



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

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:	13 February 2018
Centre ID:	OSV-0003888
Fieldwork ID:	MON-0020988

## About the designated centre

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

Battery Court is comprised 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.**

Current registration end date:	30/04/2021
Number of residents on the date of inspection:	9

## 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
13 February 2018	09:20hrs to 15:35hrs	Anne Marie Byrne	Lead

## Views of people who use the service

On the day of inspection, the inspector met with three residents who live in this designated centre. The inspector didn't have an opportunity to speak to these residents in detail about the care and support they receive, as residents were preparing to go on overnight trips away from the centre on the day of the inspection. However, one resident spoke positively of the service they received and said that they were supported by staff to take part in activities that were of interest to them and to prepare for their planned trip.

Over the course of the inspection, the inspector observed residents engage with staff and appeared to be very comfortable and familiar with the staff working in the centre. Residents were observed to freely access the staff office to speak with staff about queries they had.

## Capacity and capability

The provider had effective governance and management arrangements in place that ensure a good quality and safe service was provided to the residents living there. Where improvements were required from the findings of the centre's previous inspection, the provider had put measures in place to address these.

Since the last inspection, the provider had ensured effective leadership arrangements were in place, with a suitably qualified person now appointed as the person in charge for this centre. This had a positive impact on the governance and management arrangements for this service, with clear lines of authority and accountability now in place. Regular meeting structures were available for both staff and senior management to formally discuss and review issues arising within the service.

The provider had adequate resources in place to ensure the centre could meet the needs of the residents living there. Residents had access to transport services, had staff support available to them and had access to the equipment and facilities that they needed. The provider also had a system in place to identify, source and provide any additional resources that residents may require.

Additional staff hours were provided to the service since the last inspection, which had a positive impact on the service delivered to residents, with more staff now available to support residents to access the community. The provider had ensured staff had access to training and refresher training in areas such as safeguarding, fire safety, management of behaviours that challenge, infection control and manual

handling. Arrangements were in place for staff development, with staff regularly receiving supervision from their manager. Staff who spoke with the inspector were very familiar with the needs of residents living in this centre and of how they were required to support these residents each day.

The provider ensured that all aspects of the service were subject to on-going monitoring, review and development which resulted in a positive impact on the care and support provided to residents living in the centre. Regular audits of the centre's practices were occurring, which enabled the provider identify areas of improvement within the service. Where improvements were identified, records were available to demonstrate that these improvements were made. Staff were also kept up-to-date on what actions were required in order to improve the quality and safety of service delivered to residents.

The provider also ensured that where adverse incidents occurred in the centre, these were reviewed and responded to in accordance with the organisations' policies.

### Regulation 15: Staffing

Since the last inspection the provider had increased staff hours to ensure the staffing arrangement met the needs of residents. All staff had received up-to-date mandatory training, were receiving regular supervision and staff files had the required schedule 2 documents in place. An actual and planned roster was available, which detailed the dates and times staff started and finished their working shift.

Judgment: Compliant

### Regulation 16: Training and staff development

All staff had received up-to-date mandatory training in manual handling, safeguarding, fire safety, infection control and in the management of behaviours that challenge. Additional training opportunities were also available to staff and a schedule was in place to demonstrate the training scheduled for the year. Staff were also receiving regular supervision from their line manager.

Judgment: Compliant

### Regulation 23: Governance and management

The provider had adequate governance and management arrangements in place to ensure the quality and safety of the service was effectively monitored. The person in charge had responsibility for the service and she was supported by two persons participating in management and by the provider's representative. There were regular team and senior management meetings in place and regular audits were conducted. Annual reviews and six monthly unannounced visits of the service were conducted as required by the regulations.

Judgment: Compliant

### Quality and safety

The inspector found each resident received the care and support they required, which enabled them to live their lives the way they wanted to. Residents' had the opportunity to participate in the planning of their care and were supported to decide how they wished to spend their time. Overall, the provider ensured that the systems in place within this centre promoted residents' choice, respected residents' rights and maintained residents' safety at all times.

The provider had ensured that residents' needs were regularly assessed and that personal plans were in place. These plans were available to residents if they wished to access them. Improved personal planning arrangements were now in place, which ensured updates to residents' personal plans occurred in a timely manner. Since the last inspection, the provider had made some improvements to the development of residents' personal goals, but further improvements were required to ensure the progress made by residents to achieve their goals was recorded.

The provider had clear systems in place for the protection of residents' from all forms of abuse. Staff had up-to-date knowledge on how to identify, respond and manage any safeguarding issues that may arise. Safeguarding plans were in place and these provided clear guidance on how to keep residents safe. Arrangements were also in place to support residents with behaviours that challenge through the development of behaviour support plans, regular reviews, psychology support and regular staff training.

Revised residents' assessment arrangements had ensured that all residents now had an up-to-date healthcare assessment in place and that residents were at all times supported at times of illness. Staff who spoke with the inspector were aware of residents' specific healthcare needs and of how they were required to support these residents. The provider had made progress to improving residents' access to allied healthcare professionals since the last inspection; however, improvements were required to the arrangements in place for residents' who were waiting long periods to be seen by dietitian services.

Risk management arrangements within the centre ensured that residents were kept safe from risks and a revised local risk register meant that all risks in the centre were now regularly reviewed. For example, following a recent increase in the occurrence of behaviours that challenged, the provider had ensured that the control measures in place were reviewed to ensure they were adequate to mitigate the risk of injury to residents and staff.

### Regulation 27: Protection against infection

Since the last inspection, the provider had made improvements to the infection control practices within the centre. A colour coded cleaning system was now in place and staff had received training on infection control. Designated cleaning staff are now available in the centre, with regular deep cleaning schedules in place. Support sessions were scheduled to occur with residents subsequent to the inspection, to ensure they are aware how to implement the new cleaning practices into their home.

Judgment: Compliant

### Regulation 28: Fire precautions

The provider implemented controls to ensure the centre had adequate fire safety arrangements in place. Additional directional signage had now been installed within each house to safely guide residents to fire exits. Alternative arrangements had also been made for the storage of electrical items, to reduce the risk of fire in the centre. Adequate staffing arrangements were now in



place to support residents to safely evacuate the centre.

Judgment: Compliant

### Regulation 29: Medicines and pharmaceutical services

The provider had control measures in place to ensure the safe administration of medicines. Residents who were taking responsibility for their own medicines now had up-to-date capacity assessments in place. The medication policy had been updated and now guided staff on how to support residents to take responsibility for their own medicines. The stock control system for medicines had been revised and now ensured that an accurate record of residents' medicines was maintained. Prescribing and administrative records were legible and well-maintained by staff working in the centre. Where medication errors occurred, there was a system in place for the reporting, review and management of these errors.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

A comprehensive assessment process was in place and all residents had up-to-date assessments completed. Residents' personal plans were person-centred and guided staff on the level of support residents required. Residents also had access to these plans. The provider had made improvements to the development of residents' personal goals, ensuring each goal had a measurable time frame for achievement. However, records of the progress being made by residents in achieving their personal goals were not being updated regularly.

Judgment: Substantially compliant

### Regulation 6: Health care

Residents' had up-to-date healthcare assessments in place and personal plans were developed to guide staff on how they were required to support residents. The provider had made some improvements to residents' access to allied healthcare

professionals; however, the provider did not have alternative arrangements in place for residents who were waiting long periods to access dietitian services.

Judgment: Substantially compliant

### Regulation 7: Positive behavioural support

Where residents presented with behaviour that challenges, appropriate assessments and behaviour support plans were in place. These plans were reviewed regularly and a psychologist was available to the centre to support in the management of behaviours that challenge. All staff had up-to-date training in the management of behaviour that challenges.

Judgment: Compliant

### Regulation 8: Protection

The provider had a safeguarding policy in place to guide staff on the detection, response and management of safeguarding concerns. Where safeguarding plans were in place, these were found to provide clear guidance to staff on how they were required to safeguard residents from all forms of abuse. All staff had up-to-date training in safeguarding.

Judgment: Compliant

### Regulation 26: Risk management procedures

The risk management arrangements in place ensured that risks were identified, monitored and regularly reviewed. Since the last inspection, the provider had ensure the local risk register was reviewed to reflect the status of risk specific to the centre. Although reviews of the risk management policy and corporate risk register were still on-going at the time of this inspection, these reviews had not been completed in line with the time frame agreed following the last inspection.

Judgment: Substantially compliant

## Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
<b>Quality and safety</b>	
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 26: Risk management procedures	Substantially compliant

# Compliance Plan for Battery Court OSV-0003888

Inspection ID: MON-0020988

Date of inspection: 13/02/2018

## 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 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: <b>Each individual resident's goal progress template is updated in consultation with the resident and in accordance with their monthly keyworker report.</b>	
Regulation 6: Health care	Substantially Compliant
Outline how you are going to come into compliance with Regulation 6: Health care: <b>The Food and Nutrition Policy has been updated to include the arrangements to be made if a resident is on a waiting list for a dietician's appointment for an extended period of time, to ensure that the resident's safety and welfare is always the main priority.</b>	
Regulation 26: Risk management procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management procedures: <b>Risk Management Policy amendments have been completed in line with the updated Health and Safety Statement and associated risk assessments. The Health and Safety Statement has been circulated to each designated centre/unit.</b>  <b>Finalised Risk Management Policy will be circulated to each designated centre/unit week commencing the 30/04/2018.</b>	

## 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
5	Individual Assessment and Personal Plan	Substantially Compliant	Low	Completed
6	Healthcare	Substantially Compliant	Low	Completed
26	Risk Management Procedures	Substantially Compliant	Low	06/05/2018