



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

## Issued by the Chief Inspector

Name of designated centre:	Magnolia Services
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Roscommon
Type of inspection:	Announced
Date of inspection:	29 May 2024
Centre ID:	OSV-0005801
Fieldwork ID:	MON-0035153

## About the designated centre

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

Magnolia services provides services to those with an intellectual disability who require support ranging from minimum to high levels of care needs. The service comprises of two stand-alone community based houses, located near towns and close to all local amenities. One of these houses provides accommodation to up to four people, while the other provides a service to a single person both facilities can operate seven days a week. During the day, service users attend a variety of day services and individualised day programmes. Some service users are also involved in supported employment. Magnolia services is supported by a staff team, which includes a clinical nurse manager, in addition to social care workers and care assistants. Staff are based in the centre when residents are present and a staff member sleeps in the centre at night to support residents.

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

Number of residents on the date of inspection:	5
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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
Wednesday 29 May 2024	11:00hrs to 17:00hrs	Catherine Glynn	Lead

## What residents told us and what inspectors observed

This was an announced inspection to monitor the providers compliance with the regulations and to inform an application to renew the registration of this centre. This centre was last inspected in October 2022 and this provider has shown good compliance with the regulations.

As part of this inspection, the inspector met with the person in charge, assistant manager, staff on duty and three residents on return from their day programmes. Another resident was returning later that day as planned after attending their day programme. The inspector commenced the inspection with an opening meeting, followed by a walkaround and then a review of various documentation as part of this inspection. The management team had received the "nice to meet you" document prior to the inspection and the inspector saw that this was displayed in the centre. As part of the opening meeting, the inspector was advised that the individualised service in one house was not open to visitors that due to negative change in their behaviours. This was kept under review by the management team that day and as it was known that visitors could be unsettling and also affect this residents' behavioural wellbeing it was agreed to continue the review in one house and this included all documentation. Residents met the inspector on their return that afternoon, residents spoke briefly and spoke about their service and were happy with their supports and were very familiar with the staff and management team. At all times during this busy interaction, staff were seen and observed to interact in a professional, knowledgeable and respectful manner with all residents. Residents were also observed very comfortable in the centre and with staff present. One resident was receiving individualised supports and after arrival in the centre, and a refreshment they went with staff to complete an activity as planned and as part of their programme in place.

The Inspector met with three residents who lived in this centre. Some residents were able to express themselves about the care and support they received, while other residents communicated in their style and preferences. All residents were observed to be in good spirits and were comfortable in the company of staff. Residents were smiling and were clearly relaxed and happy at this time. Staff were observed to be supportive, engaged in conversation and supporting residents at all times as required. Staff were also heard discussing activities, and shortly after this one staff and resident headed off for a planned activity. The inspector found that from observation and review of documentation that residents' preferred activities were being met.

The inspector observed that the centre was designed and laid out to meet the needs of the residents but was also maintained and monitored as required by the regulations. There was adequate private and communal space for residents to ensure they had space or areas where they could relax or complete activity of their choice. Each resident had their own room that was designed and decorated to their preferred tastes. The inspector saw that the person in charge monitored all areas for

action in the centre through a newly established database. This showed the management teams areas highlighted for action which included all maintenance requests.

Easy to read versions of important information was made available to residents in a format that would be easy to understand. These included information about complaints, safeguarding, fire-evacuation, advocacy and human rights. It was very clear that resident's rights to a good quality and meaningful life were prioritised. The resident's views on the centre and everyday life were gathered through ongoing daily discussions on choice and preferences, staff and residents also had weekly meetings to plan their menu, discuss shopping needs or activities such as attending local festival events that were scheduled during the summer months ahead.

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

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 the quality and safety of the service being delivered.

## Capacity and capability

The inspector found that the provider had appropriate management systems and resources in the centre to ensure that residents received effective, safe and consistent services. Overall, as previously mentioned there was a high level of compliance with the regulations found on this inspection with no areas for improvement identified.

From observation in the centre, conversations with staff, and information viewed during the inspection, it was evident that residents had a good quality of life, had choices in their daily lives and were supported by staff to be involved in activities that they enjoyed both in the centre and in the local community. throughout the inspection it as clear that the person in charge and staff prioritised the wellbeing and quality of life of residents.

The inspection found that there were good governance and management systems and structures in place for the oversight, monitoring and direction of care for residents living or staying for respite breaks in the centre. This included a review of the on-call arrangements by the management team and correspondence was sent to the centre to show all staff who was on call and available at all times. The provider also had effective arrangements in place to monitor all incidents effectively which ensured that all relevant notifications were reported to the chief inspector within the required timeframes.

There were measures in place to ensure that residents' general welfare was being supported. Residents' likes, dislikes, preferences and support needs were gathered

through the personal planning process, by observation and from information supplied by family, and this information was used for personalised activity planning for each resident. There were sufficient staff in the centre to ensure that residents' needs were met and that all staff were competent in their role. a staffing roster was in place, which was developed by the management team. which clearly showed an accurate representation of staffing at the time of the inspection.

The staff had received extensive training relevant to their roles, such as training in medication management, communication, safeguarding, positive behaviour support, code of conduct, and epilepsy management for example. The inspector found that all mandatory training was up to date and that a plan for refreshers was also scheduled by the management team. A training needs analysis was also completed identifying further training required in the centre and th provider was also aware of additional training as recommended by national policy. Additional training included first aid, epilepsy management and aging care needs.

Records reviewed during the inspection, such as staff training records, staff files, personal plans, protocols and care plans were comprehensive, informative and up to date. There was an informative statement of purpose which gave a clear description of the service and met the requirements of the regulations.

Overall, there was a good level of compliance with regulations relating to the governance and management of the centre.

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

The provider had submitted an application to renew the registration of this centre with all required documentation, within the specified timeframe.

Judgment: Compliant

#### Regulation 14: Persons in charge

There was a suitably qualified and experienced person in charge of the centre, who had a very good knowledge of the role and responsibilities,

Judgment: Compliant

#### Regulation 16: Training and staff development

From a review of training documents the provider had ensured that staff were

provided with all mandatory training and additional training of relevance to the residents, such as epilepsy management, aging support needs and dementia.

Judgment: Compliant

### Regulation 19: Directory of residents

The provider had ensured that there was a directory of residents that clearly showed all residents who lived or stayed for respite breaks in the centre, and the inspector found that it contained the information as specified in the regulations.

Judgment: Compliant

### Regulation 22: Insurance

The provider had ensured that the centre had suitable insurance in place as required by the regulations.

Judgment: Compliant

### Regulation 23: Governance and management

There was a clear management structure in place which identified the lines of accountability and authority. There were effective monitoring systems in place. In addition, the provider had established and maintained an effective on-call structure to ensure that staff were always aware of the procedures and supports available to them while working in the centre.

Judgment: Compliant

### Regulation 3: Statement of purpose

The statement of purpose which described the service being provided to residents and met the requirements of the regulations.

Judgment: Compliant



## Regulation 30: Volunteers

The person in charge and provider had ensured that a policy and procedure were in place for volunteers. There were also effective recruitment procedures in place for any volunteers working in the service.

Judgment: Compliant

## Regulation 34: Complaints procedure

There was an effective complaints procedure in place in the centre, and the person in charge reviewed and maintained this record regularly. at the time of the inspection, there was no complaints logged in the centre.

Judgment: Compliant

## Quality and safety

Overall, the inspector found that residents living in this centre received care and support based on their individual preferences and wishes and their social care needs were prioritised.

The provider had ensured that the residents had individually planned daily programmes and supported access to recreation, occupation and meaningful day to day activities. Residents enjoyed individual activities as well as accessing local community services, such as going out for meals, shopping, coffee shops and support to self-care and life skills. The staffing ratio ensured that these plans were able to continue. The residents had individual activities as recommended for some residents through behaviour support guidance, to manage their routine and preferences appropriately but also to manage their own care needs.

The procedures and systems for the protection of residents from harm were satisfactory in all areas in the centre at the time of the inspection. The inspector found that the provider had appropriate policies and procedures in place to guide staff at all times. These included safeguarding training for all staff, a safeguarding policy, development of personal and intimate care plans to guide staff in their practice, and the support of a designated safeguarding officer.

The provider had additional systems to ensure that all residents were safe from all risks. These included risk identification and control, a health and safety statement

and a risk management policy. Both environmental and individualised risks had been identified and their control measures were stated. The risk register had been updated to include all risks identified following any incidents. Overall, the inspector found that the risk management was under regular review in the centre.

Review meetings took place annually, at which residents' support for the coming year were planned. This ensured that residents' social , health and development needs were identified and that supports were put in place to ensure that these were met. The plans viewed during the inspection were clearly recorded and up to date.

On the day of the inspection, the inspector completed a walk around of the centre with staff. The centre was warm, clean, comfortable, suitably furnished and decorated throughout to the residents wishes and preferences and on the ay of the inspection, further painting had commenced to ensure that the centre was freshened up. Both houses were located in a rural area in Roscommon and transport was provided in both houses. Laundry facilities were available in both houses and the provider had suitable arrangements in place for refuse collection by a private contractor.

The inspector found that residents living or staying for short respite breaks in this centre received a person centred care and support and there was a high level of compliance with the regulations relating to the health and social care, and safety in this centre.

### Regulation 11: Visits

Visits were facilitated and welcomed, and the provider ensured that there was a policy in place to ensure that visits were facilitated and maintained in the centre.

Judgment: Compliant

### Regulation 13: General welfare and development

Residents were provided with appropriate care and support in accordance with their assessed needs and preferences, and were supported in personal development. On the day of the inspection, one resident was supported with a bespoke support service enabling them to complete individualised activities. This ensured that other residents in the centre were also able to complete their home-based activities without disruption such as watching tv or baking. The residents also spoke about upcoming community summer events they were looking forward to attending, this included music, arts and crafts and animal shows.

Judgment: Compliant

### Regulation 17: Premises

The design and layout to the premises was appropriate to meet the needs of the residents. Each resident had their own room which was suitably decorated and met the requirements of the regulations. In addition, the centre provided ample private and communal space to allow for visitors, or residents to spend time completing their activities in a group or individually.

Judgment: Compliant

### Regulation 20: Information for residents

Information was made available to residents in a format accessible to them, which included a residents guide that contained the information specified by the regulations.

Judgment: Compliant

### Regulation 26: Risk management procedures

Appropriate processes were in place to assess and mitigate identified risks. This included a risk register which clearly showed all staff key risks relevant to the centre or for individuals living in the centre. A policy was also in place which was reviewed and updated as required by the regulations.

Judgment: Compliant

### Regulation 6: Health care

The health of residents were under regular review. They had access to appropriate healthcare services to maintain monitor or improve their health status.

Judgment: Compliant

## Regulation 7: Positive behavioural support

There were arrangements in place that ensured that residents had access to positive behaviour support as required. This included regular reviews with a behaviour support therapist and reviews of behaviour support plans in place. These plans guided staff on supporting residents in line with local and national guidance. The inspector also noted that there was minimal restrictive practices in place in this centre at the time of the inspection, and these were reviewed as part of the behaviour supports plans in place.

Judgment: Compliant

## Regulation 8: Protection

The provider had ensured that there were suitable systems in place to respond to safeguarding concerns. This included policies and procedures to ensure that each resident was supported and protected from any harm.

Judgment: Compliant

## Regulation 9: Residents' rights

The rights of residents were upheld, and the privacy and dignity of residents was respected. The provider had increased staffing levels in the centre to ensure that residents had choice and opportunity for individualised activities where required.

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
Regulation 14: Persons in charge	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 30: Volunteers	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant