



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 and 14 May 2019
Centre ID:	OSV-0003888
Fieldwork ID:	MON-0021198

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:	9
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How we inspect

To prepare for this inspection the inspector or inspectors reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
13 May 2019	15:00hrs to 18:00hrs	Eoin O'Byrne	Lead
14 May 2019	10:00hrs to 12:30hrs	Eoin O'Byrne	Lead
13 May 2019	15:00hrs to 18:00hrs	Catherine Glynn	Support
14 May 2019	10:00hrs to 12:30hrs	Catherine Glynn	Support

Views of people who use the service

Inspectors met with five of the residents over the course of the two day inspection. One resident chose not to interact with the inspectors. Residents spoke of how they enjoyed living in the centre. Inspectors observed positive interactions between residents and the staff team during the inspection and it was evident that the residents were being supported to live as independent lives as possible. Staff members spoke with residents about their day and what they had planned for the evening. Residents spoke very positively of the support provided to them and it was clear from recordings that residents could raise concerns and that they were addressed by the provider.

Capacity and capability

Governance and management arrangements ensured that a good quality and safe service was provided for residents living at this centre. Furthermore, inspectors found that the provider had put measures in place to ensure that the previous inspection's findings were addressed.

The provider ensured that the service was subject to ongoing monitoring, review and development. This had resulted in an improved standard of care, support and safety being provided to residents living at the centre. Six-monthly audits of the centre's practices were being carried out by the management team, this included; medication management, personal plans, residents finances and health and safety records showed that audit findings had been addressed in a timely manner. The regular monitoring displayed effective governance and management and was providing a high standard of care to the residents'.

The provider had appointed a person in charge of the designated centre. The person in charge had the required qualifications, skills and experience necessary to manage the designated centre. The person in charge was based in the centre and worked closely with staff. She was, therefore, well known to the residents and was very familiar with their up-to-date care and support needs. There were suitable cover arrangements in place to ensure that staff were adequately supported when the person in charge was off duty.

The management team ensured that safe and effective recruitment practices were in place so that the staff team had the required skills, experience and competencies to carry out their roles and responsibilities. They ensured that all staff had undergone vetting as a primary safeguarding measure for ensuring that residents

were safe and supported from harm.

The provider had measures in place to ensure that staff were competent to carry out their roles. Staff had received training relevant to their roles, in addition to mandatory training in fire safety, manual handling, safeguarding and behaviour management. There was also a range of bespoke training provided and reflected in the training needs analysis.

The provider had measures in place to review and evaluate risks, and for the recording and reviewing of adverse incidents and complaints. There was again evidence of regular monitoring of these areas and that the person in charge was aware of their remit to inform the office of the chief inspector of adverse incidents occurring in the centre. The person in charge and management team had also displayed the ability to respond to safe guarding issues in relation to residents and this will be discussed in more detail in the second section of the report.

Regulation 14: Persons in charge

The person in charge was full-time, suitably qualified and experienced. The person in charge was actively involved in the management of the centre and ensured that care and support provided meet residents' assessed needs as well as regulatory requirements.

Judgment: Compliant

Regulation 15: Staffing

The provider had ensured that appropriate staffing arrangements were in place to meet residents' assessed needs in a timely manner and support them to participate in activities of their choice.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to regular training opportunities which ensured they were equipped with the appropriate skills and knowledge to support residents' needs and that care and support practices, in the centre, were in-line with current health and social care developments.

Judgment: Compliant

Regulation 19: Directory of residents

The directory of residents contained the required information relating to residents who lived, or received respite services, in the centre.

Judgment: Compliant

Regulation 21: Records

The provider's recruitment arrangements ensured that staff personnel records contained all information required by the regulations such as Garda vetting disclosures and references.

Judgment: Compliant

Regulation 23: Governance and management

There were effective governance, leadership and management arrangements in place to govern the centre and to ensure the provision of a good quality and safe service to residents. There was an effective management structure, and there were systems in place, such as audits, staff supervision and management meetings to ensure that the service was provided in line with residents' needs and as described in the statement of purpose.

Judgment: Compliant

Regulation 3: Statement of purpose

The provider ensured that the centre's statement of purpose was subject to regular review, reflected the services and facilities provided and contained all information required under the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

There was a clearly documented register of all accidents and incidents that had occurred in the centre. Any events that required notification, including quarterly returns, had been submitted to the Chief Inspector as required.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a suitable procedure for the management of complaints. The provider had ensured that residents were aware of the complaints process. While there had been a low level of complaints in the centre, records showed that complaints were taken seriously by the provider, and had been investigated and finalised.

Judgment: Compliant

Quality and safety

Residents were supported to have meaningful and active lives within the centre and their local community. The quality and safety of care provided to the residents was to a very good standard and it was clear that the provider was proactive in responding to the changing needs of the individual residents.

Inspectors found that the person in charge had ensured that a comprehensive assessment of the residents' healthcare, personal and social care needs had taken place. The plans were detailed and specific to each resident. There was clear evidence that each plan was reviewed and updated when necessary by the residents' key workers or following input from allied healthcare professionals. Residents were being supported to access services in their community such as the local general practitioner (GP).

A review of a sample of the residents' health care plans showed that the provider had appropriately supported the health care needs of the residents'. The inspectors found that the provider and person in charge were being proactive in responding to the changing needs of the residents. There was evidence that residents had recently attended age-appropriate health screenings and that their GP had been involved in the process. Some residents were accessing their local GP independently and others were being supported to do so by the centre's staff team. Residents' were also attending other supports such as physiotherapy and mental health services in the community. Inspectors noted that detailed independent living skills assessments'

had taken place, headings covered included, personal care, cooking and finances. Inspectors observed that one resident had been supported to attend a course on housekeeping and safe cooking to support their independent living skills.

There was evidence that the residents were leading the development of their person centred plans (PCP). The person centred plans were shaping the direction of the supports and care being provided to the residents. Inspectors reviewed minutes from the PCP meetings and observed that the residents were involved and in some cases lead the meetings. The meetings were based around the residents abilities and that the style of the meeting had been adapted to meet the needs of the individual residents’.

The registered provider had ensured that residents’ were assisted and supported to communicate in accordance with the their needs and wishes. Inspectors reviewed communication support plans for residents’ and observed them to be detailed and individualised. There were social stories observed in residents’ folders and also visual aids prescribed to support residents. Inspectors observed that residents’ were assisted to communicate their needs and wishes. The social stories were supporting staff to interact with and prepare some residents in a consistent manner. Inspectors noted that communication index’s had been developed for some residents to further support staff to interact with residents in a positive manner. Inspectors observed positive interactions between staff members and residents’ during the inspection. Inspectors also noted that residents were supported to develop the skills to utilise their own personal phones and were contacting staff with the phones when required.

There was evidence that the provider was assisting residents to develop the knowledge and self-awareness, understanding and skills needed for self-care and protection. One resident was being supported to attend a weekly group meeting to support them with their health needs. The provider had systems in place to ensure residents were adequately safeguarded in their home and had followed their policies in response to safeguarding concern. Inspectors reviewed a safeguarding plan and found it to be detailed and responsive to the individual needs to the particular resident. Inspectors spoke with a staff member that gave a detailed account of the safe guarding plan that was in place in the centre.

The provider had ensured that the staff team had received adequate training in the management of behaviours that challenge. From a sample of behavioural support plans viewed, inspectors observed that they were regularly audited and updated by members of the organisation's Multi-Disciplinary Team with input from the person in charge and staff team. It was clear that the provider, when required had supplied residents with access to therapeutic interventions. One resident was receiving support from a speech and language therapist to support their communication skills, in an attempt to reduce incidents of challenging behaviours another resident was being reviewed bi-annually by a psychiatrist.

The inspectors observed that the rights of the residents’ were promoted in the centre. There was easy read information about rights available to residents’. It was also clear on review of the residents’ PCP’s that they are leading the setting of goals

and in some cases are being supported with the planning process to meet them. It was clear that the residents are aware of their rights to question the type of services being provided to them and are being supported to log complaints with the provider.

The registered provider was providing residents with access to facilities for occupation and recreation. It was observed that one resident is currently in employment within their local community. Residents' were also supported to engage in educational activities and were attending nearby day services. A review of the residents' goals showed that they are being supported to participate in activities in accordance with their interests, capacities and developmental needs. One resident had recently attended a driving lesson, another resident had recently booked a helicopter trip and others have attended spa days and holidays. Residents' are being supported to develop relationships in their community, it was found that one resident is involved with the area's tidy town group and others were attending Special Olympics.

There was evidence that the centre was responsive to risk and was promoting the safety of the residents. The provider had completed a health and safety risk register and a centre specific risk register was also in place and was being reviewed regularly by the person in charge. Inspectors reviewed a sample of the residents' individual risk assessments and found them to be detailed and specific to the resident's needs. There were detailed risk assessments for residents spending time alone in their houses and the provider had included this in their risk register. Residents were being provided with information about safety and self-help in an easy-read format and residents meetings were being utilised to support and discuss residents understanding of actual and potential risks. The provider had also ensured that the vehicle used to transport residents was roadworthy and insured.

There were systems in place to ensure all firefighting equipment (such as fire panel and emergency lighting) was serviced quarterly by a firefighting consultancy company. Fire extinguishers were serviced annually and had last been serviced by a firefighting consultancy company in June 2018. A sample of documentation informed the inspectors that staff undertook regular checks on all firefighting equipment and a daily fire register was also in place. Fire drills were held regularly and displayed the providers ability to evacuate residents' in the event of a fire. Inspectors also observed that all residents' had a personal emergency evacuation plan. From a sample of files viewed, the inspector observed that staff also had training in fire safety and evacuation training. Inspectors also noted easy read fire evacuation plans in the residents' houses.

Inspectors noted that assessments regarding the capacity of residents to take responsibility for their own medication had taken place. Risk assessments were completed and where appropriate residents were supported to manage their own medication. The person in charge had ensured that the designated centre had appropriate and suitable practices relating to the ordering, receipt, storing, disposal and administration of medicines.

Overall, residents reported that they were very happy with the service and inspectors observed that the residents' were being adequately supported in regards

to their rights, independence, health and social care needs.

Regulation 10: Communication

The registered provider had ensured that residents were assisted and supported to communicate in accordance with their needs and preferences.

Judgment: Compliant

Regulation 13: General welfare and development

Residents were supported to have meaningful activities.

Judgment: Compliant

Regulation 20: Information for residents

The registered provider had prepared a guide for the residents that met the requirement's set out in the regulations.

Judgment: Compliant

Regulation 26: Risk management procedures

Inspectors found that there were systems in place to identify and manage risks associated with the centre.

Judgment: Compliant

Regulation 28: Fire precautions

The inspector saw that there were adequate fire precautions systems in place including a fire alarm and a range of fire fighting equipment such as fire

extinguishers, fire blanket and emergency lighting. Documentation viewed by the inspector informed that regular fire drills took place and each resident had a personal emergency evacuation plan in place.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The inspector found that the centres medication management procedures were in line with the regulations.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Inspectors found that the person in charge had ensured that a comprehensive assessment of the residents' healthcare, personal and social care needs had taken place.

Judgment: Compliant

Regulation 6: Health care

It was found that the residents' healthcare needs were being supported in a proactive manner with evidence of regular check-ups and the provider supporting the residents' to access appropriate services.

Judgment: Compliant

Regulation 7: Positive behavioural support

The inspector viewed the behaviour support plans that were on file and observed that they were regularly reviewed and updated by members of the organisations Multi-Disciplinary Team with input from the person in charge and staff team.

Judgment: Compliant

Regulation 8: Protection

There were systems in place to ensure that the residents were adequately safeguarded in the centre and where required, safeguarding plans were in place.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were supported to exercise their rights and were facilitated to participate in activities of their choosing.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant