



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

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:	30 September 2025
Centre ID:	OSV-0004864
Fieldwork ID:	MON-0045925

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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How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (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 30 September 2025	10:15hrs to 16:45hrs	Mary Moore	Lead

What residents told us and what inspectors observed

This inspection was unannounced and was completed to assess the providers' compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with disabilities 2013 and, the National Standards for Adult Safeguarding (2019). The inspector found that safeguarding residents from harm and abuse was consistently and effectively embedded into the governance, management and operation of this designated centre.

The designated centre is located in a mature residential area of the town. Two residents receive a full-time residential service in the centre. The house is a two-storey semi-detached house that has been divided so that each resident has their own self-contained area of the house. One resident lives on the ground floor and one resident lives on the first floor. Each resident has their own bedroom, bathroom, kitchen, dining and living area. There is a garden space to the front and to the rear of the house. Transport is provided but the house is within a reasonable walking distance of the main town and a range of services and amenities including the day services attended by the residents. The residents living in this centre have good ability but they do need staff support and assistance with some activities of daily living. Residents enjoy some independence including specified short-periods of time without staff support.

The inspector arrived unannounced and noted the planning notice that was in place. Plans have been submitted by the provider for an extensive refurbishment of the property. This will require both residents to move temporarily from the house. Both residents had left to attend their respective day services. The house is not staffed during this time. The inspection was facilitated by the person in charge and the regional manager both of whom have offices nearby.

During the inspection the inspector reviewed a range of records, discussed the care and support needs of both residents and how residents were protected from the risk of harm and abuse. The records seen clearly demonstrated to the inspector the arrangements that were in place to promote the individuality, rights and choices of the residents while protecting them from harm and abuse. This included the arrangements for managing the differences in resident's needs and interests and the absence of compatibility that could arise. The inspector saw that safeguarding residents was consistently referenced in the assessment of needs, in the personal plan, in the positive behaviour support plan, in the risk register and in the provider's systems of quality assurance. Safeguarding residents was discussed at staff team meetings and discussed with residents.

The inspector did have the opportunity to meet with both residents. One resident returned to the house with a day service staff member to collect some ingredients for a cooking activity. The resident was surprised to see the inspector but gave the inspector a great warm welcome. The resident looked very well and was in great form. The resident discussed the things they liked doing such as shopping and

looking after their personal appearance and planning to attend an upcoming concert by their favoured musician. The resident confirmed that they still enjoyed paid work once a week supported by a staff member. The resident knew about the planned building works and the planned move. Before leaving the house to return to the day service the resident confirmed with the person in charge that the person in charge would still be available in the afternoon as they had planned, to help the resident book their concert tickets.

The inspector went to the day service to meet with the other resident. The resident was busy in the poly-tunnel. The resident said that they were helping to build a bench that would be used in the day-service garden. The resident spoke of their ongoing regular visits to home and family and the contact they still had with a staff member who had previously supported them in the day service. The resident said that they could walk to the day service but they regularly got a drive from staff, for example, when it was raining such as on the day of this inspection. The resident told the inspector they were still interested in rugby and had been to Thomond Park with a peer and staff to see a match. The resident also knew about the planned building works and was not worried about the planned move. The resident said that everything was fine in the house and told the inspector that if it was not, they would tell certain staff members who they named.

Both residents presented as content and happy and comfortable with the person in charge and the regional manager. The residents did not raise any concerns about their living arrangements or the planned move. The inspector noted that the provider had sought feedback from the residents as part of the providers own annual quality and safety review. That feedback was also very positive. Residents said that they liked living in the centre and if they were not happy they would say this. Residents in that feedback also named staff that they would speak to including the providers designated safeguarding officer.

Based on the findings of this inspection the inspector was assured that the provider ensured there was continuity in the arrangements for safeguarding residents from harm and abuse. Safeguarding arrangements extended beyond the designated centre. For example, residents attended a day service that was best suited to their needs. One resident enjoyed the busier and more active day service while one resident largely received an individualised day service from another location. The inspector saw that safeguarding residents in the context of their differences was a consideration for the temporary relocation. For example, this was described by the person in charge and clearly referenced in the action plan from the providers own most recent quality and safety service review.

There were times when behaviour could be used as a means of communicating needs. This was evident from records seen and notifications submitted to the Chief Inspector of Social Services. While infrequent, incidents could and had occurred. For example, when residents had shared facilities such as the service car or where a resident perceived they had unmet needs. The inspector found the provider had put arrangements in place to reduce the risk of such incidents occurring including a recently implemented positive behaviour support plan.

Overall, the inspector found assessing, controlling and reviewing how risk was management was an ongoing process. At verbal feedback of these inspection findings the inspector did discuss the adequacy of the measures in place to safeguard residents from harm when staff were not present in the house. Based on that feedback, the regional manager reviewed the risk and the controls that were in place and confirmed that an additional control was put in place following this inspection.

The next two sections of this report will describe the leadership, governance and management arrangements in place and how these protected residents from harm and promoted their individuality, their rights and their quality of life.

Capacity and capability

The inspector found suitable and effective systems of governance and management. Responsibilities and reporting relationships including safeguarding responsibilities were clear and understood. There was evident accountability for the safety of the service provided to residents. The provider was using the information it gathered about the service to reduce the risk of harm to residents while still promoting the rights and wellbeing of each resident.

The management structure was streamlined. The day-to-day management, administration and oversight of the service was delegated to the person in charge. The person in charge had recently returned to the role and had responsibility for other community based services. The person in charge was satisfied they had the capacity and the support they needed from the staff team, the community and the regional managers, to manage effectively.

The inspector saw that the person in charge prepared a planned and actual staff duty rota. Based on what the inspector discussed and read the provider planned and managed its staffing resources so that residents had the support that they needed while also promoting the abilities and the individuality of the residents.

The inspector reviewed the staff training matrix and saw that good oversight was maintained of staff attendance at training. This included the completion by staff of training in safeguarding residents from abuse and training in promoting the rights of residents.

The person in charge described the processes in place for the supervision of staff including the induction provided to and the probationary reviews completed with more recently recruited staff members. Regular staff meetings were held and there were no reported obstacles to staff raising any queries or concerns they might have. The person in charge described the staff team as good advocates for the residents. The inspector reviewed the team meetings minutes folder and saw that there was

good staff attendance at the meetings. Safeguarding risks and plans were discussed at the meetings as were staff reporting responsibilities.

The inspector saw that staff had access to a specific safeguarding folder that contained safeguarding information including the providers own safeguarding policy and procedure.

The inspector requested two staff files to review. The contents of the files were in line with the requirements of the regulations and the providers own vetting procedures.

The inspector saw that safeguarding residents from harm and abuse was consistently included as a line of enquiry in the providers systems of quality assurance.

Regulation 15: Staffing

The inspector found that the provider was effectively planning and managing the staffing levels and arrangements in the centre to meet the needs including the safeguarding needs of the residents. The inspector reviewed the planned and actual staff duty rota from the 21st September 2025. The rota was well maintained and showed each staff member on duty and the hours that they worked.

The staff duty rota reflected the staffing levels and arrangements described to the inspector. Ordinarily, there was one staff member on duty by day and by night. Residents did have different interests and additional staffing was provided. For example, additional support was available each Monday, on alternate Sundays and if a resident had a particular social event they wanted to attend.

The person in charge confirmed there were no staff vacancies as staff had been successfully recruited and there no requirement for contingencies such as agency staff. Relief staff that were familiar to the residents were sourced as needed from nearby centres.

The recruitment of staff was centralised. The inspector requested access to two staff files and found the provider had recruitment measures that supported the safeguarding of residents. For example, both files contained evidence of Garda vetting and references supplied by previous employers.

Judgment: Compliant

Regulation 16: Training and staff development

Arrangements were in place for the supervision of staff and for ensuring the required training levels were maintained.

The person in charge confirmed there was a supervision schedule in place to ensure staff were in receipt of regular formal support and supervision. This included the scheduling of annual appraisals. The person in charge described how they maintained a regular presence in the house generally in the evening when the residents and staff were present. During these visits the person in charge monitored how staff and residents interacted with each other and the general atmosphere in the house.

The inspector was advised that there was no requirement for enhanced supervision and no concerns arising from the formal and informal supervision that was undertaken.

The person in charge could clearly describe the arrangements in place for inducting and supervising more recently recruited staff members.

Staff had access to an ongoing programme of training and good oversight was maintained of staff training requirements. The inspector reviewed the staff training matrix and saw that a training record was in place for each staff member listed on the current staff duty rota. Staff had completed baseline training in child and adult safeguarding, in responding to behaviour that challenged including de-escalation and intervention techniques and in promoting a human rights-based approach to health and social care. The person in charge was aware of any refresher training that was due.

The minutes of five staff meetings held to date 2025 were reviewed. Safeguarding and protection was a standing agenda item at each of these meetings. Staff knowledge of safeguarding was evaluated.

Judgment: Compliant

Regulation 23: Governance and management

There were appropriate systems of governance and management in place to underpin the safe delivery and consistent oversight of the service. Roles and responsibilities were clear including designated safeguarding roles and responsibilities.

The person in charge felt appropriately supported in their role by the provider. The person in charge confirmed they had access as needed to their line manager and practical clerical support one day each week.

The centre presented as appropriately resourced. For example, the designated centre was appropriately staffed with a largely experienced staff team. As discussed

in the opening section of this report significant refurbishment work to the house was planned.

The provider had systems of quality assurance that were consistently implemented and that focused on providing assurance that residents were happy and well and protected from harm and abuse. The inspector saw that the annual service review was completed for 2024 and the provider-led quality and safety reviews to be completed at least on a six-monthly basis were completed on schedule and most recently in July 2025. The inspector reviewed the reports of these provider-led reviews and saw that safeguarding residents from harm and abuse and the effectiveness of the safeguarding measures in place were standard lines of enquiry when completing these reviews.

The provider was continually striving to ensure and assure the quality and safety of the service based on the information that it collated. For example, the provider had, based on its own monitoring of incidents that had occurred, ensured that the staff team and the residents had access to and support from the positive behaviour support team and the designated safeguarding officer. Based on the findings of this inspection the strategies put in place were effective in supporting residents to share the house and the services provided more compatibly.

Judgment: Compliant

Quality and safety

This was a person centred service where the different needs, choices and preferences of the residents was recognised and respected. The inspector found that safeguarding residents from harm and abuse was embedded into the planning, delivery and oversight of the care and support provided to both residents. There were identified safeguarding risks. The inspector found the provider had measures in place to mitigate those risks.

Both residents participated in the process of personal planning. The inspector followed a particular safeguarding line of enquiry and reviewed one resident's personal plan. The inspector saw and was assured by the way safeguarding needs and the resident's own understanding of their safeguarding needs was assessed as part of the comprehensive assessment of need. Safeguarding risks were identified and safeguarding plans were put in place in response.

The residents had shared the house for many years. However, there were times when behaviour could be used by a resident to express how they were feeling in a particular situation or in response to a particular event. If the resident perceived for example that their needs were not being met. The provider recognised the safeguarding impact of such incidents and responded appropriately. The inspector saw a concise and practical resident and centre specific positive behaviour support plan was put in place in consultation with the positive behaviour support team. Staff

were met and spoken with in relation to the implementation of the plan and the strategies to be used to reduce the risk of incidents occurring. For example, staff were advised to openly discuss different plans and routines with both residents and had discretion to book additional transport as needed so that residents did not have to share the service vehicle.

The inspector saw that residents were also spoken with. Educating residents about risks to their safety and how to stay safe was ongoing in the designated centre. For example, records confirmed that staff used accessible materials to discuss with residents safeguarding risks and how to make a complaint if they wished. The designated safeguarding officer had also met with both residents.

The inspector reviewed the risk register and saw that the risks identified and the controls put in place reflected what was discussed with the person in charge and other records seen such as the positive behaviour support plan and the local safeguarding plan.

The inspector read the reports that issued from the analysis of incidents that had occurred in the centre from January to June 2025. The inspector saw that themes such as situations that had triggered behaviour of concern were identified and were used to inform the strategies put in place to improve the quality and safety of the service for residents and staff.

This absence of compatibility while it had to be managed did not define how residents lived their lives. Both residents had a good quality of life and good independence in their own section of the house. Residents attended the provider's day services during the week. Residents were visible and meaningfully engaged in the local community through activities such as the tidy towns and volunteering in the bookshop. Residents had the support they needed to safely enjoy their different interests and activities and to maintain contact with friends and family.

Residents were provided with a safe and comfortable home. The design and layout of the house was suited to the needs and preferences of both residents. For example, while the residents had shared the house for many years this arrangement worked as they each had their own self-contained area of the house. The provider had a programme of property maintenance and a major refurbishment of the house was planned.

Regulation 10: Communication

While both residents had good ability to understand and communicate, strategies were in place to ensure good and effective communication. These strategies were outlined for staff in the support book that was in place as an adjunct to the overarching personal plan.

In addition to the guidance in the support book the inspector saw a folder of easy-read materials that presented information in an accessible and visual format on a

range of matters such as how to make a complaint, receiving support from staff for personal care and how to be a good self-advocate. The residents had signed to confirm they had read the accessible information with staff. A visual staff duty rota had also been introduced for one resident.

The positive behaviour support plan and the proactive strategies for staff to use clearly referenced the role of communication and the fact that behaviour was at times a form of communication.

Judgment: Compliant

Regulation 17: Premises

The inspector found that the provider had considered safeguarding and the individuality of each resident when making decisions about the design and layout of the premises.

Each resident had their own self-contained area of the house. This enabled the residents who had different needs and interests to share the house. The residents were reported to be well-known in the estate and in the town. The location of the house meant that the residents could access a range of amenities and services.

The provider had an ongoing programme of maintenance and a major refurbishment plan for the house. The residents were consulted with, had input into this plan and knew they would have to temporarily relocate to another centre to facilitate the work. The provider hoped to provide each resident with largely separate accommodation in another house. The provider knew that controls to mitigate safeguarding risks would be needed, if for example, there would be a requirement for residents to share some facilities. The regional manager confirmed that any mitigating controls needed would be identified as part of the relocation plan

Judgment: Compliant

Regulation 26: Risk management procedures

Systems were in place for the identification, assessment, control and review of risks including safeguarding risks. The identification and assessment of risk, including safeguarding risks, sought to support resident choice and independence whilst also keeping residents safe.

The inspector reviewed the centres risk register and discussed with the person in charge and the regional manager how risk was identified and managed. The inspector noted that the risk register reflected the risks in the centre and as they pertained to each resident. For example, any risk to their general health and

wellbeing and any safeguarding risk posed in the designated centre but also in the wider community.

The inspector saw that the risks and how they were controlled were reviewed on an ongoing basis and the reviews were linked to any incidents that had occurred or not. The measures and actions in place to control risks were resident and centre specific and included the support book and the positive behaviour support plan seen by the inspector.

The approach to managing risk sought to enable rather than restrict residents. For example, staff supported a resident to safely access work and a broad range of community based amenities and services.

Residents were facilitated to spend a short period of time in the house without staff support. Their ability to do this safely and the adequacy of the controls in place was regularly and meaningfully evaluated. This arrangement was discussed at verbal feedback of these inspection findings as the inspector was not assured by the findings of the most recent re-assessment. The regional manager committed to reassess the risk and resident understanding of the controls as a matter of priority. Following this inspection the regional manager confirmed that the need for an additional control had been identified, had been discussed and agreed with the residents, would be put in place and monitored.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

A good system was in place for assessing resident's needs and for developing plans of support and care in response to the assessment findings.

The resident's voice was strongly referenced in the personal plan reviewed by the inspector. The plan sought to achieve a reasonable and objective balance between the residents own views, the views of staff and objective data sourced for example from incidents that had occurred. Plans of support were put in place where the residents own understanding of risk and their ability to self-care and protect would not have been enough to protect them and keep them safe and well.

This process was also applied to the resident's personal goals and objectives. The goals were divided into what was meaningful to the resident and their quality of life and goals that were perhaps not as important to the resident but necessary for their ongoing wellbeing and development. For example, the resident had identified social activities as important to them whereas the assessment had identified for example, a need for goals in relation to healthy lifestyle choices. There was good documentary evidence that all goals were respected, progressed and achieved.

The plan was up-to-date, there was evidence of input from the multi-disciplinary team and discussion and negotiation with the resident.

Judgment: Compliant

Regulation 7: Positive behavioural support

The provider had arrangements in place for supporting residents to manage behaviour of concern.

Positive behavioural support was informed by the guidance provided by a positive behaviour support team. The inspector read the plan and saw that it had been recently implemented following incidents that had occurred. The plan was devised by the positive behaviour support team in consultation with the staff team. The inspector saw that staff had been asked about different support strategies they used, what worked and what did not work.

The positive behaviour support plan recognised that the behaviour was at times a form of communication or a response to communication. For example, if one resident was unaware of the plans of their peer and perceived that they were excluded from the plans though this was never the intention. Staff were open to new ways of working and supporting residents including open communication, collaborative planning and scheduling.

The implementation and effectiveness of the plan was monitored. For example, the inspector saw that it was discussed at the most recent staff team meeting.

Residents enjoyed a home and routines free from unnecessary restrictions.

Judgment: Compliant

Regulation 8: Protection

The provider had arrangements in place for safeguarding residents from harm and abuse.

For example, the inspector saw that the provider had a recently reviewed safeguarding policy and procedure that was available to staff in the designated centre. The staff training matrix indicated that all staff had completed safeguarding training including in-person training with the designated safeguarding officer. Safeguarding was a standing agenda item at the staff meetings and the inspector saw that the person in charge used an accredited assessment tool to evaluate staff knowledge and understanding of safeguarding.

Records seen and the residents themselves confirmed that the residents knew and had access to the designated safeguarding officer. Resident understanding of harm and staying safe was regularly assessed. Residents were provided with ongoing support in the hope of developing their understanding of risk and their ability to protect themselves. For example, education in relation to what were good and healthy relationships.

Different safeguarding arrangements were in place for each resident as a person-centred approach was used in developing those safeguarding arrangements.

Judgment: Compliant

Regulation 9: Residents' rights

The arrangements in the designated centre respected the individuality of the residents and sought to ensure that residents were safe but had choice, reasonable control and some independence.

Where it was important to them residents could attend mass or watch mass broadcast from the local church. Both residents were registered to vote and had exercised their vote in the 2024 elections.

Resident consent was sought, for example, in relation to the development of a personal plan and when seeking medical advice and care. Staff recorded how residents consented or not. Residents were provided with the information that they needed to make a good decision but their decisions were respected. For example, whether they wished to avail of all national health screening programmes or not.

Residents were active and visible in the local community where they were both well-known.

The inspector saw that the comprehensive assessment of needs established resident understanding of safeguarding but also their understanding of their rights. One resident had stated that having their rights respected meant to them having choice, having access to work and being paid for that work, going to mass if they wished and being treated well by staff by understood them and gave them a positive sense of self. Based on the findings of this inspection including the inspectors discussion with the resident, these arrangements were in place.

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 23: Governance and management	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant