



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

Issued by the Chief Inspector

Name of designated centre:	My Life-Solas
Name of provider:	MyLife by Estrela Hall Limited
Address of centre:	Louth
Type of inspection:	Unannounced
Date of inspection:	14 March 2023
Centre ID:	OSV-0008267
Fieldwork ID:	MON-0037340

## About the designated centre

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

The My Life Solas is a respite service. It can support up to four adults with minimum, low, moderate and high support needs. The range of needs includes physical disability, intellectual disability, respite, convalescence and persons with acquired brain injury. The house is a detached dormer bungalow on the outskirts of a large town in Co Louth. Residents can access a range of amenities such as bowling, cinema, sporting events, local, regional and national entertainment events, and house-based activities such as art, bingo, board games and jig saws. A team of care assistants supports residents during their respite breaks. The residents are cared for on a twenty-four-hour basis.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	3
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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 (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 14 March 2023	09:30hrs to 16:00hrs	Eoin O'Byrne	Lead

## What residents told us and what inspectors observed

The inspector had the opportunity to speak with the three service users that were availing of respite at the time of the inspection.

All three residents spoke very positively of the service that was provided to them. Two residents had used the service previously and spoke of being happy to return. One resident was on their first respite break and spoke of enjoying the stay so far. All residents spoke highly of the staff team supporting them and the house itself.

Two of the residents spoke of really enjoying the conversations they had with staff members and the relaxed atmosphere in the service. The inspector observed the residents and the two staff members sit and chat after lunch. This appeared to be an everyday practice and one that was important to residents during their respite breaks.

The review of information demonstrated that residents, as part of their admission process, were asked to identify activities they would like to engage in during their breaks. For example, some residents had gone out to watch sports with staff support, and others had gone to the cinema, hairdressers, meals or had coffee out. Some of the residents' preferred to spend their respite breaks relaxing in the service with the support of staff. There were recordings of some residents engaging in beauty treatments when doing so.

The house was opened in September 2022. Prior to this, the house received a complete overhaul and was refurbished to meet the needs of respite residents. On the inspection day, the service was clean and well-maintained. The inspector observed residents relaxing in different parts of the house and garden. Residents were observed to be in good spirits and content in the company of the staff. Overall there was a pleasant atmosphere in the respite house.

Staff members were aware of the residents' needs and interacted with them in a caring and respectful manner. Staff members also demonstrated to the inspector that they knew the provider's systems to support and safeguard residents during their stay. As mentioned above, residents were encouraged to decide how to spend their respite break. Two of the current residents identified that they had chosen to relax in the service for the day, but that staff would support them if they decided to engage in an activity. For example, one of the residents had been offered to attend the cinema with the staff, but they had chosen not to and were enjoying relaxing.

Overall, the inspection found that there were systems in place to support residents to have positive respite breaks.

The following two sections of the report present the findings of this inspection concerning the governance and management arrangements in place in the centre and how these arrangements impacted the quality and safety of the service being

delivered.

## Capacity and capability

The inspector found that there were effective management systems. The management team was led by a person in charge who was supported by a house manager and a staff team of health care assistants. There was also evidence of members of the provider's senior management team being involved in the day-to-day running of the service.

A schedule of audits was in place, which were completed by the house manager and the person in charge. The review of the audits identified that, effective monitoring systems had been developed. The audits recognised areas which required improvement and actions required were promptly responded to by the provider's senior management team. The inspector sought assurances regarding the progress of actions on a number of occasions and was shown how work was progressing or that actions had been addressed. For example, an audit on a response plan to an outbreak of a healthcare-related infection was carried out on the 13.03.23. The inspector was shown that some of the identified improvements had already been addressed.

The provider had completed an assessment of the safety and quality of care provided to residents as per the regulations. While the review found that residents were receiving a good service, the provider acknowledged that, enhancements could be made in some areas. The provider was focused on further developing a rights-based approach to support each resident. A member of the provider's senior management team explained that this was in progress and that a respite user had been added to the provider's rights committee to act on behalf of the respite residents.

As stated above, the service opened in September of last year. There was initially a small staff team, but this has grown in recent months since residents have begun to use the service and there was a consistent staff team in place on the day of inspection. The roster review demonstrated that safe staffing levels were maintained each day. The provider and person in charge had also ensured that, the staff team had completed appropriate training to support the residents. The training needs matrix had some upkeep issues, but the provider could demonstrate that the staff members had completed the assigned training.

Information was available to residents on several topics, including the provider's complaints management policy. Residents had been informed of the policy, and their feedback regarding the service was sought following each respite stay. The inspector notes that there had been a number of compliments left by residents regarding the service they had received. There was one complaint made in the centre and the inspector saw that the person in charge had addressed the complaint the following day. The person in charge went through the complaint with the

complainant and explained how their concerns would be addressed. The person in charge also linked in again with the complainant to ensure they were happy with the outcome.

Overall the inspection found that the provider had appropriate systems in place. The management and staff team provided a service that met the needs of the residents and residents appeared happy.

### Regulation 15: Staffing

The provider ensured that the number and skill mix of staff was appropriate to the number and assessed needs of residents. During the inspection, the inspector observed that the staff members respectfully supported the residents and that the residents appeared to enjoy the staff members' company.

Judgment: Compliant

### Regulation 16: Training and staff development

The provider ensured that staff development was prioritised and that the staff team had access to appropriate training. Staff members had been provided with a suite of training that prepared them to support and care for the residents. Staff members were also receiving supervision in line with the provider's guidelines.

Judgment: Compliant

### Regulation 23: Governance and management

There was an internal management structure appropriate to the residential service's size, purpose, and function. Leadership was demonstrated by the management and staff team, and there was a commitment to improvement.

Existing management systems ensured that the service was safe, appropriate to residents' needs, consistent and effectively monitored.

Judgment: Compliant

### Regulation 31: Notification of incidents

The person in charge was submitting notifications for review to the chief inspector as per the regulations.

Judgment: Compliant

### Regulation 34: Complaints procedure

The provider ensured there was an effective complaints procedure. Residents were provided with information regarding the procedure and supported to raise a complaint if required.

There was evidence of a complaint being responded to promptly and the complainant being satisfied with the outcome.

Judgment: Compliant

### Quality and safety

The inspector found that assessments of the residents' health and social care needs had been completed before the residents were admitted to the respite services. Headings under the assessment included; communication, health, mobility, emotional wellbeing, skin care and safety awareness. Following the assessments, care plans were developed which outlined the support residents needed. The inspector found that the plans outlined the supports required to maximise residents' experiences during their respite breaks. The care plans were individualised and were under regular review.

As discussed earlier, residents were encouraged to choose activities they would like to engage in when staying at the respite service. Some of the residents liked to go on outings, whereas others preferred to relax in the house. The residents were the decision makers regarding how they spent their days.

The inspector observed that residents' rights were respected by the staff team supporting them. As mentioned earlier, feedback was sought from residents regarding their respite stays. The feedback focused on improving each resident's respite experience and ensuring that the service met their needs.

A safeguarding policy statement was on display in the hallway. It outlined the provider's commitment to safeguarding residents and the zero tolerance of abuse. The inspector found that there were no current safeguarding concerns. The provider, in the past, had submitted the required notifications following an allegation being made. The follow-up regarding the allegation aligned with the national safeguarding policy. The staff team had also been supplied with the appropriate



training regarding safeguarding vulnerable adults

There was a system in place where residents' personal belongings were recorded on arrival and discharge from the service. Residents had their own rooms during respite breaks that were nicely decorated and had adequate storage for their belongings.

The vast majority of the residents had the capacity to manage their own finances during their respite stays. However, a system was in place to support residents with their finances if required.

The inspector found that there were appropriate arrangements in place for recording and reporting adverse incidents. Following the incident a report was generated which captured the incident, what occurred, the immediate responses to the incident, and the learning to be gained from the incident. These forms were reviewed by the person in charge, the house manager and members of the provider's senior management.

The inspector also found that an incident review meeting had been held on 10 March 2022. The review found that there had been a reduction in incidents when compared to the first months of the service being open. The review also listed control measures that had been implemented following incidents, one such measure was, the introduction of a chime alarm to the bedroom door of residents with cognitive impairment. This was introduced to notify staff members if a resident was leaving their bedroom at night time.

Appropriate measures were in place regarding infection prevention and control (IPC). The provider had adopted procedures in line with public health guidance. There was a COVID-19 outbreak management plan in place however, the inspector noted that the plan was not specific to the respite service. The provider had identified this themselves the day before the inspection and showed the inspector edits that had been made, a new contingency plan had been created but had yet to be printed.

Staff had been provided with a range of training in IPC practices. Measures were in place to control the risk of infection and regular IPC audits were taking place. The residents' home was also maintained in a clean and hygienic condition.

The review of fire safety precautions found that the provider had developed effective fire safety management systems. Regular fire drills had been completed which demonstrated that, residents and those supporting them could safely evacuate the centre in the event of fire.

## Regulation 12: Personal possessions

Respite residents were supported to maintain control of their personal property possessions and, where necessary, were provided with support to manage their

finances.

Judgment: Compliant

### Regulation 13: General welfare and development

The respite breaks were focused on supporting the residents to have positive outcomes. As discussed throughout the report, residents were engaging in the things they wanted to do during their respite break. Some residents wanted to be active outside the house, whereas others preferred to use the respite breaks to relax.

Judgment: Compliant

### Regulation 26: Risk management procedures

The centre had appropriate risk management procedures in place. Records demonstrated that there was an ongoing review of risk. Individual risk assessments were developed for residents that provided staff with the relevant information to maintain the safety of residents.

The inspector reviewed adverse incident records and found that an appropriate review of incidents had occurred and that learning was identified following the review.

Judgment: Compliant

### Regulation 27: Protection against infection

The provider and the person in charge had adopted procedures consistent with the standards for preventing and controlling healthcare-associated infections published by the Authority. Information was available for staff to review that was kept up to date. The staff team had received training on IPC and were observed to wear appropriate personal protective equipment (PPE) and follow standard-based precautions throughout the inspection.

Judgment: Compliant

## Regulation 28: Fire precautions

The provider had taken adequate precautions against the risk of fire and provided suitable fire detection, containment and fire fighting equipment in the designated centre. Staff members had also been provided with appropriate training. The provider had also demonstrated that they could safely evacuate residents.

Judgment: Compliant

## Regulation 5: Individual assessment and personal plan

The provider ensured that comprehensive assessments of residents' health and social care needs had been completed. Care plans were devised following the assessments. The care plans were under regular review and captured the needs and assistance required to best support the residents.

Judgment: Compliant

## Regulation 8: Protection

The provider had ensured there were arrangements in place to manage safeguarding concerns. As discussed above, investigations have been carried out following an allegation. The response was in line with the national guidelines, and the provider had demonstrated that their systems were adequate. The provider also ensured that the staff team had received the appropriate training.

Judgment: Compliant

## Regulation 9: Residents' rights

The provider and staff team supporting the residents had ensured that the rights of each resident were being upheld and promoted.

As discussed in earlier parts of the report the staff team were observed to respond to residents in a caring and respectful manner. Staff members were also supporting residents to identify and engage in activities they enjoyed.

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 (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
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	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 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant