



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: | Short Notice Announced |
| Date of inspection: | 13 January 2021 |
| Centre ID: | OSV-0003888 |
| Fieldwork ID: | MON-0031106 |

About the designated centre

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

Battery Court comprises of six resident houses and one administrative 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, which is adjacent to the centre's six houses. 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: | 7 |
|--|---|

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 13 January 2021 | 10:15hrs to 15:00hrs | Eoin O'Byrne | Lead |

What residents told us and what inspectors observed

The inspector spoke with two of the residents outside their homes before beginning the inspection. The inspector had met with the residents before on a previous inspection and during a residents forum meeting, both residents referred to this. One of the residents spoke of how the staff team were helping them. The resident also informed the inspector that day service staff were now supporting them in their home and that this was great.

The inspector reviewed residents' questionnaires completed as part of the centre's annual review for 2020. Residents expressed that they were happy where they lived and were happy with the support being offered to them by the staff team. Residents also expressed their frustrations with the impact the COVID-19 pandemic had had on their lives and, in particular, their contact with family members and friends.

Efforts were being made by the provider to lessen the impact of recent restrictions on the residents. The inspector observed residents exercising near their homes and were also being supported to complete their grocery shopping with the support of staff members.

Capacity and capability

Residents were receiving care that met their needs. For the most part the provider had ensured that there was an effective and clearly defined management structure in place. There were, however, improvements required to ensure that some identified actions following audits were being addressed promptly.

The person in charge was completing audits of practices in the centre, and actions arose from these audits. Overall, this practice was effective in ensuring that the service being provided was appropriate to the needs of the residents. There were, however, some audits that required attention; two health and safety audits had been completed in 2020. The first audit was completed in June 2020 and identified a number of areas that needed improvement to ensure that the provider maintained the centre in a good state of repair both internally and externally. A list of required actions was submitted following the audit to the provider's senior management. The second audit of health and safety was completed in October 2020. This audit found that the majority of actions from the previous audit had not been completed. There was evidence of correspondence between the person in charge and senior management seeking an update of the required works. At the time of the inspection, some actions had been addressed, but there were still a number of outstanding actions. The provider had, therefore, failed to adequately address and respond to

their auditing and monitoring practices.

The provider had carried out unannounced visits to the centre and had prepared written reports on the safety and quality of care and support provided in the centre. The provider was also in the process of completing an annual review for 2020 as per the regulations. Residents and their representatives had been consulted with as part of the information gathering process.

The centre's staff team was made up of a person in charge and a team of social care workers and support workers. The person in charge was experienced and had the relevant qualifications necessary to manage the designated centre. There was a roster in place, and residents were receiving continuity of care. The provider had also implemented additional supports for some residents in response to their changing needs.

Residents were aware of the provider's complaints procedures. Residents were encouraged to raise issues or complaints during resident meetings. The inspector noted that residents were voicing complaints if necessary and that these complaints were being addressed. There were also instances that residents had accessed independent advocates to support them when raising a complaint.

Regulation 14: Persons in charge

The person in charge was experienced and had the relevant qualifications necessary to manage the designated centre.

Judgment: Compliant

Regulation 15: Staffing

The provider had ensured that the number, qualifications and skill-mix of staff was appropriate to the number and assessed needs of residents.

Judgment: Compliant

Regulation 23: Governance and management

There were some improvements required to the provider management systems.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

The provider had ensured that there was an effective complaints procedure in place.

Judgment: Compliant

Quality and safety

Residents were receiving appropriate care and support that was adapted to their changing needs. The center's premises, however, required attention, and there were improvements required to the tracking and implementation of residents' individual goals.

As noted in the first part of the report, there were required improvements to ensure that the centre was kept in a good state of repair externally and internally. The provider's audits had identified that painting and repairs were required to some of the walls in the houses and some of the kitchen areas. The garden areas and external of the buildings also required attention. Action plans had been devised to address these improvements, but all actions had yet to be addressed.

The inspector reviewed a sample of residents' person-centered plans (PCP's) and key working reports. The review found that for some residents, there were adaptations required to the development and recording of their achievements when reviewing records for 2020. Residents had set goals for 2020; the available information demonstrated that some residents had not been supported to revise or set new goals in response to the impact of COVID-19. The person in charge had acknowledged this when completing a recent audit and had arranged for PCP meetings to be held in the first week of January with these residents to review their goals and set alternative goals for 2021. The inspector noted inconsistencies, as some residents' information demonstrated goals achieved and the setting of alternative goals following the impact of COVID-19. There were, therefore, improvements required to ensure that there were consistent practices regarding the development and tracking of personal goals for all residents.

The centre was being operated in a manner that promoted and respected the rights of residents. Residents met with staff members weekly, and their input was sought regarding practices in the centre. There was evidence of positive risk-taking being applied and residents, when possible, being supported to partake in as independent a life as possible. The COVID-19 pandemic had impacted some resident's independence. Still, the staff team sought to lessen this as much as possible with the implementation of practices such as social bubbles and supporting residents to attend activities of their choosing when possible.

The provider had ensured that assessments of residents' needs had been completed and were under regular review. Support plans had been developed following the reviews; these were detailed and individual to each resident.

Residents had access to appropriate healthcare services. An appraisal of a sample of residents' information demonstrated that the provider's assessments of needs and observations of the staff team were capturing the changing needs of residents. Appropriate responses had been implemented, and members of the provider's multidisciplinary team and other allied healthcare professionals such as residents' general practitioners (GP) were actively involved in the supports being developed for residents.

There were suitable systems in place to respond to safeguarding concerns. Residents also had access to appropriate positive behavioral supports and therapeutic services. The provider and person in charge had systems to review and appropriately consider the use of restrictive practices, ensuring that they were implemented for the shortest duration necessary.

There were appropriate systems in place to manage and mitigate risks and keep residents and staff members safe in the centre. The provider had arrangements in place to identify, record, investigate, and learn from adverse incidents. The inspector reviewed individualised risk assessments and found them to be detailed.

The provider and the person in charge had adopted procedures consistent with the standards for the prevention and control of healthcare-associated infections published by the Authority. The COVID-19 risk assessments developed for residents, the staff team, and visitors were detailed and developed according to the Health Protection Surveillance Centre (HPSC) guidelines.

Overall, residents were receiving a service that was tailored to their needs and was promoting their rights and independence.

Regulation 17: Premises

There were improvements required in order to ensure that the centres premises was maintained in a good state of repair.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

The centre had appropriate risk management procedures in place.

Judgment: Compliant

Regulation 27: Protection against infection

The provider and the person in charge had adopted procedures consistent with the standards for the prevention and control of healthcare-associated infections published by the Authority.

Judgment: Compliant

Regulation 6: Health care

The provider had ensured that the residents were receiving or being offered appropriate healthcare.

Judgment: Compliant

Regulation 7: Positive behavioural support

There were systems in place to meet the behavioural support needs of the residents.

Judgment: Compliant

Regulation 8: Protection

Residents were being supported to develop the knowledge, self awareness, understanding and skills needed for self-care and protection.

Judgment: Compliant

Regulation 9: Residents' rights

The provider was ensuring that the rights of residents were being promoted and

respected.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

There were improvements required to ensure that there were consistent practices regarding the development and tracking of personal goals for all residents.

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 23: Governance and management | Substantially compliant |
| Regulation 34: Complaints procedure | Compliant |
| Quality and safety | |
| Regulation 17: Premises | Substantially compliant |
| Regulation 26: Risk management procedures | Compliant |
| Regulation 27: Protection against infection | Compliant |
| Regulation 6: Health care | Compliant |
| Regulation 7: Positive behavioural support | Compliant |
| Regulation 8: Protection | Compliant |
| Regulation 9: Residents' rights | Compliant |
| Regulation 5: Individual assessment and personal plan | Substantially compliant |

Compliance Plan for Battery Court OSV-0003888

Inspection ID: MON-0031106

Date of inspection: 13/01/2021

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 |
| <p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The service has a plan in place for the maintenance and upkeep (painting and maintenance internally) of properties which will be completed by Summer 2021. Painting work is scheduled to commence on the 1st of May 2021.</p> | |
| Regulation 17: Premises | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>External contractor started on the 28-01-21 on action plan that was highlighted in Health & Safety Audits. (maintenance & upkeep of external property e.g. power washing paths)</p> | |
| 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> <p>Staff to be reminded on the documentation process for PCP goals and key- worker reports. This will be communicated via email, team meeting and supervisions. Staff will</p> | |

complete PCP review with all residents before the end of February 2021 and ensure all conversations are fully and accurately documented. Staff will ensure all action plans for goals are followed up on. The PIC will complete PCP audit in March 2021 and August as outlined in service schedule of audits.

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 17(1)(b) | The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally. | Substantially Compliant | Yellow | 31/07/2021 |
| Regulation 23(1)(c) | The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored. | Substantially Compliant | Yellow | 31/07/2021 |
| Regulation 05(4)(b) | The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal | Substantially Compliant | Yellow | 28/02/2021 |

| | | | | |
|--|--|--|--|--|
| | plan for the resident which outlines the supports required to maximise the resident's personal development in accordance with his or her wishes. | | | |
|--|--|--|--|--|