



**Health  
Information  
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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:	Announced
Date of inspection:	29 February 2024
Centre ID:	OSV-0008046
Fieldwork ID:	MON-0033365

## 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, speech and language therapy, psychiatry and psychology.

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

Number of residents on the date of inspection:	4
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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 29 February 2024	10:40hrs to 19:00hrs	Gearoid Harrahill	Lead

## What residents told us and what inspectors observed

During this inspection, the inspector had the opportunity to meet and speak with all four residents and their direct support staff team. The inspector observed routines and interactions in the residents' day, and observed the home environment and support structures, as part of the evidence indicating their experiences living in Morella House. This inspection was announced in advance and residents were offered surveys to make written comments on what they liked or wanted to change about their home, routines, staff or support structures.

Overall the inspector observed this to be a service in which residents were content with the shared living space, kept safe by staff and encouraged to become more independent in aspects of their daily life. For example, residents had developed their understanding of personal hygiene and dressing, managing money, and household chores, and were facilitated to participate more in some of these tasks. Two residents had a separate apartment, one of which opened into the main house. As one of these residents was more likely to choose to spend time in the main house, the provider had arranged for these two residents to swap apartments, and the living spaces and bedrooms were decorated and designed to be suitable for their respective needs. The residents involved appeared to be happy with this arrangement. The residents had the use of three vehicles belonging to the house to facilitate community access.

The inspector observed staff supporting residents in a relaxed and respectful manner, and giving residents appropriate time to process questions and communicate their response at their own pace and in their own way. One resident was supported to explain how he enjoyed shopping and going to the cinema. One resident had recently had a significant birthday and had a party with their housemates and staff. Another resident told the inspector how they had enjoyed going swimming then going to the hairdressers before getting a burger. One resident was enjoying cartoons and videos online before leaving to go for a scenic walk. During the day one resident was observed to be engaging in behaviour which presented a risk to them, and staff were observed taking a supportive stance and patiently supporting redirection to return to their day's engagement.

The provider's quality of service report for 2023 indicated that residents and their families contributed to the report via written surveys. In this, each resident's family members commented positively on the residents supports regarding community inclusion, social activation and healthy routines and supports.

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 centre was well managed and there was good oversight of the care and support being delivered to residents. The findings of the inspection were positive and there was clear evidence to demonstrate that good quality services were being provided.

This designated centre had a clearly defined management structure in place led by a person in charge and three deputising managers, to ensure shift leadership seven days a week. The centre was appropriately resourced with front-line staff and vehicles to ensure that each resident could pursue their separate routines and community access. Staff spoken to, or observed supporting residents, demonstrated their knowledge on the assessed needs, personalities and interests of the residents and had a good rapport with residents.

There were vacancies equating to two full-time posts in the core team of front-line support staff at the time of this inspection. The provider had allocated staff from the relief resources who were regular to this centre, to mitigate impact on familiarity of resident support. The person in charge advised that the vacant posts were being recruited for with inductions to commence in the coming weeks. Improvement was required to ensure that where shifts or personnel changes following the planned staffing roster, that the worked roster was properly maintained to ensure records of who was working in the centre were accurate.

### Registration Regulation 5: Application for registration or renewal of registration

The registered provider had submitted their application and associated documents to renew the registration of this designated centre.

Judgment: Compliant

### Registration Regulation 8 (1)

The registered provider had submitted their application and associated documents to vary their conditions of registration, as part of a project to make structural changes to the designated centre.

Judgment: Compliant

## Regulation 14: Persons in charge

The person in charge worked full-time in this role across two designated centres, and was appropriately deputised when not in this centre. The person in charge was suitably experienced and qualified for this role.

Judgment: Compliant

## Regulation 15: Staffing

Rosters provided for review during this inspection did not comprise an accurate record of who had worked in this designated centre and when. In a sample of recent weeks, the inspector observed:

- staff recorded as working when they were off-duty,
- staff who had worked in the house but were absent from the worked roster,
- days on which the number of staff recorded as being on duty was greater than the number who actually worked that day.

While these worked rosters were not properly maintained, a review of attendance at shift handover meetings indicated that there was sufficient staff allocated based on the assessed needs of residents. Regular use of relief staff mitigated impact on support continuity prior to two recruited staff members due to start induction in the coming weeks.

Judgment: Substantially compliant

## Regulation 22: Insurance

The provider supplied evidence of appropriate insurance in place against risks in the centre, including injury to residents.

Judgment: Compliant

## Regulation 23: Governance and management

The inspector found that there were effective governance and management arrangements in place to ensure the the delivery of good quality person-centred care and support. The person in charge was supported by three deputising

managers to ensure that there was management on site seven days in the week.

An annual report had been completed by the registered provider as required by the regulations, and this identified some of the experiences and achievements of residents in the centre over the preceding year.

Judgment: Compliant

### Regulation 3: Statement of purpose

The statement of purpose contained the required information and had been updated in line with the timeframe identified in the regulations.

Judgment: Compliant

### Regulation 31: Notification of incidents

The provider had notified incidents and practices in this designated centre to the Chief Inspector as per the requirements of this regulation.

Judgment: Compliant

## Quality and safety

The inspectors found that residents were in receipt of care and support of a high standard which was based on a person-centred approach. There was a culture present in the centre in which, despite the high levels of use of restrictive practices, the person in charge and their team were working towards reducing practices which were either not relevant to the risks presented by residents, or were no longer deemed the least restrictive option available. At the time of this inspection, a number of restrictions had been retired completely, and the person in charge provided evidence on which of the remaining measures had been identified to address with a view to phase them out in the next review period.

The premises was kept in a good state of cleanliness and maintenance and bedrooms and living spaces were appropriately decorated and furnished based on the needs and preferences of the residents. The house was suitably equipped to control risks related to fire safety and infection control, and the provider had been assured that staff and residents could follow guidance and procedure in response to

emergencies such as an evacuation or outbreak of infectious illness.

Residents were supported to use their finances as and when they wished, with appropriate oversight procedures to ensure they were safe from exploitation or misappropriation of their valuables.

Residents were observed to be busy and active in their home and in the community. During the day residents went out for lunch or a burger, went to the hairdresser, swimming, to healthcare appointments and for walks in scenic areas. At home residents were happy watching TV and movies, and some residents were being supported to participate in household jobs such as laundry and food preparation. Some improvement was required to ensure that for longer-term objectives such as supporting residents to develop life skills, to behave appropriately in public, or to go on holidays or abroad, that there were specific and time-bound strategies and guidance for staff in making progress towards these goals effectively.

### Regulation 12: Personal possessions

Residents were facilitated to personalise their home in accordance with their wishes and decorate their bedrooms as they preferred. Residents were supported to control and access their clothes, belongings and finances, and to spend their money when and how they wished.

Judgment: Compliant

### Regulation 27: Protection against infection

There had been a recent outbreak of COVID-19 in this centre. The provider had composed a post-incident report to outline the infection control procedures implemented to keep residents and staff safe during this time, and to highlight areas of good practice in adhering to outbreak management plans, and learning and actions going forward.

The environment of the designated centre was overall clean, in a good state of repair, and equipped with suitable cleaning tools, protective equipment, waste bin and hand hygiene facilities.

Judgment: Compliant

### Regulation 28: Fire precautions

The premises was observed to be equipped with self-closing, fire-rated doors and emergency lighting along evacuation hallways, and an addressable fire panel and alarm system. All equipment was up to date on testing and certification. The provider had been assured through training and fire drills that residents and staff members could safely and efficiently exit the building in an emergency, including at night.

Judgment: Compliant

### Regulation 29: Medicines and pharmaceutical services

In the main, medicines were being administered, stored, refrigerated and disposed of appropriately. Guidance for PRN medicine (medicine to be administered as required) was clear on the purposes and maximum safe doses, including for instances in which multiple medicines were prescribed for the same purpose.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

The inspector reviewed a sample of support plans for personal, health and care care needs of residents, and found these to be detailed, person-centred and kept up to date to reflect changes in assessed needs. Evidence was observed of the contents of plans being developed with input from relevant healthcare professionals, and instruction to staff on what information was being collected for use in reviews.

The inspector discussed some resident support plans with centre staff, and found that guidance including strategies or specific actions required by staff to progress the relevant objective was not consistently outlined in plans for their reference.

Judgment: Substantially compliant

### Regulation 7: Positive behavioural support

Personal plans which related to preventing or responding to behaviours which may present a risk to the residents or staff were found to be detailed, person-centred and updated to reflect current active risks. Where behavioural presentations resulted in staff using physical restraint techniques, the person in charge had a means of ensuring that these were used consistently and as last resort measure, with clear rationale if less restrictive steps in response plans were skipped.

Following a recent audit, the provider had committed to ensuring that risk assessments on residents' rights were carried out where residents were subject to restrictive practices either due to their own assessed needs, or those of people with whom they shared their home. In a number of instances in which the associated risk had been assessed as sufficiently low, restrictive practices had been phased out or retired entirely, including removing restrictions on access to household items, removing safety screens and nets in cars, allowing residents to keep personal belongings in their bedrooms, and discontinuing instructions to use physical holds as part of some behaviour support guidance.

Judgment: Compliant

### Regulation 9: Residents' rights

The inspector observed evidence of choice-led support for residents, and examples of where the residents' dignity, privacy and personal integrity was being protected through guidance on intimate care and support during behavioural incidents. The opinion of residents was sought for use in some centre audits.

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>	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Registration Regulation 8 (1)	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
<b>Quality and safety</b>	
Regulation 12: Personal possessions	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Morella House OSV-0008046

Inspection ID: MON-0033365

Date of inspection: 29/02/2024

## Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

# Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider’s responsibility to ensure they implement the actions within the timeframe.

## Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:</p> <ol style="list-style-type: none"> <li>The Person in Charge (PIC) will complete a full review of the rosters and handover logs from the period from 01 January 2024 to 30 April 2024 to ensure the rosters are accurately maintained and all handover logs match the worked rosters within the Centre. Rosters will be maintained accurately moving forward by the PIC thereafter.</li> <li>The above point shall be discussed with all Team Members by the PIC at the next monthly team meeting held on 30 April 2024.</li> </ol>	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:</p> <ol style="list-style-type: none"> <li>The Person in Charge (PIC) will complete a full review of each Individual’s Personal Plan’s including their Monthly Outcomes and planned goals and to note the effectiveness of same when completing the review.</li> <li>The PIC shall ensure each Individuals keyworker will attend additional keyworking training. This training has been scheduled with the Centre’s Keyworkers for the 15 May and 29 May 2024.</li> </ol>	

## 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 15(4)	The person in charge shall ensure that there is a planned and actual staff rota, showing staff on duty during the day and night and that it is properly maintained.	Substantially Compliant	Yellow	30/04/2024
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 plan for the resident which outlines the supports required to maximise the resident's personal development in accordance with his or her wishes.	Substantially Compliant	Yellow	29/05/2024