



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:	Announced
Date of inspection:	12 February 2024
Centre ID:	OSV-0004864
Fieldwork ID:	MON-0034037

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. Day-to-day management and oversight is the responsibility of the person in charge. The staff team is comprised of social care and support staff. 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 with each resident living 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 12 February 2024	10:15hrs to 16:45hrs	Mary Moore	Lead

What residents told us and what inspectors observed

This inspection was undertaken by the Health Information and Quality Authority (HIQA) to assess the provider's compliance with the regulations and standards. To date, in this centre, the provider has consistently demonstrated a high level of regulatory compliance. This was sustained and the provider was judged to be fully compliant with the regulations reviewed.

This centre is home to two residents. Both residents require some support from staff but they are active, enjoy good health and lead busy, meaningful lives. The house which is located in a mature residential area has been divided so that each resident has their own fully-equipped area of the house. Residents like this arrangement but they also get on well together on many levels. The provider has a planned programme of refurbishment and upgrading works for this house but the inspector was advised that there was no definite timeframe for commencing these works. This was not of significance to these inspection findings as the location, design and layout of the house overall is suited to the needs and preferences of both residents. The house was warm and welcoming and had recently been redecorated.

Both residents attend local day services so they were not at home when the inspector arrived. The house is not staffed when residents are at their day services. The person in charge was also absent and this inspection was facilitated by the regional manager. The regional manager was very familiar with the service and with the residents having previously been the person in charge of the service.

During the day the inspector discussed with the regional manager the general operation and management of the service, residents daily routines, their plans and, the arrangements for ensuring their general welfare and wellbeing. The inspector reviewed a broad range of records. The inspector was advised that both residents were very anxious to meet the inspector. The inspector met with both residents when they returned from their day service in the evening.

Both residents gave the inspector a great warm welcome back to their home. Both residents gave a good account of their life in the centre and said that life was "great" and "wonderful". What both residents discussed with the inspector reflected what had been discussed and read throughout the day such as in their personal plans. For example, one resident who had previously struggled with medical appointments proudly showed the inspector their arm to demonstrate how they had co-operated with a recent blood test. The resident spoke about their favourite musician, a concert they had attended and plans they had to attend the next concert and enjoy an overnight holiday stay with support from staff.

One resident was celebrating their birthday on the day of inspection. The resident said they had no great plans but would like to go to a local amenity later in the evening and asked their peer if they would like to join them. Their peer had bought them a card and a present for their birthday. That peer had recently celebrated a

milestone birthday and had had a party to celebrate attended by family, staff and friends. The resident shared photographs from the party and said they had had a great night. A staff member had arranged a video birthday message from the favoured musician and this was a source of great delight for the resident.

The residents discussed the range of activities and opportunities that they enjoyed; these were largely co-ordinated by their day services. The regional manager was responsible for these day services meaning there was good communication and oversight between the residential and day services. One resident confirmed that they still had access to a brief period of paid employment each week and said staff were supporting them to complete some online training that they had to do for this work. The only request that the resident had was for a desk in the kitchen. The regional manager said that this would be facilitated.

Residents had very different interests and were supported to pursue and enjoy what it was they preferred to do. For example, one resident asked the inspector if they would like to see their upstairs apartment. As the resident and the inspector toured the apartment the resident chatted about their love of classical music and a concert they had attended, their love of rugby and their frequent trips to Thomond Park and, their continued interest in pottery and ceramics. There was discussion of home and family and the regular trips home such as for the recent public holiday. The resident was hoping to have a holiday abroad this summer.

Residents had the support that they needed to enjoy full and meaningful lives closely connected to and visible in their local community. Residents were also supported to have some independence such as walking to the day service or, spending some time in the house without direct support from staff. Ordinarily, there was one staff member on duty but there was no evidence that this limited the choices and opportunities that residents had.

Both residents said that would say if they were not happy or if something was bothering them. One resident named the designated safeguarding officer as a person they would speak with if they were not happy.

In summary, the provider operated this service within the requirements of the regulations and ensured residents had the support that they needed to live busy and fulfilling lives while respecting their individuality, their interests and abilities.

The next two sections of this report will discuss the governance and management arrangements of this service and how these ensured and assured the quality and safety of the service provided to both residents.

Capacity and capability

Based on these and previous inspection findings this was a well-managed service. The service was adequately and appropriately resourced. The provider monitored

the quality and the safety of the service provided to residents.

Given the number of residents accommodated, their assessed needs and low level of risk, the management structure consisted of the person in charge and their line manager, the regional manager. Some administration duties were assigned to a social care worker. As discussed in the opening section of this report the person in charge was absent and the regional manager was the person responsible for the management of the service in the interim. The Chief Inspector had been notified of the absence and of these management arrangements.

The regional manager was very familiar with the general operation and oversight of the service and provided continuity for the residents and the staff team. The regional manager held regular meetings with all the persons in charge reporting to them and was available as needed for advice and support. Records of these meetings were on file as were records of regular staff-team meetings convened by the person in charge. There was good staff attendance at these meetings. The inspector was advised that staff supervisions were all up to date.

There was a planned and actual staff duty rota and a regular team of experienced staff who had supported the residents for many years. Based on the evidence available to the inspector staffing levels and arrangements were suited to the needs and abilities of the residents.

The inspector requested and reviewed a representative sample of staff files. The files contained all of the required information and records such as a Garda vetting disclosure.

Records were maintained of staff attendance at training and the regional manager confirmed that training that was overdue such as in manual handling was booked.

Quality assurance systems included the annual review and the quality and safety reviews of the service required to be completed at least every six-months. The latter were completed on schedule and the actions arising from the most recent review completed in January 2024 were, based on these HIQA inspection findings, addressed. For example, providing evidence as to how residents' personal goals and objectives were progressed and, updating the register of risks.

Regulation 15: Staffing

Ordinarily there was one staff member on duty by day and by night, the night time arrangement was a staff member on sleepover duty. Based on what the inspector was told including feedback from residents these staffing levels and arrangements were adequate. Additional staffing was in place on alternate Saturdays and if residents had particular events that they wanted to attend. Nursing advice and care was accessed as needed from community based resources. There was a low turnover of staff and most staff had worked in the service for a number of years. The staff files reviewed by the inspector all contained the required information and

records such as evidence of the persons identity, employment history, the date employment commenced and, a Garda vetting disclosure.

Judgment: Compliant

Regulation 16: Training and staff development

A record was maintained of the training completed by staff members. This included mandatory training such as in safeguarding, fire safety and, responding to behaviour that challenged. These trainings were up-to-date. Internal audits had identified that there was refresher training that was overdue. This training was now complete or was scheduled such as in manual handling.

Judgment: Compliant

Regulation 19: Directory of residents

The directory of residents contained all of the required information such as each residents name, date of birth and the date they first came to reside in the service.

Judgment: Compliant

Regulation 21: Records

All of the records requested by the inspector were available such as a copy of the staff duty rota, a record of the meals provided to each resident, the charges to residents and, a record of any dates when a resident was not residing in the centre.

Judgment: Compliant

Regulation 23: Governance and management

The management structure was clearly defined as were individual roles and responsibilities. The service was adequately resourced to ensure the effective delivery of care and support. There were quality assurance systems for maintaining oversight of the service such as the annual and six-monthly quality and safety reviews. The annual review provided for consultation with residents and their representatives. The feedback on file was for the review of 2022 as the review of

2023 was not due to be finalised until March. The feedback on file was positive. Residents reported that they had good choice and control and felt safe. A representative who provided feedback described the service as excellent. In addition, the regional manager described how they completed support and supervision, a process that included a review of records in the centre and the issuing of a quality improvement plan as needed. The regional manager had completed other reviews such as of medicines management practice and accidents and incidents that had occurred. There was evidence of feedback to the staff team at the most recent staff team meeting.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

Each resident was provided with a contract for the provision of services. The contract specifically set out the service that was provided, any applicable charges and how these were calculated. The contract also advised residents of the insurance put in place by the provider and any limitations to that insurance.

Judgment: Compliant

Regulation 31: Notification of incidents

The regional manager had completed a review of any incidents and accidents that had occurred in the centre. Based on those records there was a very low incidence of such events. This would concur with the notifications that had been submitted to the Chief Inspector.

Judgment: Compliant

Regulation 32: Notification of periods when the person in charge is absent

The provider had notified the Chief Inspector of the absence of the person in charge and of the arrangements made for the running of the service during the absence.

Judgment: Compliant

Quality and safety

The provider had in place the arrangements needed to support both residents to enjoy a good quality of life. The support provided respected and promoted the individuality of resident's choices, preferences and abilities.

Each resident had a personal plan. The plans had been transferred over to the personal outcomes measures format (POMS). Residents participated in their planning meetings. Families were consulted if this was the resident's preference.

The personal plan included the resident's personal goals and objectives and there was good photographic evidence of the achievement of these goals. Narrative progress notes had also been updated. As discussed in the opening section of this report both residents had good opportunity to engage in a broad range of activities specific to their personal interests. Most of these activities were community based and both residents were reported to be well known in the local community.

Ordinarily residents enjoyed good health but they had access as needed for example, to their general practitioner (GP). Residents attended their clinical appointments and had input into their medicines management plan. Residents were supported to make healthy lifestyle choices such as in their meal choices and regular exercise such as walks with staff, swimming and attending the gym.

While residents had additional needs there was a low-level of risk associated with these needs. The regional manager had recently reviewed and updated the suite of risk assessments that were in place. This review was linked to and reflected the low level of incidents that occurred.

The house was equipped with the required fire safety arrangements such as a fire detection and alarm system and emergency lighting. There were two means of escape from the first floor apartment including an external route. Regular simulated evacuation drills demonstrated that both residents immediately responded to any request to evacuate the building.

Regulation 10: Communication

Both residents were effective verbal communicators but where they would benefit from strategies to support good communication these were included in the personal plan. For example, the importance of how certain requests were made and being informed of plans. Both residents had access to and enjoyed a range of media and had access to the Internet.

Judgment: Compliant

Regulation 11: Visits

There were no restrictions on visits and there was ample space in each apartment for each resident to receive visitors. Both residents spoke of family, maintaining contact with family and, as appropriate to their individual circumstances, planned regular home visits.

Judgment: Compliant

Regulation 12: Personal possessions

Based on an assessment of competency both residents received some support and supervision from staff in the management and safeguarding of their personal finances. Residents had good access and control however. For example, residents had their own accounts, they were supported to complete contactless transactions and had monies to spend as they wished each week. Staff did maintain records including receipts of larger purchases and transactions and reconciled all transactions to ensure residents were safeguarded. Each resident had their own laundry facilities and had support from staff as needed. Residents had good personal storage.

Judgment: Compliant

Regulation 13: General welfare and development

The support and care provided was appropriate to each resident's assessed needs, their abilities and their expressed preferences and choices. Residents had the opportunity and the support they needed to enjoy activities and events that were of interest to and important to them such as attending concerts, sports events, craft fairs, bingo, tea-dancing, overnight hotel stays and longer holidays. Residents were visible and well known in their local community and had good neighbours. Residents could choose to spend time together but they had also developed and maintained other friendships. A resident during their personal planning meeting had stated that they were content and happy with their established friendships.

Judgment: Compliant

Regulation 17: Premises

The location, design and layout of the house was suited to the needs and preferences of each resident. For example, the house was located in an established residential area within reasonable walking distance of the town and the day service. Transport was provided however. While residents had a mutually respectful relationship they liked their own space and privacy and, each resident was provided with their own self-contained area of the house. Services such as the heating system were maintained and the house had recently been redecorated. The provider had a planned programme of refurbishment and upgrade works largely to update the house but no timeframe for their completion. One resident had a bath in their ensuite bathroom but had a stated preference for a shower. A shower was available in close proximity to the residents bedroom. If the planned works do not proceed the provider should give due consideration to modifying the existing ensuite to best meet the resident's preference.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents choose their meals and snacks. For example, one resident knew what dinner was planned and said that they enjoyed that choice. One resident liked to prepare their own meals and had appropriate support for staff to do this. A record was maintained of the meals and snacks provided each day. These records demonstrated good variety and, meals and snacks that were of nutritional benefit. Staff encouraged residents to make healthy lifestyle choices and decisions so that they continued to enjoy good health.

Judgment: Compliant

Regulation 26: Risk management procedures

Overall, in the context of residents needs and abilities the level of risk managed was low. The suite of risk assessments in place reflected general work related and operational risks such as for fire, manual handling, staff lone-working and, possible accidents and incidents. The risk assessments specific to each resident were largely concerned with supporting residents to enjoy some freedom and independence while also ensuring they were safe. For example, residents spent brief periods in the house without staff and were also supported to participate in some aspects of their medicines management plans. The regional manager had recently reviewed each of these risk assessments including the specified controls. Actions taken following this review included the reassessment of each residents competency to input into their medicines management plan and, the completion of an evacuation drill that simulated the night-time scenario. No new or increased risk was found. The review of each risk and how it was controlled was informed by a review of any incidents

that had occurred and these were minimal.

Judgment: Compliant

Regulation 28: Fire precautions

The house was fitted with fire safety arrangements such as a fire detection and alarm system, emergency lighting, fire-fighting equipment and doors with self-closing devices designed to contain fire and its products such as smoke. There was documentary evidence that these systems were inspected and tested at the required intervals. There were fire procedures in place that outlined the arrangements for reducing the risk for fire and responding to fire. Adequate means of escape were provided including an external escape route from the first floor. Staff and residents participated in regular simulated evacuation drills. The drills tested different scenarios and demonstrated that both residents immediately responded to the alarm or any request from staff to evacuate the building.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Both residents participated in the process of personal planning. Residents attended their planning meeting and were supported to choose what it was they wanted to do for the coming year. The process of personal planning was individualised and arrangements were put in place to support residents to progress their personal objectives. A resident spoken with knew where their personal plan was and was happy to use the plan to discuss certain events with the inspector such as a day trip they had enjoyed and their recent birthday celebration. Day and residential services collaborated on the planning and progress of the plans. Staff maintained detailed and respectful daily records of the care and support provided each day and, their observations of each resident's general welfare and wellbeing.

Judgment: Compliant

Regulation 6: Health care

The personal plan included the plans for supporting any identified healthcare needs. Generally residents enjoyed good health and attended their general practitioner (GP) for regular monitoring and review. Residents had access to other services such as their dentist, optician, and chiropody. A residents right to refuse interventions was

respected but positive progress had been made in developing a residents understanding of and their consent to medical interventions.

Judgment: Compliant

Regulation 7: Positive behavioural support

The risk for behaviour that challenged was low. The regional manager discussed the situations or circumstances that might be challenging for a resident. There was guidance available to the staff team as to the behaviour that might be exhibited, what might trigger it and, how it should be responded to. While the risk of an occurrence was low and supportive strategies were therapeutic, staff had completed training including in de-escalation and intervention techniques. There were no restrictions reported or identified by this inspection. Residents respected each others section of the house and reported that they had good choice and control in their daily routines.

Judgment: Compliant

Regulation 8: Protection

The provider had safeguarding policies and procedures that it enacted as needed to protect residents. All staff had completed safeguarding training. Safeguarding, staying safe and recognising risk and harm was regularly discussed with residents in the day and residential services. The designated safeguarding officer had visited the house and was known to both residents. Residents understood the role of the designated safeguarding officer. The regional manager was satisfied that residents had different reporting avenues that they would use if they had a concern.

Judgment: Compliant

Regulation 9: Residents' rights

The support provided was individualised. Residents were consulted with and could choose what it was that they wanted to do. Residents were happy with the choice and control that they had. Residents could if they wished participate in the internal advocacy forum. One resident was reported to be more interested in this than the other. One resident said that they liked to attend mass and said they regularly attended morning mass in the local church. Residents were supported to enjoy some independence such as spending time in the house without staff supervision or

walking independently to the nearby day service.

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	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 32: Notification of periods when the person in charge is absent	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant