



Office of the Chief Inspector

Report of an inspection of a Designated Centre for Disabilities (Mixed)

Name of designated centre:	Magnolia Services
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Roscommon
Type of inspection:	Unannounced
Date of inspection:	02 and 03 April 2019
Centre ID:	OSV-0005801
Fieldwork ID:	MON-0026185

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 can accommodate both male and female residents. The service can accommodate up to five permanent residents at a time and operates 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:	4
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How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 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
02 April 2019	10:30hrs to 17:00hrs	Catherine Glynn	Lead
03 April 2019	10:30hrs to 12:00hrs	Catherine Glynn	Lead
02 April 2019	10:30hrs to 17:00hrs	Eoin O'Byrne	Support

Views of people who use the service

At the time of inspection the centre had one vacancy. Inspectors met with two of the four residents accommodated in this centre. Residents spoken with expressed satisfaction to the inspectors about the support and care they received at the centre, had good access to the local community and enjoyed living in the centre. They also stated that they enjoyed the activities that they took part in at their day services.

Inspectors observed that residents were comfortable with the support provided by staff on the day of inspection and with each other.

Capacity and capability

Overall governance and management arrangements ensured that a good quality and safe service was provided for residents living at this centre. However, improvement was required in operational management systems in this centre, such as the management structure and delineation of roles.

The arrangements for the role of person in charge, which is a key management role in the centre, were not satisfactory. The role of person in charge was divided between two people. This involved one staff member who was based in the centre; the other assigned to the role worked as a manager in an administrative role. There were no clear lines of accountability and delineation of responsibilities was not set out. Inspectors found that this arrangement was not in accordance with the requirement for a full time person in charge and the requirement for a clear, accountable governance structure as set out in the Regulations.

Some management functions were not being carried out optimally. During the inspection, the person in charge who based in the centre, set out a list of actions they had identified and areas that required review. However, there were gaps in the oversight systems which required review. The provider had put systems in place for ongoing monitoring, review and development of the service. Some of these activities were effective and had brought about an improved standard of care provided to residents living at the centre. A schedule was in place for the completion of six-monthly unannounced audits by the management team. Staff had carried out audits in areas such as medication management. However, improvement was required in these systems as action plans were not developed and implemented to address issues found and bring about sustainable improvement.

Management and oversight of risk, which is a key management function also

required review. The management team had not ensured that they had completed all work required on risk management as specified in their local policy. The centre risk profile was not completed which is an important part of the provider's risk management procedures. This matter is further addressed under the quality and safety section of this report.

The provider had put good arrangements in place to manage the staff resource and to ensure the residents were supported by people who had the right skills and knowledge. Staff in the centre knew the residents well and they were very familiar with their up-to-date care and support needs. There were suitable cover arrangements in place to ensure that staff were adequately supported when the person in charge was not present.

The provider had measures in place to ensure that staff were competent to carry their roles. Staff had received training relevant to their role, in addition to mandatory training in fire safety, manual handling, safeguarding and behaviour management. Improvement was required as inspectors noted on review of staff training that there was no clear dates for training required for new members of staff at the time of inspection.

Inspectors reviewed recruitment practices in place for the centre. While the management team ensured that safe and effective practices were in place so that staff had the required skills, experience and competencies to carry out their roles and responsibilities there were some areas of the process which were not satisfactory. The provider had ensured that all staff had undergone vetting as a primary safeguarding measure, however, gaps in employment records for two staff files had not been appropriately addressed.

The provider had measures in place to review and evaluate risks, and for the recording and reviewing of adverse incidents and complaints. There had been a low level of accidents, incidents and complaints and there had been no serious accidents involving residents.

Regulation 14: Persons in charge

The role of person in charge was a co-sharing role by two members of staff, which included the nurse in charge and area manager. Inspectors found that there was not clear arrangements in place regarding roles and responsibilities in-line with the requirements of the regulations, and a clear accountable management structure regarding the role of person in charge.

Judgment: Not compliant

Regulation 15: Staffing

Staffing levels and skill-mix were sufficient to meet the assessed needs of residents at the time of inspection. Planned staffing rosters had been developed by the person's in charge, these were updated to show any changes and were accurate at the time of inspection. However, the providers recruitment process had not ensured that all staff documentation required under schedule 2 of the regulations had been obtained. For example, gaps were evident in the employment history recorded on two staff files.

Judgment: Substantially compliant

Regulation 16: Training and staff development

On review of training records, inspectors found that most of the staff had received mandatory training in addition to other training relevant to their roles, however, some staff, had not completed all mandatory training at the time of inspection.

Judgment: Substantially compliant

Regulation 19: Directory of residents

The directory of residents included most of the required information relating to residents who lived in the centre. However, it did not contain all of the information as specified by the regulations.

Judgment: Substantially compliant

Regulation 23: Governance and management

Improvements were required in the governance and management of this centre, in relation to operation management, leadership, and auditing of this centre. The quality assurance systems in place by the provider were not robust, they had not identified or clearly set out action plans to address areas for improvement. This included the governance and management arrangements, such as, clear lines of accountability, roles and responsibilities.

Judgment: Not compliant

Regulation 24: Admissions and contract for the provision of services

There were written agreements in place for each resident. These agreements stated the fees to be charged, what was included in the fees and the required information about the service to be provided.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose did not contain all information as required under schedule 1 of the regulations.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

A record of all incidents occurring was maintained in the designated centre and were reported to HIQA as required by the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had an effective and clear complaints procedure available for the residents to review. There was a complaints register in place in the centre and there were two complaints documented since the centre opened. Both complaints were dealt with effectively and the outcomes following the complaints being made were clearly documented.

Judgment: Compliant

Quality and safety

The provider's practices ensured that residents' well-being was promoted at all times and that they were kept safe. The inspector found residents received person centred care and support that allowed them to enjoy activities and lifestyles of their choice.

To support residents to express their choices and views, weekly house meetings were held where residents' views and preferences were discussed with staff. Inspectors observed staff discuss views and preferences with residents on an ongoing basis throughout the inspection.

Overall, the centre was warm, clean, comfortable and suitably furnished and suited the needs of residents. Inspectors found that the centre met the requirements of schedule 6 as specified in the regulations at the time of inspection.

The provider had ensured that effective measures were in place to protect residents and staff from the risk of fire. These included up-to-date servicing of fire fighting extinguishers, the central heating boiler and the fire alarm system. Staff also carried out a range of fire safety checks. The fire evacuation procedure was displayed, staff had received formal fire safety training and effective fire evacuation drills involving residents and staff were carried out. Other risks in the centre had been identified, and control measures were in place to manage risks. However, inspectors found that risk registers were not in place in both parts of the centre as required by their local policy.

The management team had taken measures to safeguard residents from harm or suffering abuse. There was a policy and safeguarding training was provided to staff. This ensured that they had the knowledge and skills to treat residents with respect and dignity and to recognise the signs of abuse and or neglect.

There were safe medication management practices in place to protect residents from the risk of medication errors. Inspectors found that where errors were identified, learning had been identified, and improvements were in place to ensure these errors did not occur again.

Overall, there was a good level of compliance with regulations relating to the quality and safety of resident care. However, some improvement was required to risk management procedures.

Regulation 13: General welfare and development

The registered provider had systems in place to provide each resident with appropriate care and support in accordance with evidence-based practice.

Inspectors found that the residents were attending day services and that the residents are active in their local community following a review of the residents personal plans. On the evening of the inspection the residents were attending a social event in their local community and staff members had come in early to

facilitate same.

Judgment: Compliant

Regulation 20: Information for residents

The provider had ensured that the residents guide contained the information as specified by the regulations and was also available in an accessible format where required.

Judgment: Compliant

Regulation 26: Risk management procedures

Risk management arrangements ensured that risks were identified, monitored and regularly reviewed and reflected staff practices and knowledge. Personal emergency evacuation plans had been developed for each resident. However, the person in charge had not ensured that the risk register was completed as required by their local policy, as a result staff were not clearly guided on risk management in the centre.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The provider had ensured that effective measures were in place to protect residents and staff from the risk of fire. These included up-to-date servicing of fire safety checks by staff, fire safety checks by staff, fire safety training for all staff, completion of fire evacuation drills involving residents and staff and individualised emergency evacuation plans for all residents.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

A member of the staff team showed the inspector that there were procedures in

place for the safe ordering, storing, administration and disposal of medicines which met the requirements of the Regulations.

All staff had received training in medication management and the member and the inspector found that there were effective systems in place to respond to medication errors. The inspector reviewed three errors and noted that there were reviews and action plans in place following each error.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Personal plans had been developed for all residents and were based on each resident's assessed needs. Annual personal planning meetings, which included the resident or their representatives, were being held and a schedule was in place. Residents' personal goal were agreed at intervals. These were made available in a user-friendly format.

Judgment: Compliant

Regulation 6: Health care

The health needs of residents were assessed and they had good access to a range of healthcare services, such as general practitioners, healthcare professionals and consultants. Plans of care for good health had been developed for residents based on each person's assessed needs.

Judgment: Compliant

Regulation 7: Positive behavioural support

The provider had a positive approach to the support and management of behaviours that challenge. Behaviour support plans were developed when required with input from a behaviour support specialist. Incidents were recorded and the provider had a system in place to ensure that all incidents relevant in this area were reviewed and monitored by the behaviour support specialist, in-line with local policy. All staff had attend training in relation to the management of behaviours that challenge.

Judgment: Compliant

Regulation 8: Protection

The provider had arrangements in place to safeguard residents from harm or abuse. There was a clear up-to-date safeguarding policy to guide staff. The management team were very clear about what constituted abuse and demonstrated proactive measures that would be taken in response to suspicions of abuse.

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

Regulation Title	Judgment
Views of people who use the service	
Capacity and capability	
Regulation 14: Persons in charge	Not compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Magnolia Services OSV-0005801

Inspection ID: MON-0026185

Date of inspection: 02/04/2019 and 03/04/2019

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 14: Persons in charge	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 14: Persons in charge:</p> <p>The role of Person in Charge is a co-sharing role with the team leader/ CNM 1 and Area Manager. There are now clear arrangements in place regarding roles and responsibilities in line with the requirements of the regulations and a clear accountable management structure regarding the role of the PIC.</p> <p>We have reviewed the Person in Charge arrangements. The Area Manager has taken over the full time Person in Charge role for this designated centre from 4th June 2019. The Team Leader will provide ongoing support to the Area Manager for the two houses in this designated centre. This will ensure effective governance, operational management and administration of this designated centre.</p>	
Regulation 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:</p> <p>Management have liaised with HR and all staff documents required under Schedule 2 of the regulations have now been obtained. The gaps in employment history have been explained on HR files.</p>	

Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development: Staff have had an on-site training, completed Online HSE approved Training. Staff are scheduled to complete training by May 21st.</p>	
Regulation 19: Directory of residents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 19: Directory of residents: Directory of Residents have been amended and updated.</p>	
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management: The role of Person in Charge is a co-sharing role with the team leader/ CNM 1 and Area Manager. There are now clear arrangements in place regarding roles and responsibilities in line with the requirements of the regulations and a clear accountable management structure regarding the role of the PIC. Quality Assurance systems have been reviewed and action plans have been put in place.</p> <p>We have reviewed the governance and management arrangements; the Area Manager has taken over the full time Person in Charge role from 4th June 2019. The Team Leader will provide ongoing support to the Area Manager for the two houses in this designated centre thus ensuring a clearly defined management structure with identified lines of authority and accountability. This will ensure effective governance and operational management systems are in place in this designated centre to ensure that the service provided is safe, appropriate to the needs of people supported, consistent and effectively monitored.</p>	

Regulation 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose: Statement of Purpose has been updated and submitted.</p>	
Regulation 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures: Risk Register has now been updated, finalized and is in place in the Designated Centre.</p>	

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 14(2)	The post of person in charge shall be full-time and shall require the qualifications, skills and experience necessary to manage the designated centre, having regard to the size of the designated centre, the statement of purpose, and the number and needs of the residents.	Not Compliant	Orange	12/04/2019
Regulation 14(4)	A person may be appointed as person in charge of more than one designated centre if the chief inspector is satisfied that he or she can ensure the effective governance, operational management and administration of the designated	Not Compliant	Orange	12/04/2019

	centres concerned.			
Regulation 15(5)	The person in charge shall ensure that he or she has obtained in respect of all staff the information and documents specified in Schedule 2.	Substantially Compliant	Yellow	02/04/2019
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	21/05/2019
Regulation 19(1)	The registered provider shall establish and maintain a directory of residents in the designated centre.	Substantially Compliant	Yellow	05/04/2019
Regulation 19(3)	The directory shall include the information specified in paragraph (3) of Schedule 3.	Substantially Compliant	Yellow	05/04/2019
Regulation 23(1)(b)	The registered provider shall ensure that there is a clearly defined management structure in the designated centre that identifies the lines of authority and accountability, specifies roles, and details responsibilities for	Not Compliant	Orange	12/04/2019

	all areas of service provision.			
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Not Compliant	Orange	12/04/2019
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	05/04/2019
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose containing the information set out in Schedule 1.	Substantially Compliant	Yellow	18/04/2019
Regulation 03(2)	The registered provider shall review and, where necessary, revise the statement of purpose at intervals of not less than one year.	Substantially Compliant	Yellow	18/04/2019