



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

Issued by the Chief Inspector

Name of designated centre:	Marina View
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Clare
Type of inspection:	Unannounced
Date of inspection:	05 September 2022
Centre ID:	OSV-0004864
Fieldwork ID:	MON-0035440

About the designated centre

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

Marina View offers a full-time residential service to two people with an assessed requirement for a low-level of support from staff. Residents are afforded the opportunity to live as equal participants in their community and, to partake in community activities of their choosing. While promoting choice and independence for residents staff support is provided as needed. The support offered by the staff of Marina View includes day support, evening support on return from the day service, overnight sleep-over staff and, weekend cover. The support provided is informed by the process of individualised personal planning and, the process of risk identification and management. Additional support from staff is provided as needed or requested for example to attend specific social events. The staff team is comprised of social care and support staff. Currently a coordinator supports the person in charge in the general administration and management of the service. The house itself is located in an established residential area overlooking the marina and, is a short walk from the services and amenities offered in the town. The house is a two storey property and is subdivided into two self-contained apartments; each resident lives in their own apartment.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2
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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
Monday 5 September 2022	10:45hrs to 17:00hrs	Mary Moore	Lead

What residents told us and what inspectors observed

This inspection was undertaken to assess the providers compliance with Regulation 27: Protection against infection. Regulation 27 requires that registered providers ensure that procedures, consistent with the *National Standards for infection prevention and control in community services (2018)* are implemented by staff to protect residents from the risk of preventable infection. This inspection found the provider had adopted such procedures and infection prevention and control was part of the daily routines and management of the service. However, there was scope for further improvement, for example in relation to the facilities provided. Also, further consideration and application, as appropriate, of recently implemented infection prevention and control guidance would have addressed some of the findings of this inspection.

This inspection was unannounced and on arrival at the centre the inspector noted prominent signage advising visitors of the centres infection prevention and control measures such as establishing well-being and attention to hand hygiene. The inspector complied with these measures and staff on duty were noted as wearing surgical grade face masks as required by national guidance.

Two residents live in this designated centre and they both attend local off-site day services operated by the provider. The house is not staffed when residents are not present. Consequently there was limited opportunity to observe practice. However, based on what the inspector read and discussed with management of the service residents were spoken with and supported to understand and protect themselves from the risk of preventable infection.

For example, both residents were fully vaccinated and took confidence in the protection that vaccination provided. Staff described how a resident actively asked about getting their booster vaccine. Staff said residents might still decide to wear a face mask in certain situations. Residents were good to use hand sanitising products and were promoted by staff to complete hand washing at regular intervals. Residents had good independence in their daily lives and were encouraged to have some responsibility for the care of their individual apartments. Each resident largely managed their own personal laundry. Maintaining a clean environment was at times a collaborative approach between residents and staff. For example, heavier household duties such as the changing of bedlinen and hoovering were completed with support from staff or completed by staff. There were daily, weekly and monthly schedules of cleaning duties to be completed by staff. The house presented as visibly clean with few exceptions. For example, the grouting of some tiled surfaces required a deep clean and, how and where some cleaning equipment was stored required review. There were also some storage practices that needed to be addressed to reduce to risk of cross-infection.

The provider had plans in progress for an extensive refurbishment of the premises. These plans needed to be reconsidered so that the planned work maximised and

supported infection prevention and control. For example, one en-suite bathroom was no longer suited to the needs of a resident. The resident was using the main bathroom and the arrangements in place increased the risk for contamination and cross-infection.

Residents had a good quality of life where they enjoyed independence and autonomy, but also had the support they needed from staff. Residents were compatible and respectful of each other but, they each enjoyed living on their own and having their own personal space. The operation of the service reflected this. Residents had reengaged with life, with their day services, family, peers, their local community, and the opportunity they had to enjoy paid work. Family could and did visit the centre and were happy to adhere to the controls described above so that infection was not accidentally introduced to the service.

The inspector met briefly with both residents when they returned separately from their day services. Both residents looked well and told the inspector that they were well and all was good in the service. One resident was busy planning for an imminent night away. The resident would be supported by a staff member to attend a concert performed by their favourite musician. The other resident confirmed that they had resumed their visits to home that were very important to them. Residents and representatives had also provided feedback to inform the provider's annual review of the service and this feedback was very positive.

Because residents were out and about the provider had had to implement its infection control contingency plan. How the plan worked to prevent the spread of infection and support resident wellbeing was reviewed with the staff team, so as to identify any learning and ideas for improvement. The plans were effective in preventing the spread of infection and worked for residents and staff. The design and layout of the house supported the plans as each resident had their own self-contained apartment. However, better alignment was needed between the plan and a supporting risk assessment.

In summary, management, staff and residents worked together to implement and adhere to the infection prevention and control arrangements in this centre. Controls were reasonable and residents had independence in their daily care and routines, but staff also had a clear role and responsibilities in ensuring residents had a clean and safe environment and were protected from the risk of preventable infection. The monitoring of infection prevention and control was part of the overall monitoring of the quality and safety of the service.

The next two sections of this report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements ensured good compliance with Regulation 27: Protection against infection.

Capacity and capability

While some improvement was needed to demonstrate full compliance with the standards, the governance arrangements of this service supported effective infection prevention and control practice.

For example, infection prevention and control responsibilities were clear. The person in charge was the local lead and was supported by the co-ordinator who in turn monitored practice in the centre and ensured staff had up-to-date guidance and information. The inspector saw well maintained folders that contained recently revised local infection prevention and control guidance and the provider's current guidance on the prevention and management of Covid-19. The person in charge and the co-ordinator both confirmed there was good opportunity to review and provide feedback on the draft policy.

Staff team meetings were regular and there was very good attendance at these meetings. Infection prevention and control was a standing agenda item at these meetings. Discussion at these meetings included the practical implementation of the centres contingency plans, what had worked and what perhaps could be done better. For example, it was noted that one resident had been reluctant to tell staff that they were unwell and staff needed to be very mindful of this going forward so that there was timely detection of illness and possible infection.

Ordinarily there was one staff on duty to support both residents. The person in charge was assured staffing levels supported effective infection prevention and control practice and was helped by the independence that residents enjoyed. For example, residents were largely independent in attending to their own personal care and could adequately undertake tasks such as attending to their personal laundry with some support from staff. The contingency plan included the staffing arrangements in the event of an outbreak to ensure residents had the support that they needed but also to ensure the spread of infection was controlled. Two staff had worked longer shifts to reduce footfall in the centre and the crossover of staff.

The inspector reviewed the staff training records and saw that all staff working in the centre had completed the training prescribed by the provider. This included training in hand hygiene, the correct use of personal protective equipment (PPE) and, how to break the chain of infection. Further training in the cleaning and disinfection of the care environment was to be completed by staff within a specified timeframe.

The revised infection prevention and control policy included guidance on infection prevention and control quality assurance. Quality assurance systems included spot checks of practice and formal reviews to be included each quarter. There was evidence of feedback to the staff team where any inconsistency in practice was noted or observed. Infection prevention and control was also part of established reviews such as the six-monthly and annual reviews of the quality and safety of the service.

Quality and safety

Infection prevention and control was normalised into the operation and management of this service. Residents had a good quality of life in a community where they were known and where they were close to family. Residents had coped well with the restrictions imposed in response to the COVID-19 pandemic and were engaging with services and activities that they enjoyed. Reasonable controls ensured that residents were protected from the risk of preventable infection, such as monitoring the well-being of visitors to the centre. Some improvement was needed to the facilities provided, in risk assessments and in better application of quality assurance systems and the cleaning guidance in place.

For example, each resident had their own self-contained apartment and did not share facilities such as laundry equipment, bathrooms and kitchens unless they choose to. Residents did participate in the cleaning of their apartments and the staff team had a schedule of cleaning to be completed. A range of household cleaning and disinfecting products were used. The house was generally clean and tidy. The provider had a planned programme of renovation and refurbishment works that residents were aware of. However, the scope of these works needed to be re-considered to ensure they maximised the opportunity to further promote infection prevention and control. For example, one en-suite bathroom was no longer suited to the needs of one resident and the resident was accessing the shower in the main bathroom. However, the inspector noted the resident's toiletries and bath towel were left in the room and this increased the risk for contamination and cross infection.

Better application of the recently implemented cleaning guidance would have provided clarity and better practice in the storage of mops. The inspector saw that the mops were stored wet in their buckets which meant that they would not dry and could harbour pathogens.

A room primarily used for storage required review as it was in use but cluttered and untidy. The room was used to store items belonging to one resident and members of the staff team. Better segregation and better systems of storage were needed to reduce the risk of contamination and cross-infection. Internal reviews had not to date included this room.

Both residents generally enjoyed good health. As noted at the time of the last inspection, the management and staff teams worked with residents to facilitate the delivery of healthcare particularly where a resident had anxiety around this. This was successful and facilitated vaccination, PCR testing (a test that analyses a specimen looking for evidence of the COVID-19 virus), and venepuncture so as to establish and monitor resident general well-being. Where the resident declined to avail of an intervention staff brought this to the attention of the general practitioner (GP). Staff noted that while residents had good communication skills, the use of easy-to-read materials was also of benefit as they prompted a resident to ask

questions.

Staff continued to monitor each resident's wellbeing each day and records seen confirmed staff monitored residents' physical and emotional wellbeing during times of illness when residents had to isolate in their respective apartments. Residents were reported to have coped well with this, as they were spoken with so that they understood the risk to others. During this time, residents were supported to have ongoing safe contact with family which had been very beneficial to residents. One resident briefly discussed this period of illness with the inspector. The resident clearly understood the significance and possible impact of the illness and was delighted with their recovery.

A risk assessment for the prevention and management of COVID-19 was still in place and regularly reviewed by the coordinator. However, the staffing arrangements outlined in the risk assessment in the event of an outbreak did not fully reflect the staffing arrangements as outlined in the outbreak plan. Better and more centre-specific detail of the controls to prevent accidental transmission was needed. For example, where one staff supported both residents, but one resident was not suspected of having infection. It was evident from records seen, such as the outbreak review, that this risk was considered and effective controls were implemented.

There were no vacancies and no planned admissions, discharges or transfers. Each resident's vaccination and infection status was recorded in their personal plan. As residents generally enjoyed good health clinical equipment was not in use.

As discussed earlier in this report residents was supported by staff to manage their own laundry and each apartment had its own washing machine. The inspector saw that there were systems in the house for segregating waste. Bins for waste that may be infected such as used hand towels and personal care items, were pedal operated. These bins were however very small and possibly too small for the amount of waste generated.

Regulation 27: Protection against infection

Infection prevention and control measures were in place and were part of the daily operation and oversight of this service. Overall, it was found the provider had governance and management arrangements that ensured good implementation of procedures that were consistent with HIQA's *National Standards for infection prevention and control in community services (2018)*. However, there was scope for further improvement and opportunity to maximise infection prevention and control. For example, one en-suite bathroom was no longer suited to the needs of one resident and the resident was accessing the shower in the main bathroom. The arrangements in place increased the risk for contamination and cross infection. Better application of the recently implemented cleaning guidance would have provided clarity and better practice in the storage of mops.

A room primarily used for storage required review as it was cluttered and untidy. Better segregation of items and better systems of storage was needed to reduce the risk of contamination and cross-infection.

It was evident from records seen such as the outbreak review that the risk of the spread of infection was considered and controls to reduce the risk were implemented. However, better and more centre-specific detail of these controls was needed in the supporting risk assessment where, one staff supported both residents, but one resident was not suspected of having 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 Marina View OSV-0004864

Inspection ID: MON-0035440

Date of inspection: 05/09/2022

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"> • The scope of works for planned renovations to be reconsidered, to include changing residents ensuite as it no longer meets the needs of the individual and also to maximize and support IPC – review scope of works by 09/12/2022. • Until renovations are completed, individual using main bathroom to take their belongings with them after each use, as staff also use main bathroom. • Review IPC guidelines with staff team, some improvements to be put into place as follows: <ul style="list-style-type: none"> • Storage practices to be addressed. Staff bed clothes should be stored in closed boxes in the spare room. Residents spare clothes in wardrobe should be removed, so that residents and staff belongings are no longer stored together in the same room – to be completed by 20/10/2022. • Mops to be stored in a suitable outdoor area, where they can dry – complete by 15/10/2022 • Larger bin to be put in place in ensuite as it is too small for its purpose – to be completed by 15/10/2022. • Grout in ensuite to be deeply cleaned – complete by 20/10/2022 • Review outbreak management plan along with IPC/ Covid 19 risk assessments to ensure they reflect exactly how staffing should be managed during an outbreak – complete by 15/20/2022. 	

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	20/10/2022