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

Issued by the Chief Inspector

Name of designated centre:	Liskennett Centre
Name of provider:	St Joseph's Foundation
Address of centre:	Limerick
Type of inspection:	Short Notice Announced
Date of inspection:	10 February 2021
Centre ID:	OSV-0004263
Fieldwork ID:	MON-0031048

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 is based around 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:	12

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 - 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 10 February 2021	09:00hrs to 16:00hrs	Laura O'Sullivan	Lead

What residents told us and what inspectors observed

This inspection of Liskennett designated centre took place during the COVID 19 pandemic. All required precautions were taken by the inspector in accordance with national guidance. This included limiting interactions with staff and residents to fifteen minutes through the use of social distancing. Personal protective equipment was worn through the day of the inspection. The registered provider had been informed of the inspection 48 hours in advance to allow for preparation of a clean space and the informing of residents.

On arrival the inspector was met by the appointed person in charge and was welcomed to the centre. The person in charge presented a background of the centre including the presence of the equestrian centre, the centre pet's two goats and the current well-being of the residents. The layout of the centre was shown including the three main dwelling areas, the day service building and the many walkways around the centre.

Whilst having a conversation with the person in charge one resident called the inspector and the person in charge to their apartment and welcomed them into say hello. This resident was having a relaxing breakfast whilst waiting to go to the equestrian centre to see their favourite house. Their apartment was personalised to their interests including horse-riding, music and family. They had a number of books next to them and replied yes when asked if they liked to read. The resident agreed for the inspector to look at their bedroom space. This area was again personalised to the individual. Some signage did require to be placed in a more discreet location to maintain the dignity of the resident. The inspector thanked the resident for allowing them to visit their apartment.

The inspector also visited another resident in their apartment. They were getting ready for their day with the support of their staff. They had planned to go for a local walk and a social spin. The resident smiled at the staff and person in charge throughout their interactions. Staff members spoke professionally and respectfully of the residents ensuring to engage them in the conversation.

Within the main apartment building the inspector spent a short period of time introducing themselves to one resident. As it was early in the morning the resident was relaxing having their breakfast listening to music before getting ready for their day. Their staff member was cleaning the apartment and ensured to interact with the resident through their time present.

Throughout the day the inspector observed the coming and goings of a number of residents. The centre was a hive of activity with a number of meaningful activities being adapted to ensure adherence to national COVID 19 guidelines. A marquee had been erected and decorated at the entrance to the residential centre to allow for family visits to occur in a safe manner.

All interactions were observed to be professional in nature with residents observed to be very relaxed in the company of the staff team. All staff spoken with very knowledgeable to the support needs of the service users. On a number of occasions staff were observed adhering to safeguarding and behaviour supports plans for resident's to ensure the safety of resident's was promoted. When discussing the supports needs of all residents the staff and governance team did so in a clear and informed manner ensuring to respect the dignity of the resident's. As discussed previous some signage within the centre did require review to ensure the dignity of the residents was respected.

Staff members and residents spoke clearly of their interests and were observed to be out and about. Staff also spoke of how they consulted with residents however this did not appear to be completed consistently or documented. For example, residents were not consulted of individuals availing of respite within the service and there was no evidence of the consultation with resident's within their personal plan.

During the inspection staff members were observed completing tasks with respect to the prevention of COVID 19 this included encouraging residents to social distance and the wearing of masks. Whilst each resident had their own apartment within the centre, it had been identified by the provider that not all residents would be in a position to safely self-isolate should the need occur. To ensure a safe environment was maintained for all a house had been added to the layout of the centre to facilitate self-isolation for all residents in a safe and dignified manner.

Capacity and capability

The inspector reviewed the capacity and capability of the service provided to residents within Liskennett Centre. Overall, a good level of compliance was evidenced. The registered provider has appointed a suitably qualified and experienced person in charge to the centre. They possessed a keen awareness of their regulatory responsibilities including the regular review of the statement of purpose. The appointed individual also had a good knowledge of the needs of service users. They held governance responsibilities in a number centres, in an effective manner through effective monitoring systems.

A governance structure was in place within the centre, however some improvements were required to ensure clear roles and responsibilities were in place for all members of the governance team. The person in charge whom was supported in their role by a number of clinical nurse managers. Key duties were set out for the appointed team leader including the supervision of staff, the completion of relevant audits and the overview of action plans. Clear communication was evident between the person in charge and clinical nurse managers was clear through regular face-to-face meeting. However, the governance structure was not consistently articulated within a number of documents such as the annual review and risk register.

The registered provider had ensured the implementation of regulatory required

monitoring systems. This included an annual review of service provision completed in February 2020 and unannounced visits to the centre within the previous six months. A comprehensive report was generated following both reviews and an action plan was in progress to address any areas that been identified. Whilst it was acknowledge that the current restrictions relating to COVID 19 were difficult, these times were used as a learning to drive service improvement. For example residents were more comfortable due to less traffic within the complex and a decreased footprint. Residents and their families were consulted with regard to both monitoring events.

In conjunction to the organisational oversight in place the person in charge ensured measures were in place for the day to day oversight of service provision. For example the clinical nurse manager completed daily checks of the premises to ensure such items as hand sanitizers were full and each apartment was clean and warm. Should any issue or concern arise there was evidence that these were escalated to the person in charge. Staff were also encouraged to voice their concern or address any issues as part of monthly staff meetings. These had ceased during level 5 restrictions with the nursing staff ensuring the staff team were communicated with on a daily basis.

The registered provider had ensured the allocation of an appropriate skill mix of staff. Staff spoken with were very aware of the resident's needs. The registered provider had identified mandatory training needs for all staff members. This included safeguarding vulnerable adults from abuse and infection control. The person in charge had ensured that all staff were supported and facilitated to access appropriate training including refresher training. The current staff team afforded consistency to the support needs of the residents and through the COVID pandemic had continued to afford a good level of staffing consistency.

Some improvements were required to ensure that all notifiable incidents were reported in accordance with regulatory requirements including the allocated time-frame. Upon review of incidents for the six months previous to the inspection it was noted that two incidents although had been adequately addressed had not been notified. Also, a number of notifications had not been submitted within the three day timeframe.

The registered provider has developed a service level agreement with each resident. However, these require review. The terms and conditions of residency was generic in nature and did not set the service to be afforded to individuals in accordance with their assessed needs. A number of the agreements were historic in nature and did not reflect the current capacity of the centre. Whilst each agreement was signed by a representative there was no evidence of any consultation with resident in the signing of the agreement.

Regulation 14: Persons in charge

The registered provider has appointed a suitably qualified and experienced person in charge to the centre.

Judgment: Compliant

Regulation 15: Staffing

The staffing levels which had been appointed to the centre by the registered provider was appropriate to the assessed needs of the residents.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge has ensured staff members were supported and facilitated to attend mandatory training including refresher.

Judgment: Compliant

Regulation 23: Governance and management

Whilst a governance structure had been allocated to the centre, clarity within documentation was required to ensure that roles and responsibilities were clearly laid out and in accordance with the statement of purpose.

Organisationally, the registered provider had ensured measures were in place for implementation of the regulatory required monitoring systems including an annual review of service provision.

Judgment: Substantially compliant

Regulation 24: Admissions and contract for the provision of services

The registered provider had ensured that a signed agreement of service provision was in place for each resident. However these were generic in nature and did not reflect the service provided to each resident reflective of their individualised support

needs.

The service provision agreements were also signed by the residents representative and did not demonstrate consultation with the resident.

Judgment: Not compliant

Regulation 3: Statement of purpose

The registered provider had ensured the development of the statement of purpose. This document required review to ensure the information required under Schedule 1 was present and correct.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge had not ensured that all notifiable incidents were reported in accordance with their regulatory responsibilities.

Judgment: Not compliant

Quality and safety

It was evidenced during this inspection that the service provided to residents currently residing within Liskennett was person centred in nature. Residents were consulted in the day to day operation of their apartment. Some improvement was required to ensure that this consultation was promoted in all areas of their support needs where possible. For example, the development of goals and signing of documentation.

Each resident had a comprehensive personal plan in place. These plans incorporated a holistic approach to support needs and incorporated guidance from relevant members of the multi-disciplinary team including speech and language and dietitian. Through person centred planning meetings each resident had been supported to identify personal goals. These included horse riding and promotion of self-help skills such meal preparation. Staff were observed supporting residents to achieve these goals. A number of goals had been adapted due to COVID 19 restrictions to ensure meaningful activation was not impacted with national restrictions. Whilst it was documented that next of kin were consulted with respect to the development of

these goals, improvements were required to ensure the choice of the resident was paramount and reflected in the documentation.

The design and layout of the centre met the objectives and function as set out in the statement of purpose. Each resident had an individualised apartment set within a number of dwellings. Residents were supported with the decoration and maintenance of their personal areas. The centre was clean and overall, well presented with accessibility facilitated throughout. Residents were observed enjoying a number of walks around the ample outdoor setting of the centre. A number of residents also expressed their interest in caring for the horses within the equestrian centre on site.

This inspection took place during the COVID 19 pandemic. All staff were observed to adhere to the current national guidance including the use of PPE equipment, and social distancing. An organisational contingency plan was in place to ensure all staff were aware of procedures to adhere to in a suspected or confirmed case of COVID 19 for staff and residents. Staff members were facilitated to complete the required training such as infection control and hand hygiene to ensure adherence to these guidelines. An additional house had been incorporated into the footprint of the designated centre to promote safe self-isolation should this be required. This was visited on the day of inspection and was found to be suitably prepared for this purpose.

The registered provider had ensured effective systems were in place to ensure the centre was operated in a safe manner. The registered provider had ensured that each resident was assisted to protect themselves from abuse. Where a safeguarding concern was identified, measures were implemented to protect the individual from all forms of abuse. There was clear evidence of ongoing review of any concern arising. There was also evidence of ongoing communication with social work department for guidance and support. The personal and intimate care needs of all residents was laid out in personal plan in a dignified and respectful manner. The registered provider had ensured that effective fire safety management systems are in place, this incorporated staff training, firefighting equipment and resident and staff awareness of evacuation procedures.

The person in charge had ensured that staff had up to date knowledge and skills to respond to behaviour that is challenging and to support residents to manage their behaviour. Staff spoke clearly of these support needs and were observed adhering to all plans. Behaviour support plans ensured a consistent approach to cares was in place. A number of reactive and proactive strategies were in place including social stories and skills training. Where additional supports were required guidelines for this were clearly laid out for staff. Where a restrictive practice was in place this utilised in the least restrictive manner for the shortest duration necessary. All restrictions were environmental in nature and reviewed regularly. These were in place to promote the safety of residents. The person in charge has completed an audit of restrictions and set out clear guidelines for staff in their use. All restrictions have been risk assessed and a restoration of rights plan has been developed.

Regulation 13: General welfare and development

Residents currently residing within the centre were afforded ample opportunities to partake in a range of meaningful activities. Measures were implemented by the staff team to ensure relationships were promoted.

Judgment: Compliant

Regulation 17: Premises

The design and layout of the centre met the objectives and function as set out in the statement of purpose. The centre was clean and overall, well presented with accessibility facilitated throughout.

Judgment: Compliant

Regulation 26: Risk management procedures

The registered provider had ensured the development of a risk management policy. This incorporated the regulatory required risks. The person in charge had implemented measures to ensure the effective assessment, management and ongoing review of risk including both environmental and individual.

Judgment: Compliant

Regulation 27: Protection against infection

The registered provider had ensured that residents, staff and visitors were protected from infectious disease by adopting procedures consistent with the standards for the prevention and control of health care associated infections published by the Authority and adhered to current national guidance.

Judgment: Compliant

Regulation 28: Fire precautions

The registered provider had ensured that effective fire safety management systems are in place, this incorporated staff training, fire fighting equipment and resident and staff awareness of evacuation procedures.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Each resident had a comprehensive personal plan in place. These plans incorporated a holistic approach to support needs and incorporated guidance from relevant members of the multi-disciplinary team. Some improvement was required to ensure the consultation with residents with respect to their personal plan was evident.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

The person in charge had ensured that staff have up to date knowledge and skills to respond to behaviour that is challenging and to support residents to manage their behaviour.

Where a restrictive practice was in place this utilised in the least restrictive manner for the shortest duration necessary.

Judgment: Compliant

Regulation 8: Protection

The registered provider had ensured that each resident was assisted to protect themselves from abuse. Where a safeguarding concern was identified, measures were implemented to protect the individual from all forms of abuse.

The personal and intimate care needs of all residents was laid out in personal plans in a dignified and respectful manner.

Judgment: Compliant

Regulation 9: Residents' rights

The designated centre was operated in a manner that was respectful of all residents valuing their individualism. Residents were consulted in the day to day operations of the centre, however improvement was required to ensure the consultation with residents on all aspects of their support needs was clearly documented.
Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Admissions and contract for the provision of services	Not compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Not compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Liskennett Centre OSV-0004263

Inspection ID: MON-0031048

Date of inspection: 10/02/2021

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 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: To come into compliance with Regulation 23 documentation has been amended regarding roles and responsibilities to ensure clarity and in accordance with statement of purpose.	
Regulation 24: Admissions and contract for the provision of services	Not Compliant
Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services: To comply with Regulation 24 the Terms and Conditions will be reviewed and amended to reflect consultation with the resident and the service provided to them.	
Regulation 31: Notification of incidents	Not Compliant
Outline how you are going to come into compliance with Regulation 31: Notification of incidents: To maintain compliance with Regulation 31 the Person In Charge will ensure that all	

future notifications will be submitted as per regulation	
Regulation 5: Individual assessment and personal plan	Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:
To regain compliance with Regulation 5 all residents will be offered the opportunity to evidence their involvement in their personal plans. To facilitate this, an easy read Person Centered Plan review document has been developed in Liskennett in March 2021 for use in all meetings going forward.
MDT meetings are planned for July 2021; all residents will be offered opportunity to participate.

Regulation 9: Residents' rights	Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
To comply with Regulation 9 documentation will be reviewed and amended to ensure all aspects of residents support needs are reflected.

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 23(1)(b)	The registered provider shall ensure that there is a clearly defined management structure in the designated centre that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of service provision.	Substantially Compliant	Yellow	31/03/2021
Regulation 24(3)	The registered provider shall, on admission, agree in writing with each resident, their representative where the resident is not capable of giving consent, the terms on which that resident shall reside in the designated centre.	Not Compliant	Orange	31/03/2021
Regulation 24(4)(b)	The agreement referred to in paragraph (3) shall provide for, and be	Not Compliant	Orange	31/03/2021

	consistent with, the resident's needs as assessed in accordance with Regulation 5(1) and the statement of purpose.			
Regulation 31(1)(f)	The person in charge shall give the chief inspector notice in writing within 3 working days of the following adverse incidents occurring in the designated centre: any allegation, suspected or confirmed, of abuse of any resident.	Not Compliant	Orange	12/02/2021
Regulation 05(4)(c)	The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which is developed through a person centred approach with the maximum participation of each resident, and where appropriate his or her representative, in accordance with the resident's wishes, age and the nature of his or her disability.	Substantially Compliant	Yellow	29/07/2021
Regulation 05(6)(a)	The person in charge shall ensure that the personal plan is	Substantially Compliant	Yellow	29/07/2021

	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.			
Regulation 09(2)(a)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability participates in and consents, with supports where necessary, to decisions about his or her care and support.	Substantially Compliant	Yellow	29/07/2021
Regulation 09(3)	The registered provider shall ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.	Substantially Compliant	Yellow	12/02/2021