



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

Issued by the Chief Inspector

Name of designated centre:	Battery Court
Name of provider:	St Christopher's Services Company Limited by Guarantee
Address of centre:	Longford
Type of inspection:	Unannounced
Date of inspection:	01 September 2022 and 02 September 2022
Centre ID:	OSV-0003888
Fieldwork ID:	MON-0032898

About the designated centre

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

Battery Court comprised six houses to include one administrative area for staff to use. The centre can accommodate a maximum of ten residents who are either male or female with a mild to moderate intellectual disability, who are largely or partially independent. All residents living in this centre are over the age of 18 years. Battery Court can accommodate a range of care and support needs including mental health, behaviours of concern and associated medical conditions. The centre is located within a town in Co. Longford and residents are supported to access local amenities including cafes, restaurants, shops and leisure facilities. Each house within this centre is located next door to each other, with a separate administrative premises available to staff. Some residents live alone while other residents share a house with their peers. Each house is a two-storey dwelling and has a dining and kitchen area, resident bedrooms and toilets. Communal sitting rooms are available to residents who share a house. Battery Court has a staff team comprised of support workers and social care workers. Staff are on duty both day and night to support residents who live within this centre.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	8
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 1 September 2022	13:15hrs to 18:30hrs	Angela McCormack	Lead
Friday 2 September 2022	10:00hrs to 14:15hrs	Angela McCormack	Lead
Thursday 1 September 2022	13:15hrs to 18:30hrs	Eilish Browne	Support
Friday 2 September 2022	10:00hrs to 14:15hrs	Eilish Browne	Support

What residents told us and what inspectors observed

Overall inspectors found that the health, wellbeing and social care needs of residents who lived at Battery Court were protected and promoted. Each resident was valued as an individual and each resident was seen to participate fully in their life choices. The inspection was carried out over two half days. Inspectors met and spoke with all eight residents who lived in the centre. Inspectors also met with the person in charge, members of senior management and members of staff throughout the inspection. Residents spoke of how they enjoyed living in the centre and about the range of activities that they enjoyed.

The centre was made up of six separate houses, five of which were joined together, with one house adjacent to the main block of houses. Residents either lived alone or lived with one of their peers. Inspectors had the opportunity to visit all six houses. Residents gave inspectors a tour of each of their homes. Each home was decorated to the individual preference of residents and there was a warm and homely atmosphere in each house. The front doors had recently been painted with colours chosen by the residents. Residents' homes were decorated with personal photos, posters of their favourite musicians and art work that they had completed. One resident had recently completed a large jigsaw of a beautiful scene, which they had got framed and this was displayed in their living room. Another resident showed an inspector their new kitchen which they spoke about having had input in designing. One resident recently chose new blinds for their home, and they showed the inspector this and pointed out furniture in their living room, including a SMART television that they recently got.

The houses were found to be visibly clean, well maintained and suitably furnished. However, some fire risks required review. This will be discussed further in the report. Residents also had access to a large garden area out the back of the premises. The garden area outside each house was individually decorated with furniture, flower beds and garden ornaments. In one part there was a 'memory garden', with garden ornaments and plaques. There was also outdoor furniture at the front the houses where residents were observed to enjoy socialising and spending time together.

Throughout the inspection residents were observed to be comfortable and relaxed in their surroundings. There was good comradery between residents. Some residents proudly showed inspectors photographs that they had in albums, which included photographs of residents together in years gone by. One resident showed inspectors photographs of family members on their tablet, and spoke about their contact with family.

Inspectors observed positive interactions between staff and residents also. Staff were seen to treat residents with dignity and respect at all times. Staff members were seen to knock before entering residents' homes. Management of the centre also ensured that consent was given by residents for any outside contractors to

enter their homes to complete work. From speaking with staff on duty it was clear that they had an in depth knowledge of the needs of residents and the supports required to meet these needs. It was clear that residents were supported to live as independently as possible. Staff were seen to communicate with residents in a warm and caring manner. This was observed when residents were discussing their activities of the day when they returned from day service.

Staff ensured that the rights of residents were protected, promoted and supported and it was clear that this was embedded in the culture of the service. There were easy-to-read documents and social stories available to support residents' understanding of various topics. In addition, the provider had ensured that the annual review of the service was made available in an easy-to-read format for residents. Residents were supported to be as independent as possible and one resident showed the inspector the emergency button that they can use to call staff at night, if they ever needed to. They spoke about using this once when they were unwell. Residents were supported to access religious services of their choice and some residents regularly attended mass. One resident spoke about how staff had supported them to ensure their rights to make decisions was upheld. For example; the resident had made the decision not to attend a group visit to Knock the following week, and they wanted to ensure that they were given the choice to attend any other similar activities in the future, which was respected.

Residents were encouraged and supported to maintain relationships with their friends and families. Residents enjoyed regular phone calls, video calls, days out and visits to family throughout the week and at the weekends. Residents were also given the opportunity to foster relationships and participate in the community both within the centre itself and also in wider society. One resident had a job and spoke about their duties at work and showed the inspector the uniform that they must wear at work. Another resident was an active participant in the local 'parkrun' and had taken part in several local runs. They had got a 'fitbit' lately which was a goal that they had identified.

Residents were supported to identify meaningful, personal goals for the future. Residents reported enjoying a number of activities including day trips to Dublin Zoo, 'Tayto Park', going to Museums, shopping trips, overnight breaks in hotels, going to concerts of their favourite musicians and having 'spa days'. One resident spoke with great excitement of their upcoming holiday to Foto Wildlife Park, and another resident spoke about plans to visit New York the following year. Some residents also completed courses in cooking and baking skills, computer skills and 'healthy food made easy' course. One resident had a pet dog, which the inspectors got the opportunity to meet. The resident spoke about how they care for the dog and about what great company the dog was.

In summary, inspectors observed that residents were comfortable, relaxed and appeared happy living in the centre. It was clear that residents lived active and meaningful lives. Residents were actively involved in making choices in their daily lives and their independence was very much supported and promoted by staff. The next two sections of this report present the inspection findings in relation to governance and management in the centre, and how governance and management

affects the quality and safety of the service being delivered.

Capacity and capability

Overall, inspectors found that residents living in Battery Court were provided with individualised, comfortable homes and care was delivered in a person-centred manner. There were good arrangements in place for regular auditing of practices in the centre by the management team. However, improvements were required in assessing fire risks and in completing actions relating to fire safety. This will be discussed in more detail in the next section of the report. .

The local governance structure consisted of a person in charge, who had responsibility for Battery Court only. The person in charge had the experience and qualifications to manage the service and they appeared to be knowledgeable about the individual needs of residents. The person in charge was supported by the residential and respite co-ordinator and the residential and respite manager. Both the person in charge and the residential and respite co-ordinator were available during the inspection.

The staff team consisted of a skill mix of social care workers and support workers, who provided cover both day and night to support residents. A review of the roster indicated that in general there was a consistent staff team in place to support residents. There was a planned and actual roster in place which was well maintained and clear as to who was working each day. A sample of staff files reviewed found that all the requirements under Schedule 2 of the regulations were in place.

A review of the training records found that staff were provided with a range of training programmes to support them in having the knowledge and skills to support residents with their needs. The training records reviewed by inspectors demonstrated that all staff had completed the following mandatory training; fire safety training, managing behaviour that is challenging, safeguarding of vulnerable adults, safe administration of medication and infection prevention and control. Staff spoken with said they felt well supported in their role and that they could raise any issue of concern to the management team, if required. Staff spoke about supervision meetings with their line manager. Team meetings were occurring regularly which covered a varied range of agenda items.

There were systems in place for regular auditing in the centre. The provider completed unannounced six monthly audits of the centre as required in the regulations. The annual review of the service was reviewed and was found to be comprehensive and included consultation with residents and their families. An easy-to-read annual review had been developed also and was available for residents.

In addition, the management team completed monthly monitoring reports. This included a review of incidents/accidents/near misses that occurred in the centre, and also included reviews of other areas such as; health and safety, safeguarding,

complaints, notifications and finances.

The person in charge had developed an annual schedule for a range of local audits to be completed also. This included audits in health and safety, finances, personal plans, fire safety, complaints and incidents. A comprehensive health and safety audit had been completed in April of this year, with actions identified. This included an action relating to a review of fire doors; however this was not completed within the time-frame identified (end June 2022). Furthermore, the provider audit that occurred in May noted an action to be completed requiring a 'night time' fire drill to be completed by 1st July, and while this had been scheduled for September this was not completed within the time frame identified by the provider. This failures to address these actions in a timely manner are addressed under regulation 28.

In general, there was good oversight and monitoring of the centre to ensure that it met residents' needs. While in general actions identified were responded to and kept under review, some improvements were required in addressing some actions relating to fire safety within the time-frames identified in the audits.

Regulation 14: Persons in charge

The person in charge met the requirements under Regulation 14. They had the qualifications and experience to manage the designated centre. They worked full-time and had responsibility for Battery Court designated centre only.

Judgment: Compliant

Regulation 15: Staffing

The person in charge ensured that there was a planned and actual staff rota in place in the centre. Inspectors reviewed the current roster and it was seen to be reflective of the actual staff on duty on the day of inspection. There was a core staff team in place which indicated that residents received continuity of care from a familiar staff team. Inspectors reviewed a sample of staff files and all information as required and specified in Schedule 2 of the regulations were in place.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge ensured that staff had access to the appropriate training including refresher training as part of their continuous professional development.

The education and training provided to staff allowed them to provide care that reflected up-to-date and evidence-based practice.

Judgment: Compliant

Regulation 23: Governance and management

There was a clear governance and management structure in place, with clear lines of accountability. The centre appeared to be effectively resourced to meet the needs of residents. Arrangements in place for regular auditing promoted good oversight and monitoring of the care and support provided.

Judgment: Compliant

Quality and safety

Inspectors found that residents living in Battery Court were provided with person-centred care and support where their health and wellbeing were promoted. Residents met with spoke about their lives and about what it was like to live in the centre. It was evident through discussions with residents that their rights, choices and individuality were promoted. However, some improvements were required in the documentation of a safeguarding plan so that it was clear on the supports to be provided to the resident, and in aspects of fire safety. This will be discussed later in the report.

The premises were found to be spacious, clean and homely. Each resident had their own living space/apartment which were personalised to their individual tastes. Laundry facilities were available in the kitchen areas of the homes. Where residents shared laundry equipment, this was reported to work well with residents able to complete their laundry as and when they required. Each resident had space for storage of personal possessions. There was a large level access area surrounding the houses, with a ramp and handrails installed for a resident to support their mobility needs. The back garden contained garden furniture for residents to sit and enjoy the outdoors should they wish to do so. In addition, while the back garden was not individually divided, each back garden area was individualised to include garden ornaments, potted shrubs and furniture. The front of the houses also were decorated with garden ornaments, potted flowers and contained garden furniture, which residents were observed sitting out together and catching up after their day.

Inspectors got the opportunity to meet with all residents living in Battery Court. Residents spoke about their lives, about how they choose to spend their day, their personal goals and about the activities that they enjoy. It was evident through

discussions with residents that rights were promoted and that each resident was supported to make choices about their lives. In general residents attended day services external to the centre. One resident had chosen to attend part-time and this was supported and facilitated. One resident worked part-time also, and chose to attend day service on some of the other days.

Residents had facilities for recreation in their homes also, with SMART televisions, laptops/tablets, arts and crafts and music players available in line with residents' individual preferences. Residents had their own individual living space and either lived alone or with one other. All residents had their own bedrooms which were personalised. Residents' personal possessions were protected, with residents having private space to store their personal items. Residents had their own bank accounts which they were supported to manage in line with their individual needs and choices, and there were systems in place to support safe management of finances.

A sample of residents' care and support plans were reviewed. A comprehensive assessment of needs had been completed to assess residents' personal, health and social care needs. A range of care and support plans had been developed to guide staff in supporting residents with various needs. Residents were supported to identify goals for the future and there was evidence that these were under review for completion. Residents spoke about personal goals, such as going to concerts, going on shopping trips and one resident spoke about plans to go on holidays in 2023 to New York.

Residents were supported to achieve the best possible health and wellbeing. On the days of inspection some residents were facilitated to attend appointments. Staff spoken with were knowledgeable about how to best support residents with their needs, and where residents required multidisciplinary input, there was evidence that this was available to them. For example, one resident was visited by a member of the multidisciplinary team (MDT) on the evening of the inspection and one resident's need that was assessed as a high risk had recently been reviewed by a member of the MDT and the care plan had been updated with recommendations made. Staff spoken with were aware of residents' care plans and about how to support with assessed needs. Residents were also very involved in taking care of their healthcare needs independently as they wished, with monitoring systems in place to ensure safe care and supports.

Residents were safeguarded through a review of incidents, staff training in safeguarding and discussion about safeguarding at residents' meetings and staff meetings. In addition, residents had care plans for intimate and personal care which were kept under review and were developed in consultation with residents. Where safeguarding concerns arose, these were followed up in line with the safeguarding process and safeguarding plans developed, as required. However, one safeguarding plan required review to ensure that it was clear about what exactly the safeguarding risk was and about how staff were to support with this.

There was risk management policy in place which included all the information required under regulation 26. There were a range of emergency plans in place in the event of adverse events. The person in charge had in place a risk register for centre

specific risks and each resident had individual personal risk management plans for identified risks. These were found to be kept under review, up-to-date and clear about control measures in place to mitigate risks. A high risk had been recently identified and escalated to management for review. This demonstrated a good understanding of risk management and showed good oversight about how risks were identified and managed.

Fire safety arrangements were reviewed. There were some arrangements for the detection, containment and extinguishing of fires. However, improvements were required. For example, the fire fighting equipment was overdue for its' annual inspection (last inspection was June 2021) and an audit completed in April 2022 identified an action relating to a review of doors. Both of these actions were outstanding at the time of inspection. The fire risk assessment and centre evacuation plan was reviewed by inspectors. Both required further review and updating to ensure that they were specific to the risks and measures in place in the centre. For example, the emergency plan noted the need to close fire doors to contain any fire and to move residents one fire door away from the fire; however it did not include that some houses did not have fire doors. Furthermore, the fire risk assessment did not identify and specify the risks around not having fire doors. An updated risk assessment was required to ensure that specific risks in the centre were clearly identified and that they included specific control measures to mitigate against the risks. Regular fire drills occurred, however a fire drill under the scenario of when all residents would be in bed had been identified by the provider to be completed; however while this was scheduled, this was not completed within the time-frame identified in the provider audit.

Overall, inspectors found that residents had comfortable homes that were individualised and that care and support provided was person-centred. Improvements in fire safety and in ensuring that a safeguarding plan was clear on the safeguarding risk would enhance the good care and support provided.

Regulation 12: Personal possessions

Residents retained access to, and control over their belongings. The provider also maintained a possessions checklist for residents' belongings. There was adequate space for each resident to store their belongings and residents were supported to bring their belongings into their rooms. Residents were facilitated to do their own laundry if they so wished. Residents were also supported to manage their financial affairs. The provider utilised a money management assessment tool to determine the level of support required. Each resident had a bank account in their own name. Any transaction completed by staff members was consented to by the residents and a record was maintained by the registered provider.

Judgment: Compliant

Regulation 13: General welfare and development

Residents had opportunities for recreation and leisure both in the centre and in the wider community, in line with their individual choices, preferences and personal development needs.

Judgment: Compliant

Regulation 17: Premises

The design and layout of the designated centre was in line with the statement of purpose. The premises met the needs of residents and the design and layout of the centre promoted residents' safety, dignity, respect and wellbeing. The provider had carried out the appropriate alterations to ensure that the centre was accessible to all residents with the installation of a ramp to the rear of one of the houses. The provider had also ensured the premises was in line with all the matters set out in Schedule 6.

Judgment: Compliant

Regulation 26: Risk management procedures

The risk management system was effective in identifying and responding to risks. There were systems in place for the identification, assessment and review of risks and there was evidence that risks were kept under review, and escalated to senior management, as required.

Judgment: Compliant

Regulation 28: Fire precautions

Improvements were required in aspects of fire safety precautions as follows;

- To ensure that actions identified in audits were completed within the time-frames identified (relating to fire drills and review of fire doors)
- To ensure that the annual inspection of equipment was completed
- To review and update the fire risk assessment to ensure that it was reflective of all the risks in the centre and the specific arrangements to mitigate the risks

- To review the centre emergency plan to ensure that it contained accurate information about fire doors, and the specific arrangements for evacuation in the locations where there were no fire doors. For example, the plan stated to move residents at least one fire door away from the fire, but some locations did not have fire doors and this was not noted as to where this was.

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

Residents had comprehensive assessments of needs completed to assess health, personal and social care needs. Residents were supported to be fully involved in their care and in identifying and working towards achieving meaningful, personal goals for the future.

Judgment: Compliant

Regulation 6: Health care

Residents were facilitated to achieve the best possible health and wellbeing by attending a range of allied healthcare professionals as required and recommended. This included accessing national screening programmes and access to vaccinations, as appropriate.

Judgment: Compliant

Regulation 8: Protection

Safeguarding of residents was taken seriously in the centre, with any concern being followed up in line with procedure. However, one safeguarding plan did not provide clear information on what the specific safeguarding concern or risk was, in order for appropriate supports to be provided to the resident. Inspectors were informed that staff would be aware of the supports required; however the lack of clear documentation about the specific safeguarding concern could create a risk that the resident would not be supported as required.

Judgment: Substantially compliant

Regulation 9: Residents' rights

The registered provider ensured that the rights of residents were being promoted and protected within the centre. Residents had the freedom to exercise choice and control in their daily lives. It was evident that this was embedded in the culture of the service. There was evidence that residents were consulted and participated in how the centre was planned and run.

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Battery Court OSV-0003888

Inspection ID: MON-0032898

Date of inspection: 01/09/2022 and 02/09/2022

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 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: A review of fire procedures and fire doors has been completed by an appropriate competent external contractor. Recommendations received for the replacement of certain doors, along with automatic door closures are currently out for tender. The fire management plan and fire action/ evacuation plan have been updated to reflect the closing of doors, and steps to be taken in the event of a fire. The fire risk assessment has been updated and now includes risks and control measures for houses with fire doors and houses without fire doors. Plans are in place to replace current doors in high risk area’s with fire doors (kitchens/ bottom of stairs). Annual service of fire extinguishers has been completed</p>	
Regulation 8: Protection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection: Following comprehensive review of safeguarding plan for one resident, the formal safeguarding plan has been closed and all control measures have been transferred to a community integration support and care plan and detailed risk assessment</p>	

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 28(2)(b)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Substantially Compliant	Yellow	07/10/2022
Regulation 28(2)(b)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Not Compliant	Orange	07/10/2022
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.	Substantially Compliant	Yellow	07/10/2022
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Substantially Compliant	Yellow	07/10/2022