Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Morlea House
Name of provider:	St Christopher's Services Company Limited by Guarantee
Address of centre:	Longford
Type of inspection:	Unannounced
Date of inspection:	23 February 2026
Centre ID:	OSV-0001842
Fieldwork ID:	MON-0049112

About the designated centre

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

Morlea House comprises a large two-storey house in Co. Longford. On the ground floor there is a bright entrance hall, six bedrooms, of which two are en-suite, an accessible large kitchen and dining area, sitting room and office space. On the first floor there is storage and office space. There is an accessible garden and outdoor seating area at the side of the residence. Morlea House can accommodate a maximum of six male and female adult residents from 18 years to the end of life, where appropriate, who have intellectual disability, with high support and complex needs. Residents are supported by a team of nursing staff and social care workers under the direction of a person in charge.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4

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 (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
Monday 23 February 2026	08:35hrs to 16:15hrs	Mary McCann	Lead
Monday 23 February 2026	08:35hrs to 16:15hrs	Angela McCormack	Support

What residents told us and what inspectors observed

This unannounced follow-up inspection was carried out due to the seriousness of the levels of non-compliance found on the previous inspection which was completed in October 2025. The registered provider is St Christopher's Services Limited.

At the time of the last inspection inspectors found that there was a significant failure by the management team to ensure that residents were protected and cared for by staff who were familiar to them.This resulted in the Chief Inspector of Social Services issuing a warning letter to the registered provider on the 19 November 2025, requiring improvements to be made to the service they were delivering to residents, and if they did not do this they would be subject to further regulatory actions by the Chief Inspector.

Following this inspection, the provider submitted a compliance plan detailing work they proposed to complete to come into compliance with the required regulations. Inspectors found that these actions were completed or were in the process of completion and had greatly improved the quality of life of residents accommodated in the centre. There had been significant improvements in the oversight and governance of the running of this centre and there had been a concerted effort by the management team to make improvements to the service delivered to residents living in Morlea House. These improvements are further detailed under the specific regulations in this report.

Morlea House is registered to provide care to six residents. There were four residents accommodated in the centre at the time of this inspection. Inspectors met with all residents, four staff members, the person in charge and the area manager for residential and respite services.

Inspectors spent most of the day in the dining-cum-kitchen area and observed practices at the centre and interactions between residents and staff. Inspectors spoke with all residents. Some of the residents who lived in the centre did not have the verbal capacity to speak with the inspector, but were able to make their choices known by pictures or signs and staff could describe to the inspectors the meaning of the communication expressed by residents. Residents looked well and their hair was well groomed and they had lovely clothes. Residents indicated to inspectors that they were happy living in the centre, that staff treated them well and they attended activities that they liked. The quality of the service delivered to residents was enhanced by the provider ensuring that adequate consistent resources were available to ensure the care and welfare of residents was prioritised and protected.

Inspectors spoke with five staff members, four of which had worked in the centre for considerable periods of time and one staff who was recently recruited. The staff member who was recently recruited confirmed that they had undergone an induction programme and were supported by other long-term staff. They were

recruited to work specifically with a resident who had recently been admitted to the centre. Inspectors also spoke with the person in charge and the area manager for respite and residential services. Inspectors also reviewed relevant documentation to form judgments on the quality and safety of the care and support provided to residents. There were three staff on duty when the inspectors arrived and as this was early in the morning, staff were assisting residents with early morning care needs, getting up and dressed, having breakfast and preparing for the day. Staff were noted to be chatting to residents as they went about their work in a caring and kind way. The person in charge commenced work at 9:30am, which was as documented on the staff rota.

Inspectors observed that bedrooms were personalised and living areas were clean and bright with personal items of residents displayed. One resident attended day services five days per week. A wheelchair accessible minibus was available to support residents attending activities. Some of the other residents attended sessions in day services and at other times were partaking in activities arranged by centre staff. Some residents went for lunch to the cafeteria where they met their friends from day services and other local services Staff were observed to be assisting a resident with mobility in the afternoon.

In summary, from what residents told the inspector and what the inspectors observed, coupled with reviewing documentation, the inspectors were assured that residents enjoyed a good quality of life and were supported to stay in regular contact with their family and friends.

The next two sections of the report outline the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of care and support provided to the residents.

Capacity and capability

Overall, the findings of this inspection supported that this service had improved since the last inspection and residents were supported by a staff team who provided a safe person-centred service to them. The provider and the staff team had worked with the compliance plan from the last inspection and had completed the majority of the actions. This had enhanced the service provided to residents including consistent staffing, revised risk management procedures, a more varied activity schedule and strengthening the procedures to ensure a safe admission or transfer of residents to Morlea House.

Clear governance and management structures were in place which ensured that the running of the centre was monitored to protect the safety and welfare of residents. There was a strengthened governance process for obtaining agency staff who were only employed when all other options had been explored and with the consent of

the manager on call who had oversight of all services, as a specific system was in place for Morlea House due to the complex needs of residents.This included a system where locum staff who were familiar with the needs of Morlea House residents were transferred from other centres.

A new person in charge had commenced in post since the last inspection. They had the required qualifications and experience as required by the legislation. The person in charge facilitated the inspection and was found to be knowledgeable of the needs of residents.

Regulation 15: Staffing

Inspectors found that there was adequate staff with the required skills to meet the assessed needs of residents on the day of inspection.

The inspectors reviewed the staff rotas for February 2026. An actual and planned rota was in place. At the time of the last inspection, the resourcing of appropriate consistent staffing required review. Following the last inspection, the registered provider had committed that due to the complex needs of residents accommodated in Morlea House, a consistent staff team would be available to meet the assessed needs of residents. The senior nurse maintained the staff duty rota and confirmed that there was one staff vacancy at the current time which was being recruited for. They also confirmed that there was no concerning turnover of staff. Two care staff and the nurse on duty were present when the inspectors arrived. Later in the morning, a further carer who was a specific support for one resident, and the person in charge, arrived. This was the usual staffing levels Monday-to-Friday and the person in charge was not on duty at weekends. The night-time staffing arrangement was two staff members: a nurse and a care staff member. An established staff team was available which was crucial to ensuring continuity of care in this service due to the assessed needs of residents. Having adequate consistent staff also facilitated residents to access activities of their choice. The staff team was familiar with residents' wishes and the assessed needs of residents, for example what time they liked to get up at, what they enjoyed doing, for example: going to music sessions, yoga, exercise classes or a walking club.

Judgment: Compliant

Regulation 23: Governance and management

Following the last inspection, the registered provider had committed to ensuring the governance and management arrangements in this centre would be improved and inspectors found that this had occurred.

One area that still required improvement was ensuring that documentation was fit for purpose. There were some documents reviewed which were not dated, leading to the risk of confusion by staff regarding which document was the most up to date. For example, in an induction folder for new staff, a resident's needs assessment stated that if the resident had a seizure they should attend the local emergency department (ED), however a care plan in another folder stated the resident should be administered emergency medication by the centre staff.

The person in charge had completed an annual review of care and support provided at the centre for 2025 in January 2026 and as part of this had sent satisfaction surveys to relatives. One survey which was returned by family members stated that improvements could be made to the care and support for their loved one. The person in charge and the area manager told the inspectors that they were due to meet with the family members to discuss their concerns.

Every six months unannounced provider visits were being completed by personnel independent of the service. Where deficits were identified these were addressed by the person in charge. Regular staff meetings were occurring and minutes were reviewed for meetings held on the 28 October 2025 and 27 November 2025. These showed a good attendance by staff and included a discussion on residents' needs and the running of the centre.

The provider had systems in place to monitor the running of the centre. Where issues were identified following the last inspection, the provider had made many improvements which contributed to stronger governance. For example, reviewing the transfer arrangements for residents moving into or out of centres, recruitment of staff, staff training in specific needs of residents and risk management procedures.

Judgment: Substantially compliant

Quality and safety

Overall, the inspectors found significant improvements in the quality and safety of care provided to residents living in Morlea House since the last inspection. Residents' needs were assessed on an ongoing basis and support plans were developed and reviewed as and when required. These provided clear guidance to staff on how best to support residents with their individual needs. Residents were supported at times of illness including in the event of hospital admission by the centre staff. A hospital passport was in place to assist residents with communication and needs in the event of being transferred to hospital. A collaborative approach to care was evident with Multidisciplinary professional and family representatives being involved. Residents had access to multidisciplinary team (MDT) members, and aids and appliances to support their care and promote their safety were available. Risk assessments were in place that identified control measures to mitigate any identified risks of harm.

Residents were also supported to exercise their rights and had access to independent advocacy services. The use of easy-to-read material, pictures and visual timetables were available to support residents in making choices in their lives and to communicate their needs.

Regulation 17: Premises

The registered provider had ensured that the premises were designed and laid out to meet the aims and objectives of the service and the number and needs of residents. The centre provided a comfortable spacious home to residents.

Morlea House is a large, two-storey house situated on the outskirts of a busy town with many amenities available to residents, for example, a swimming pool, hotels, restaurants, library, and some nice walking paths in the local area. Morlea House provides a comfortable home to residents with adequate personal and communal space. On the ground floor there are six bedrooms, two of which have en-suite facilities, a large kitchen-cum-dining area, a sitting room and office space. On the first floor, there is storage and office space. A garden and outdoor seating area is available to the side of the house. There is a small enclosed courtyard area.

Judgment: Compliant

Regulation 25: Temporary absence, transition and discharge of residents

There have been improvements to the the referral and admission process at the centre to ensure a safe and orderly transfer of residents transferring into or leaving Morlea House.

At the time of the last inspection, the provider had committed that no further admissions would occur to Morlea House until the centre achieved a good level of compliance. Consequently there were no admissions since the last inspection and therefore there were two vacancies at the time of this inspection.

There was a policy on admissions, including transfers, discharge and the temporary absence of residents. This was reviewed by the inspector. The area manager explained that the transition process for a resident who transferred into Morlea House had been reviewed and strengthened and now involved having consistent and adequate staff in the centre prior to a transfer, compatibility assessments being carried out on the resident who was being transferred and on all residents living in the centre. In addition, communication with family members and greater consultation and communication with the staff team of Morlea House was integral to the process.

Access to advocacy services for residents accommodated in Morlea House was also available . This meant, that residents had an independent voice for their views on admissions to the centre. Depending on the needs of the resident been admitted to the centre, governance arrangements ensured that appropriate training would be made available to staff to ensure they had they had the required competences to meet the needs of the person being admitted.

Judgment: Compliant

Regulation 26: Risk management procedures

There was a comprehensive risk management policy which complied with Regulation 26. Risk management procedures had improved at the centre since the last inspection.

At the time of the last inspection, inspectors found that risk management procedures were not compliant and required review. At the time of this inspection, inspectors found that there had been a review of risk management procedures and risk management had improved. Improvements included a review of the risk register to include a live risk register, ensuring risk ratings were proportionate and the measures in place to mitigate risks were clearly documented. Risks added since the last inspection included adequacy and consistency of staffing levels and the protection of residents' rights. In addition, each resident's personal risk assessments was also reviewed and updated.

Risk management training had also been delivered to staff of Morlea House on the 12 December 2025 to ensure their knowledge, as well as staff completing specific training in dementia care.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Inspectors found that the service supported residents with their needs. This was done through ongoing assessments and the development of support plans. The service strived to try and ensure that the centre met the individual needs of residents. A sample of two residents' files were reviewed. Inspectors found that residents had a comprehensive assessment completed of their health, personal and social care needs. Support plans were developed, and kept under ongoing review and updated where changes occurred. Residents' healthcare needs were also kept under ongoing review. MDT meetings occurred where residents' needs were

discussed and reviewed with the relevant healthcare professionals. This meant that the most appropriate supports could be identified and provided in a timely manner.

The individual assessed needs of residents were met through access to various aids and appliances and in ensuring that the accommodation; including bedrooms, met their needs. Inspectors were informed that there were plans in progress for a sensory room to be developed at the centre. This would provide a soothing and calming sensory experience for residents to relax particularly when it was not feasible due to inclement weather to access the community .

Residents were also supported to identify personal goals for the future that were meaningful to them. This was done through a person-centred planning (PCP) process. These goals were developed into individual 'person-centred plans' that included photographs of residents' various achievements. On the day of inspection, one resident was having their PCP meeting with support and input from key staff. In addition, inspectors were informed and could see in personal plans, that actions were in progress to support residents with bigger goals such as travel abroad for example.

Judgment: Compliant

Regulation 8: Protection

Inspectors found that the systems for ensuring residents' protection had improved in the centre and residents were protected from harm.

All residents living in Morlea House required supports with all aspects of their daily living. Therefore, their ongoing protection was very dependent on a consistent and knowledgeable staff team supporting them. Since the last inspection, the service had reduced its' use of agency staff and had developed more robust systems to ensure that emergencies and protection risks were reported, and responded to promptly. This included contingency arrangements that did not involve the use of temporary staff as an initial response. It also included a more streamlined induction process for new staff members to ensure that they are aware of key information required to safely support residents, in a timely manner. However, further improvements were found to be required in staff induction information, this is covered under Regulation 23: Governance and Management, as it relates to gaps in documentation and the oversight of such.

Staff members spoken with were knowledgeable about residents' needs and their preferred way of communicating. They described how they would recognise if residents were upset and they were observed being responsive to resident's various communications during the inspection. In addition, staff spoken with were aware of the procedures for reporting concerns. There were also posters on display in the centre that gave information on reporting concerns and to whom. Where concerns of a safeguarding nature occurred, these were followed up in line with the

safeguarding procedures and development of safeguarding plans. Inspectors reviewed documentation for two safeguarding plans and could see that these were kept under review, and actions identified were completed.In addition, through a review of two residents' personal files, it could be seen that these clearly described how to support residents with personal and intimate care needs.

Judgment: Compliant

Regulation 9: Residents' rights

The inspectors found improvements in the promotion of residents' rights and residents were consulted regarding how they lived their lives.

The inspectors found that staff members and the management team strived to advocate for residents' rights with external bodies. For example since the last inspection, one resident was experiencing difficulty in accessing their finances with a financial establishment that they used. Inspectors were told, and could see in documents, about the efforts that staff members made to support the resident with this and in getting their wishes heard. Furthermore since the last inspection, three residents had met with an independent advocate for an initial meeting about various rights' based issues. This was reported to be in progress with further meetings due. In addition, the inspectors found that residents were consulted in the running of the centre through regular meetings, where their everyday life choices and input about the centre was sought. Residents were provided with easy-to-read information on various topics such as rights and advocacy services. Social stories and easy-to-read guides were also in place for specific topics, such as the use of restrictive practices and health care interventions. The use of pictures and visual schedules were in place to further support residents with choices and consent for activities. In addition, it was clear that residents' religious preferences and spirituality were respected with residents being supported to attend religious ceremonies and visit family graves.

In addition, residents' choices about activities that they took part in were explored. It was clear from communications and documentation reviewed, that staff members strived to establish residents' choices and preferences. For example, a record was maintained of daily activities that residents took part in. A monthly review then occurred which noted activities enjoyed, and those that the residents disliked. Person-first language was used in care plans and included reminders of ensuring rights, privacy and dignity were respected. Staff spoken with talked about residents in a respectful and dignified way.

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	Substantially compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 25: Temporary absence, transition and discharge of residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Morlea House OSV-0001842

Inspection ID: MON-0049112

Date of inspection: 23/02/2026

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 23: Governance and management	Substantially Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:

The Person in Charge has reviewed each resident's documentation to ensure that all documentation is dated and accurately corresponds with each resident's assessed support and care needs.

The Person in Charge has reviewed and updated the Induction Folder to ensure all information and documentation contained within the folder, either related to each resident or the operation of the designated centre is accurate.

On review of the induction folder, it was determined that a more condensed induction resource was required if temporary staff are working in the centre, alongside permanent staff. An induction resource has been developed to support temporary staff to easily access key information on residents' assessed support and care needs and to ensure safe and effective service provision.

The Person in Charge will ensure the induction folder and induction resource is reviewed monthly so that all information and corresponding documentation within the folder remains up to date and accurate to avoid any confusion.

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 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	25/02/2026