



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:	Short Notice Announced
Date of inspection:	26 May 2021
Centre ID:	OSV-0004864
Fieldwork ID:	MON-0032211

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 co-ordinator 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 - 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
Wednesday 26 May 2021	10:30hrs to 15:30hrs	Mary Moore	Lead

What residents told us and what inspectors observed

From what residents told the inspector and what the inspector observed and read, it was clear that residents were enjoying a good quality life in this centre. Residents were supported to be active participants in the running of their home and, in leading their plans of support. Residents were visible and active participants in their local community.

This inspection was undertaken in the context of the ongoing requirement for measures to prevent the accidental introduction and onward transmission of COVID-19. COVID-19 has resulted in changes as to how centres are inspected so that they can be inspected in a way that is safe for residents, staff and inspectors. There was a suitable space and arrangements for the inspector to be based in the house, therefore the inspector had the opportunity to meet with both residents in their home.

The provider had planned to sell this house. The provider had reviewed this decision and now plans to undertake a programme of upgrade works in the house. Both residents told the inspector that they were delighted with this decision and were busy planning their input into the works, for example the redecoration of their apartments and, the upgrade of the garden. Resident right to participate in and contribute to these plans and works was integrated into the personal plan. The location, design and layout of the house offered many positives for residents and, supported the good quality of life that they enjoyed. For example, the house was subdivided so that each resident had a self-contained living-arrangement. Residents could and did meet and spend time together at times of their choosing, for example eating a meal together. The house was located at the end of an established residential area on the outskirts of the town and, offered very pleasing views of the Marina. Residents had access to a secure spacious garden with a sunny aspect to the rear of the house. One resident said that if she had to leave this house she would leave only if the staff came with her.

Notwithstanding the planned works the house was in good decorative order, visibly clean but homely. One resident gave the inspector a tour of their apartment and, there was a clear sense of ownership and pride as each room was visited. Based on what was possible to see on visual inspection the provider had completed the fire safety upgrade works that were outstanding at the time of the last Health Information and Quality (HIQA) inspection. Written confirmation of this was also provided to the inspector.

Both residents were in good spirits and, very comfortable with the presence of the inspector in their home. For example, one resident came to the house from their day service as staff knew that he would very much want to be included in the visit from the inspector. The inspector noted that residents wore a face-mask or kept a safe physical distance. Both residents were delighted to have received their first dose of vaccination and knew that a second dose was required. Being vaccinated had been

a challenge for one resident and, the person in charge described how the team had sought support from psychology and used a motivational approach to support informed vaccination. Both residents clearly understood that vaccination offered protection and, was a pathway to re-establishing more normal routines. For example, one resident had returned to their part-time job, had been back to the hairdresser and to the shops; the most recent purchases were worn with delight. A resident had returned to their off-site day service and was really looking forward to a visit home during the upcoming public holiday. In the day service the resident re-engaged with his love of pottery and was working on a privately commissioned piece. Residents said that they had been happy in the house during the period of high restrictions but were also happy now that services and facilities were re-opening. One resident had gone to mass in the local church that morning and reported that it was very organised and they had felt safe.

Residents described how technology had supported them to overcome their changed routines and the restrictions. Staff had supported residents to acquire and develop the required skills. For example, residents utilised video applications, visited websites to get ideas for the house and garden refurbishment and, watched the local mass as it was live-streamed. Residents tuned into sporting events and concerts. Staff ensured that residents continued to be visible in their local community where they were both well-known. These altered routines, changed ways of living and, strategies to adapt were all reflected in the personal plan.

Effective, evidence based and proportionate risk management processes supported all of this and, ensured that residents safely enjoyed the independence and autonomy that they had. For example, there were risk assessments for the safe re-engagement with work, home and services.

Because this centre was effectively managed and, the provider had the arrangements needed to respond to each residents needs and choices, the provider was found to be fully compliant with the regulations reviewed. The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted on the quality and safety of the service being delivered.

Capacity and capability

There were management systems in place to ensure that the service provided was safe, consistent and appropriate to residents' needs and wishes. The service was adequately resourced to deliver its stated aims and objectives. The provider had improved its systems of review and, was effectively using the data that it collected to measure and, improve where necessary the quality and safety of the service it provided to residents. The provider has previously demonstrated a high level of compliance with regulatory requirements. Based on what the inspector saw, read and was told on this inspection, the provider was judged to be in full compliance

with the regulations reviewed by the inspector.

The local management team consisted of the person in charge supported by the coordinator who was based in the house. It was evident that they communicated and worked collaboratively together. The focus of management was on the residents and, the quality and safety of the support and services provided to them. The person in charge was an experienced senior manager who spoke of mentoring, building knowledge and management experience so that there were effective management succession plans in response to planned and unplanned absences.

Effective management was reflected in the oversight that was maintained of for example, the personal plans, risks and their management, the management of medicines, accidents and incidents and, in the reviews completed on an annual and six-monthly basis. The provider had improved its use of these systems and, effectively acted on the data that was collected. Consequently, the most recent internal review had issued recommendations rather than necessary actions. The inspector saw that these recommendations were followed through on. For example, staff had practiced the implementation of COVID-19 preparedness plans and, there was a clear link in the personal plan between the support that was provided and resident's personal goals. These internal reviews sought feedback from residents and their representatives; where the latter provided feedback the service was rated as excellent.

Staffing levels and arrangements were based on the assessed need for support that each resident had and, any associated risks. Ordinarily there was one staff on duty at any one time and, the arrangement at night-time was a staff on sleepover duty. During the highest level of restriction and lock-downs staff had been redeployed to the service so that each resident had support from staff. This ensured that residents were meaningfully engaged and, could safely access their community and outdoor amenities. Residents enjoyed good independence but had the support that they needed from staff. The inspector saw from the daily narrative notes created by staff that residents freely asked staff for assistance as needed and, the support provided was flexible in response. For example, one meal was cooked and enjoyed by both residents if this was what they both wanted. Generally, there was a low turnover of staff and residents received continuity of support from a regular staff team; this was evident from the rota. Residents were clearly comfortable with the staff and management team present on the day.

Staff attendance at mandatory, required and desired training was monitored. Based on the records seen by the inspector there were no training deficits and, where refresher training was due this was booked. The training programme was responsive to new risks and the requirement for new knowledge and skills such as in response to the risk posed by COVID-19. All staff had completed training that included hand-hygiene, the correct use of personal protective equipment (PPE) and, how to break the chain the infection. Staff had completed refresher training in these areas and, had also completed training modules facilitated by HIQA.

Registration Regulation 5: Application for registration or renewal of registration

The provider submitted a complete application seeking renewal of registration of this centre.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge worked full-time and had the skills, experience and qualifications needed for the role. The person in charge was evidently consistently engaged in the management and oversight of the service and, was known, visible and accessible to residents and staff. The person in charge was an experienced manager who described supportive and developmental systems of management.

Judgment: Compliant

Regulation 15: Staffing

Staffing levels and arrangements were suited to the assessed needs and abilities of both residents.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to a programme of staff training that reflected their role in the centre, the needs of residents and, mandatory training requirements. Staff attendance at baseline and refresher training was effectively monitored.

Judgment: Compliant

Regulation 21: Records

The records in the centre were well maintained. The records supported triangulation of the inspection findings as the pathway of review, decision-making and, action

taken was clear.

Judgment: Compliant

Regulation 22: Insurance

With the application seeking renewal of registration, the provider submitted evidence of having appropriate insurance in place.

Judgment: Compliant

Regulation 23: Governance and management

This centre was effectively managed and adequately resourced to deliver on its stated objectives. The person in charge provided good structured local management and oversight. The provider had improved its systems of review and was effectively using the data it collected to improve and assure the quality and safety of the service provided to residents.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose contained all of the required information such as details of the staffing and management arrangements and, the criteria used for admission to the centre. The person in charge kept the record up-to-date and, it was available in the centre.

Judgment: Compliant

Regulation 31: Notification of incidents

In the context of the assessed needs of residents, there were very few events occurring that required notification to HIQA. There were adequate arrangements that ensured they were notified and this included the submission of nil returns.

Judgment: Compliant

Regulation 34: Complaints procedure

The inspector was advised that there were no recent or active complaints. The internal reviews monitored the receipt and management of complaints and, this too stated that no complaints had been received. Residents were active participants in their personal plan and approached management and staff with ease. Residents knew who was in charge and, knew the designated safeguarding officer. The person in charge described arrangements for contact with representatives on a regular basis.

Judgment: Compliant

Quality and safety

As stated in the opening section of this report, the residents living in this centre enjoyed a good quality life. It could be stated that they lived very ordinary lives, but the support they received enhanced the safety and quality of their lives and, promoted autonomy and independence for them.

The support provided was informed by the assessment of needs and risks and, the personal plan. The inspector saw that the assessment was detailed, up to date and, very focused on the person. The findings of the assessment informed the development of the personal plan and the residents' personal goals and objectives. The plan was responsive to and, reflected the impact of COVID-19 on the plan and on the goals. The plan included the action taken by staff to support the resident to adapt to this change in a way that did not impact on their overall health and well-being. For example, acquiring and developing skills in using technology and the internet and, staff support to safely access the local community, safely greet neighbours and friends and visit local amenities.

Residents were consulted with in relation to the support and care they were provided with. The person in charge said that residents very much led and, controlled within reason the support and service provided. The inspector saw that staff spoke with residents and, used accessible information to explain for example the risk posed by COVID-19 and, the benefit to self and others of vaccination.

The personal plan included any care and support needed so that residents enjoyed good health. The emphasis of the plan was on maintaining and promoting health through good lifestyle choices, access to screening programmes and, regular clinical monitoring in response to specific plans of care. Notwithstanding some deferral of appointments as a consequence of COVID-19 residents had access to the services

that they needed such as their General Practitioner (GP), nursing care, chiropody and, dietetic services. Residents were supported to manage their medicines themselves. The monitoring and action to support good health was evident in the plan. However, the inspector did recommend that the plan would be strengthened by the addition of clear rationale for certain actions. For example, the purpose of monitoring body weight, the point at which staff should be concerned and seek advice. A quick reference guide for staff on the indicators of possible ill-health in the context of a specific diagnosis would also strengthen the plan. Staff had completed training in this area.

There was a good link between the assessment of needs, the personal plan, each residents routines and, the process of risk assessment and management. From the records seen the process of assessing and managing risk was individualised, dynamic and, the subject of regular review. For example, the suite of risk assessments and the risk presented to residents and staff by COVID-19 were consistently reviewed and amended. Controls increased or reduced in response to factors such as, increased evidence of community transmission, changes in national guidance and, the commencement of vaccination. The overall ethos was of positive risk taking, such as supporting each resident to spend a short period of time alone in their home, supporting residents to return safely to work and, to their day service.

The overall arrangements for reducing the risk of the accidental introduction and, onward transmission of COVID-19 were effective and informed by national guidance, reviewed and updated as this guidance changed. The physical layout of the centre supported the providers' contingency plans in the event of suspected or confirmed COVID-19 in that residents could comfortably isolate in their own apartment with designated staff. The practice observed and noted by the inspector was in line with local and national guidance such as the enhanced schedule of environmental cleaning, the provision of hand-hygiene products, the monitoring of resident and staff well-being, and the use of face-masks. Staff had supported residents to develop their knowledge and understanding of both the risk and, how to stay safe. Residents said they had been happy in their home during the periods of highest restrictions.

The primary finding of the last HIQA inspection was the need for clarity on fire safety matters based on professional opinion, and the completion of fire safety upgrade works. These actions were completed. The inspector saw that the premises was fitted with doors designed to contain fire and its products and, each door was fitted with a self-closing device. In addition, a door beneath the external escape stairs from the first floor had been replaced so as to protect the escape route and, works had been completed between the centre and the adjoining private property. There was a fire detection and alarm system, emergency lighting and, fire fighting equipment. There was documentary evidence that these were all tested and inspected at the required intervals. The inspector saw that residents and staff participated in simulated evacuation drills. These drills were regular and were undertaken to replicate different times and scenarios including the ability of one staff to safely evacuate both residents. Both residents had a good understanding of the evacuation procedure and good evacuation times were achieved.

Regulation 11: Visits

Residents were supported to maintain contact with family by phone, video applications and, outdoor visits. Visits to home were risk assessed and planned.

Judgment: Compliant

Regulation 13: General welfare and development

From speaking with residents on this and, the previous HIQA inspection of this centre, it was evident to the inspector that residents enjoyed a good quality of life and, were supported to live meaningful and fulfilling lives based on their individual abilities and choices. Residents had been supported throughout the pandemic and told the inspector that they had been content and happy during this time but were also very happy now that services and facilities were reopening. Residents had good and purposeful opportunities for community inclusion and integration, to enjoy activities of their choosing and, the experience of work. Residents had continued access to family, friends and their peers living locally.

Judgment: Compliant

Regulation 17: Premises

The provider had a scope a upgrade works that it planned to complete. The location, design and layout of the house was suited to its stated purpose and to the needs and choices of both residents. While the planned works would improve the overall standard of the house and upgrade services such as plumbing, the house presented well and provided residents with a safe and comfortable home.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents had the opportunity to choose, plan, prepare and cook their own meals as they wished and in line with their ability. A record was maintained of the food and meals provided and chosen; this reflected a good variety of appealing and nutritious meals and snacks. Each resident had access to their own fully equipped kitchen. Specific dietary requirements and plans were informed by clinical advice and

monitoring.

Judgment: Compliant

Regulation 20: Information for residents

The directory of residents contained all of the information required such as how to access any inspection reports.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had effective arrangements for the identification, management and ongoing review of risk. The person in charge in conjunction with the co-ordinator maintained a register of the risk that was managed in the centre; the register had been updated to include the management of the risk posed by COVID-19. The risk assessments and the controls were specific to each resident and, their particular routines and activities, such as going to work, going home or attending a day service. An understanding of safe, responsible, positive but managed risk taking, gave residents the autonomy, independence and privacy that they enjoyed and valued.

Judgment: Compliant

Regulation 27: Protection against infection

The provider had policy, procedures, risk assessments and, practice based on national guidance to manage the risk of the unintended introduction and the onward transmission of COVID-19. The provider had procedures for the management of any suspected or confirmed COVID-19.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had since the last HIQA inspection, completed fire safety upgrade works. The provider had effective fire safety arrangements including procedures for

the evacuation of residents and staff in the event of fire.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Residents managed their own medicines based on an assessment of their wishes, capacity and risk. Staff implemented reasonable controls such as checking the accuracy of the medicines supplied. Staff provided assistance as needed such as with the administration of topical medicines.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The personal plan reviewed by the inspector was very individualised to the resident, reflected the assessed needs and wishes of the resident and, clearly set out for staff the care and support to be provided and the goal to be achieved. The effectiveness of the plan was evident in the good quality of life that residents enjoyed in this centre. The person in charge described how residents led their plan and, were consulted with and participated in decisions about their support. The plan took into account the impact of COVID-19 on residents' lives and, the measures to be taken to reduce the impact.

Judgment: Compliant

Regulation 6: Health care

The personal plan included the care needed to ensure that each resident enjoyed the best possible health. It was evident from records seen that staff monitored resident well-being, were attuned to possible signs of illness and sought timely medical advice and care. The ethos of care was to both maintain and promote good health with evidence of clinical monitoring, access to screening programmes and, healthy eating plans.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents enjoyed routines free from restrictions other than those applicable to all citizens in the context of COVID-19. Staff had completed training including training in de-escalation and intervention techniques.

Judgment: Compliant

Regulation 8: Protection

The provider had safeguarding policy and procedures. All staff had attended safeguarding training. The person in charge advised the inspector that there were no concerns for resident safety. Residents presented as relaxed and confident in their home and, were supported by staff to have time on their own with the inspector if they wished. Residents said that they were happy and that life was good.

Judgment: Compliant

Regulation 9: Residents' rights

This was a very individualised service where the support and care provided was planned and, delivered to meet the different needs and choices of both residents. Residents were consulted with and had input into the general operation of the service and, their personal plan. Residents had independence, privacy and choice while also having access to the support that they needed so that they were safe and, made the best possible decisions about their support and routines. Residents had opportunity to exercise their spiritual and religious beliefs as these were important to them. Residents were respectful of the rights of the other, for example of their personal space, but met and mixed when they choose to.

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
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	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
Regulation 9: Residents' rights	Compliant