



# 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:	Short Notice Announced
Date of inspection:	24 February 2021
Centre ID:	OSV-0001842
Fieldwork ID:	MON-0031881

## About the designated centre

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

Morlea House is made up of two buildings. The main building is a large two-story house in Co. Longford. On the ground floor, there is a bright entrance hall, six bedrooms, of which two are ensuite, 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. The Gate Lodge is a house adjacent to Morlea House that comprises two bedrooms, one of which is an en suite, a kitchen, sitting room, utility room, games room, and storage areas. Specialist equipment provided to meet the needs of the individual includes sensory safety equipment and alerts. Morlea House can accommodate a maximum of seven male and female adult residents from 18 years to the end of life, where appropriate, who have intellectual disability, with high/intensive support and complex needs and behaviours of concern. All residents are supported by nursing staff and care assistants with one social care worker under the direction of a clinical nurse manager in delivering a person-centred model of service provision.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	6
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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 - 2015 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
Wednesday 24 February 2021	10:15hrs to 16:00hrs	Eoin O'Byrne	Support

## What residents told us and what inspectors observed

Through observations and review of residents' information, the inspector found that residents were receiving appropriate care and support. Residents were supported to engage in activities of their choosing and the centres staff team were supporting residents in a way that promoted their views and rights.

The inspector reviewed questionnaires that residents had been supported to complete regarding the quality and safety of care being provided to them. The residents' responses demonstrated that they were happy with the service and their home. Furthermore, the centre's staff team had received a number of compliments from residents' family members and allied healthcare professionals they had worked with in 2020. The compliments were focused on the high standard of care and support provided to residents.

The inspector had the opportunity to meet with two of the residents who were receiving day service programmes from their home. The residents appeared comfortable and to enjoy the activities they were engaging in. One of the residents was watching a music session via zoom; the other resident was taking a break from their day programme and was relaxing watching television. The inspector was supported to interact for a brief period with this resident. The staff member supporting the resident was aware of the resident's communication skills and helped the resident to inform the inspector of a trip they had made to a sporting event and that they hoped to travel to future games. The inspector observed warm and friendly interactions between the residents and staff members supporting them throughout the inspection.

A review of residents' information demonstrated that before restrictions imposed due to the current pandemic, residents were engaged in activities in their communities. Staff members also informed the inspector that before COVID-19, residents were partaking in day trips, going on holidays, and going out for lunches and dinners. The provider had ensured that individualised day service programmes had been developed for each resident. Some residents were attending their day services while others were receiving their day service from their home. Residents were being supported to engage in activities that were led by day service staff members that were familiar to them. Activities included video classes on cooking, arts and crafts, drama, and chair dance. The centres person in charge and staff members spoke of the positive impact this was having for residents.

A review of residents' information demonstrated that there were strong practices in regard to supporting residents to plan and achieve person centred goals. Residents had set a number of goals in early 2020 that had to be altered due to the impact of COVID-19 restrictions. The staff team had been proactive in developing alternative goals along with the provider's day service staff. These practices led to positive outcomes for residents.

There was also clear evidence of the provider and staff team supporting residents to maintain their relationships with their family members through assistive technology and physical visits when possible. The inspector had the opportunity to speak with two family members; both spoke positively of the service being provided to their loved ones. They expressed that they were kept informed regarding the care being provided to their family members and that they could, before COVID-19, visit the service whenever it suited. Both family members spoke of the progress their loved ones had made with the support of the management and staff team. The family members also highlighted how happy their loved ones were in the service.

The inspector visited the main building of the centre on this occasion. The building was laid out to meet the needs of the residents. There was a large day room/ activity room where residents were supported. This area was spacious and had pictures of residents and information for residents throughout. There were, however, aspects of the centre that required painting and repair. The required works detracted from the otherwise homely setting.

Overall, residents were receiving a service that was meeting their needs and, when possible, was supporting them to engage in activities of their choosing.

The next 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 on the quality and safety of the service being delivered.

## Capacity and capability

This service was last inspected in September 2019; that inspection found a number of areas that required improvements. This inspection found that the provider had responded appropriately to the findings from the 2019 inspection and that residents were receiving a service that was meeting their needs and wishes.

The centre was well managed, with good systems and levels of oversight to ensure that the residents' needs and well-being were being prioritised. There was a strong management presence in the centre with a clearly defined management structure led by the person in charge. There was a schedule of audits in place that ensured that the centre's information and practices were being effectively monitored. The inspector reviewed audits that had taken place and found them to be thorough and that the actions and their completion dates were documented. The person in charge was delegating audit tasks to the staff team and was supporting them to complete them, and in doing so was creating a learning environment. One area that was reviewed by the inspector required attention. The inspector found that there were improvements required to ensure that the centres directory of residents was appropriately maintained and contained the most up-to-date information. This was identified to the person in charge who sought to update the directory during the

inspection.

The provider had ensured that unannounced visits had been carried out as per the regulations. A written report had been prepared following each visit that reviewed the safety and quality of care and support provided in the centre. The inspector observed that a plan had been put in place regarding actions raised in the reports and that these had been addressed. The provider had ensured that an annual review of the quality and safety of care and support in the centre had also been carried out and that residents and their representatives had been consulted.

The number and skill-mix of the staff team was appropriate to the number and assessed needs of the residents being supported in the centre. The inspector reviewed the centre's proposed and actual staff rota and found a full complement of staff and that twenty-four-hour nursing support was being provided to residents.

The staff team supporting the residents had access to appropriate training as part of their continuous professional development. The inspector reviewed the staff team's supervision schedule and saw that staff members were receiving this regularly. A sample of staff members' supervision records were examined and were found to be promoting learning. Staff members also referred positively to the supports provided to them by the provider.

There was an effective complaints procedure that was accessible to residents. The inspector reviewed the centres complaints log and noted that there were systems to respond to complaints in a prompt manner.

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

### Regulation 15: Staffing

The provider had ensured that the number, qualifications and skill-mix of staff was appropriate to the number and assessed needs of residents.

Judgment: Compliant

### Regulation 16: Training and staff development

The provider had ensured that staff development was prioritised and that the staff team had access to appropriate training.

Judgment: Compliant

## Regulation 23: Governance and management

The centre had appropriate governance and management systems that led to the effective monitoring of the care and support provided to residents.

Judgment: Compliant

## Regulation 34: Complaints procedure

The provider had developed an effective complaints procedure and ensured that residents knew their right to raise complaints.

Judgment: Compliant

## Regulation 19: Directory of residents

There were required improvements to ensure that the directory of residents contained the most up-to-date information.

Judgment: Substantially compliant

## Quality and safety

Residents were receiving appropriate care and support that was individualised and focused on their needs.

The centre was being operated in a manner that promoted and respected the rights of residents. As noted earlier, residents were being supported to engage in activities of their choosing and were supported to maintain contact with their family members regularly.

The provider had ensured that comprehensive assessments of residents' health and social care needs had been completed. A number of residents presented with complex needs, their support plans were detailed and under review by the centre's management team and the provider's multidisciplinary team. There was evidence that these plans were treated as live documents and tracked the changing needs and supports required for residents.

The inspector reviewed a sample of personal plans. There were arrangements in place to support residents to maximise their personal development in accordance with their needs and wishes. The inspector noted that residents had been supported to complete a number of achievements in 2020 and that goals had been set for them to work towards in 2021.

The inspector observed that residents had access to appropriate healthcare professionals. There were health action plans, and risk assessments focused on promoting the health of residents, and these were under regular review.

The provider had ensured that there were systems in place to respond to safeguarding concerns. The inspector reviewed previous investigations carried out following concerns being raised and found that the provider and person in charge had responded appropriately. The person in charge had also ensured that all staff members had received appropriate training in relation to safeguarding residents and the prevention, detection, and response to abuse.

There were appropriate systems in place to manage and mitigate risks and keep residents and staff members safe. The provider had arrangements in place to identify, record, investigate, and learn from adverse incidents. There was an active risk register in place that captured the environmental and social care risks present in the centre. Residents' risk assessments were detailed and were linked to their support plans. These assessments were being reviewed and updated if required regularly.

The inspector reviewed documentation related to COVID-19 preparedness, associated policies, training, and infection control processes. The review found that the provider and the person in charge had adopted procedures consistent with the standards for the prevention and control of healthcare-associated infections published by the Authority. The COVID-19 risk assessments developed for residents, the staff team, and visitors were detailed and developed according to the Health Protection Surveillance Centre (HPSC) guidelines. There were local response plans in place, and staff had been divided into teams. There was also a virtual handover system that was reducing contacts between staff members. The staff team had also completed training in regards to infection prevention and control measures.

As noted in the first section of the report there were some areas in the centre that required painting and repair. These included the walls of hallways and door frames. The person in charge had raised these issues to the providers senior management, and a plan to address the issues was being devised.

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

## Regulation 10: Communication

The staff team supporting residents were aware of their communication needs.

Residents also had access to assistive communication technology if required.

Judgment: Compliant

### Regulation 26: Risk management procedures

The centre had appropriate risk management procedures in place.

Judgment: Compliant

### Regulation 27: Protection against infection

The provider and the person in charge had adopted procedures consistent with the standards for the prevention and control of healthcare-associated infections published by the Authority.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

The provider's multidisciplinary team and person in charge had developed individualised supports for residents and these were promoting positive outcomes for residents.

Judgment: Compliant

### Regulation 6: Health care

The provider had ensured that the residents were receiving or being offered appropriate healthcare.

Judgment: Compliant

### Regulation 7: Positive behavioural support

The provider had ensured that the residents were receiving or being offered appropriate healthcare.

Judgment: Compliant

### Regulation 8: Protection

The provider had ensured that there were appropriate systems in place to respond to safeguarding concerns.

Judgment: Compliant

### Regulation 9: Residents' rights

The provider was ensuring that the rights of residents were being promoted and respected.

Judgment: Compliant

### Regulation 17: Premises

Overall, the centre was designed and laid out to meet the needs of residents. There were, however, areas of the centre that required painting and repair.

Judgment: Substantially 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 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 19: Directory of residents	Substantially compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	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
Regulation 17: Premises	Substantially compliant

# Compliance Plan for Morlea House OSV-0001842

Inspection ID: MON-0031881

Date of inspection: 24/02/2021

## 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 19: Directory of residents	Substantially Compliant
Outline how you are going to come into compliance with Regulation 19: Directory of residents: Directory of residents has been updated, to include all updated information	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: A painting schedule has been populated by the provider, with works due to commence on 1st June 2021.	

## 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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	30/08/2021
Regulation 19(1)	The registered provider shall establish and maintain a directory of residents in the designated centre.	Substantially Compliant	Yellow	24/02/2021