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:	Morella House
Name of provider:	Nua Healthcare Services Limited
Address of centre:	Kildare
Type of inspection:	Unannounced
Date of inspection:	17 June 2025
Centre ID:	OSV-0008046
Fieldwork ID:	MON-0047361

About the designated centre

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

This designated centre provides full-time residential support to up to four male and female adults with a diagnosis or intellectual disability and autism, as well as specific needs including diabetes, epilepsy and responsive behaviours. The service is managed by a person in charge and a team of social care and support workers. Support is provided in a bungalow in a rural setting, with a main house and two adjacent apartments providing single-occupancy accommodation. Residents have access to services of the service provider's multidisciplinary team including occupational therapy, behaviour support therapy, psychiatry and psychology.

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
Tuesday 17 June 2025	10:45hrs to 19:00hrs	Gearoid Harrahill	Lead

What residents told us and what inspectors observed

The inspector had the opportunity to meet and chat with all four residents and their direct support staff, as well as speak with family members. The inspector also observed the residents' daily routine and activities, read care and support plans, and reviewed safeguarding investigations with the person in charge, as evidence to indicate the quality of care and support delivered by the provider. The inspector also used solicited and unsolicited information received to the Chief Inspector of Social Services about this centre, to review how the provider had responded to ongoing safeguarding matters and concerns arising in the quality and safety of residents.

The inspector observed residents having a happy and relaxed day, and getting into their local community with the support of their front-line staff. One resident enjoyed shopping and going to the park, and another resident went out for the day with their family. Residents also enjoyed lunch together, relaxed in their living spaces watching television or engaging in sensory exploration. One resident had a large collection of Lego models and spend much of the day building a new set they had bought.

The inspector reviewed records and spoke with staff regarding current objectives for life enhancement, opportunities for social and recreational engagement, and objectives related to the exercise of their legal, social and civil rights. Residents were supported in their activities of daily life such as washing, dressing and doing household chores. One resident had an objective in process to attend to their personal care and hygiene with reduced reliance on staff. Another resident was supported to maintain a healthy routine for toileting, which had the desired outcome of both protecting their dignity and opening up opportunities to pursue in their community. The inspector observed evidence of praise and encouragement by staff to build residents' confidence and skills to engage with these plans. One resident was rewarded with tokens for consistent engagement with their supports, which they spent on treats and trips. Some of the residents had objectives related to learning to use money and bank cards, understanding value and learning to budget. These had been identified to support residents to spend their money how they wished, while also understanding the implications of overspending. This was also linked to strategies to reduce restrictions on residents' finances in the centre. The actions towards achieving this objective for residents had not yet been commenced.

The residents had recently completed a taster course of activities and hobbies facilitated by occupational therapy. This included gardening, art, dance, badminton and music. Staff told the inspector what each of the residents had particularly found fun or engaging. One resident enjoyed the sensory aspect of gardening, and another resident was being supported to seek out group or individual sessions in music and dance. One resident enjoyed badminton and tetherball and had equipment for this in their garden, and staff advised they would be attending a tennis court in the community.

The inspector spoke with two residents' family members during this inspection, and also reviewed records of meetings with representatives. Their commentary on the centre, staff and management was overall positive. Where this was not the case, the inspector observed evidence that the provider was attempting to identify and assuage the concerns of the representative. The provider was collaborating with one resident and their family member to establish the latter as a decision supporter per the Assisted Decision Making (Capacity) Act 2015. Some commentary indicated where representatives did not agree with some risk control measures implemented by the provider, and told the inspector what assurances they had discussed with the person in charge to alleviate their concerns. Some commentary from representatives indicated that improvement was required in the timeliness of them being advised of the outcome of concerns raised about their loved ones. This was discussed with the centre management.

Residents' safeguarding and rights were a regular topic of discussion in local staff team meetings. This included ideas for community engagement, changes in restrictive practices and risk controls, investigations and outcomes related to residents' safety, and residents' access to external advocacy. Ad-hoc meetings were also held to gather evidence related to safeguarding concerns. In a recent example of this, staff demonstrated how they protected and advocated for a resident who they observed being spoken about disrespectfully in the centre on multiple occasions.

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

Capacity and capability

This inspection was unannounced and completed to review the arrangements the provider had to ensure compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the National Standards for Adult Safeguarding (Health Information and Quality Authority and the Mental Health Commission, 2019).

In the main, the inspector found that this service was ensuring that residents' human rights of fairness, respect, equality, dignity and autonomy were upheld by staff. The provider had arrangements in place to ensure that residents were supported by a familiar and consistent staff team, and staff overtime hours and a limited number of relief personnel ensured that shifts affected by current vacancies were filled.

Team meetings discussed topics meaningful to the protection and safeguarding of residents, including risk controls, incidents and adverse events, and changes to residents' support needs. The person in charge supervised the performance,

competency and key-working duties of staff through regular one-to-one meetings. The provider also called ad-hoc meetings with staff as part of safeguarding investigations into allegations of abuse or misconduct.

Regulation 15: Staffing

There were sufficient staffing levels in the centre, and staff had the skills and experience to meet the needs of residents and to keep them safe.

The inspector met with the person in charge who advised there were staff vacancies in the centre amounting to two whole-time equivalent posts. The posts were due to be filled by personnel who had been recruited for another service but had been identified for allocation to this centre in the coming weeks to bring the centre to its full complement. The needs of the residents had been assessed, and the staffing requirement was provided in line with their needs, including residents who required multiple staff allocated to their living space.

The inspector reviewed a sample of worked rosters for May and June 2025, and found consistent staff had been provided. Shifts affected by the current vacancies and general leave and absences had been primarily filled using overtime hours of the core staff team, and limited use of relief personnel to ensure shifts were filled. The provision of consistent staff facilitated residents being supported by staff who knew them and their support needs well, and were responsive to their choices.

The inspector did not review staff files and documentation on staff members' qualifications, references and Garda vetting, as per Schedule 2 of the regulations, on this occasion as this information was not available for inspection.

Judgment: Compliant

Regulation 16: Training and staff development

The inspector reviewed the records of supervision meetings for four staff members in this designated centre. The minutes of these meetings included meaningful discussions to support staff in their respective roles. This included how line managers could support staff who were new or recently promoted in their role, and staff who raised concerns regarding the working environment. Where safeguarding allegations involved staff members, the inspector observed that these were discussed with staff involved and where support was offered.

The provider had identified a training requirement for staff in the use of Lámh (a manual sign system used by people with intellectual disability and communication needs in Ireland) to support the communication of residents and was in the process of rolling this training out to the team. Staff commented that they had attended

training in the human rights of people with disabilities. The person in charge provided examples of how this training was being used to inform personal development goals for residents.

Judgment: Compliant

Regulation 23: Governance and management

The inspector reviewed an inspection report of the quality and safety of care and support in this designated centre, composed by the provider in May 2025, and this was discussed with the person in charge. In this report, the provider assessed the service as requiring actions in 13 of 20 areas reviewed to come into compliance with policies, standards and regulations. In the main, the findings of this inspection report were generic in nature and did not outline the evidence and findings gathered from the residents, premises, staff, documentation or observations in this centre, to evidence compliance, to highlight areas of good practice and areas in which opportunities for improvements were identified. As such, the actions set out were not specific or measurable and did not connect to the findings of the inspection report. For example, where residents' care needs, staff training, assessments or evaluations were noted as having gaps, it was not clear what or how many of same were identified for the relevant person to address.

The person in charge had commenced in this centre in December 2024 and demonstrated a good knowledge of their role and responsibilities under the regulations. They were supported by two shift leaders locally and by a director of operations at provider level. Team meetings were used to update staff on incidents, allegations and changes to risk assessments and controls. The inspector also reviewed records of meetings held individually or with groups of staff, relevant to safeguarding investigations and disciplinary matters. The inspector observed that staff were being supported to raise issues related to their own role as well as concerns regarding the quality of care they observed themselves in the centre.

Judgment: Substantially compliant

Quality and safety

The inspector observed examples of how the person in charge and their front-line staff team were using safeguarding principles and the human rights of people with disabilities to underpin personal care objectives. This included enhancing residents' ability to communicate and make choices, facilitating positive risk taking, and educating residents in managing their finances. Some of these plans were in their infancy and had not yet had specific and measurable actions set out to achieve

these outcomes. However, where this had been done, information was evidence-based and person-centred.

A range of restrictive practices were in effect in this designated centre, with a clear policy on the requirements and evaluations required to evidence maintaining or reducing these practices. Practices were subject to regular review by the person in charge and the behavioural therapist, and the inspector observed examples of where it had been decided that restrictions could be removed as the associated risk was decreased or mitigated through another means. Some of these reduction strategies had not yet been developed, or changes in the support plans not implemented in practice. Where physical holds were used as a last resort measure, the person in charge demonstrated how they maintained oversight of these to ensure that all staff responded to risk in accordance with the resident's support plan and had exhausted all other measures prior to using physical holds.

Regulation 10: Communication

The inspector met with residents whose primary means of communication did not involve full use of speech, and observed good examples of how the staff supporting them confirmed their choices and asked them questions. The provider was in the process of rolling out training to staff in Lámh sign language used by two of the residents to support staff to understand and effectively communicate with residents.

The inspector reviewed a sample of communication support plans which outlined guidance to staff in understanding residents. This included guidance on key words, social stories, picture exchange and "first and then" planning for daily activities. The provider did not have evidence available that these plans had been subject to review by the speech and language therapist, however the person in charge advised that when they had identified this, they had submitted a referral in May 2025 for this to take place to further enhance these supports.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed a sample of residents' needs assessments related to safeguarding, positive behaviour support, communication and social and personal development, and the personal care plans and staff guidance developed from these assessments. In the main, assessments and plans were person-centred and evidence based. A family member met on this inspection commented that they were supported to contribute to their relative's support plan. The inspector was provided evidence that residents' supports were reviewed by the behavioural therapist and psychiatrist regularly or as required. For one resident with support requirements

related to their communication, they had not been subject to an assessment by a speech and language therapist. However, a referral had recently been submitted by the new person in charge on identification of same.

The inspector spoke with the person in charge and two shift leaders regarding assessed needs and support plans related to personal development, life skills and the exercise of rights. Staff gave examples of what had been identified for the residents, including supporting residents to understand their personal finances and budget money, to carry out personal care and hygiene activities with reduce staff support, and to become more independent with household chores. Residents were meeting with their keyworkers on a regular basis and developing and reviewing their goals. However, some of these objectives had not yet been commenced and the keyworker had not yet set out specific and measurable steps towards achieving the desired outcome for the residents.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

The inspector reviewed residents' positive behaviour support plans, and the provider's policy on the use of restrictive practices in the centre dated April 2024. Resident support plans detailed proactive and reactive strategies to control risks, and guidance on when and how restrictive practices should be implemented. This guidance was person-centred and informed with input from the behavioural therapist. Where physical holds were prescribed as a last resort option when responding to risks to residents or others, the staff guidance detailed the scope of techniques which were safe and effective per resident, including what types of holds were not to be used for the resident. In the first three months of 2025 holds had been utilised 46 times for one resident. The staff completed incident reports for these events, in which they detailed what strategies had been utilised prior to using physical holds. The person in charge maintained oversight of these incident reports through spot checks to verify the details recorded to be assured that staff were consistently implementing their training and guidance.

There were a number of restrictive practices in effect in this centre, including physical, environment and right-based restrictions. The provider's policy directed that where a restriction was implemented to mitigate an identified risk, it is accompanied with a measurable strategy to reduce the restriction, and that restrictions are subject to review no less often than every three months. The inspector reviewed minutes of these review meetings, most recently in April 2025, to discuss restrictions and where less restrictive alternatives were being trialled and evaluated. From these, some restrictions were identified as being retired where no longer required, such as a door alarm on one resident's bedroom. In one example, a harness used in the car had been identified for reduction to a seatbelt guard, however, this had not yet been implemented in practice. The inspector observed some restrictive practices applied in a blanket fashion for all residents. The inspector

observed that there was no associated risk assessment for the affected residents. This was discussed with the person in charge who advised that the restriction was implemented for all residents regardless of risk level due to a separate policy. Other restrictions required a separate education plan to progress in order for the restrictions to be re-evaluated, however, this had not yet commenced. Other restrictions related to resident behavioural risk had been reduced from being implemented full-time to only being used when the resident exhibited presentations which were known to precede an incident of risk for them.

Judgment: Substantially compliant

Regulation 8: Protection

The provider had policies and procedures in place to ensure residents living in the centre were safeguarded from abuse. The inspector observed evidence that staff recognised different forms of abuse, including observing how people spoke to or about the residents, or where residents' needs were not being met in a safe or appropriate fashion.

The inspector reviewed allegations of resident abuse which had been notified to the Chief Inspector in 2024 and 2025. Each allegation was subject to a screening process to determine if there was sufficient concern to progress to a full investigation. The provider also advised The Health Service Executive Safeguarding and Protection Team and An Garda Síochána as required. The conclusions of some of these investigations were not available during this inspection and were provided the following day. The person in charge and inspector discussed the importance of attaining the conclusion from the safeguarding team so that the relevant parties at centre level could be advised in a timely fashion, and that learning for future reference could be taken.

Where alleged or suspected incidents involved staff members, staff were removed from duty or allocated to a different living space pending the outcome of the investigation. The inspector observed how the provider gathered information and statements from residents, their representatives and staff members. Where required, pictures and social stories were used to support the residents to participate in the investigation process.

The inspector reviewed a sample of two personal and intimate care plans. These were detailed and gave staff clear guidance on what level of support residents needed in different care routines, and how to ensure that their privacy and dignity was maintained. Among these supports were guidance to staff on encouraging independence during personal care and reduce reliance on staff to complete these activities.

Judgment: Compliant

Regulation 9: Residents' rights

The inspector was provided information on planned initiatives to optimise residents' choices and preferences, and support them to explore new opportunities, participate in the management of their home, and get involved in their local community.

Residents' privacy and dignity was discussed with the staff team. The inspector was provided information on how residents were supported to have privacy and time alone in their bedroom. For one resident whose living environment had walls which were entirely covered with protective padding for safety, the staff advised that review was planned to identify where this could be decreased to provide a more homely environment. In this same area, staff had gradually reintroduced some household items to the resident's living space.

Staff were supporting residents through key working sessions to understand their rights and progress objectives focused on opening the resident's world. This included exploring new activity opportunities to enhance variety and develop options to include in their routine. For one resident they were being supported to appropriately use the bathroom, with the desired outcome of increased the time and distance which the resident could travel, as well as protecting their dignity. The inspector and person in charge discussed whether residents were registered to vote in their community. While plans were not yet structured at the time of this inspection, objectives set out included supporting and educating residents to understand the value of money and learn how to budget their income, which also served as the strategy to reduce restrictive practices on residents' money and bank cards. Key working sessions were also used with residents to introduce them to the principles underpinning a human rights based approach in social care.

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 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Morella House OSV-0008046

Inspection ID: MON-0047361

Date of inspection: 17/06/2025

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: 1. The Person in Charge (PIC) will review the inspection report from May 2025 in conjunction with the Quality Assurance Officer to ensure actions identified are specific, measurable and more Centre-focused. Due Date: 31 August 2025 2. All actions identified will be outlined and monitored through the internal Vi-Clarity system to ensure completion of same. Due Date: 31 August 2025 3. The Quality and Safety Lead will provide feedback to Quality Officers regarding reference to SMART and Centre-focused actions within their report following an unannounced visit to the designated Centre. Due Date: 31 August 2025	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan: 1. The Person in Charge (PIC) will conduct a full review of all Individuals' Personal Plans to ensure that all goals and outcomes are specific, measurable, achievable, realistic and	

time bound (SMART).

Due Date: 31 August 2025

2. Each identified outcome will outline specific and measurable steps towards achieving their desired goal and detailed within the Personal Plan.

Due Date: 31 August 2025

Regulation 7: Positive behavioural support	Substantially Compliant

Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:
1. The Person in Charge (PIC) shall ensure that any restrictive practice in place within the centre which affects all residents this is supported by an up-to-date Individualised Risk Assessment.

Due Date: 31 August 2025

2. All restrictive practices within the Centre will be reviewed in line with the Policy on Use of Restrictive Procedures [PL-C-05] which will ensure where any restriction is utilised, the rights of Individuals are considered, promoted, and supported, at all times.

Due Date: 31 August 2025

3. The PIC will ensure that all agreed restriction reduction plans and associated education plans to support with the reductions, are implemented in a timely manner and monitored as part of the ongoing restrictive practice reviews each month.

Due Date: 31 August 2025

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(2)(a)	The registered provider, or a person nominated by the registered provider, shall carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and shall prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.	Substantially Compliant	Yellow	31/08/2025
Regulation 05(4)(b)	The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal	Substantially Compliant	Yellow	31/08/2025

	plan for the resident which outlines the supports required to maximise the resident's personal development in accordance with his or her wishes.			
Regulation 07(4)	The registered provider shall ensure that, where restrictive procedures including physical, chemical or environmental restraint are used, such procedures are applied in accordance with national policy and evidence based practice.	Substantially Compliant	Yellow	31/08/2025