



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:	Short Notice Announced
Date of inspection:	25 October 2022
Centre ID:	OSV-0005801
Fieldwork ID:	MON-0035513

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
Tuesday 25 October 2022	11:00hrs to 14:00hrs	Catherine Glynn	Lead

What residents told us and what inspectors observed

This inspection was a short notice announced inspection to monitor and inspect the arrangements the provider had put in place in relation to infection prevention and control. The inspection was completed over one day and both houses were visited as part of the inspection process. The inspector met briefly with one resident on the day of the inspection and spent 15 minutes engaging and interacting as advised by the staff team supporting this resident. The resident was very comfortable and appeared relaxed with staff during this time and was also familiar with the management team who were also present. The inspector noted and observed that all staff spoke and interacted with this resident in an appropriate manner, respectful and caring manner, and were familiar with their communication preferences choices. Other residents were attending their planned day services activities but were advised of the inspection on the day it was occurring. The inspector spoke with four members of staff, including the person in charge, team leader and two support staff throughout the course of the inspection.

The inspector met with the management team who were present on the morning of the inspection. Staff completed temperature checks and showed the inspector hand sanitising facilities. The provider was continuing to maintain and implement precautions as initially laid out by public health and national guidance.

Residents were receiving a good quality service in homely environments, suitably decorated houses which were personalised according to the residents choices and preferences. The inspector was shown around both houses by the management team and the inspector noted that the centre was very clean throughout, warm, free from dust or debris and neat. The overall impression was that this centre was a warm, light and comfortable home for residents to enjoy.

During the walk around the inspector noted that staff had a lot of knowledge and spoke about the residents respectfully at all times. It was very evident that staff in this centre knew residents well and were also very familiar with all of the residents' communication preferences. Staff were also observed and heard speaking and planning activities with the resident as part of their programme that day. In one house, there was information available but this was limited due to the sensory needs and preferences of one resident. The inspector noted that staff had completed considerable work with the residents throughout the pandemic as they had taken into account that some residents were nervous due to the changes that had occurred as a result of this pandemic. The provider had ensured that information was provided and available in an accessible format when required.

Staff members who met with the inspector explained the cleaning systems in place in the centre. This included daily, weekly and monthly checklists of tasks required, such as colour coded mops, appropriate storage and cleaning of all equipment in use by staff. The inspector observed in both houses appropriate storage in use at the time of the inspection. The new infection prevention policy was in place and the

inspector noted that staff were familiar with this document and the guidelines in place to maintain effective infection prevention and control measures in this centre.

The remainder of this report will provide an overview of how the provider has ensured they have met the requirements of regulation 27; protection against infection, and how the provider has implemented the national standards for infection prevention and control in community services (2018).

Capacity and capability

The provider's management arrangements ensured that a good quality and safe service was provided for people who lived in this centre, that residents' quality of life was well supported and that residents were safeguarded from infectious diseases, including COVID-19.

There was a clear organisational structure to manage the centre. There was a suitably qualified and experienced person in charge. The person in charge was based in an office close to both houses, and was frequently present in the centre. It was clear that the person in charge knew the residents and their support needs. The person in charge also worked closely with the wider management team. The person in charge was very involved in the oversight of infection control management in the centre. The inspector noted that the management team had ensured that an effective contingency plan was in place and this was monitored and reviewed regularly by the person in charge. In addition, the inspector found that on review of the current staff roster, there was appropriate and suitably skilled staff working. Furthermore, staff were knowledgeable and informed about all current organisational measures and procedures in place to manage infection control in the centre in line with current IPC measures. In addition, the person participating in management showed the inspector the organisations new template for managing actions identified effectively and in a time-bound manner.

The centre was suitably resourced to ensure the effective delivery of care and support to residents. These resources included the provision of suitable, safe and comfortable equipment and furnishing, suitable transport for residents to use, and adequate staffing levels to support residents. The centre was also resourced with many physical facilities to reduce the risk of spread of infection. These included hand sanitising dispensers throughout the buildings, supplies of disposable gloves and aprons, cleaning materials, thermometers for checking temperatures and a ready supply of antigen test kits. There was a plentiful supply of face masks, including FFP2 masks which staff were seen to wear at all times in the presence of residents. Arrangements were in place for frequent stock take checks of masks to ensure that the supply would not run out.

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including COVID-19.

There was a clear organisational structure to manage the centre. There was a suitably qualified and experienced person in charge. The person in charge was based in an office close-by and was frequently present in the centre. It was clear that the person in charge knew the residents and their support needs. The person in charge also worked closely with the wider management team. The person in charge was very involved in the oversight of infection control management in the centre. The inspector noted that the management team had ensured that an effective contingency plan was in place and this was monitored and reviewed regularly by the person in charge. In addition, the inspector found that on review of the current staff roster, there was appropriate and suitably skilled staff working. Furthermore, staff were knowledgeable and informed about all current organisational measures and procedures in place to manage infection control in the centre in line with current IPC measures.

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There were systems in place for reviewing and monitoring the service to ensure that a high standard of care, support and safety was being provided and maintained. Detailed unannounced audits were being carried out twice each year on behalf of the provider. Records of these audits showed a good level of compliance and that any identified issues had been or were being addressed within realistic time frames. The auditing systems included infection control auditing. The person in charge also used learning from other services to introduce improvements to this service. The person in charge had completed a comprehensive infection control audit of the centre prior to this inspection.

The inspector reviewed the management of complaints in the centre. Although there had been no recent complaints, there were suitable measures in place for the management of complaints should this be required. These included a complaints policy to guide practice and a clear system for recording and investigating complaints. Information about how to make a complaint was displayed in the centre and was also made available to residents and or their representatives. There had been no complaints or concerns raised about infection control or any aspect of COVID-19 management.

Infection control and COVID-19 documentation viewed during the inspection was informative and up to date. The provider had developed a comprehensive contingency plan to reduce the risk of COVID-19 entering the centre and for the

management of the infection should it occur.

Staff who worked in the centre had received training in various aspects of infection control, such as infection prevention and control, and practical hand hygiene. Training in donning and doffing PPE and food safety management had also been made available to staff. A range of policy and guidance documents, including an up-to-date infection control policy and infection prevention and control guidelines for disability services, were available to inform staff.

Quality and safety

The centre was made up of two single storey houses, one was an individualised service and the other was a four bedded house. Both houses were clean and comfortable throughout, and decorated and furnished in a manner that suited the needs and preferences of the residents' who lived there. Most wall and floor surfaces throughout the houses were of good quality and were suitable. Overall the wall and floor surfaces in bathrooms were of impervious material, and joints between walls and floors were covered and suitably sealed to allow for effective cleaning. During a walk around the centre, the inspector noted that the centre was generally kept in a clean and hygienic condition throughout and was well maintained, although some areas required minor work as previously mentioned.

Residents had access to the local community and were involved in activities that they enjoyed in the centre. The centre was situated on the outskirts of a large town and close to a range of amenities and facilities in the nearby areas. The centre had a dedicated transport, which could be used for outings or any activities that residents chose.

The provider had ensured that there were strong measures in place for the prevention and control of infection. There was extensive guidance and practice in place in the centre to control the spread of infection and to reduce the risk of COVID-19. This included adherence to national public health guidance, availability of PPE, staff training and daily monitoring of staff and residents' temperatures. The risk register had also been updated to include risks associated with COVID-19. A cleaning plan for the centre had been developed by the provider. which the inspector found was monitored and reviewed by the person in charge to ensure that tasks were being completed.

On the day of the inspection, the inspector noted and observed that there was appropriate hand sanitising facilities in the centre and the inspector observed staff to wearing the current recommended PPE in line with public health guidance. In addition, the inspector noted that appropriate stocks were in place to ensure that access to appropriate and required personal protective equipment was available in the centre. In addition, the person in charge monitored stocks of PPE and advised

the inspector about the contact person should additional stocks be required or access to suitable waste disposal services. The inspector found that residents were also aware of current guidelines and were observed with staff to wear appropriate PPE when accessing the community during the inspection and were also observed completing appropriate hand sanitising during the inspection. On review of house meetings, the inspector found that there was a set agenda with topics such as outings, meal planning, household shopping, current public health guidelines and household chores.

The provider had cleaning schedules in place which outlined the centre's hygiene requirements and staff members carried out the required daily cleaning tasks. Records indicated that staff were completing daily cleaning of the centre with increased cleaning and sanitising of touch points such as door handles and light switches. Staff who spoke with the inspector were clear about cleaning and sanitising routines and explained how these were carried out. These staff explained the colour coded cleaning system which was in use, the nightly process for washing mop heads, and the use of alginate bags for management of potentially infectious laundry.

The residents' health, personal and social care needs were regularly assessed and care plans were developed based on residents' assessed needs. The plans of care viewed during the inspection were up to date, informative and relevant. All residents were supported to achieve the best possible health by being supported to attend medical and healthcare appointments as required. Throughout the COVID-19 pandemic, the resident continued to have good access to general practitioners (GPs) and a range of healthcare professionals. Residents were supported to access vaccination programmes if they chose to, and to make informed decisions when offered COVID-19 vaccines.

Regulation 27: Protection against infection

Overall, the provider had effective infection prevention and control measures were in place, in accordance with current public health guidelines.

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
Capacity and capability	
Quality and safety	
Regulation 27: Protection against infection	Compliant