residents. They were in a good state of repair, clean and suitably decorated throughout.

Judgment: Compliant

Regulation 26: Risk management procedures

The inspectors were satisfied that for the most part, the health and safety of residents, visitors and staff was being promoted and there were adequate policies

and procedures in place to support the overall health and safety of residents.

Management had put together a risk matrix containing environmental and individual risks and identified the mitigating factors in addressing such risks.

However, it was observed that some aspects of how risk was recorded and documented in the centre required review.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The inspectors saw that there were adequate fire precautions systems in place to include a fire alarm and a range of fire fighting equipment such as fire extinguishers, fire blanket and emergency lighting.

Documentation viewed by the inspectors informed that regular fire drills took place and each resident had a personal emergency protocol in place.

There were systems in place to ensure that all fire equipment including the fire alarm system was being serviced as required by the Regulations.

Staff carried out regular checks of escape routes, emergency lighting, the fire panel and all fire fighting equipment and from a small sample of documentation viewed, staff had attended fire training as required.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The inspector found that the medication procedures were satisfactory and safe.

There were systems in place to manage medication errors should one occur and all medicines were stored in a secured unit in the centre. From a small sample of files viewed any staff member who administered medication were trained to do so.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Residents were being supported to achieve personal and social goals and it was observed that there was both family and multi-disciplinary input into resident's person plans.

Residents were also supported to enjoy a meaningful day engaging in activities of their choosing.

Judgment: Compliant

Regulation 6: Health care

The inspectors were satisfied that residents' health needs were being comprehensively provided for with appropriate input from allied health care professionals as and when required.

Residents also had regular access to GP services, their medication requirements were being reviewed and hospital appointments were being supported and facilitated as and when required.

Judgment: Compliant

Regulation 7: Positive behavioural support

The inspectors were satisfied that the residents had access to emotional and therapeutic supports. Where required, residents had a positive behavioural support plan in place, which were updated and reviewed on a regular basis

Judgment: Compliant

Regulation 8: Protection

There were systems in place to ensure residents were adequately safeguarded in the centre. Where required, safeguarding plans were in place and any adverse incident occurring was adequately investigated and addressed.

Staff had training in safeguarding of vulnerable adults and access to independent advocacy formed part of the service provided to residents.

Judgment: Compliant

Regulation 9: Residents' rights

There were systems in place to ensure the rights of each resident was promoted and respected. Residents participated in and consented to decisions about their care and exercised control and choice over their daily lives.

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 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Views of people who use the service	
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	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 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for My Life-Baile OSV-0005688

Inspection ID: MON-0021381

Date of inspection: 11/03/2019

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 26: Risk management procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management procedures: The Person in Charge reviewed the risk register of each house within this designated centre. The process of how risk is recorded and documented in the context of Red Amber Green recording methodology used in the risk matrix now accurately reflects the risk. The risk register is reviewed at least three monthly and earlier if required.	

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 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	01/04/2019