



Report of an inspection of a Designated Centre for Disabilities (Mixed)

Name of designated centre:	Liskennett Centre
Name of provider:	St Joseph's Foundation
Address of centre:	Limerick
Type of inspection:	Unannounced
Date of inspection:	20 November 2018
Centre ID:	OSV-0004263
Fieldwork ID:	MON-0025407

About the designated centre

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

The centre is a congregated setting and provides a home to 14 residents. It is based in a community setting in county Limerick. The campus has an equestrian centre. All of the residents have high support needs and are supported individually by a high staff complement, mostly on a one-to-one basis. The designated centre is purpose built and comprises of 14 individual apartments, divided into three sections. Each resident's apartment has its own front door and all the apartments have been finished to a very high standard, with a kitchen, living, dining area, bedroom and shower facilities.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	14
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How we inspect

To prepare for this inspection the inspector or 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
20 November 2018	09:30hrs to 18:00hrs	Cora McCarthy	Lead

Views of people who use the service

The inspector met with seven residents who resided in this centre. Some residents communicated in a non verbal manner and therefore could not tell the inspector their opinions of the service. The inspector interacted with the residents through facial expression and gestures such as 'thumbs up sign' which indicated satisfaction with service. The inspectors observed residents and noted the positive interactions that took place between residents and staff. Staff were able to interpret resident's vocalisations, needs and preferences. Residents were seen to be relaxed in the company of staff and there was a calm atmosphere in this home throughout the inspection. Residents who were verbal stated they were happy with the care they received and appeared content. The inspector observed staff members supporting residents with baking and equestrian activities and the residents appeared happy with the care and support provided by staff. Staff on duty in the centre interacted with residents in a warm and caring manner and the apartments were decorated with personal items of the residents such as photos of family members and outings.

Capacity and capability

The inspector found the capacity and capability of the provider supported the delivery of a safe quality service.

The provider had ensured that there was a good governance and management structure in place, which meant that a good quality and safe service was provided to the residents. The person in charge provided effective leadership and governance and was knowledgeable regarding the regulations and their statutory responsibilities.

There were adequate staff resources and skill mix to meet the residents' assessed needs, which supported the delivery of a high standard of care to the residents. During the inspection the inspector identified gaps in training in the areas of safeguarding and the management of behaviour that may challenge. The inspector discussed this with the person in charge during the inspection. The person in charge subsequently advised the inspector that the training was completed in the two days following the inspection.

The inspector reviewed quality assurance measures taken by the provider to audit service provision and found the audits were effective in identifying areas of concern or non-compliance's with the regulations. In addition, the annual review and the unannounced six-monthly audit completed by the provider, of their

assessment of the quality of care and service provision in this centre evidenced that actions had been taken to address identified issues. The residents and staff could raise any concerns regarding the quality and safety of care delivered.

The service being delivered to the residents was observed to be in keeping with the centre's current statement of purpose.

The required policies to inform and guide staff practices when supporting residents and their needs were available, although some were in the process of being updated.

Regulation 14: Persons in charge

The person in charge was suitably qualified and experienced and was employed on a full-time basis.

Judgment: Compliant

Regulation 15: Staffing

The registered provider had employed a suitable number and skill mix of staff. A planned and actual roster was in place. The person in charge had obtained all documents required by schedule two of the regulations.

Judgment: Compliant

Regulation 16: Training and staff development

During the inspection the inspector identified gaps in training in the areas of safeguarding and the management of behaviours that may challenge. It is noted that the person in charge was very responsive to the regulator and the training was completed in the two days following the inspection.

Judgment: Compliant

Regulation 19: Directory of residents

A suitable Directory of Residents was in place and contained the information

required by schedule three of the regulations.

Judgment: Compliant

Regulation 21: Records

The provider had ensured that records in relation to staff as specified in schedule 2 were available to the inspector

Judgment: Compliant

Regulation 23: Governance and management

Systems were in place to ensure the effective delivery of care and support. These arrangements included an annual report, twice annual unannounced inspections by the provider, medicines audits, cleaning rosters, staff meetings and management meetings.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

This centre had no recent admissions. A transparent criteria for admission was clearly specified and detailed the specific care requirements that any person must have should they wish to be admitted in the event of a vacancy.

Each resident (and/or their family) had been provided a contract of care. This detailed the services to be provided for the support, care and welfare of residents as well as the fees to be charged for those services.

Judgment: Compliant

Regulation 3: Statement of purpose

A suitable statement of purpose was in place. The contents of this was seen to match practices observed within the centre during the inspection.

Judgment: Compliant

Regulation 30: Volunteers

There were no volunteers in use in the centre

Judgment: Compliant

Regulation 31: Notification of incidents

After reviewing records within the centre inspectors found that notifications had been submitted to the office of the chief inspector, as required.

Judgment: Compliant

Regulation 34: Complaints procedure

A suitable complaints policy and process was in place. Where complaints were made they were seen to be followed up.

Judgment: Compliant

Quality and safety

Overall, the inspector observed that the quality and safety of the service received by the resident was very good.

The inspector found that the assessments of the residents' health and social care needs were completed to a high standard and were effective in meeting the needs of the residents. However some care plans required review and update. There was a staff member identified to support the resident and a time frame in place for achieving goals. However some of the goals were more functional than aspirational and required to be more person centred.

Overall the health and wellbeing of the residents was promoted in the centre.

The residents who had communication assessments, were supported and assisted

to communicate in accordance with their needs. Training in Irish Sign Language was given to a resident and staff working with them. All residents had access to television, newspapers and radio.

The provider had systems in place to ensure that residents were safeguarded against potential abuse and staff were found to have a good knowledge of the procedures used to protect residents from abuse. There were safeguarding plans in place and these were being adhered to. Staff were facilitated with training in the safeguarding of vulnerable persons although there were some gaps identified in safeguarding training.

The centre had a comprehensive medicines management system to support the residents' needs. Residents were facilitated to access a pharmacist and GP of their choice. There was evidence of review of residents' medical and medicines needs. Staff that administered medicines to residents were trained in safe administration and there was evidence of medication audits.

The residents were supported to spend their day in a manner that was meaningful and purposeful for them. This included availing of the equestrian centre, community facilities and amenities. The residents had access to occupation and recreation facilities and opportunities to participate in activities in accordance with their interests, capacities and developmental needs. There were supports in place for residents to develop and maintain personal relationships in accordance with their wishes.

Residents said they were happy spending time in the centre. The residents had their own apartment, access to shared spaces and adequate room for family or friends to visit at each resident's request. The inspector observed that the residents' home was maintained to a high standard and was warm and homely.

There was evidence that any incidents and allegations of abuse were reported, screened, investigated and responded to. Over the course of the inspection, staff engagement and interactions with the residents were observed to be person centred and positive in nature.

There was a risk management policy in place to address the risks present to the residents, visitors and staff. The policy advised that these risks were to be recorded on the organisational risk register, and this was evident. Examples of these would be missing persons, injury to a resident, behaviours that may challenge and choking risks. There were arrangements in place for the investigation of and learning from adverse events. However a regular comprehensive review of incidents is required to ensure consistency of approach to addressing behaviours that may challenge.

There were systems in place and supports available to manage behaviour that challenges in the centre and behaviour support plans were comprehensive and were reviewed regularly.

Regulation 10: Communication

The residents who had communication assessments, were supported and assisted to communicate in accordance with their needs. Training in Irish Sign Language was given to a resident and staff working with them. All residents had access to television, newspapers and radio.

Judgment: Compliant

Regulation 12: Personal possessions

The person in charge ensured that each resident had access to, and retained control of, personal property and possessions. All residents received support with personal finances.

Judgment: Compliant

Regulation 13: General welfare and development

The provider ensured that each resident received appropriate care and support in accordance with evidence-based practice, having regard to the nature and extent of the resident's disability and assessed needs and their wishes. The residents had access to facilities for occupation and recreation; opportunities to participate in activities in accordance with their interests, capacities and developmental needs and supports to develop and maintain personal relationships in accordance with their wishes.

Judgment: Compliant

Regulation 17: Premises

The inspector observed that overall the resident's home was maintained to a high standard and was warm and homely.

Judgment: Compliant

Regulation 18: Food and nutrition

The person in charge had ensured that the residents were provided with wholesome and nutritious meals which were consistent with each resident's individual dietary needs and preferences. Residents who were assessed as requiring dietary assistance were supported with this.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had a risk management policy in place and all identified risks had a risk management plan in place. The provider ensured that there was a system in place in the centre for responding to emergencies. There were arrangements in place for the investigation of and learning from adverse events. However a regular comprehensive review of incidents is required to ensure consistency of approach to addressing behaviours that challenge.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

The provider ensured that the residents had access to a pharmacist and GP of their choice. The inspector noted that the centre had appropriate and suitable practices relating to the ordering, receipt, prescribing, storage, disposal and administration of medicines.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The person in charge ensured that a comprehensive assessment, of the health, personal and social care needs of each resident was carried out and plans put in place to support the residents' individual needs. However some care plans required review and update.

Judgment: Substantially compliant

Regulation 6: Health care

Overall the health and wellbeing of the residents was promoted in the centre. Each resident had access to a general practitioner of their choice. Where treatment was recommended by allied health professionals such treatment was facilitated. End of life care plans were in place for all residents, which considered their physical, emotional, social and spiritual needs and wishes.

Judgment: Compliant

Regulation 7: Positive behavioural support

The staff members (with whom the inspector spoke) had received training in how to support residents with behaviour that challenges. Where behaviour that challenges was identified this was supported by a plan of care to ensure that consistency of care was provided to the resident. The inspector noted that every effort was made to identify and alleviate the cause of resident's behaviour that challenges. There were gaps identified in behaviour management training however these were addressed the following day.

Judgment: Compliant

Regulation 8: Protection

Inspectors observed that there were systems and measures in operation in the centre to protect the residents from possible abuse. There were safeguarding plans in place and these were being adhered to. Staff were facilitated with training in the safeguarding of vulnerable persons although there were some gaps identified in safeguarding training.

Judgment: Compliant

Regulation 9: Residents' rights

The person in charge ensured that the rights of all the residents were respected including age, race, ethnicity, religion and cultural background.

Judgment: Compliant



Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
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 3: Statement of purpose	Compliant
Regulation 30: Volunteers	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	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	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Liskennett Centre OSV-0004263

Inspection ID: MON-0025407

Date of inspection: 20/11/2018

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider’s responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <ul style="list-style-type: none"> • The Person in Charge will ensure that monthly incident analysis will be carried out and all trends/reoccurring incidents will be reviewed and presented at team meetings for discussion and learning. • The Person in Charge will ensure that reflective practice occurs after serious/reoccurring incidents with staff members. • Positive Behaviour Support Plans will be reviewed after incidents. 	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:</p> <ul style="list-style-type: none"> • The Person in Charge has a system in place which ensures that a named Nurse and Keyworker is responsible for each individuals care plan • The Person in Charge has scheduled 3 monthly reviews of care plans and will ensure more frequent reviews if there is a change in the a residents needs or circumstances. • The Person in Charge has scheduled an Annual MDT review of all residents and care plans updated following this review. 	



Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 26(1)(d)	The registered provider shall ensure that the risk management policy, referred to in paragraph 16 of Schedule 5, includes the following: arrangements for the identification, recording and investigation of, and learning from, serious incidents or adverse events involving residents.	Substantially Compliant	Yellow	28/01/2019
Regulation 05(6)(a)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall be multidisciplinary.	Substantially Compliant	Yellow	31/03/2019

