



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:	05 August 2022
Centre ID:	OSV-0001842
Fieldwork ID:	MON-0036087

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-storey 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. 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. Residents are supported by nursing staff, social care workers, care assistants and support workers under the direction of a person in charge 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 (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
Friday 5 August 2022	10:15hrs to 17:50hrs	Angela McCormack	Lead

What residents told us and what inspectors observed

This inspection was an unannounced inspection to monitor and review the arrangements that the provider had put in place in the centre in relation to infection prevention and control (IPC). The inspection was carried out over one day, and during this time the inspector met and spoke with residents, staff members and the person participating in management (PPIM). In addition, the inspector observed interactions and practices and reviewed documentation in order to gain further insight into the lived experiences of residents.

The centre comprised one large detached two storey dwelling and a small self-contained home adjacent to the main house, which was called 'Gate lodge'. There were six residents living in the centre with five residents living in the main house and one resident living alone in Gate lodge. The inspector met briefly with four residents and greeted one resident while they were relaxing in their bedroom. One resident was attending an external day service which was individualised to them and where they spent the day and evening with their support staff, returning to Morlea house each night, therefore the inspector did not get an opportunity to meet with them.

On arrival to the centre, the inspector met with a staff member who reported that they were a new staff to the centre. The person in charge was on leave at the time, and the inspection was facilitated by the staff nurse who was the shift leader that day. The person participating in management (PPIM) was also available throughout the inspection. There were two care staff and one staff nurse on duty in the main house. In addition, there were two staff nurses, one of whom was being inducted to the service and one of whom had recently joined the service and was carrying out administrative tasks on the day. In addition, there was one support worker supporting the resident in Gate lodge. Both this staff member and resident were met with when the inspector visited this location during the afternoon.

One resident greeted the inspector and communicated with them in their preferred communication method about what it was like to live at the centre. They showed the inspector around their home and it was noted to be clean, homely and personalised. The resident had been swimming earlier that day in a leisure centre nearby, and they were relaxing watching television at the time the inspector called. The staff member supporting them was observed wearing a face mask in line with guidance. The resident appeared happy and content in their home and with staff.

The inspector met with three other residents throughout the day who greeted the inspector on their own terms. Two residents were observed watching television together in the main living area, and they appeared relaxed in the environment and with each other. Later in the day, the inspector met with one resident on their own with their support staff. They communicated with the inspector on their own terms, and appeared in good spirits interacting with staff.

Residents were noted to be relaxing in the house, watching television and going out and about throughout the day. Staff were observed to be treating residents with dignity and respect and were responsive to their needs and communications.

The inspector also met with a number of staff who were on duty supporting residents that day. Staff were observed to be wearing personal protective equipment (PPE), such as face masks appropriate for the tasks that they were doing. Staff spoken with were knowledgeable about arrangements in place for IPC and about residents' specific care and support requirements.

The houses appeared spacious, bright and comfortable for the needs and numbers of residents. The homes were decorated in colourful soft furnishings, photographs and art work which helped to create a warm, relaxing and homely environment. Parts of the main house were reported to have been painted recently and the interior appeared bright, well ventilated and clean. There were plans in place to have work completed on the kitchen units also, which would further improve the internal décor.

Residents had ample communal space to relax and some residents had en-suite facilities for their own individual use. There was evidence of cleaning arrangements for communal bathrooms, one of which included a jacuzzi bath, between uses. This supported good IPC arrangements to minimise any risk of transmission of any potential infectious diseases. Residents' bedrooms were well ventilated, personalised and nicely decorated with personal effects, such as photographs, art work, religious ornaments and soft furnishings. Bedrooms also included televisions and music players. Residents' personal goals were available in an accessible format in their bedroom also and staff spoken with talked about some personal goals identified and achieved by some residents, such as attending a vintage car rally, going on shopping trips, attending a country music festival and there were plans for residents to go fishing and to football games in line with their choices.

There was a spacious and accessible garden available to residents which was accessible through double doors from the main living area in Morlea house. It was well maintained, spacious and contained a vegetable box, garden ornaments, art work and garden furniture for residents to sit out and enjoy, if they chose to.

From the walkaround of the centre, the inspector found that in general the homes were clean, bright and homely. It was observed that the provider had put measures in place for IPC arrangements, such as posters on display about IPC and PPE use and notices about cleaning, waste management and laundry arrangements. In addition, there was an accessible and abundant supply of PPE available, with wall mounted hand gels dispensers and paper towel dispensers available to support effective IPC practices. There were easy-to-read notices on display including residents' timetables, and the staff roster. In the main house, the utility room that contained the laundry equipment was accessible through the hallway, and there was a designated washing-machine for use for soiled laundry.

There was also a designated 'clean room' in the main house, which contained supplies of PPE and notices about IPC measures, PPE use and the correct

donning/doffing sequence. It was observed that the bin in use was a touch bin; however the inspector was informed that there had been a foot operated bin in place, but this had been removed. This was located and replaced by the end of the day. There was ample stock of PPE available and a system for stock checks; however it was observed that there was visible staining on a couple of partially used hand sanitiser bottles in this room. These were removed when this was brought to the staff's attention.

A review of documentation and residents' care and support plans demonstrated that care was delivered in an individualised manner, and that residents' choices about their care and support were respected. For example; it was noted in a care plan about one resident's preference to have some personal items that were meaningful to them with them at all times and this was observed on the day. There were no restrictions on visitors to the centre and residents were reported to be in regular contact with family members. A risk assessment had been completed for visitors which was in line with national guidance. Some residents were also reported to use technology to keep in touch with family members.

Residents were given information in an accessible manner suitable for their communication preferences. Residents' meeting notes indicated that choices about activities and discussions about what residents enjoyed/did not enjoy the previous week took place. In addition, there were discussions about health related topics, such as booster vaccinations, COVID-19 and national guidance. There were a range of easy-to-read documents available to support with residents' understanding of various topics.

Overall, the inspector found that there were good arrangements in place in Morlea House for IPC and that care was delivered to residents in a person-centred, safe manner. The next two sections of the report will provide more detail on the findings of the inspection.

Capacity and capability

The inspector found that there were good monitoring and oversight arrangements in place by the management team for Morlea house. Overall, the centre was found to be clean, hygienic and well maintained. There was evidence of some reviews of IPC practices through the auditing systems in place and through team meetings. However, there were gaps in documentation relating to infection control audits and weekly infection control checklists, which required review to ensure more effective and consistent monitoring of IPC on an ongoing basis.

The governance structure consisted of the person in charge who worked full-time in the centre. They reported to the residential and respite co-coordinator, who in turn reported to the respite and residential manager. There was an out-of-hours on-call management arrangement in place, and deputising arrangements for when the

person in charge was on leave.

There were a range of policies and procedures in place for the management, control and prevention of infection. These included: an 'Infection Control Policy and Cleaning and Disinfectant Guidelines' and a 'COVID-19 Work Safely Protocol' developed by the provider. The Infection Control policy included procedures for a range of infectious diseases and outlined arrangements for reviewing visiting at times of outbreaks. In addition, a risk assessment was completed for visitors which was in line with the national guidance. This policy also outlined roles and responsibilities for all staff and details of who had responsibility for being the lead compliance officer in the centre, which was the person in charge. Local guidance and documents in place also included roles and responsibilities for all staff in the areas of IPC.

There appeared to be adequate numbers of staff in place to meet the IPC needs of the centre and of residents. The staffing arrangements included staff nurses, social care workers and support workers. There was also a part-time cleaning staff who undertook cleaning duties in the centre during the week, however they were not working on the day of inspection. However, staff that were on duty were observed undertaking cleaning and laundry tasks throughout the day in line with the cleaning schedule tasks.

Staff were observed adhering to standard precautions throughout the day such as hand hygiene and the wearing of medical grade masks when supporting residents. Staff spoken with were aware of the arrangements for cleaning bodily spills, waste management and laundering soiled linen.

Staff members were required to complete a range of training programmes relating to IPC. These included; donning and doffing personal protective equipment (PPE), hand hygiene and good respiratory etiquette. A sample of staff files and certification reviewed indicated that staff had completed the required training. The inspector was informed by staff members that the person in charge had recently e-mailed relevant staff about refresher training and certification, which demonstrated good oversight on the training requirements to ensure IPC practices were effective and safe in the centre.

Staff reported that regular support and supervision sessions occurred, and there were notices on display in the office about the Employee Assistance Programme (EAP) for further supports for staff if required. The service had an induction folder in place which included protocols to support staff's knowledge around IPC arrangements and other relevant information pertaining to the care and support of residents.

There were a range of regular audits carried out in the centre relating to health and safety and IPC. These included; infection prevention and control audits and health and safety audits. There were also daily and weekly checklists in place for cleaning the centre. This included a schedule for a deep clean of each resident's bedroom each week. However, there were gaps in some of the documentation. For example, the infection control audit template for April and May were blank and there were

some gaps in the weekly infection control checklists in May and June. This required review to ensure ongoing monitoring and an effective process for the identification of possible actions to improve IPC.

There were risk assessments for a range of IPC related risks and risks to residents' health. These were found to be kept under review. There was also a risk register for chemical use, which included safety data sheets and risk assessments for products that were in use in the centre. This was located in the utility area where the cleaning products were stored, which ensured good accessibility to information for staff involved in cleaning practices.

The provider had in place a service contingency plan for COVID-19, and the centre had a local protocol specific to the needs of residents living in Morlea house. The contingency and outbreak plans included plans for staffing arrangements and residents' care. It also included the arrangements for communications to families, residents and external bodies, as appropriate, in the event of an outbreak of COVID-19 infection. The house had recently had an outbreak of COVID-19 and staff discussed the arrangements that were in place to contain the outbreak, describing how residents were supported to understand what was happening and about what worked well. However, while outbreak reviews occurred, there was no documented report available in the centre for review on the day. This will be discussed in more detail in the next section of the report.

The provider ensured that an annual review of the quality and safety of care in the service and unannounced provider audits were completed, which included a review of IPC. In addition, the Health Information and Quality Authority (HIQA) self-assessment tool for preparedness in the event of an outbreak, which was recently completed by the residential and respite manager, outlined areas for improvement. It was found that actions identified had been completed. For example; an action was identified to develop a cleaning checklist for a deep clean of bathrooms and this was observed to be in place.

Communications to staff about relevant IPC information and guidance was done through regular team meetings, a communication book, e-mails, hard copy documents available for reading and the use of staff notice-boards. A review of the team meetings demonstrated discussions and information sharing about IPC arrangements and facilitated staff to raise any points of concern. Staff spoken with said they felt supported in their role and could raise any concerns with the management team, if required.

Overall, the inspector found that there were good systems in place for IPC arrangements. However, there were some gaps in the auditing systems which required review to ensure more effective and consistent monitoring of IPC arrangements.

Quality and safety

The inspector found that the service provided person-centred care to residents and that the arrangements in place promoted safe and individualised care. However, some improvements were required in ensuring that measures in the 'clean room', such as the use of a foot operated bin and clean and hygienic hand sanitiser bottles, were in place at all times and that a documented outbreak review was completed and available in the centre.

Residents had comprehensive assessments of needs completed which included an assessment of health-related needs. Each resident had care and support plans developed based on their individual needs which provided guidance to staff in how to provide safe and effective care. Residents' plans were found to be comprehensive and detailed individual supports and aids required in the area of personal care. Intimate and personal care plans also included the supports residents required with hand hygiene. Some residents required hoisting and they had their own individual slings. Hoists were included in the centre's cleaning schedule and it was noted that there was a cleaning arrangement for the mobile hoist after each use, which was also referenced in residents' care plans.

Residents and their family representatives were supported to be involved in their healthcare and review meetings. Residents' meetings were held regularly where discussions about various health related and IPC topics occurred. To aid residents' understanding of issues there were a range of easy-to-read documents and social stories available also, and which were also referenced in care plans to support residents to understand particular aspects of their care.

Residents were supported with timely access to healthcare appointments and allied healthcare professionals as required. Residents also had access to vaccination programmes and testing for COVID-19 as required. Each resident had a Hospital Passport (a document which was to be used in the event that a resident required hospital admission), which included all relevant medical and healthcare information, including if they were a carrier of any infectious diseases.

The overall standard of cleanliness and IPC practices in the centre was found to be good in ensuring measures were in place to promote the safety for all. Staff were observed adhering to standard precautions such as face mask wearing and carrying out hand hygiene throughout the day. There were ample hand gel dispensers at entry and exit points, and throughout the home including in residents' bedrooms and bathrooms. It was noted that expiry dates for hand gels were included on the hand dispensers which demonstrated good oversight and arrangements for the effective use of hand sanitising products. There were plentiful supplies of PPE available in the centre. However, improvements in ensuring that the foot operated bin to be used in the 'clean room' was in place at all times and in ensuring that partially used hand sanitising bottles were clean and hygienic would enhance the good practices in place. These actions were addressed on the day, however this required ongoing monitoring to ensure effectiveness of IPC at all times.

There was a daily, weekly and monthly cleaning schedule in place. This included cleaning checklists for shared equipment, such as the hoist and blood pressure monitor. The monthly checklist/audit also included arrangements for legionella

checks, scheduled replacement of residents' toothbrushes, scheduled replacement of toilet brushes and visual checks on equipment. There were gaps in some infection control documentation, as noted in the previous section, which meant that it was not clear if these checks and audits had been completed as required and in line with the provider's schedule.

During the inspection, staff were observed cleaning the centre throughout the day, including cleaning residents' bedrooms, doing laundry and emptying bins. There were clear arrangements for waste management, including clinical waste, and an ample supply of bins available throughout the houses. In addition, there were arrangements in place for the disposal of domestic and clinical waste and a schedule for waste collection times by external contractors. Staff spoken with were aware of the importance of hand hygiene, about when to use enhanced PPE and about the arrangements for waste disposal and laundering soiled linen.

There was a designated laundry room located in the main house, which was accessible through the hallway. It contained notices for IPC, guidelines for laundry, cleaning equipment and also included a dedicated washing machine with clear instructions for laundering soiled linen. Gate lodge also had appropriate laundry facilities and arrangements. Residents had their own individual laundry baskets located in their bedrooms, and alginate bags were used for individual laundering of linen.

There were arrangements in place for monitoring signs and symptoms for residents as a preventative measure to minimise the risk of COVID-19. Staff were provided with public health and other COVID-19 related information, as required. There were outbreak management plans developed for COVID-19 outbreaks, which included communications to residents. Staff spoken with were aware of how to respond promptly to a suspected case of COVID-19 and about what the outbreak plan entailed. An outbreak of COVID-19 had occurred in the past, and appeared to be managed well. Staff described how residents were supported during times of isolation. The PPIM described about how outbreaks were reviewed by the organisation, which was at person in charge/manager level. However, there was no documented outbreak report available in the centre on the day of inspection for review. A documented report would facilitate all staff members to see what worked well and what learning could be taken which would inform actions for any potential future outbreaks in the designated centre.

In summary, residents appeared happy and comfortable in their home environment and with staff supporting them. Some improvements were required in ensuring that the 'clean room' had suitable arrangements for effective IPC at all times, and in ensuring that an outbreak report was available in the centre. This would enhance the quality and safety of care provided with regard to IPC.

Regulation 27: Protection against infection

Some improvements were required to enhance the systems for IPC in the centre.

These included arrangements to ensure :

- That infection control audits and checklists were completed as required in order to identify actions for improvement, with records available in the centre.
- That the designated 'clean room' contained effective IPC arrangements at all times, such as a foot operated bin and clean hand sanitising bottles.
- That post outbreak reviews are documented and that any reports are available in the centre to support learning for any future potential outbreaks of infection.

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 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Quality and safety	
Regulation 27: Protection against infection	Substantially compliant

Compliance Plan for Morlea House OSV-0001842

Inspection ID: MON-0036087

Date of inspection: 05/08/2022

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 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <ul style="list-style-type: none">• Prior to inspection, the daily and monthly duties checklist had been updated by the Person in Charge, to ensure that infection control audits and checklists are completed as required in order to identify actions for improvement, with records available in the designated centre. This was also discussed with the Team at a Team meeting on the 29.06.2022. The Person in Charge will continue to have over sight of all audits completed to ensure same.• The touch bin in the 'clean room' was replaced with a foot operated bin on the day of inspection. The weekly infection control audit/checklist has been updated to include that all hand sanitising bottles are visibly clean. The Person in Charge will continue to have over sight of this.• A post outbreak report was completed by the Person in Charge on the 26.08.20022, and is available in the centre to support learning for any future potential outbreaks of infection. This report will be discussed with the Team at our next Team meeting, scheduled for the 16.09.2022.	

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 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Substantially Compliant	Yellow	30/08/2022