



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:	Announced
Date of inspection:	23 January 2024
Centre ID:	OSV-0003481
Fieldwork ID:	MON-0033982

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 four 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. Three houses are full-time residential services, and the fourth house is a respite service. My Life-Chara can accommodate up to 19 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 24hours a day.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	15
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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 23 January 2024	09:00hrs to 17:00hrs	Eoin O'Byrne	Lead
Tuesday 23 January 2024	09:00hrs to 14:30hrs	Florence Farrelly	Lead

What residents told us and what inspectors observed

This inspection was carried out to monitor compliance with regulations and standards and to assist with the fitness assessment to renew the centre's registration. Through observations, the review of information, and discussions with residents and management, the inspector was assured that residents were being supported in a manner that promoted and respected their rights and individual needs.

This designated centre provides a service to residents in four separate houses; three houses provide long term residential care and the other provides respite care. The inspectors visited the four houses and, throughout the day, met with nine residents. Residents presented with varying support and communication needs, and the inspectors sat and chatted with those choosing to do so.

Many of the residents were active in their community. Some were in groups, while others volunteered at a local charity shop. Most residents were attending day service programmes and were engaged in other activities such as attending gyms, going out for food or coffee, and visiting friends and family. Many residents had gone on day trips or holidays during the summer months, and plans were being made for future trips. Those availing of the respite service engaged in the things they wanted to do; for example, one of the residents was relaxing watching horse racing as per their wishes, and other residents had gone out with staff members.

The residents inspectors met with appeared comfortable in their environment. Furthermore, the provider's audits had identified that residents were happy where they lived. Residents also completed a survey prior to the inspection, the feedback was positive, with residents again expressing that they were happy where they lived and with the support provided. Some family members had completed the survey on behalf of residents, and they also said that they were pleased with the service provided.

The inspectors observed warm and friendly interactions between residents and the staff team supporting them. There were sufficient staffing levels in place, and staff were found to be knowledgeable and caring towards the residents.

Overall, the inspector found that the full-time and respite residents received a good standard of care. As mentioned earlier, residents presented with varying needs. Some residents accessed the community independently or with limited support, whereas others required full assistance with all aspects of their care. Inspectors found that the service provided to each resident was person-centred and responsive to the residents' changing needs.

Inspectors did identify that two areas required further review. The systems for ensuring that all fire containment measures were in working order needed to be improved, and the storage of mop buckets in one of the houses also required to be

reviewed and enhanced. These issues 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

Inspectors reviewed the provider's governance and management arrangements. The review found that these were effective in ensuring the service provided to each resident was safe, appropriate to residents' needs, consistent and effectively monitored.

The provider had carried out the required visits to the service, had furnished reports on the safety and quality of care and support provided, and had put a plan in place to address any concerns regarding the standard of care and support. The provider had also completed a review of the quality and safety of care and support provided to residents. Action plans had been devised following the reports and reviews and there was evidence of the provider reacting promptly to the areas that required improvement.

The inspector reviewed the provider's arrangements regarding staffing, staff training and development, and complaints procedure. The review of these areas found them to comply with the regulations and will be discussed in more detail later in the report.

In summary, the review of information demonstrated that the provider had systems in place to ensure that the service provided to the residents was person-centred and maintained to a high standard.

Regulation 14: Persons in charge

The provider ensured that the person in charge had the necessary qualifications, skills and experience to manage the designated centre. The person in charge had arrangements in place that ensured that the service was effectively monitored and that the needs of residents were being met.

Judgment: Compliant

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 inspectors observed staff members respectfully support 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.

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 the service was safe, appropriate to residents' needs, consistent and effectively monitored.

The provider had also ensured that the service was well-resourced with high levels of staffing each day; the management and staff team were providing a service that was appropriate to the needs of each resident. The review of information also demonstrated that the provider had identified areas that required improvement through auditing and had addressed the majority of issues.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge submitted notifications for review by the Chief Inspector per the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

Residents were provided with information regarding the provider's complaints process. The inspector reviewed the complaints records and found a complaint was lodged in 2023. The provider and person in charge had responded to the issues identified by the complainant. They conducted an investigation and met with the complainant, ensuring they were satisfied with the outcome.

Judgment: Compliant

Quality and safety

As noted earlier, the provider had ensured that the residents received a service tailored to their needs. Comprehensive assessments of the residents' social and health needs had been conducted. Support plans had been created that outlined the resident's strengths and areas in which they may require support. The plans contained guidance for staff members to follow to maintain a consistent approach, which was very important for some residents.

The provider and staff team were providing a service to a group of residents with varying needs. It was identified after a review of information that some of the residents' care and support levels had increased in recent months. The provider was responding to the changes, but inspectors did identify that for some residents, more attention was required to support them in engaging in meaningful activities regularly. However, inspectors note that, as mentioned earlier, most residents were involved in a range of activities in and outside their homes.

The provider had ensured that there were fire safety management systems in place. The appraisal of the systems identified issues with fire containment measures in three of the four houses. The inspector notes that the provider promptly responded to the issues, but the problems should have been addressed prior to the inspection.

The inspector reviewed the provider's systems regarding infection prevention and control (IPC) measures. The provider had ensured that the IPC practices were under close review and that they responded promptly to any issues. However, the inspector observed that the storage of mop buckets in one of the houses needed to be improved, as the buckets had been left outside and not stored appropriately per the guidelines.

During the inspection, the inspector reviewed the provider's risk management and medication management arrangements. The review found that the provider had

ensured that these were appropriate.

Regulation 10: Communication

The inspector reviewed samples of daily notes and support plans. The review showed that residents were communicated to in a manner that fitted their needs. There was guidance for how staff should respond to residents during difficult periods and there was evidence of staff members following the guidance.

Judgment: Compliant

Regulation 12: Personal possessions

The provider had developed a system to safeguard residents from financial abuse. Residents had opened bank or post office accounts. Their finances were under regular review and were audited by senior management.

Judgment: Compliant

Regulation 13: General welfare and development

Residents received appropriate care and support. There was evidence that residents had been given opportunities to participate in activities per their interests, capacities and developmental needs. Residents were also supported to develop and maintain personal relationships and links with the wider community.

Judgment: Compliant

Regulation 17: Premises

Inspectors visited all four houses. The houses were in a good state of repair, were clean and well presented. Inspectors found that efforts had been made to promote a homely atmosphere in each home and that residents had been supported in decorating their rooms.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had ensured that there were appropriate systems regarding risk management. There were arrangements for identifying, recording, investigating, and learning from adverse events. Adverse incidents were reviewed as part of team meetings, and learning was prioritised to reduce the risk for residents and staff.

The risk control measures were found to be proportionate to the identified risks, and the assessments were under regular review to reflect the changing needs of the residents.

Judgment: Compliant

Regulation 27: Protection against infection

For the most part, 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 kept up to date and was available for staff to review. The staff team had also received appropriate IPC training.

An inspector did identify that mop buckets used when cleaning one of the residents' houses had been left outside for a prolonged period. This was not best practice.

Judgment: Substantially compliant

Regulation 28: Fire precautions

As noted earlier, the inspectors visited the four houses. Fire containment measures were reviewed in all, and it was found that in three of the houses, a number of doors were not closing fully, meaning that the fire containment measures were ineffective. While the provider responded quickly and rectified the issues, inspectors were not assured that the systems the provider had in place to test fire containment were effective as the fire doors not closing had not been detected prior to inspectors identifying this issue..

The provider had ensured that appropriate fire detection and fire fighting equipment were available. The staff team had received suitable training in fire prevention and emergency procedures. The provider had also demonstrated that they could evacuate residents safely from their homes.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

An inspector reviewed the medication management practices and found appropriate and suitable practices relating to ordering, receiving, prescribing, storing, disposing, and administering medicines.

Regular audits were conducted by the person in charge and senior management. There were examples of the provider identifying and addressing areas that required improvement.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

As discussed earlier, the provider and person in charge ensured that comprehensive assessments of the residents' social and healthcare needs were conducted. Care plans were devised to guide staff on how to support the residents. While residents had been supported to identify social goals, some improvement was required to how this practice was captured and how completion of the goals was recorded.

Judgment: Compliant

Regulation 6: Health care

Residents received appropriate healthcare. Their health care needs were under regular review, and there was evidence of residents accessing allied healthcare professionals if required.

Judgment: Compliant

Regulation 7: Positive behavioural support

The review of information found that positive behavioural support plans had been developed for some residents. Residents' behaviours of concern were under regular review, and the provider had responded to the changing needs of residents by

providing enhanced training to staff members and ensuring that every effort was made to identify and alleviate the cause of the residents' challenging behaviours.

Judgment: Compliant

Regulation 8: Protection

The person in charge and the provider had, if required, carried out investigations into safeguarding concerns. Residents had been provided with information regarding maintaining their safety, and the staff team had been supplied with training concerning safeguarding residents and the prevention, detection and response to abuse.

Judgment: Compliant

Regulation 9: Residents' rights

Inspectors found throughout the inspection that the residents' rights were promoted and respected by those supporting them. There were numerous examples of residents making decisions regarding their daily lives and the support they wanted to receive. There were examples of the provider and the staff teams respecting the residents' decisions and caring for them in the manner the residents wanted.

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 14: Persons in charge	Compliant
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
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Substantially 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-0033982

Date of inspection: 23/01/2024

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 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <p>Staff have been directed to ensure they are adhering to the MyLife Cleaning Policy, and all staff in MyLife have up to date Infection Prevention Control training.</p> <p>An audit is scheduled to take place on week commencing 5th March 2024 to ensure full compliance of this.</p> <p>All cleaning schedules have been updated to reflect the correct storage and upkeep of mop buckets.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>The fire doors had been serviced in a timely fashion and had been certified at time of inspection.</p> <p>It is acknowledged that on the day of inspection some doors had not fully clipped into the door frame.</p> <p>All fire doors have been fully retested and are all compliant.</p> <p>Fire checks completed by staff have been edited to reflect recommendations</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 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	08/03/2024
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	25/02/2024