

**Health Information and Quality Authority  
Regulation Directorate**

**Compliance Monitoring Inspection report  
Designated Centres under Health Act 2007,  
as amended**



<b>Centre name:</b>	My Life-Baile
<b>Centre ID:</b>	OSV-0005688
<b>Centre county:</b>	Louth
<b>Type of centre:</b>	Health Act 2004 Section 38 Arrangement
<b>Registered provider:</b>	Moorehall Disability Services Ltd
<b>Provider Nominee:</b>	Sean McCoy
<b>Lead inspector:</b>	Anna Doyle
<b>Support inspector(s):</b>	Conan O'Hara
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	0
<b>Number of vacancies on the date of inspection:</b>	14

## **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.

**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.**

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration decision. 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 15:20 To: 16 November 2017 17:00

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 the inspection:

This was an announced registration inspection following an application to the Health Information and Quality Authority ( HIQA ) by Moorehall disability services to register the centre as a new service for adults with an intellectual disability. The centre was not operational at the time of inspection as it is awaiting registration with the Authority. Part of this application proposed to move two community homes from another designated centre under this provider to this centre and add a further two new units.

Description of Services:

The provider intends to include four community homes under this centre. The four units are located close by to each other and are situated in Ardee Co. Louth. One of the new properties is a four bedroom bungalow where respite services will be provided. The other new property is a two bedroom apartment located on the grounds of a nearby retirement village. The entire centre will provide support to 14 male and female adult residents.

How we gathered information:

As part of this inspection the inspectors only visited the two proposed new units

under this centre. The other centres were not visited as they had been inspected as part of another designated centre owned by the provider in June 2017, where good levels of compliance had been identified.

The inspectors did not meet any residents at this inspection as the proposed residents had not been identified at the time of this inspection. The inspectors met with the person in charge, the provider nominee and a person participating in management (PPIM) of the centre.

The governance structures that the provider intended to have in place were reviewed along with other documentation that included risk management processes, personal plans and premises.

Overall judgment of our findings:

Overall inspectors found that one of the premises was finished to a high standard. The other premises required some improvements to update the property however, the person in charge outlined the plans in place to address this.

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):**

No actions were required from the previous inspection.

**Findings:**

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

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 an initial assessment by the person in charge which will include 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.

Support plans will be developed from the assessments and will be reviewed initially on a regular basis and then every three months or sooner if required.

The person in charge informed inspectors that residents in the centre will 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.

Residents and family representatives will be involved in any transitions to the new

premises.

The person in charge informed the inspector that part of the transition will involve; residents choosing personal items that they would like for their bedrooms and that the transition will be planned in line with residents' needs and wishes.

The residents will be supported to remain in their current day service provision or alternative meaningful activities will be planned in line with the residents' wishes.

**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):**

This was the centre's first inspection by the Authority.

**Findings:**

Overall the inspectors found that the layout and design of the new buildings were suitable for the stated purpose.

One of the new buildings is a four bedroom bungalow located close to the other units under this centre. This had been finished to a 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 other new building is a two bedroom apartment located in a retirement village nearby. The person in charge informed inspectors that this apartment would be painted and a new suite of furniture would be purchased prior to residents transitioning to the centre. It was envisaged that this apartment would be suitable for residents who have low support needs.

The inspectors found that the both premises had:

- Adequate private and communal accommodation, including adequate social and recreational space. The intended residents residing in the two bedroom apartment could use some communal facilities available in the retirement village which could include meeting visitors in private if they wished.
- 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 in one and a small dining table in the other.
- Adequate shower 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
- Adequate outside space.

**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 the 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.

The inspectors found that there was adequate means of escape and exits were unobstructed in the new buildings. 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 one of the new buildings were fire doors and the person in charge informed the inspectors that fire doors would be installed in the two bedroom apartment prior to the transition of residents to the centre.

Residents will have personal emergency evacuation plan in place that will outline the supports required to assist with a safe evacuation of the centre. The person in charge was aware of the requirement to carry out regular fire drills in the centre and assured inspectors that all new staff will be provided with training in fire safety.

Monthly health and safety checks will be completed by the person in charge and the PPIM to ensure ongoing compliance in the centre with fire safety and risk management.

There was policy in place on risk management in the centre. All incidents will be recorded on an incident form. The person in charge will review each incident and from this review additional control measures may be identified and included in residents risk

management plans where required.

A risk register will be maintained in the centre, to include all risks associated with the centre. Individual risk assessments will also be included on residents' personal plans.

Staff will be provided with training in infection control in the centre.

**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):**

No actions were required from the previous inspection.

**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 will be provided in safeguarding vulnerable adults.

There was policy in place on behaviour support and residents will have access to allied health professionals as required to support them. Staff will be provided with training in the management of behaviours of concern.

The person in charge was aware of the requirements under the regulations in terms of restrictive practices. They intended to maintain a register which will be regularly reviewed to ensure best practice in this area.

**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):**

This was the centre's first inspection by the Authority.

**Findings:**

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

The person in charge was aware of their requirements under the regulations in order to ensure residents' healthcare needs were met. This included completing a pre assessment of need prior to the residents transitioning to the centre.

From this health care plans will be developed, which will updated every three months or sooner if required.

Residents will be supported to access a general practitioner of their own choosing in their community.

Allied health professionals will be sourced from community services. However, private arrangements will be supported by the provider in the event that timely access is not available in the community.

The person in charge outlined the arrangements in place to ensure that residents will be provided with appropriate nutritional supports in line with their personal preferences. This will include: consultation with residents around meal planning in the centre, participating in grocery shopping and residents will be supported to prepare their own meals in line with their wishes.

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

All staff will be trained in food hygiene practices.

**Judgment:**

Compliant

**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):**

This was the centre's first inspection by the Authority.

**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.

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 each of the new buildings.

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

Staff will be trained in the safe administration of medication where required and other prescribed as required medication to support residents such as rescue medication for epilepsy.

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

In addition, the person in charge will conduct medication audits in the centre on a monthly basis to ensure safe practices are maintained and identify any improvements required.

The person in charge informed the inspectors that if residents expressed a wish to self medicate that this would be appropriately assessed and supports put in place as required.

**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):**

This was the centre's first inspection by the Authority.

**Findings:**

The inspectors found that the proposed management arrangements for the centre identified clear lines of accountability and the provider intended to have systems in place to monitor and review the quality of care provided in the centre.

The person in charge facilitated the inspection. They have been appointed to the position on an interim basis while the provider is recruiting a more permanent arrangement.

They are a qualified nurse in learning disabilities and have 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.

They will be supported in this role by a PPIM who is also a nurse in learning disabilities and has a number of years experience in this area. They will be supernumerary in their role in this centre.

The person in charge intends to facilitate staff meetings every six weeks in the centre.

The person in charge will report directly to the provider and regular meetings will be held to discuss the quality of care provided. The provider was aware of their obligation to ensure that an unannounced quality and safety review was completed in the centre every six months along with an annual review.

The person in charge had also developed a schedule for the year to ensure that reviews and audits in the centre will be well planned. This schedule included, staff supervision, risk management reviews and health and safety audits.

**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):**

This was the centre's first inspection by the Authority.

**Findings:**

The inspectors were informed that the provider intends to have adequate staff in place to support the resident in the new premises as outlined in the statement of purpose.

The person in charge informed inspectors that they intended to have regular supervision in place for staff.

Staffing levels in the two new units will be finalised once the proposed residents needs have been assessed and from this an appropriate skill mix will be identified. This will include nursing support where required.

All mandatory training will be provided to staff and the person in charge assured inspectors that any other training needs identified from the residents assessments would be facilitated for staff.

The person in charge and the provider will provide 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.

**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

