



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

## Issued by the Chief Inspector

Name of designated centre:	My Life - Croí
Name of provider:	MyLife by Estrela Hall Limited
Address of centre:	Louth
Type of inspection:	Unannounced
Date of inspection:	31 August 2023
Centre ID:	OSV-0008459
Fieldwork ID:	MON-0039591

## About the designated centre

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

The centre is a detached four bedroom house that can cater for four residents with low to medium support needs. Each resident has their own bedroom and one is en-suite. The centre is on the outskirts of a large town and residents can access the town by the centre's vehicle, by bus or by walking. The centre is staffed 24 hours seven days a week by one carer and is managed by a person in charge with the support of a team leader.

**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
Thursday 31 August 2023	10:15hrs to 18:30hrs	Karena Butler	Lead

## What residents told us and what inspectors observed

On the day of the inspection, the inspector found that the governance and management arrangements in the centre facilitated good quality, person-centred care and support to residents. Residents were supported to contribute to the running of the centre and they engaged in meaningful activities.

The inspector had the opportunity to meet all three residents living in the centre. Two residents arrived back at the end of the inspection and they chose not to speak to the inspector other than to say hello. The other resident spoke independently to the inspector. They said they liked living in the centre and that the staff were nice to them, they also said they liked staying up late each week to watch the wrestling which staff respected as their right to do this in their own home.

One resident baked scones on the day for everyone to enjoy. The resident was a great host and made several cups of tea or coffee for the inspector as well as checking in with them to see if they needed anything else.

In addition to the person in charge, there was one staff member on duty during the day of the inspection. The person in charge and a staff member spoken with demonstrated that they were familiar with the residents' support needs and preferences.

The inspector was shown around the centre by one resident, the house appeared tidy and very clean. The sitting room had a television and a subscription television package available for use. The inspector observed that several pieces of one resident's mother's art work was displayed in the sitting room.

Each resident had their own bedroom and one resident had an en-suite facility. There was sufficient storage facilities for their personal belongings in each room. Residents' rooms had personal pictures displayed and each room was personally decorated to suit the personal preferences of each resident. For example, one resident's room had their own art work tastefully displayed. The centre had an adequately sized back garden with a garden table and chairs.

As part of this inspection process residents' views were sought through questionnaires provided by the Health Information and Quality Authority (HIQA). Feedback from the questionnaires was returned by two residents and was provided by the residents themselves. Staff representatives helped to support their understanding of the questions and the completion of the form itself. They communicated that they were happy or neutral with all aspects the care and supports provided in the centre.

The inspector also had the opportunity to speak to two family members of different residents that had called to either visit their family member or drop a resident home. They communicated that they were happy with the service provided. One family

member said that staff treat their relative respectfully and that they were approachable if they had any concerns. They said that their relative can come and go as they please. The other family member communicated that their relative seemed to really like the centre and liked coming back to it after family visits.

The provider had also sought resident and family views on the service provided to them by way of a questionnaire and through an unannounced visit to the centre. Feedback received indicated that residents and families communicated with were happy with the service provided.

The next two sections of this report present the findings of this inspection in relation to the governance and management in the centre, and how governance and management affects the quality and safety of the service being provided.

## Capacity and capability

This inspection was undertaken following the provider's granted application of registration of the centre in order to assess if they were operating within compliance with the S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (the regulations). This was the first inspection of this centre since it opened in March 2023.

Overall, the provider and person in charge had ensured that there were effective systems in place to provide a good quality service to residents.

There was a defined management structure in place which included the person in charge. They provided good leadership to their team and were familiar with the residents support needs.

The provider had completed an unannounced visit to the centre as per the regulations. There were other local audits and reviews conducted in areas, such as COVID-19 and respiratory health and health and safety audits.

There was a planned and actual roster in place. A review of the rosters demonstrated that there was sufficient staffing in place to meet the assessed needs of the residents at the time of the inspection.

There were supervision arrangements in place for staff. In addition, the provider ensured that staff had the required training to carry out their roles. For example, staff had training in fire safety and a number of areas that related to infection prevention and control (IPC).

The inspector reviewed a sample of recent admission transition plans and there was evidence of the residents being supported to visit the centre prior to their admissions. Each resident had a contract of care which described the services

available to them and if any fees would apply.

### Regulation 14: Persons in charge

There was a suitably qualified person in charge in place managing the centre. The person in charge worked in a full-time role managing two centres. They were supported in their role by a team leader in each centre.

The person in charge demonstrated a good understanding of residents and their needs. In addition, they had appropriate systems in place to ensure the service provided was monitored on an ongoing basis.

Judgment: Compliant

### Regulation 15: Staffing

Staff had the necessary skills to meet residents' assessed needs. There was a planned and actual roster maintained that reflected the staffing arrangements in the centre.

A sample of staff personnel files were reviewed and the provider had ensured that the required documents and information were present for employees.

Judgment: Compliant

### Regulation 16: Training and staff development

The provider ensured that staff had access to a suite of training and development opportunities. For example, staff had mandatory training as well as other training deemed necessary by the provider in order to support the residents, such as fire safety training. Staff had received additional training to support residents, for example in human rights. Further details on this have been included in what residents told us and what inspectors observed section of the report.

In addition, there were formal supervision arrangements in place for staff as per the organisation's policy.

Judgment: Compliant

## Regulation 23: Governance and management

There was a defined management structure in place which included the person in charge and the director of care for the organisation.

The provider had recently completed an unannounced visit to the centre to assess how they were operating within compliance. It also provided for consultation with residents and their family representatives. The person in charge arranged for regular team meetings to occur to ensure the team was kept appropriately informed and to promote consistency among the team.

There were other local audits and reviews conducted in areas, such as restrictive practices, complaints, finance and health and safety.

Judgment: Compliant

## Regulation 24: Admissions and contract for the provision of services

Prospective residents were provided with an opportunity to visit the premises in advance of admission. In addition, the residents were afforded a contract of care that reflected the current living environment and if any fees would apply.

Judgment: Compliant

## Quality and safety

Overall, the inspector found that the residents in this centre were supported to enjoy a good quality life. The provider was striving to ensure that residents lived in a supportive environment where they were empowered to live as independently as possible and that their rights were respected.

The provider had ensured that assessments of residents' health and social care needs had been completed. Care and support was provided in line with their care needs. Personal plans included communication plans and there was clear information to help guide staff on how best to communicate with each resident.

The inspector found that restrictive practices were logged and a schedule of review was in place. It was evident that efforts were being made to reduce restrictions to ensure the least restrictive were used for the shortest duration.

The centre was being operated in a manner that promoted and respected the rights



of residents. Residents were being offered the opportunity to engage in activities of their choice and how they spent their day.

Residents had access to snacks and drinks at all reasonable hours. They were supported to buy and cook meals as per their preferences.

The inspector observed that the premises appeared comfortable and found it to be very clean. It was tastefully decorated which included artwork made by a resident and or their family member.

There were systems in place to manage and mitigate risk and keep residents safe in the centre. There was a policy on risk management available and each resident had individual risk assessments on file were appropriate so as to support their overall safety and wellbeing.

There were systems in place for fire safety management and the centre had suitable fire safety equipment in place. There was evidence of periodic fire evacuation drills taking place and up-to-date personal emergency evacuation plans (PEEPS) in place which outlined how to support residents to safely evacuate in the event of a fire.

### Regulation 10: Communication

Residents had access to a television and internet services. There were communication plans in place for residents. However, some plans required further review to ensure all applicable information was contained in the main communication plan as the inspector observed additional applicable information in different areas. This appeared to be more of a documentation issue and did not appear to impact the staff on duties knowledge in the area as they were clear as to residents' communication supports. The person in charge assured the inspector that all information would be compiled into one document.

Judgment: Compliant

### Regulation 17: Premises

The premises was observed to be homely and tastefully decorated. It was appropriate in meeting the assessed needs of the residents and it was found to be very clean and in a good state of repair.

Judgment: Compliant

## Regulation 18: Food and nutrition

There were arrangements in place that ensured residents were provided with options of adequate nutritious food that was consistent with their dietary preferences. In addition, residents had access to snacks and drinks at all reasonable hours.

However, it was not evident that a resident's choice to not eat certain foods was explored with them and the person in charge assured the inspector that a piece of work would be undertaken to explore this.

Judgment: Compliant

## Regulation 26: Risk management procedures

There were appropriate systems in place to manage and mitigate risks and keep residents and staff members safe. For example, there was a risk management policy. In addition, centre specific and individual risk assessments had been developed and control measures in place as required. In addition, all incidents were reviewed by the person in charge and seen to be appropriately dealt with.

Additionally, the centre's shared vehicle was observed to have an up-to-date national car test (NCT), tax, insurance and was recently serviced.

Judgment: Compliant

## Regulation 28: Fire precautions

There were suitable systems in place for fire safety management, for example the centre had fire safety equipment in place which was scheduled for quarterly servicing. There was evidence of periodic fire evacuation drills taking place. In addition, drills had taken place with maximum numbers of residents participating and minimum staffing levels. Furthermore, each resident had an up-to-date PEEPS in place which outlined how to support them to safely evacuate in the event of a fire.

The inspector had a query as to the coverage of the fire alarm system in place. The provider gave adequate assurances to the inspector after the inspection that the alarm coverage was suitable for the premises.

Judgment: Compliant

## Regulation 5: Individual assessment and personal plan

Each resident had an assessment of need completed and there were personal plans in place for any identified needs.

In addition, residents were supported to develop life goals for themselves to work on for the coming year. For example, one resident wanted to undertake a barbers course.

Judgment: Compliant

## Regulation 6: Health care

Residents' healthcare needs were assessed, and appropriate healthcare was made available to each resident. For example, they had access to a general practitioner (G.P), psychiatry, speech and language therapy and diabetic nursing services.

Judgment: Compliant

## Regulation 7: Positive behavioural support

The inspector reviewed the arrangement in place with regard to restrictive practices. There was one identified restrictive practice in place which was a chime placed on one particular door to alert staff if a resident decided to leave without informing staff. The provider had deemed this to be the least restrictive on the resident. There were plans to review restrictive practices every six months in the centre and they had been reviewed in August 2023.

Judgment: Compliant

## Regulation 9: Residents' rights

Residents were assisted and empowered to exercise choice and control across a range of daily activities and had their choices and decisions respected. Some methods by which the centre was demonstrating this was by conducting regular residents' meeting to ascertain their feedback and keep them informed of important information. In addition, the provider had a satisfaction survey and an activity and skills access questionnaire conducted with residents in July 2023. One resident

communicated to the inspector that they felt listened to.

Furthermore, the centre had recently run an election to vote one resident from the centre to the residents' council to represent their fellow peers on organisational decisions that may affect them.

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 9: Residents' rights	Compliant