



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

Issued by the Chief Inspector

Name of designated centre:	My Life-Chara
Name of provider:	Moorehall Disability Services Ltd
Address of centre:	Louth
Type of inspection:	Unannounced
Date of inspection:	11 March 2020
Centre ID:	OSV-0003481
Fieldwork ID:	MON-0027776

About the designated centre

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

My Life Chara consists of three community houses that are located close to each other in a large town in Co. Louth. All of the houses are within walking distance to community amenities such as shops, cafes and restaurants. Two of the houses are full time residential services and the third house is a respite service. My Life-Chara can accommodate up to 15 residents over the age of 18 years of age. My Life-Chara can provide care for people with minimum, low, moderate and high support needs. The range of needs are: Physical Disability, Intellectual Disability, Respite and Palliative Care, Dementia Specific Care & Older Persons Care and challenging behaviour. Residents are supported by a mix of health care assistants and a nurses 24hours a day.

Rockfield House is a four-bedroom house catering for 4 residents with a moderate to high level of support needs. There is a nursing support available 24 hours per day 7 days per week for health-related issues available from a team of nurses working across the service.

Tierney House is a five-bedroom detached house catering for 5 residents with a moderate to high level of support needs. There are two carers in this house supporting residents while they are at home. There are 5 bedrooms, living room, sitting room, domestic kitchen and utility room.

The Avenue is a six-bedroom detached house which provides a respite service to people with physical and intellectual disabilities, with some residents presenting with complex health needs. There is a nurse 24 hour per day 7 days. They are based in this house and are available to support the service. A minimum of two carers are on duty 12 hours per day and a minimum of one at night.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	13
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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
Wednesday 11 March 2020	10:00hrs to 17:00hrs	Eoin O'Byrne	Lead

What residents told us and what inspectors observed

The inspector visited the three houses that made up the centre and were shown around two of the houses by residents. All of the houses were homely and laid out to meet the needs of those residing in them. There were pictures of residents throughout the houses and residents' bedrooms were laid out and decorated to their preferred tastes.

The inspector met with five residents over the course of the inspection. The residents appeared at ease in their surroundings and familiar with the staff team that were supporting them. Some residents spoke of being happy where they lived and that they could talk to staff members if they had a problem. Another resident was supported to interact with the inspector and spoke of a holiday they had attended with other residents.

A review of residents' information highlighted that they were active in their local community and that some were being supported to engage in education and employment. The inspector also observed that residents using the respite service were being supported to engage in activities of their choosing.

Capacity and capability

Throughout the course of the inspection, the inspector reviewed samples of the centres and residents' information. These reviews displayed that residents were receiving effective care and support. The houses that made up the centre were well resourced and there was a clearly defined management structure in place that was leading to the centres and residents information being effectively monitored. The person in charge was carrying out regular audits and then reviewing actions with house leads and residents' key workers. This was promoting learning and leading to positive outcomes for residents. The person in charge was also submitting notifications regarding adverse incidents within the three working days as set out in the regulations to HIQA. They had also ensured quarterly and six-monthly notifications were being submitted as set out in the regulations.

The provider had completed an annual review of the quality and safety of care and support being provided to residents. The provider had also ensured that 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. Actions had arisen from these reports and had been addressed by the provider and person in charge.

There was a staff team in place that was appropriate to the number and assessed

needs of the residents. The staff team was made up of a person in charge, house leads, staff nurses and care assistants. The person in charge was experienced and had the relevant qualifications necessary to manage the designated centre. A review of the planned and actual roster highlighted that there was a consistent staff team supporting the residents. A review of a sample of staff members' files also showed that the required information and documents had been obtained as per Schedule 2 of the regulations.

The provider had developed contracts for the provision of services for residents. The inspector reviewed a sample of residents availing of the respite and those living in the service on a full-time basis. The contracts were found to include the necessary information as per the regulations and had been signed by the residents or their representatives.

The provider had an effective complaints procedure in place. Residents and their representatives had been made aware of the procedure. The inspector reviewed recent complaints and found that there were systems in place that led to concerns or complaints being addressed promptly. The provider had ensured that details of any investigation into a complaint was logged along with the outcome of the complaint.

Overall, the centre had appropriate management systems in place that were leading to the centre being well run and developing positive outcomes for residents.

Regulation 14: Persons in charge

The person in charge was experienced and had the relevant qualifications necessary to manage the designated centre.

Judgment: Compliant

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 the residents.

Judgment: Compliant

Regulation 23: Governance and management

The centre had appropriate governance and management systems in place.
Judgment: Compliant
Regulation 24: Admissions and contract for the provision of services
The provider had ensured that there were contracts for the provision of services for both respite and full time residential residents.
Judgment: Compliant
Regulation 3: Statement of purpose
The provider had ensured that the statement of purpose contained the information as set out in Schedule 1 of the regulations.
Judgment: Compliant
Regulation 31: Notification of incidents
The person in charge was submitting notifications regarding adverse incidents within the three working days as set out in the regulations to HIQA. The person in charge had also ensured that quarterly notifications were being submitted as set out in the regulations.
Judgment: Compliant
Regulation 34: Complaints procedure
The provider had ensured that there was an appropriate complaints procedure in place.
Judgment: Compliant
Quality and safety

Residents were receiving a safe and quality service that was person centred and meeting their needs. The inspector reviewed the information of residents availing of the respite service as well as residents living in the centre full time. It was found that residents had received comprehensive assessments of their health and social care needs. Both sets of residents were being supported to engage in their preferred activities and there was evidence of full-time residents being supported to attend further education and that some were engaged in employment.

Resident's daily notes showed that residents were active in their community and that some were supported to attend local community groups and that they were being supported to go on holidays. Regular key-working meetings were being held with residents that focused on setting and reviewing the progress of their individual goals. Residents' care plans were under regular review and there was a system in place to track residents' achievements in regards to independent living skills.

Another positive aspect of the goal-setting piece and communication between residents and those supporting them was that residents were being communicated to in an age appropriate manner that was further promoting their independent living skills. Positive risk-taking was being promoted and this was leading to residents being supported to become more independent in their home and also in the community. These risks had been assessed appropriately and there was clear documentation of same.

Residents had access to relevant health care professionals and there was evidence of residents being supported to attend appointments when necessary. The provider was also taking necessary steps to protect residents at risk of healthcare-associated infections and had provided residents with relevant healthcare information.

There were systems in place to ensure that residents received adequate positive behavioural support when required. Residents had access to therapeutic interventions and the provider's multidisciplinary team were providing support and guidance to residents and the teams supporting them. Restrictive practices in the centre were under regular review by the centres and providers senior management and there was clear reasoning for their implementation.

Residents were being provided with information to assist them to develop the knowledge, self-awareness, understanding, and skills needed for self-care and protection. The inspector reviewed safeguarding plans that were in place in the centre and found that the provider and person in charge were responsive to concerns and were active in putting systems in place to safeguard residents.

The inspector found that the provider and person in charge had ensured that there were systems in place to manage and mitigate risks and keep residents and staff members safe in the centre. The centre had arrangements in place to identify, record, investigate and learn from adverse incidents. Incidents of challenging behaviours were reviewed and post-incident reviews were being completed and learning generated in an attempt to reduce incidents.

There was a range of fire precautions in place, including fire extinguishers, fire doors, fire alarm systems, and emergency lighting. Fire drills were taking place in the houses that made up the centre regularly and the provider had displayed that they could safely evacuate residents. The inspector also found that the provider had ensured that personal emergency evacuation plans were in place.

Overall the residents living in and availing of respite services in this centre were receiving a safe and quality service that was person centred and meeting their assessed needs.

Regulation 10: Communication

The provider had ensured that residents were assisted and supported to communicate in accordance with the residents needs and wishes.

Judgment: Compliant

Regulation 13: General welfare and development

The residents had opportunities to participate in activities in accordance with their interests, capacity and ability.

Judgment: Compliant

Regulation 17: Premises

The houses that made up the centre were well maintained and laid out to meet the needs of the residents.

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 was taking necessary steps to protect residents at risk of healthcare associated infections.
Judgment: Compliant
Regulation 28: Fire precautions
There were adequate precautions against the risk of fire and the provider had ensured that regular fire drills were taking place.
Judgment: Compliant
Regulation 5: Individual assessment and personal plan
Residents had received appropriate assessments of their health and social care needs.
Judgment: Compliant
Regulation 6: Health care
The provider had ensured that the residents were receiving appropriate health care.
Judgment: Compliant
Regulation 7: Positive behavioural support
There were systems in place to meet the behavioural support needs of the residents.
Judgment: Compliant

Regulation 8: Protection

Residents were being supported to develop the knowledge, self awareness, understanding and skills needed for self-care and protection.

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
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	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	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant