Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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:	26 March 2026
Centre ID:	OSV-0003888
Fieldwork ID:	MON-0043610

About the designated centre

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

Battery Court is located within a town in County Longford. It comprises six adjoined semi-detached/terraced two storey houses, two of which are divided into two self-contained apartments and another comprises of a staff administrative area down stairs and an apartment upstairs. The centre can accommodate a maximum of ten male and female residents who are supported to live an independent life. All residents living in this centre are over the age of 18 years. Residents are supported to access local amenities including cafes, restaurants, shops and leisure facilities. Some residents live alone while other residents share accommodation. Each apartment/house has a kitchen/dining/living area, a bedroom and bathroom and in the houses there is a communal sitting room available for 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 with activities of daily living and support with their health care needs where required. A number of vehicles are available in the centre.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	6

How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (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 26 March 2026	10:45hrs to 19:40hrs	Angela McCormack	Lead
Thursday 26 March 2026	10:45hrs to 19:40hrs	Nan Savage	Support

What residents told us and what inspectors observed

Overall, inspectors found that residents living in Battery Court received person-centred care and support where their rights and choices were respected. Improvements were required however, in ensuring that clear, transparent information was provided to residents about fees to be charged when living in the centre. This will be elaborated on later in the report.

This inspection was an unannounced inspection completed to monitor compliance with the regulations. Two inspectors completed the inspection over one day. There were seven residents living in the centre at the time of inspection. One resident sadly died last September following an illness. One resident was staying with their family for the past few months. Inspectors met with all six residents who were receiving care in Battery Court at this time.

Residents met with appeared proud to show inspectors around their homes. Each resident had a comfortable, well maintained home that met their individual needs. Homes were decorated in line with residents' choices and reflected each residents' unique personality and preferences. These included framed photographs of family members, jigsaws that residents had completed, artwork and posters of music artists. Some residents spoke about how they were involved in decorating their homes, choosing curtains and redesigning spaces to give them more storage space for their personal belongings. Some of these residents had their homes decorated beautifully for Easter.

Some residents also showed inspectors their bedrooms, private living spaces and their kitchens. They spoke of how they were supported when required with preparing meals, baking and cooking.The model of care provided at Battery Court supported residents to have privacy and independence in their own homes, while also having ready access to staff support as required. It was clear from speaking with residents and observations on the day, that residents' voices were listened to and they had the autonomy to live their lives as they chose. Furthermore, it was clear that independence and positive risk taking was encouraged so that residents could participate in meaningful activities that supported their wellbeing and personal development.

Residents spent their days in various ways. Some attended external day services, one worked part-time and another resident was semi-retired and enjoyed a slower pace of life while having access to activities with peers in the nearby day centre operated by the provider. The provider had encouraged residents' integration and active participation in their local community. Some residents that communicated with inspectors described different community events that they had attended and activities that they enjoy with others including volunteer work such as dog walking.

Residents spoken with said that they liked living at Battery Court, felt safe there and had friendships with other residents. Residents spoke of activities that they enjoyed. These included going to concerts, going to the cinema, going shopping and going on holidays. Where residents chose to go on holidays abroad, this was supported. For example, one resident spoke about going on holidays to New York. Another resident spoke about achieving their goal of going on a helicopter while a different resident mentioned how they had learned how to cycle. A resident also spoke about their recent birthday celebration and their love of clothes and fashion. Some residents that chatted with inspectors also spoke about their love of music. Four residents had attended the 'Late Late Show Country Special' last year and one of these residents spoke about the great time they had. Another resident was looking forward to a concert that they were planning to attend that evening.

Consultation with residents about the centre took place through daily conversations, and also through residents' meetings. A range of topics were sensitively discussed including abuse prevention, personal safety and also death following the passing of one of the residents. Psychological support had also been made available and was accessed by residents during times of grief. Residents had access to easy-to-read information about a range of topics. Inspectors observed that information was readily accessible on topics such as advocacy services, rights and complaints. Residents were supported to identify personal and meaningful goals for their future through the personal planning process. Some residents spoke about their goals and their involvement in planning and attending their meetings. One resident proudly showed inspectors a poster they had created that included pictures of their future goals.

However, one of the residents that spoke with inspectors expressed some confusion about how they were supported with their finances, specifically the recording of receipts of expenditures and costs that they were required to pay. This was known by the management team and a meeting had been held recently with the resident to listen to their views and support them accordingly; however the resident remained concerned about this. This required further follow-up to ensure that transparent and clear information was provided to the resident. This is elaborated on under the regulation sections below.

Overall, inspectors found that residents were supported to live lives of their choosing, and their individual personalities and interests were respected and supported.

The next two sections of this report outline the inspection findings in relation to the governance and management in the centre, and describes about how the governance and management affects the quality and safety of the service provided.

Capacity and capability

Overall, the centre was found to be compliant with the regulations; however two areas required improvements to ensure that residents were provided with clear information about charges and costs they are expected to pay when planning outings and holidays for example.

There were clear governance and management structures in place with auditing systems for reviewing and monitoring the care and support provided. Audits were found to be comprehensive, and effective in identifying actions including appropriate timelines for improvement.The centre was managed by a person in charge who was supported by a person participating in management. The staff levels were kept under ongoing review as changes occurred, and were found to meet residents' needs at this time. Staff were provided with training to support them to have the skills and competence to promote safe care and support.

In summary, this inspection found that the management team had the capacity and capability to manage the service and ensure safe care and support.

Regulation 15: Staffing

The centre was found to have the numbers and skill mix of staff to meet residents needs at this time. Ongoing monitoring of staffing needs occurred to ensure that the centre was responsive to residents' changing needs. This could be seen in the monitoring reports completed by the management team that were reviewed by inspectors.

Inspectors reviewed the planned and actual rosters from 02 February to 22 March 2026, where it could be seen that there were the numbers of staff working each day that reflected the arrangements that inspectors were told about. In addition, the person in charge showed inspectors the planned roster up until 24 May 2025 and spoke about their oversight of planned leave for example, to ensure that the centre was appropriately resourced at all times.

Inspectors also reviewed a sample of the two most recent staff members Garda Vetting, photo identification and references which were maintained and available for review.

Judgment: Compliant

Regulation 23: Governance and management

Inspectors found that there were good arrangements for the governance and management of the centre. This included clear roles and responsibilities for members of the management team.

A schedule of audits for the local management team to complete throughout the year was in place. Inspectors reviewed a sample of completed audits that occurred to date in 2026. Areas audited included, support plans, infection prevention and control, health and safety, medication management and person-centred plans. These audits were found to be effective in identifying areas to improve the centre.

In addition, the provider completed unannounced visits to the centre every six months and completed a review each year of the quality and safety of care provided. Inspectors reviewed the annual reviews for both 2024 and 2025, and the reports of the unannounced provider visits that occurred in March and September 2025. These reports demonstrated effective monitoring of practices and showed how learning was taken from incidents that occurred in the centre in order to improve the service provided.

In addition, the person in charge completed monthly monitoring reports on areas of practice, including restrictive practices, risk management, fire safety, complaints, resource management and incidents. This was then reviewed and monitored by the residential and respite manager. The person in charge also completed a quarterly analysis of incidents that occurred, and reviewed if there were trends emerging that required action. Inspectors reviewed the analysis of incidents for quarter three and quarter four of 2025, where it could be seen that actions and learning were taken from incidents that occurred. This all demonstrated to inspectors that there was an effective arrangement in Battery Court for monitoring the safety of care provided.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

Residents were found to be supported when they were transitioning to the centre, with the provider's procedures for safe and smooth transitions being followed. Residents had written contracts of care that outlined the terms and conditions of their residential placement. However, the following was found;

- Inspectors reviewed three residents' contracts for the provision of services. From this review inspectors found that the provider did not ensure that the contracts clearly set out all the fees and charges payable by residents. While the provider's policy outlined that residents may be required to pay a contribution toward staff costs when supporting residents on holidays, this was not reflected in the written contracts of care provided. For example, inspectors found that a resident had been informed that they would be required to contribute toward staff costs when going on holidays, however there was a lack of clarity regarding the amount, or the proportion of costs,

payable. This resulted in uncertainty for the resident in relation to their financial commitments and future security.

Inspectors found that the absence of clear, transparent information in the written contracts meant that residents could not make a fully informed decision about holiday plans.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

From a review of incidents that occurred in the centre, inspectors found that the person in charge ensured that the required notifications were submitted to the Chief Inspector of Social services as outlined under this regulation.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had a policy and procedure in place for the management of complaints. This included a nominated complaints officer for the centre and an appeals process.

Residents were consulted about the centre regularly through meetings, questionnaires and daily conversations where their feedback and consultation about their home and service was heard. Inspectors reviewed five questionnaires completed by residents in 2025, where their feedback was sought. Inspectors could see that points raised were addressed promptly. For example, one resident raised a point that they would like more storage space in their home. This was addressed, and the resident showed inspectors the new storage area and spoke about how they were consulted about this.

In addition, residents were made aware of their right to make a complaint. Inspectors saw in a meeting note held with a resident in February 2026 that it was discussed with them about their right to make a complaint about an issue that they raised. The management team spoke about this and told inspectors that this would be followed up with the resident to establish if they wished to make a complaint.

Judgment: Compliant

Quality and safety

This inspection found that Battery Court provided safe, person-centred care and support to residents. Residents were supported to live self-directed lives where goals for the future were discussed and supported. However, improvements in ensuring clear, and appropriate supports to residents in managing their expenditure and finances was required.

Residents' needs were assessed and kept under ongoing review. Where changes in need occurred, the service was found to be responsive and residents were supported proactively with this. This ensured that the service was safe and to a good quality. Residents were protected through the ongoing review of incidents and through discussions at team meetings about safeguarding.

Residents had access to various multidisciplinary team (MDT) supports and allied healthcare professionals, as required. This supported residents to achieve the best possible health and wellbeing outcomes. Staff appeared knowledgeable about residents' needs and this was also observed in practice by the inspectors throughout the inspection.

In summary, the care and supports provided to residents were found to be person-centred, safe and regularly monitored.

Regulation 10: Communication

Residents were supported to express themselves in a communicative way that they preferred and this was understood and respected by staff.

Inspectors viewed two residents' personal plans that included individualised assessment of residents' communication needs which informed their support plan. These plans were found to provide comprehensive details on residents' communication preferences and provided clear actions to staff on how to provide support.

Residents had access to communication aids and news media in formats that were accessible to them. Residents were observed comfortably engaging with staff about their daily events while coming and going throughout the day. Staff responded respectfully and it was clear from inspectors' observations that staff knew the residents very well.

Judgment: Compliant

Regulation 12: Personal possessions

In general, residents were found to be well supported with their financial affairs and the security of their personal possessions. However, improvements were required to ensure that the provider's procedures were fully transparent and understood by residents.

The following was found;

- The provider did not ensure that the arrangements in place for the management of residents' finances were fully transparent. While there were two policies in place for the management of residents' finances and costs for holidays, the guidance within these policies lacked sufficient detail and clarity about the contributions residents were expected to pay toward staff costs for accompanying them. As a result one resident reported uncertainty and concern regarding their future financial security in terms of making decisions about doing activities and holidays that incurred a cost. Although the resident had raised these concerns with management and received an explanation, the lack of clear, consistent and accessible financial information meant the resident's finances were not being managed in a manner that fully supported informed decision-making.

The management team undertook to meet with the resident affected post inspection and to provide clarity and support them with clear information on the management of their expenditure and wishes in that regard.

Judgment: Substantially compliant

Regulation 13: General welfare and development

Residents' general welfare and development were supported by the provider and person in charge. A rights-based approach to general welfare and development had been adopted by supporting residents to make decisions about how they lived their lives.

The provider reviewed employment options and educational opportunities through the annual review that was completed for 2025. This demonstrated good oversight and monitoring of residents' general welfare and opportunities to further develop skills and training. The provider had proactively engaged with the wider community which had supported residents in becoming active members in their community, where they wished to do so.

Judgment: Compliant

Regulation 26: Risk management procedures

Inspectors found that there were good arrangements in place for risk management in the centre. These included a risk management policy, emergency plans, a system for identifying and assessing risks of harm and the ongoing monitoring and analysis of incidents that occurred.

Inspectors reviewed the centre's risk register and a sample of two residents' care plans. From this review, it was clear that risks that emerged were identified, assessed and kept under ongoing review. There were individualised risk assessments and management plans in place for residents. Inspectors noted that specific risks that could cause harm to a resident were clearly described along with strategies to reduce the risk of any harm. In addition, residents were supported to take positive risks in their lives and supported to be as independent as possible. For example, following assessments and with residents' consultation, arrangements were in place for some residents to look after their own medication.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Since the last inspection by HIQA in December 2023, where this regulation was found not compliant, the provider had reviewed their policies and procedures and the arrangements for transcribing medicines. The changes that the provider implemented to address the areas of non compliance were found to be effective in ensuring that medicines were transcribed by appropriate professionals.

Residents were found to be assessed as to the supports that they required with their medicine administration. Inspectors reviewed two residents' assessments for self-administration, which clearly reflected the supports that residents required. Two residents spoke about the supports that they get with their medicines and said that they were happy with the level of support provided and the arrangements in place. One staff member showed and described to inspectors the arrangements for the safe receipt, administration and disposal of medicines in the centre. The associated documentation reviewed by inspectors was clear, well maintained and reflected the provider's procedures. Staff members were provided with training in the safe administration of medicines, records of which were reviewed by inspectors.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Inspectors found through discussions with residents and through a review of two residents' personal plans, that there were good arrangements in Battery Court for

assessing residents' current and changing needs, so that the service could strive to support residents safely.

Residents who spoke with inspectors described the supports that they were provided with in various areas of their lives, such as health and wellbeing, employment opportunities, leisure and social goals, psychological supports and personal planning. One resident spoke about organising their annual review which was planned for the following month. They showed inspectors materials they got to make a visual display by putting pictures up of their personal goals achieved and what they want to do in the future. Another resident proudly showed inspectors a visual of their personal achievements to date and goals for the future.

Inspectors also reviewed a sample of two residents' care and support plans, where it could be seen that there were comprehensive assessments completed on residents' health, personal and social care needs. Up-to-date care and support plans were in place to guide safe practice. The centre was regularly monitored to ensure that it was resourced and equipped to meet residents' needs.

Judgment: Compliant

Regulation 7: Positive behavioural support

There were good arrangements in place for supporting residents positively with behaviour management. There were also arrangements for the review, assessment and auditing of any restrictions that may be required.

The arrangements were outlined in the provider's policies and procedures in place for positive behaviour support and the use of restrictive practices to guide practice. In addition, staff received training in behaviour support so that they had the knowledge to positively support and reassure residents who may require support in this area. A sample of one support plan was reviewed by inspectors, which showed how residents were positively supported to manage distress and upset through the identification of triggers and the provision of clear guidance on how to support and react to this. This was developed with support from a behaviour specialist and kept under regular review.

There were no restrictive practices in use in the centre at this time.

Judgment: Compliant

Regulation 8: Protection

Residents in Battery Court were provided with safe care that promoted their independence and protection. Where protection concerns arose, the service was found to be responsive and followed their procedures for safeguarding residents.

Staff received training in safeguarding. Staff spoken with by inspectors, were aware of what to do in the event of protection concerns arising. There was one open safeguarding plan at this time. The management team spoke about the concern, the actions taken to support residents affected and the communications with families and other agencies that were involved. It was clear from inspectors' discussions with the management team, and through a review of all documentation held, that every effort was made to protect residents, and to support them in having their voice and views heard. Residents were also supported to access independent advocacy services, to provide additional supports in having their voices heard.

Residents were supported to understand how to self-protect and report any concerns through regular meetings and easy-to-read information that was located in accessible locations in the designated centre. All residents spoken with said that they felt safe and liked their homes, their peers and the supports given to them.

Judgment: Compliant

Regulation 9: Residents' rights

The centre was found to promote a rights based service where residents were consulted about their care and support and had the autonomy and independence to make decisions in their lives.

Residents were consulted in the running of the centre through regular meetings, where their everyday life choices and input about the centre was sought. Residents were provided with information on rights and advocacy services in an easy-to-read format. Where relevant, residents were supported to access independent advocacy services to support them to get their voice heard in issues that arose in their lives.

In addition, it was clear that residents' religious preferences and spirituality were respected. Residents' choices about whether they attended a day service and about how they spend their days were respected. Residents spoke about the range of activities that they chose to do.

Overall, it was clear from discussions with residents and observations throughout the inspection, that residents’ choices about how they lived their lives were respected.

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 15: Staffing	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 12: Personal possessions	Substantially compliant
Regulation 13: General welfare and development	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Battery Court OSV-0003888

Inspection ID: MON-0043610

Date of inspection: 26/03/2026

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 24: Admissions and contract for the provision of services	Substantially Compliant
Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services: The Provider will undertake a full review of the, - Finance Policy - Holiday Procedure - Contract of Care The purpose of this review is to ensure clarity on holiday costs for each resident to support them to make a fully informed decision in relation to the, - Actual cost of chosen holiday - Proportion of holiday cost to the resident - Determined holiday contribution by the provider As part of the review the Provider will meet with residents to discuss the review process	
Regulation 12: Personal possessions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 12: Personal possessions: The Provider will undertake a full review of the, - Finance Policy - Holiday Procedure - Contract of Care The purpose of this review is to ensure sufficient detail and clarity on holiday costs for each resident to support them to make a fully informed decision in relation to the, - Actual cost of chosen holiday	

- Proportion of holiday cost to the resident
- Determined holiday contribution by the provider to cover all associated staff costs to accompany a resident on their chosen holiday

As part of the review the Provider will meet with residents to discuss the review process.

The Person in Charge has met with the resident affected to support them on the management of their expenditure and wishes in regard to their holiday. The resident will be supported to go on the holiday they requested.

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 12(1)	The person in charge shall ensure that, as far as reasonably practicable, each resident has access to and retains control of personal property and possessions and, where necessary, support is provided to manage their financial affairs.	Substantially Compliant	Yellow	30/09/2026
Regulation 24(4)(a)	The agreement referred to in paragraph (3) shall include the support, care and welfare of the resident in the designated centre and details of the services to be provided for that resident and, where appropriate, the fees to be charged.	Substantially Compliant	Yellow	30/09/2026