



# 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:	Short Notice Announced
Date of inspection:	27 April 2021
Centre ID:	OSV-0005688
Fieldwork ID:	MON-0031970

## 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. 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 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 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.**

Number of residents on the date of inspection:

9

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
Tuesday 27 April 2021	10:00hrs to 16:00hrs	Eoin O'Byrne	Lead
Tuesday 27 April 2021	10:00hrs to 16:00hrs	Sarah Barry	Support

## What residents told us and what inspectors observed

This inspection was undertaken in a manner to comply with public health guidelines and reduce the risk of infection to the residents and staff in the centre. Through observations and review of residents' information, the inspector found that residents were receiving appropriate care and support. Residents were supported to engage in activities of their choosing, and the centres' staff team was supporting residents in a way that promoted their views and rights.

The provider was meeting the needs of residents with varying support needs across the four houses that made up the designated centre. A review of a sample of residents' information demonstrated that residents were receiving individualised supports focused on their changing needs and circumstances. Additional supports had been provided for some residents regarding increasing staffing numbers or adjusting living arrangements to best support them. Some residents continued to attend day service programmes where others were engaging in activities in their home. Some of the more independent residents continued to be active members of their community engaging in their preferred activities when possible.

Inspectors had the opportunity to meet with four residents. An inspector met with three residents in their home. One resident was preparing a meal and seemed relaxed and happy in their environment. Another resident was relaxing watching television and again appeared comfortable. A resident showed the inspector around their home, which was homely and well maintained. The resident's bedroom had also been decorated to their preferred taste. The inspector briefly met with a third resident who was returning to the house.

The other inspector met with the fourth resident in their home. The house was again homely and well maintained. The inspector met with the resident and the staff member supporting them in their sitting room. There were pictures of the resident and their family members displayed throughout. The presence of the inspector appeared to disrupt the resident's routine, and the interaction was as a result brief.

The inspectors had the opportunity to speak with two residents' representatives regarding the service being provided to their loved ones. Both spoke positively of the service being provided and that they were in active communication with the staff team. The provider ensured that family members were offered to virtually attend meetings regarding their loved ones, and this had proven to be successful. Both family members spoke positively of the residents' homes, the staff and management team. They felt that the staff teams were consistent and that residents had access to a range of services.

In addition inspectors found the provider completed quality of life reports with residents, the most recent report was carried out in February of this year and focused on the impact of level five restrictions. Residents expressed that they felt safe and that they were kept well informed of what was happening. Some residents

also expressed that they missed their regular routines and access to some of their preferred activities.

The provider had developed a residents' council with residents voting in peers to represent them. There were regular meetings being held between the resident representatives and the Director of Care. An inspector had an opportunity to meet with a current representative and had a discussion with them regarding the meetings. The meetings were information sharing practices that focused on capturing the voice of service users and, as a result shaping the service being provided to them.

The provider had implemented a number of initiatives to support residents to maintain links with their families and friends throughout the COVID-19 pandemic. Residents were being supported to utilise assistive technology to maintain contacts. Residents, family members, and staff had also completed a "walk a mile in my life shoes" project where those involved took pictures, and a digital scrapbook was developed. The provider had also, on occasions, recorded videos for residents informing them of updates regarding COVID-19, ensuring that that they were kept informed of developments.

A review of regular resident meetings demonstrated that the rights of residents were promoted and that residents were supported to exercise choice and control over their daily lives. A further appraisal of the information established that residents were being communicated with in an age appropriate manner. Residents had been supported to set and action personalised goals. Some of these were deferred due to the impact of restrictions, but the staff team had supported residents to engage in them when possible.

Overall, residents were receiving a service that was meeting their needs and, when possible, was supporting them to engage in activities of their choosing.

The next two sections of this report demonstrate how governance and management systems in place support the quality and safety of the service delivered to residents.

## Capacity and capability

The centre was effectively resourced with a clearly defined management structure in place. Enhancements had been made to the management team, and this had ensured that there were appropriate arrangements in place. The monitoring of the service provided to residents was effective and focused on meeting the needs of residents. Monthly audits were being completed that captured any areas that required improvement. Action plans were established if required, and these were addressed promptly. The provider was utilising video messaging to provide tutorials to staff members regarding addressing actions if necessary. There were also systems in place to respond to adverse incidents, and the provider's senior

management was involved in the review of incidents.

The provider had completed an annual review of the quality and safety of care and support. The provider had also ensured that the unannounced visits to the centre had taken place as per the regulations and that written reports on the safety and quality of care and support in the centre had been generated following these.

Residents were receiving continuity of care, the staffing levels and qualifications were also appropriate to the number and assessed residents' needs. The service was not nurse-led however, residents had access to nursing care if required. This was evidenced in a review of residents' daily notes. The person in charge had also ensured that there were planned and actual rosters available for review.

There were arrangements in place to ensure that staff had access to appropriate training, including refresher training as part of a continuous professional development program. There was a training needs analysis in place that was under review. This demonstrated some gaps in training; however, the provider and person in charge had a plan to address these.

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

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

### Regulation 15: Staffing

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

Judgment: Compliant

### Regulation 16: Training and staff development

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

Judgment: Compliant

## Regulation 23: Governance and management

There was an internal management structure that was appropriate to the size and purpose, and function of the residential service.

Judgment: Compliant

## Regulation 31: Notification of incidents

The person in charge was submitting notifications to HIQA as per the regulations.

Judgment: Compliant

## Quality and safety

The centre was being operated in a manner that promoted and respected the rights of residents. Residents were, when possible, engaging in activities of their choosing and were being supported to develop and maintain links with the wider community.

Residents were receiving appropriate care and support. A review of a sample of residents' care plans demonstrated that the systems in place were seeking to support residents to maximise their personal development in accordance with their needs and wishes. Comprehensive assessments of residents' health and social care needs had been completed. These assessments were under regular review and captured the needs and assistance required to best support the residents.

As noted earlier, the provider had ensured that enhanced supports had been utilised for some residents during difficult periods and that residents were consulted regularly regarding the service they were receiving. Residents had access to appropriate health care professionals. Residents' health care needs were under review and clearly documented, along with the supports required to promote their physical and mental health.

The sample of residents' information that was reviewed showcased that the provider and staff teams were actively seeking to promote and develop the autonomy of residents. As discussed in section one of the report. Residents were being communicated with in an age-appropriate manner and were receiving clear, sufficient, and relevant information. Residents, where possible, were making decisions regarding their health and care, and this was being respected by those supporting them.



Residents had access to appropriate positive behavioural support if required. The inspectors reviewed a sample of positive behavioural support plans and found them to be detailed, focused on understanding the residents' behaviours and explaining how best to support residents proactively and reactively.

There were appropriate systems in place to respond to safeguarding concerns. There were active safeguarding plans. The plans were under regular review and were updated if required. Resident compatibility assessments had been completed following changes to the needs of some residents. The provider and person in charge had responded to these assessments and implemented alternative living arrangements to best support some residents.

There were systems to manage and mitigate risks and keep residents and staff members safe in the centre. The provider had arrangements in place to identify, record, investigate and learn from adverse incidents. The inspector reviewed individualised risk assessments and found them to be detailed. There were house-specific risk registers that were under review and reflected environmental and social care risks. The provider had also developed a number of risk assessments in response to COVID-19.

The COVID-19 risk assessments developed for residents, the staff team, and visitors were detailed and established according to the Health Protection Surveillance Centre (HPSC) guidelines. The provider and the person in charge had adopted procedures consistent with the standards for the prevention and control of healthcare-associated infections published by the Authority.

Overall, residents were receiving a service that was tailored to their needs and was promoting their rights.

### Regulation 10: Communication

Residents were being assisted and supported to communicate in accordance with their needs and wishes.

Judgment: Compliant

### Regulation 26: Risk management procedures

The centre had appropriate risk management procedures in place.

Judgment: Compliant

## Regulation 27: Protection against infection

The provider and the person in charge had adopted procedures consistent with the standards for the prevention and control of healthcare-associated infections published by the Authority.

Judgment: Compliant

## Regulation 5: Individual assessment and personal plan

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

Judgment: Compliant

## Regulation 6: Health care

The provider had ensured that the residents were receiving or being offered appropriate healthcare.

Judgment: Compliant

## Regulation 7: Positive behavioural support

The provider had ensured that the residents were receiving or being offered positive behavioural support.

Judgment: Compliant

## Regulation 8: Protection

The provider had ensured that there were appropriate systems to respond to safeguarding concerns.

Judgment: Compliant

Regulation 9: Residents' rights

The rights of residents were being promoted and respected by those supporting them.

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
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	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