Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Office of the Chief Inspector

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

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:	17 January 2019
Centre ID:	OSV-0003481
Fieldwork ID:	MON-0024292

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. Transport is also provided should residents wish to avail of it for leisure activities and appointments. Some residents attend formal day services and some choose not to in line with their personal preferences.
One house provides respite care to six male and female adults. The other two community houses provide residential care to nine male and female adults. Residents are supported by health care assistants and a nurse is available 24hours a day. Nursing staff are primarily based in the respite centre but are available to support other residents in the other community homes and another designated centre should the need arise. The person in charge is responsible for another designated centre under this provider but is supported in their role by a care manager who is supernumerary.

The following information outlines some additional data on this centre.

Current registration end date:	13/08/2021
Number of residents on the date of inspection:	11

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
17 January 2019	10:00hrs to 18:20hrs	Anna Doyle	Lead

Views of people who use the service

The inspector visited all of the three community houses and met eight of the residents living there. Three residents were not available to meet the inspector as they were engaged in activities at the time.

The inspector met one resident who spoke about some of the activities they enjoyed doing. Some of these included visiting their home town, going to the post office and their love of gardening. They also showed pictures of a recent celebration held for them along with other pictures of people who were important to them.

Some residents were unable to fully express their views on the quality of care and support being provided in the centre. In this instance the inspector observed some practices and reviewed information captured on surveys that were completed after each respite stay by residents and their representatives. Overall the inspector found that the results of these surveys were positive and residents were happy with the services provided.

The inspector found that residents were treated with dignity and respect and the person in charge demonstrated that they considered residents' rights over the course of the inspection. For example, they asked residents consent for the inspector to see their bedroom or look at some of their personal belongings. The person in charge also made the inspector aware of any specific communication needs of the residents.

Capacity and capability

This inspection was conducted as a follow up to this provider submitting an application to vary the registration of this centre in November 2017 to include a respite community house. This application had been granted at the time, however residents had not been admitted to the centre until September 2018.

The inspector visited all three premises which made up the centre. The regulations inspected were primarily based on the provision of respite services in the centre.

Overall the inspector found that the centre was well resourced to meet the needs of the residents in the centre. Good levels of compliance were identified in most of the regulations inspected. However, three areas of improvement were required to ensure that the services provided were safe and effectively monitored. This included fire safety, the provider's unannounced quality and safety review for the centre and the records maintained in the centre.

The provider had ensured that there was a clear and effective governance structure in place and appropriate arrangements were made for key management positions in the centre. There were clear lines of accountability for the provision of services.

Each house had an appointed staff member (team lead), to oversee day to day operations. They reported to a care manager who in turn reported to the person in charge. The person in charge also said that they liaised on a daily basis with the provider representative who they reported to. Changes were underway to enhance the governance and management structures as the provider was appointing a new person in charge for this centre. This would mean that the current person in charge would only have responsibility for one designated centre going forward.

There were governance and management arrangements in place to ensure that services were reviewed and monitored. The provider had arrangements in place to carry out a six monthly unannounced quality and safety review. However, the last one completed in November 2018, was not available in the centre. This was given to the inspector at the feedback meeting. The inspector found on review of this document that some areas of improvement were required. For example; it was recorded on this document that the last audit had been completed by the person in charge which is not in line with the regulations. Identifiable information was also recorded in relation to some residents. And no action plan had been developed to outline how areas for improvement would be addressed and who would be responsible for these. Therefore it was not demonstrated that the provider could use audit to self identify and continuously address areas for improvement in line with the requirements of the regulations.

The inspector was informed of a quality improvement initiative planned for this year. This initiative would focus on educating staff and residents on the Assisted Decision Making Capacity Act 2015 in order to empower and support residents in decision making.

There was adequate staff in place to support the residents' needs in the centre which included nursing staff who had oversight of the residents' health care needs. Since the last inspection the person in charge had conducted a review of how nursing supports were delivered to residents. This had comprised of a time in motion study to ascertain where and when residents required nursing support. As a result the nursing supports were now provided on the basis of need to each community home (prior to this nursing staff had only been rostered in one of the other community homes). The nursing staff also provided on call support to all to this centre and another centre operated by this provider. The inspector found that this was not impacting on the care of residents in the centre at the time of the inspection.

There were contingencies in place to cover staff leave as a regular panel of relief staff were employed to ensure consistency of care for residents. All relief staff were provided with mandatory training.

The provider had ensured that residents had the right knowledge and skills to care for the residents. Induction processes were in place for new staff in the centre. For example; on the day of the inspection one new staff was shadowing another member of staff to ensure they were aware of the needs of the residents. Staff were knowledgeable around the residents' needs in the centre and were supported by the person in charge through regular supervision and staff meetings. Staff were able to

raise concerns about the quality of services. One staff gave an example of how their concerns were addressed after they raised an issue about meeting one residents' needs in the centre.

From a review of the training matrix, all staff had completed mandatory training. Additional training had also being provided, some of which included the management of diabetes, dysphagia, infection control and basic life support.

The admission process for residents availing of respite services was outlined to the inspector. Some good practices had been used to assist residents with this transition. For example, staff who knew the residents worked in the respite centre during the residents' initial admission to the centre. Residents' representatives had been met to ascertain the needs of the residents. This information formed part of the assessment of need.

Residents were provided with clear information about the service they could expect to receive. A contract of care was also viewed for residents availing of respite services. This outlined the fees charged and services to be provided in the centre.

A directory of residents was maintained in the centre. However, some of the records available to the inspector were not comprehensive or dated accordingly.

Regulation 15: Staffing

There was adequate staff in place to support the residents' needs in the centre which included nursing staff who had oversight of the residents' health care needs.

Judgment: Compliant

Regulation 16: Training and staff development

All staff had completed mandatory training. Additional training had also been provided, some of which included the management of diabetes, dysphagia, infection control and basic life support.

Judgment: Compliant

Regulation 19: Directory of residents

A directory of residents was maintained in the centre.

Judgment: Compliant

Regulation 21: Records

Some of the records seen by the inspector were not comprehensive or dated accordingly.

Judgment: Substantially compliant

Regulation 23: Governance and management

The six monthly unannounced quality and safety review required improvements as:

Identifiable information was recorded in relation to some residents.

No action plan had been developed to outline how areas of improvement would be addressed and who would be responsible for these.

It was recorded that the last audit had been completed by the person in charge which is not in line with the regulations.

Judgment: Substantially compliant

Regulation 24: Admissions and contract for the provision of services

The contract of care outlined the fees charged and services to be provided in the centre.

Judgment: Compliant

Regulation 3: Statement of purpose

The inspector was satisfied that the Statement of Purpose met the requirements of the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

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

Judgment: Compliant

Quality and safety

Overall the inspector found that a good quality service was being provided to residents which ensured that they received a high standard of service. The systems to keep residents safe were generally satisfactory, however, fire safety management procedures in one community home required improvements.

The fire safety arrangements in place included the provision of fire doors, means of escape, emergency lighting, a fire alarm and fire fighting equipment. A sample of records viewed demonstrated that equipment was serviced appropriately. All staff had completed training in fire safety. Daily and weekly checks were also completed by staff to ensure ongoing compliance with fire safety.

Personal emergency evacuation procedures had been developed for each resident outlining the supports they required for a safe evacuation of the centre. However, the provider had not demonstrated how all residents in one community home could be safely evacuated from the centre when only one staff member was present during the night. Particularly given that some residents required the support of two staff in order to evacuate the centre. The inspector was satisfied that the person in charge took responsive action to this on the day of the inspection until such time that this had been reviewed.

There were effective medication management practices in place in relation to the storage, prescribing and disposal of medication in the centre. Medication errors were responded to and the person in charge outlined changes being implemented to medication practices in the centre as a result of learning from these incidents.

The risk management policy was not reviewed as part of this inspection. The inspector reviewed documents pertaining to the management of risks in the centre. This included a risk register which outlined a list of control measures to mitigate risks. All incidents were reviewed by a member of the management team and learning was taking place from this review. For example, in some cases an individual risk assessment for a resident was recommended and this had been done.

Residents had an assessment of need completed which included detailed health care plans to guide staff practice. Residents availing of respite services had been reviewed by relevant allied health professionals prior to their admission to the

centre. In addition, a pre admissions assessment was completed prior to a resident's admission to the centre. This was to capture any changes in care and support needs for residents since their last admission for respite care.

Staff were knowledgeable around the needs of the residents and as stated earlier when changes to residents' needs occurred in the centre they were able to raise this with the person in charge who affected changes to support the resident.

There were mechanisms in place in the centre to deal with any incidents of alleged abuse and where required the person in charge and the provider representative had taken appropriate timely action to safeguard residents. All staff had completed training in relation to safeguarding residents and those who spoke to the inspector were aware of what constituted abuse.

The provider had put systems in place to ensure residents' rights were respected and upheld. Residents were provided with opportunities to exercise their rights. For example, a residents counsel was held in the organisation and this was represented by a nominated resident from this centre. The nominated person brought forward any concerns about the services provided in the centre.

A member of the National Advocacy service had also visited the centre to inform residents about their services should residents wish to avail of them. One resident was being supported by an advocate at the time of this inspection.

Regulation 26: Risk management procedures

The inspector reviewed documents pertaining to the management of risks in the centre. This included a risk register which outlined a list of control measures to mitigate risks. All incidents were reviewed by a member of the management team and learning was taking place from this review.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had not demonstrated how all residents in one community home could be safely evacuated from the centre when only one staff member was present during the night. Particularly given that some residents required the support of two staff in order to evacuate the centre.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

There were effective medication management practices in place in relation to the storage, prescribing and disposal of medication in the centre. Medication errors were responded to and the person in charge outlined changes being implemented to medication practices in the centre as a result of learning from these incidents.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Residents had an assessment of need completed which included supports plans to guide staff practice. Residents availing of respite services had been reviewed by relevant allied health professionals where required prior to their admission to the centre.

Judgment: Compliant

Regulation 6: Health care

Residents were provided with appropriate supports in order to meet their health care needs.

Judgment: Compliant

Regulation 8: Protection

There were mechanisms in place in the centre to deal with any incidents of alleged abuse and where required the person in charge and the provider representative had taken appropriate timely action to safeguard residents. All staff had completed training in relation to safeguarding residents and those who spoke to the inspector were aware of what constituted abuse.

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 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for My Life-Chara OSV-0003481

Inspection ID: MON-0024292

Date of inspection: 17/01/2019

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 21: Records	Substantially Compliant
Outline how you are going to come into compliance with Regulation 21: Records: We are undertaking ongoing care plan audits to inform any development and improvement needs. Care plan and risk assessment training course will be reviewed to ensure address any gaps in training requirements. Care plan training and risk assessment training are going to be for all new staff and refresher training is being completed for existing staff. A follow up audit post training will be conducted in three months. Time frame for this to be completed by 31/9/2019.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: A review of our approach to this audit has been completed. Improvements to this process have been identified and will be implemented on the next cycle of unannounced provider audit by 31/5/2019	
Regulation 28: Fire precautions	Not Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: On the day of the inspection the service acted immediately with actions to rectify the provision of the second staff staying in the community house. The on-call supports which require a call out are provided separately by a manager who is supernumerary. Completed on the day of the inspection on the 17/1/2019 There was a fire drill held on 18/1/19 at night time.	

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 21(1)(b)	The registered provider shall ensure that records in relation to each resident as specified in Schedule 3 are maintained and are available for inspection by the chief inspector.	Substantially Compliant	Yellow	30/09/2019
Regulation 23(2)(a)	The registered provider, or a person nominated by the registered provider, shall carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and shall prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.	Substantially Compliant	Yellow	31/05/2019
Regulation 28(4)(b)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Not Compliant	Orange	18/01/2019