



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:	Announced
Date of inspection:	11 and 12 December 2023
Centre ID:	OSV-0003888
Fieldwork ID:	MON-0032893

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:	7
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Monday 11 December 2023	10:00hrs to 18:00hrs	Anna Doyle	Lead
Tuesday 12 December 2023	09:30hrs to 14:30hrs	Anna Doyle	Lead
Monday 11 December 2023	10:00hrs to 18:00hrs	Sarah Barry	Support
Tuesday 12 December 2023	09:30hrs to 14:30hrs	Sarah Barry	Support

What residents told us and what inspectors observed

This inspection was announced following the registered providers application to register the centre. The centre is registered to accommodate ten residents however, at the time of the inspection seven residents lived here. This centre was last inspected in September 2022 where non compliance's were found under regulation 28 fire precautions.

Overall, residents said that they liked living in the centre. The staff led by the person in charge supported them to be as independent as possible, to make decisions for themselves and provided support when needed with everyday living activities and their healthcare needs. It was clear that the core philosophy of the centre was person centred care. Notwithstanding these findings, inspectors found that improvements were required in risk management, staffing, medicine management practices and residents' financial records.

The inspectors met all of the residents and spent some time talking to them about what it was like living in the centre. Inspectors also spoke to staff, the residential and respite manager, one family representative, and reviewed records pertaining to the care of residents and observed some practices. The person in charge was not present on the day of the inspection however, one of the inspectors spoke to them a few days prior to this inspection about some of the care and supports needs in the centre. Senior staff and the residential and respite manager facilitated the inspection in the absence of the person in charge.

The centre 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 downstairs and an apartment upstairs. Each apartment/house has a kitchen/dining/living area, a bedroom and bathroom. There is also a communal sitting room available for residents who share a house. There is also a garden to the back of each property.

Each of the residents showed inspectors around their homes over the course of the two days. All of the properties were clean, homely and residents had decorated their houses/apartments for Christmas. All of the residents said that they liked their homes and one resident was looking forward to getting a new kitchen table and chairs. This resident had a dog which they looked after themselves and liked to take the dog for walks.

Some of the residents told inspectors about some upgrades they had to their homes and how they had chosen the paint colours and furniture themselves. One of the residents told an inspector that they had reported to staff/management that they would like more storage to store their personal belongings in March 2023. This had not been addressed at the time of this inspection and is discussed later in this report under regulation 17 premises.

As part of this inspection, questionnaires were posted out from the Health Information and Quality Authority (HIQA) to the centre, for residents to complete about the quality and safety of care provided. All of the residents completed the questionnaires. The feedback provided was generally very positive.

Residents said that, the centre was a nice place to live, they liked the staff team, got to make decisions about their lives, felt safe, were encouraged and supported to maintain relationships with family and friends, and said that staff and managers listened to them. One resident said that they had made friends with the people they live with and the neighbours since they moved there.

Another resident reported that they got to do the things they wanted to do and had recently went to New York for a holiday. They also reported that 'staff are good to me'. Another resident reported that while they were happy living in the centre, they sometimes felt that they were lonely and misunderstood. When an inspector followed this up with the resident, they confirmed this and gave examples to the inspector which demonstrated that staff were supporting the resident with these feelings. For example; the resident was considering whether living with another person may help them with these feelings.

One inspector spoke to a family representative over the phone. They reported that they were very happy with the service provided and said that they would talk to staff if they had concerns.

As part of the registered provider's own quality checks they had also asked family representatives to complete questionnaires about what they thought of the service provided to their family members. Inspectors reviewed two of these records which were received in November 2023 and the responses and feedback were very positive. One stated that their family member has a 'good quality of life' living in this centre. And both family representatives reported that their family members were supported to have control over their lives and make decisions themselves.

Inspectors found that this was also very evident at this inspection from talking to residents, staff and reviewing residents personal plans. For example; staff were observed sitting down with residents helping the residents write up a food plan for the week and a list of groceries they would need.

From talking to another resident and reviewing their person plan, the inspectors observed that the resident had chosen the venue for the annual review of their personal plan and decided who they wanted to invite to this review meeting. On reviewing daily records it was clear that staff listened to the residents and supported them to make their own decisions. As an example one resident had reported to staff that they were unhappy about something a staff member had discussed with them about another resident. Staff had listened to the resident, recorded it as a complaint and took measures to address this with the resident. This showed that staff listened and responded to residents concerns.

While the staff team supported residents with their healthcare needs, this was only when it was required meaning that they ensured that residents remained independent and were included in decisions around their care and support. For

example; one resident had been educated about how to complete checks using a medical device to manage a healthcare condition they had. One of the inspectors spoke to this resident about this and about some of the supports that staff gave them. It was very clear that this resident knew all about this healthcare condition and was also very aware of how the staff should support them with this. Another resident went through their healthcare and emotional needs and was aware of all the medical appointments they had, why they were attending, and the outcome from previous appointments they had.

Over the course of the inspection residents were involved in various activities and from speaking to residents they led very active lives. Some attended a day service, two had part time jobs and one of the residents was semi-retired and attended some day services during the week. All of the residents prepared their own meals (some with staff support), did their own weekly grocery shopping, their own laundry and they were also actively involved in the community. One resident up to recently did a community run every Saturday morning.

Some of the residents knew their neighbours and they invited them to parties or events that were happening in the centre. Residents had a number of Christmas parties they were going to and some had already attended some. Two of the residents had been to New York recently and this had been a life long goal for them. One of them spoke to an inspector about this holiday which they had really enjoyed. Other residents had been on trips away in Ireland and another had been to Lourdes.

Residents were also included in decisions and informed about things that were happening in the centre and the wider organisation. For example; the registered provider was creating a new service logo and had invited residents to enter a competition to design this logo. One of the residents in this centre had won the competition and they showed and inspector their winning design and logo which they were very proud of.

The staff were observed supporting all of the residents in a kind, patient and jovial manner, while respecting the residents rights to make their own decisions. All of the residents and family members stated in their questionnaires that they were very happy with the staff team. The family member spoken to over the phone said that staff were very obliging and helpful.

Over the course of this inspection while some issues were found regarding the premises, medication practices and risk management and personal possession records, the inspectors observed staff supporting the residents in a person-centred and caring manner. Residents were supported to maintain their independence, were included in decisions about their lives and appeared to lead very meaningful active lives.

The next two sections of the report outline the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of care and support provided to the residents.

Capacity and capability

Overall, the inspectors found that the services provided were contributing to positive outcomes for the residents. Some improvements were required in risk management, staffing, medicine management practices and residents' financial records.

The centre had a defined management structure in place which consisted of an experienced person in charge who worked on a full-time basis in the organisation. The registered provider had arrangements in place to review and monitor the care and support provided to residents. Some issues noted on this inspection in relation to risk management, medicine management practices and staffing are addressed under the specific regulations.

From a sample of training records viewed, the inspector found that staff were provided with training to ensure they had the necessary skills to respond to the needs of the residents. For example, staff had undertaken a number of in-service training sessions which included safeguarding of vulnerable adults, fire safety, manual handling, emergency first aid and the safe administration of medicines. Staff had also undertaken training in human rights. Examples of how staff put this additional training into practice so as to further support the rights and individual choices of the residents were included in the first section of this report: 'What residents told us and what inspectors observed'.

The staffing levels and skill mix in the centre were consistent with those outlined in the statement of purpose. There was one staff vacancy at the time of this inspection. Regular relief staff were employed to ensure consistency of care to the residents. The staff and management team reported that there was sufficient staff in place to ensure that the seven residents' needs were being met at the time of the inspection. However, the registered provider had also prepared a staffing review document to address some of the changing needs of the residents and what the future staffing requirements would be. However, the inspectors found that many of the changing needs referred to were already an issue in the centre. While the inspectors found that this had not impacted on the care and support of the residents up to the time of this inspection it needed to be reviewed to ensure that the current staffing arrangements were sufficient to meet the needs of the residents.

The policies and procedures required under Schedule 5 of the regulations were available in the centre.

The registered provider had a complaints policy which outlined the way in which complaints should be managed. Residents were informed about their right to make a complaint. As discussed in section 1 residents concerns were listened to and acted

on by staff to ensure that they were happy with how their concern was addressed.

Registration Regulation 5: Application for registration or renewal of registration

The registered provider submitted a complete application for the renewal of the registration of this designated centre.

Judgment: Compliant

Regulation 15: Staffing

The staffing levels and skill mix in the centre were consistent with those outlined in the statement of purpose. There were was one staff vacancy at the time of this inspection. Regular relief staff were employed to ensure consistency of care to the residents. The staff and management team reported that there was sufficient staff in place to ensure that the seven residents' needs were being met at the time of the inspection.

The registered provider had also prepared a staffing review document to address some of the changing needs of the residents and what the future staffing requirements would be. However, the inspectors found that many of the changing needs referred to were already an issue in the centre. While the inspectors found that this had not impacted on the care and support of the residents up to the time of this inspection it needed to be reviewed to ensure that the current staffing arrangements were sufficient to meet the needs of the residents.

A planned and actual rota was maintained. A review of a sample of those rotas showed that the correct amount of staff were on duty each day.

Staff files were reviewed centrally and the inspector found that the all information and documents specified in Schedule 2 of the regulations were in place.

Staff spoken with said that they felt very supported in their role and were able to raise concerns, if needed, to a manager on a daily basis or via an out of hours on call system. The staff spoken with had a very good knowledge of the resident's needs. They were observed engaging with residents in a kind, patient and respectful manner.

Judgment: Substantially compliant

Regulation 16: Training and staff development

The training records viewed found that staff were provided with training to ensure they had the necessary skills to respond to the needs of the residents. For example, staff had undertaken a number of in-service training sessions which included; emergency first aid, safeguarding vulnerable adults, fire safety, manual handling, infection prevention and control, and dysphagia.

In addition, some staff had also completed training in human rights. A staff member gave an example of how this had influenced their practice. For example; it was really important to listen to the residents' preferences and ensure that they were included in all decisions about their care. As stated this was also evident in a review of residents personal plans where staff documented the decisions residents made. The inspector also observed examples of this which have been included in the 'What residents told us and what inspectors observed' section of the report'.

Staff supervision was taking place along with staff meetings. This was an opportunity for staff to raise concerns about the quality of care provided and review any further training they may need.

Judgment: Compliant

Regulation 19: Directory of residents

The provider maintained an up-to-date directory of residents as required by the regulations.

Judgment: Compliant

Regulation 21: Records

The registered provider had ensured that records in relation to each resident as specified in Schedule 3; and the additional records specified in Schedule 4 were maintained and available for inspection by the chief inspector.

Judgment: Compliant

Regulation 22: Insurance

The provider submitted up-to-date insurance details as part of the renewal registration process for the designated centre.

Judgment: Compliant

Regulation 23: Governance and management

The centre had a clearly defined management structure in place which was led by a person in charge. As stated in Section 1, the person in charge was not present on the day of the inspection however, one of the inspectors spoke to them a few days prior to this inspection about some of the care and supports needs in the centre. They demonstrated a good knowledge of the residents needs and from speaking to staff it was clear they provided leadership and support to their staff team. The person in charge reported to a residential and respite manager, whom they met regularly.

The provider also had systems in place to monitor and audit the service as required by the regulations. An annual review of the quality and safety of care had been completed for 2022 and, a six-monthly unannounced visit to the centre had been carried out in November 2023. A number of localised audits was also being facilitated in the centre.

On completion of these audits an action plan was developed to address any issues identified. For example, the audit in November 2023 identified that a section of a residents personal plan needed to be updated and there was a planned time line to complete this action.

Judgment: Compliant

Regulation 3: Statement of purpose

A copy of the statement of purpose containing the information set out in Schedule 1 of the regulations was available in the centre. This document had been reviewed recently and outlined the care and support provided to residents in the centre. An easy-to-read version of this document was also available for residents who required this format.

Judgment: Compliant

Regulation 32: Notification of periods when the person in charge is absent

The registered provider were aware that they were legally obliged to give notice in writing to the chief inspector if the person in charge proposed to be absent from

the designated centre for a continuous period of 28 days or more

Judgment: Compliant

Regulation 34: Complaints procedure

The registered provider had a complaints policy which outlined the way in which complaints should be managed. Residents were informed about their right to make a complaint.

As discussed in section 1 residents concerns were listened to and acted by staff to ensure that they were happy how their concern was addressed.

Judgment: Compliant

Regulation 4: Written policies and procedures

The registered provider had put in place the required policies and procedures as set out in Schedule 5 of the regulations. These policies were available to staff and reviewed as required.

Judgment: Compliant

Quality and safety

Overall, the inspectors observed that residents were supported to live independent lives, be involved in their community and be included in decisions about their care and support. Some improvements were required under were required in risk management, staffing and medicine management practices, the premises and residents' financial records.

The centre was clean, homely and generally well maintained. However, one resident did not have enough storage facilities in their apartment.

Each resident had a personal plan in place which included an assessment of need. Of the sample viewed the inspector found that support plans were in place to guide practice in these areas. Residents' had access to allied health professionals as required.

Residents led very active lives and were supported to keep in contact with family

and friends.

There were policies and procedures in place for the management of risk in the centre. However, the inspectors found that some of the control measures recommended by allied health professionals had not always been implemented. While the residents themselves had refused some of these recommendations and these rights were respected, there was no records to support if other alternatives had been trialled to mitigate these risks.

In addition, some of the controls listed on a risk assessment for a resident were not effective. For example; it was noted that a resident needed to be reminded to get staff support for personal care, however, this was not working as the resident did not always do this. While this is the residents right, the inspector was not assured from reading the records that a comprehensive review had occurred to ensure a balance between mitigating risks and respecting the residents choice.

There were fire systems in place to ensure that residents and staff could safely evacuate the centre in the event of a fire. This included a fire alarm, fire doors, emergency lighting and fire fighting equipment such as fire extinguishers and fire blankets.

The registered provider had a policy and a procedure in place for the safe administration, storage and disposal of medicines. A staff member went through some of the practices with the inspector. The staff member was knowledgeable about the reason medicines were being administered to residents. However, the practice of transcribing medicines onto a medication administration sheet was not in line with best practice and needed to be reviewed. In addition, while medicine records relating to the use of as required medicines (PRN) were in place, they were not always signed by the prescribing doctor.

There was a policy in place that outlined procedures staff needed to follow in the event of an allegation/suspicion of abuse. All staff had received training in this area. The residents reported that they felt safe in the centre and would report concerns they had to a staff member or the person in charge.

The registered provider had a policy in place which outlined the measures in place to store and safeguard residents personal possessions and finances. Some of the measures included checks and audits to ensure that residents finances were safeguarded. The inspector reviewed a sample of the records and found that these measures were implemented but some improvements were required in some of the records. For example; one receipt did not have the reason the money was spent recorded on the receipt.

Regulation 12: Personal possessions

The registered provider had a policy in place which outlined the measures in place to store and safeguard residents personal possessions and finances. Some of the

measures included checks and audits to ensure that residents finances were safeguarded. The inspector reviewed a sample of the records and found that these measures were implemented but some improvements were required in some of the records. For example; one receipt did not have the reason the money was spent recorded on the receipt.

The registered provider had a system in place to audit residents finances in the centre, however, up to the time of the inspection this had not been happening on a consistent basis. The inspectors were satisfied that the registered provider had highlighted this through their own audits and had a schedule of audits in place to address this at the time of the inspection.

Residents shared utility bills in the centre and a staff member and a resident went through how this was managed. For example; the resident knew that as they shared their home with another person that all utility bills were divided in half and this resident paid one half of the bills.

Judgment: Substantially compliant

Regulation 13: General welfare and development

Residents were supported to have meaningful active days in line with their personal preferences. Some attended a day service, two had part time jobs and one of the residents was semi-retired and attended some day services during the week. All of the residents prepared their own meals (some with staff support), did their own weekly grocery shopping and their own laundry.

Residents were also supported to keep in touch with family and friends and were actively involved in their community. One resident up to recently did a community run every Saturday morning. Some of the residents knew their neighbours and they invited them to parties or events that were happening in the centre. Residents had a number of Christmas parties they were going to and some had already attended some. Two of the residents had went to New York recently and this had been a life long goal for them. One of them spoke to an inspector about this holiday which they had really enjoyed. Other residents had been on trips away in Ireland and another had been to Lourdes.

Judgment: Compliant

Regulation 17: Premises

The centre 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. Each apartment/house has a kitchen/dining/living area, a bedroom and bathroom and there is a communal sitting room available for residents who share a house. There is also a garden to the back of each property. Each of the residents showed inspectors around their homes over the course of the two days. All of the properties were clean, homely and residents had decorated their houses/apartments for Christmas

However, an issue in relation to storage had not been addressed in a timely manner. For example; one resident who an inspector met had requested additional storage facilities in March 2023 and this had not been addressed by the registered provider at the time of this inspection.

Judgment: Substantially compliant

Regulation 20: Information for residents

The registered provider had prepared in writing a guide in respect of the designated centre and this guide was available to the residents. This guide included a summary of the services to be provided and some residents spoken to were aware of the services provided and what bills they had to pay in the centre.

Judgment: Compliant

Regulation 26: Risk management procedures

There was a policy on risk management available to guide the management of risk in the centre. Incidents recorded were reviewed by the person in charge. Risk management plans were stored in residents' plans to show how risks were mitigated. Residents were supported to take positive risks which enabled them to be as independent as possible in the centre.

However, the inspectors found that some of the control measures recommended by allied health professionals had not always been implemented. While the residents themselves had refused some of these recommendations and these rights were respected, there was no records to support if other alternatives had been trialled to mitigate these risks.

In addition, to this some of the controls listed on a risk assessment for a resident were not effective. For example; it was noted that a resident needed to be reminded to get staff support for personal care, however this was not working as the resident did not always do this. While this is the residents right, the inspector was not assured from reading the records that a comprehensive review had occurred in relation to ensuring a balance between mitigating risks and respecting the residents

choice

Judgment: Substantially compliant

Regulation 28: Fire precautions

The actions from the last inspection had been completed, for example eight fire doors had been installed in the centre in January 2023. There was adequate fire fighting equipment in place to include a fire alarm, fire doors, fire extinguishers and emergency lighting. Equipment was being serviced as required.

Staff completed as required checks on all fire equipment in the centre, for example on the day of the inspection staff set off the fire alarm and completed checks to ensure that all fire doors closed when the alarm was activated. One of the fire doors did not have a self closing device attached to it was always closed as it was an office and contained confidential information.

Fire drills were being conducted as required to ensure that residents and staff could evacuate the centre in a timely manner. Each resident had an up-to-date personal emergency evacuation plan (PEEP) in place and some of the residents spoken with were aware of how they should exit the building in the event of a fire.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The registered provider had a policy and a procedure in place for the safe administration, storage and disposal of medicines. A staff member were through some of the practices with the inspector. The staff member was knowledgeable about the reason medicines were being administered to residents. However, the practice of transcribing medicines onto a medication administration sheet was not in line with best practice and needed to be reviewed.

In addition, while medicine records relating to the use of as required medicines were in place, they were not always signed by the prescribing doctor.

Audits were conducted on medicine management practices to ensure that they were in line with best practice. It had been identified that there were a number of incidents/accidents/near misses around medicine management. Where these occurred actions were taken to address them.

All residents had been assessed in order to establish if they could self-administer their own medicines. Most of the residents were responsible for managing this and where support was required it was provided. One resident went through some of the

medicines they were prescribed and were very aware of why they were prescribed.

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

Each resident had a personal plan in place and from a sample viewed they included, an up to date assessment of need. Detailed support plans were in place to guide staff on how residents should be supported in order to meet the residents' health care and emotional needs.

On a review of daily notes it was evident that staff supported the residents in line with these plans. It was also clear that residents were included in decisions around their care and support from reading these daily notes and speaking to them. For example; one resident did not like to develop goals for the year, instead they preferred to plan them when they wanted to.

An annual review of personal plans had taken place with residents and their representatives present to assess the effectiveness of the plan. The inspectors observed one example which showed that one resident had chosen the venue for this review and who they wanted to attend. This resident had chosen to have this review at an informal setting in a local hotel. This informed inspectors that residents made decisions about their own care.

Judgment: Compliant

Regulation 6: Health care

Residents were supported with their healthcare and emotional needs and had timely access to a range of allied health care professionals, to include GP, psychiatry, physiotherapist and occupational therapy. The residents were supported and informed about their rights to access health screening programmes and vaccination programmes available in the community.

Support plans were in place where there was an identified healthcare need to guide practice. Where possible residents were encouraged and supported to be independent in managing their own health care needs. For example; one resident had been shown how to complete checks using a medical device to manage a health care condition they had. One of the inspectors spoke to this resident about this and about some of the supports that staff gave them also. It was very clear that this resident knew all about this health condition and was also very aware of how the staff should support them with this.

Another resident went through their health care and emotional needs and was

aware of all the medical appointments they had, why they were attending and the outcome from previous appointments they had attended.

Judgment: Compliant

Regulation 8: Protection

There was a policy in place that outlined procedures staff needed to follow in the event of an allegation/suspicion of abuse. All staff had received training in this area. The residents were provided with education around feeling safe and who to report it to. Residents reported in their questionnaires as discussed in section 1 of this report that they felt safe also.

Judgment: Compliant

Regulation 9: Residents' rights

As discussed in this report there were several examples to demonstrate how residents were supported to exercise some of their rights.

Where a resident raised a concern, they were taken seriously, acted on and the resident was informed of the outcome.

Residents were included in all decisions around their care and support. This was evident from talking to residents themselves, reviewing records and talking to the staff members.

Residents were supported to maintain their independence as much as possible and support was only provided by staff where it was needed.

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	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 32: Notification of periods when the person in charge is absent	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 12: Personal possessions	Substantially compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Not compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Battery Court OSV-0003888

Inspection ID: MON-0032893

Date of inspection: 11/12/2023 and 12/12/2023

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 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: The staffing levels in the centre are adequate to meet the current needs of the current residents. The wording in the staffing review document will be amended to reflect same.	
Regulation 12: Personal possessions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 12: Personal possessions: An audit is due to be completed by the finance department, and a schedule of audits of finance will be requested for 2024. Monthly finance reports are completed by the PIC and reviewed and signed by the PPIM. Recording of spending/ financial transactions will be placed as an agenda item for the next team meeting.	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: The works to create additional storage as requested by the resident will be completed by the 31/03/2024	
Regulation 26: Risk management procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management procedures: A psychological review was completed in Jan 2022, last OT assessment completed Jan 2023. A review of both will be requested, and risk assessments updated accordingly	

Regulation 29: Medicines and pharmaceutical services	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:</p> <p>A review of the local procedures for transcribing medication has commenced. The service has engaged with pharmacists, GP's along with a private health care provider to create a solution that will ensure all MAR's are populated by a person authorised to do so, namely a doctor, Advanced Nurse Practitioner/ Nurse prescriber, or pharmacist. This will cease the practice of nurse transcribing.</p>	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 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	31/03/2024
Regulation 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Substantially Compliant	Yellow	29/02/2024
Regulation 17(7)	The registered provider shall	Substantially Compliant	Yellow	31/03/2024

	make provision for the matters set out in Schedule 6.			
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	31/03/2024
Regulation 29(4)(b)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine which is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.	Not Compliant	Orange	26/04/2024