



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:	MyLife by Estrela Hall Limited
Address of centre:	Louth
Type of inspection:	Unannounced
Date of inspection:	22 March 2022
Centre ID:	OSV-0003481
Fieldwork ID:	MON-0033989

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 located close to each other in a large town in Co. Louth. The houses are within walking distance of community amenities such as shops, cafes and restaurants. Two houses are full-time residential services, and the third house is a respite service. My Life-Chara can accommodate up to 15 residents over 18 years of age. My Life-Chara can provide care for people with minimum, low, moderate and high support needs. The range of needs is 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 nurses 24 hours a day. Rockfield House is a four-bedroom house catering to four residents with moderate to high support needs. There are nursing support available 24 hours per day, seven 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 to five residents with moderate to high support needs. There are two carers in this house supporting residents while at home. There are five bedrooms, a living room, sitting room, domestic kitchen and utility room. The Avenue is a six-bedroom detached house that provides a respite service to people with physical and intellectual disabilities, with some residents presenting with complex health needs. There is a nurse 24 hours per day, seven 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:

15

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 22 March 2022	10:00hrs to 16:30hrs	Eoin O'Byrne	Lead
Tuesday 22 March 2022	10:00hrs to 16:30hrs	Florence Farrelly	Support

What residents told us and what inspectors observed

This designated centre is made up of three houses. The inspectors visited all three of the houses and interacted with the residents living in two houses.

Throughout the day, inspectors were introduced to four of the residents. Many of the residents were attending their day service placements, and another group of residents went on a scheduled outing. The residents that inspectors met with appeared happy in their homes. Inspectors also observed warm and considerate interactions between the staff members and residents. The staff members that inspectors spoke with were found to be knowledgeable and aware of the residents' needs and also of risk control measures that were in place to maintain the residents' safety.

One of the residents who interacted with an inspector spoke of their planned activities and were due to attend a group meeting in their local community. The inspector was supported to interact with another resident regarding their preferred music and shows that they like to listen to.

Inspectors found that there were appropriate systems in place to meet the needs of the residents. This was achieved through the review of information and observations of the support being provided. It was also found that those supporting the residents were doing so in a manner that promoted and respected the rights of each resident.

Inspectors reviewed a sample of residents' records; these demonstrated that residents were being supported to maintain links with their family and friends and if they wished to be active in their local community. A resident that spoke to an inspector informed them that they had been down the town that day. They had done some shopping and gone for a cup of tea with the staff. Residents' independence was also promoted, with some residents accessing public transport independently.

The provider had ensured that the residents' homes were homely, with pictures of residents and their personal belongings dotted throughout the houses. Inspectors found that, for the most part, the residents' homes had been well maintained. Some areas required improvement, and the impact of this will be discussed in more detail in the Quality and Safety section of the report.

The following two sections of the report present the findings of this inspection in relation to 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

Residents were receiving a consistent and good standard of care. The provider had ensured that the service was effectively resourced and that the needs of residents were being met. Inspectors found that residents were also consulted with and were active decision makers regarding the running of the service.

The service was effectively resourced with a clearly defined management structure in place. The management team had developed appropriate arrangements to ensure that service was effectively monitored. The service provided to residents was effective and focused on meeting their needs. For example, monthly comprehensive audits were being completed and captured areas that required improvement.

The provider had also ensured that an annual review of the quality and safety of care and support had been completed. Inspectors identified that there were some adaptations required to the annual review as aspects of the report were not specific to this designated centre.

The provider had carried out the unannounced visits to the centre as per the regulations and had written reports on the safety and quality of care and support in the centre had been generated following these. Areas that required improvement were identified, and action plans were developed.

The provider had ensured that the number and skill mix of the staff team was appropriate to meet the needs of the residents. An inspector reviewed a sample of staff members' information. The review found that the person in charge had obtained the required information and documents specified in Schedule 2 of the regulations.

Inspectors reviewed residents' contracts of care. The contracts contained the relevant information as per the regulations. The contracts had also been signed by the residents or by their representatives.

There was an effective complaints procedure that was accessible to residents. The inspector reviewed the centre's complaints log and noted that there were systems to respond to complaints promptly.

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, and skill-mix of staff was appropriate to

the number and assessed needs of residents.
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. Leadership was demonstrated by the management and staff team, and there was a commitment to improvement in the centre.
Judgment: Compliant
Regulation 24: Admissions and contract for the provision of services
The provider had ensured that residents contacts of care contained the relevant information as per the regulations.
Judgment: Compliant
Regulation 34: Complaints procedure
The inspection found that there was an effective complaints procedure had been developed by the provider.
Judgment: Compliant
Quality and safety
As mentioned above, inspectors found that, for the most part, the provider had ensured that each premises had been appropriately maintained. However, the inspectors did find that some areas required improvement. The issues were due to general wear and tear from regular usage. In one of the houses, inspectors observed damage to the kitchen countertop and that handrails used by residents required replacement or repair. In another house, it was found that the surface of kitchen presses had been damaged due to regular use. There was also deep

cleaning required to some areas in two bathrooms.

Inspectors found that the issues with the premises had impacted the provider's ability to employ effective infection prevention and control practices. The surfaces mentioned above could not be effectively cleaned due to the damage. An inspector also observed a bin in one of the main bathrooms that required replacement as it was not foot pedal operated as per guidelines. It was also observed that the surfaces of furniture in one of the sitting rooms had been damaged due to regular usage. These areas again could not be appropriately cleaned due to the damage.

Inspectors did find that the provider had otherwise adopted procedures in line with public health guidance in response to infection prevention and control. There was a COVID-19 contingency plan in place. Infection prevention and control risk assessments had been developed that reflected current guidelines. The residents and staff team were also provided with up to date information regarding the pandemic and infection and prevention guidelines.

The provider had ensured that 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. The sample of information reviewed also demonstrated that the care provided to residents was person-centred and reflected the changes in circumstances and new developments for residents.

The information reviewed also showed that residents received and had access to appropriate health care. The inspector reviewed a sample of residents' medication procedures and found them detailed and resident-specific.

A sample of residents' medication procedures were reviewed. These were detailed and resident-specific. There were suitable medication management arrangements practices relating to ordering, receiving, prescribing, storing, and administering medicines. The staff team had also been provided with appropriate training.

There were arrangements that ensured that residents had access to positive behavioural; support if required. The inspector reviewed a sample of residents' behaviour support plans and found them to be resident-specific. There were systems to gather information following behavioural incidents to promote learning for the staff team and residents. The behaviour support plans, as a result, were focused on identifying and alleviating the cause of residents' behaviours. There were restrictive practices in place that were under regular review and implemented to support residents and ensure their safety.

The provider had ensured that suitable systems were in place to respond to safeguarding concerns. The provider had carried out investigations and had developed safeguarding plans to maintain the safety of residents when required.

There were appropriate systems to manage and mitigate risks and keep residents and staff members safe. The provider had arrangements to identify, record, investigate, and learn from adverse incidents. Adverse incidents were discussed as

part of team meetings, and learning from incidents was promoted.

The review of fire safety precautions found that the provider had developed effective fire safety management systems. Regular fire drills had been completed. These demonstrated that residents and those supporting them could safely evacuate. There were adequate arrangements for maintaining all fire equipment and means of escape. A sample of residents' personal evacuation plans were reviewed, these were found to be appropriate.

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

Regulation 17: Premises

It was observed that there were areas of two of the residents' homes that required repair or replacement. These included damage to the surface of a kitchen counter top and presses. Handrails in two bathrooms also needed repair or replacement. An inspector also noted that there was enhanced cleaning required in two bathrooms.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

The centre had appropriate risk management procedures in place. There were also policies and procedures for the management, review and evaluation of adverse events and incidents.

Judgment: Compliant

Regulation 27: Protection against infection

Overall, there were suitable procedures in place for the prevention and control of infection, which were in line with national guidance for the management of COVID-19. However, it was noted that the damage to surfaces in a number of areas meant that these areas could not be appropriately cleaned from an infection control perspective.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The person in charge ensured that there were appropriate and suitable practices relating to the ordering, receipt, storage, disposal, and administration of medicines.

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 health needs of residents were under review. They had access to appropriate healthcare services on the same basis as others in order to maintain and improve their health status.

Judgment: Compliant

Regulation 7: Positive behavioural support

There were arrangements in place that ensured that residents had access to positive behavioural support if required.

Judgment: Compliant

Regulation 8: Protection

The provider had developed a safeguarding policy and safety statement. The provider and the person in charge demonstrated effective systems in place to safeguard residents. When required, the person in charge had completed investigations and developed safeguarding plans for residents.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were facilitated and empowered to exercise choice and control across a range of daily activities and had their choices and decisions respected.

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
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	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

Compliance Plan for My Life-Chara OSV-0003481

Inspection ID: MON-0033989

Date of inspection: 22/03/2022

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 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: An audit of premises has been undertaken by the registered provider. Work has been identified in relation to painting and replacement of surfaces and towel rails.</p> <p>An action plan has been created and maintenance team working through work programme as a priority.</p>	
Regulation 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection: Work is being undertaken to paint and replace surfaces identified as requiring repair.</p> <p>This work is prioritized and is being undertaken by the maintenance team to ensure all surfaces are able to be safely cleaned as per infection control guidelines.</p>	

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 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	31/05/2022
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Substantially Compliant	Yellow	31/05/2022