



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

Issued by the Chief Inspector

Name of designated centre:	Bluebell Lodge
Name of provider:	Waterford Intellectual Disability Association Company Limited By Guarantee
Address of centre:	Waterford
Type of inspection:	Short Notice Announced
Date of inspection:	22 October 2020
Centre ID:	OSV-0007754
Fieldwork ID:	MON-0030662

About the designated centre

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

Bluebell Lodge is a four bedroom bungalow situated in its own grounds on the outskirts of Waterford City. It is registered to provide a full time residential home for up to three residents with intellectual disability, although currently is home to two individuals. The house comprises of a kitchen-dining room, and has two sitting rooms, all bedrooms are en-suite. Externally there is a large decked area and well maintained garden. Transport is available to the resident who lives here. The service is staffed at all times when a resident is present and the staff team comprises of healthcare assistants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2
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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 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 22 October 2020	10:30hrs to 16:30hrs	Deirdre Duggan	Lead

What residents told us and what inspectors observed

This inspection took place in the backdrop of the COVID-19 pandemic. Communication between the inspector, the resident, staff and management took place in adherence with public health guidance. There were two residents living in this centre on the day of the inspection. The inspector met with both of these residents briefly. Due to resident wishes and difficulties maintaining physical distancing as per the Health Information and Quality Authority (HIQA) enhanced COVID-19 inspection methodology, these interactions were brief. However, the inspector observed and overheard staff providing care to these residents and was satisfied that this was carried out in a respectful and appropriate manner.

This centre presented as a relaxed and homely environment for the residents living there. The decor of the premises was sparse in line with a resident's assessed needs. Overall, however, the centre was warm and inviting. Residents' rooms were decorated in line with their preferences and family members had been consulted about this. Colourful artwork completed by a resident was on display in the kitchen. The premises was maintained to a good standard and there was ample storage for residents' belongings. Residents had access to the Internet and multimedia devices such as televisions, radios and personal computers of their own. Residents in this centre had their own en-suite bathrooms and walk-in-wardrobes and these were seen to be maintained to a high standard and appropriate to the needs of the residents living there at this time.

Residents were offered a variety of activities in this centre including daily walks, trips to the beach, art and crafts, zoom calls with family, swimming and other leisure activities. The inspector viewed photographs of a resident recently taking part in a new activity with staff support. The inspector also heard and saw the residents preparing to go out and return from some of these activities and viewed records that indicated that each resident was supported with a daily programme of activities suited to their own needs and wishes.

When they were not taking part in structured activities, one resident preferred the company of staff throughout the day, while the other resident preferred to spend time alone in their room. These wishes and preferences were seen to be respected, with an emphasis on encouraging positive interactions where possible in line with the residents' wishes and needs. Residents were seen to be comfortable in the presence of the staff working in the centre and the person in charge.

Capacity and capability

This centre had been inspected once before, in December 2019, for the purposes of

registration. That inspection had taken place prior to the admission of residents. Since then, two residents had been admitted to the centre and the Chief Inspector had been notified of a change in management. This inspection was a risk based inspection completed during the COVID-19 pandemic to assess the quality of care and support that the residents now living in the centre were receiving. The findings of this inspection were very positive and the inspector found that the governance and management of this centre provided sufficient oversight to provide the residents living there with a consistent, safe and high quality service.

The registered provider had recently appointed a new person in charge of this centre and this individual was present on the day of the inspection and spoke with the inspector about the arrangements she had in place for oversight of the centre, which included daily visits. At the time of this inspection this person had significant remit in her role and was person in charge to four other designated centres. The inspector found that good management systems were in place and that this person had sufficient capacity at the time of this inspection to fulfill this remit. This individual was suitably qualified for the role and demonstrated good knowledge of the residents of the centre and their support needs, having held a management and oversight role in the centre prior to her appointment as person in charge. Regular audits had taken place, with actions identified to address any concerns identified. There was evidence that these actions were subject to review on a regular basis by the person in charge. Staff told the inspector that the management of the centre were available to them and that they were comfortable to approach management if they had a concern, with appropriate and prompt action taken when required. There was a record of Regular team meetings and management meetings taking place.

Contingency planning in respect of the COVID-19 pandemic was ongoing, with regular review of risk assessments and plans in place to take account of changing circumstances. These plans addressed contingency arrangements for the management of the centre also. This included additional identified individuals being trained to be able to provide on-call cover if required. The provider had completed the 'Preparedness planning and infection prevention and control assurance framework for registered providers' self-assessment tool and put in place an action plan to address any deficits identified.

There was one vacancy in the centre at the time of this inspection. The person in charge spoke with the inspector about tentative plans that were in place to admit another resident in the coming months. The previous inspection had highlighted some concerns about the accessibility of the premises should a resident with specific mobility requirements be accommodated in this centre. This inspection found that no notable structural changes had occurred since then and that the premises would still not be suitable for a person with limited mobility, such as a wheelchair user. The person in charge gave assurances to the inspector that the admission of any proposed resident would be carried out in a planned manner, and that the suitability of the premises to meet the needs of any proposed resident would be assessed prior to admission. During the feedback session, the person in charge committed to notifying the office of the Chief Inspector prior to admitting any other resident to this centre.

Staffing in the centre was good, with residents provided with individualised supports on a 24-hour basis. Three staff supported the two individuals living in the centre by day, and at night two staff were present in the centre. A staff roster was sighted that confirmed these arrangements. This was appropriate to the assessed needs of the residents. A sample of staff files viewed by the inspector were found to contain all of the required information as set out in Schedule 2 of the Regulations.

A contract of care titled 'Terms and Conditions of Service Provision' was present for both residents and a copy of this had been provided to residents and their representatives. This set out the fees and charges paid by residents and this correlated with finance records viewed on the day of the inspection.

Registration Regulation 7: Changes to information supplied for registration purposes

A change of person in charge had occurred since the registration of this centre. The registered provider had given notice of this in writing to the Chief Inspector of this and supplied the information as set out in Schedule 3 of the Regulations.

Judgment: Compliant

Regulation 14: Persons in charge

The registered provider had appointed a person in charge of the designated centre. The person in charge had the required qualifications, skills and experience necessary for the role and demonstrated good oversight of the centre.

Judgment: Compliant

Regulation 15: Staffing

Staffing in the centre was appropriate to the assessed needs of the residents. A sample of staff files was viewed by the inspector and these contained all of the required information as set out in Schedule 2 of the Regulations. A staff rota in place had been appropriately maintained.

Judgment: Compliant

Regulation 23: Governance and management

The designated centre was appropriately resourced to ensure the effective delivery of care and support. There was a clearly defined management structure in place that identified lines of authority and accountability and management systems in place in the designated centre were appropriate.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

A contract of care was present for both residents that set out the terms and conditions of residency and the fees and charges paid by residents.

Judgment: Compliant

Quality and safety

The quality and safety of the service provided to residents in the centre was reviewed. Overall, residents were found to be in receipt of very good quality individualised care. Arrangements were in place to ensure that residents were safe in the centre, and that adequate precautions had been taken to safeguard residents during the COVID-19 pandemic. Some improvements were required in relation to the documentation relating to fire evacuation drills in the centre.

The centre was seen to be clean and there were hand sanitising facilities throughout the centre including an adequate number of hand-washing sinks and hand sanitising stations located at key areas in the centre. Staff were seen to wear personal protective equipment (PPE) appropriately and there was an adequate stock of PPE viewed in the centre. The person in charge was a registered nurse and possessed the skills and knowledge to ensure that infection control measures were implemented as appropriate throughout the centre. Efforts were made to minimise footfall into the centre where possible and staff and visitors were screened on arrival. Regular temperature checks were taking place for staff and residents. Staff spoken to had an awareness of the signs of the COVID-19 virus and what to do in the event that a resident or staff member was suspected or confirmed with the COVID-19 virus. The person in charge told the inspector about the arrangements to safeguard residents' rights while keeping them safe during the COVID-19 pandemic, including maintaining contact with key people in their lives and facilitating appropriate visiting and meeting arrangements in line with up-to-date public health guidance.

One resident had moved into the centre in the weeks previous to this inspection.

The person in charge and staff spoken to told the inspector about how this resident had transitioned into the centre. A staff member familiar with this resident from their day service had been involved in this transition and this had facilitated a positive transfer for the resident. The person in charge told the inspector about efforts that were being made to ensure that there was consistency in approach across the staff team and the inspector found sufficient documentary evidence to conclude that this was indeed the case. The inspector was also told about some of the improvements that had occurred for residents since moving into the centre, such as a decrease in behaviours of concern, and an increase in residents participation in ordinary lived experiences.

The inspector viewed a person centred plan that had been compiled in respect of the first individual to move into the centre. This contained comprehensive information to guide staff, and indicated a good level of family contact was occurring. This plan was available in accessible format. There was evidence that this resident was supported to set and achieve meaningful goals and the inspector viewed evidence of this, both in the plan, and in other pictures and documentation in the centre. Residents were supported to try out and take part in new activities in line with their assessed needs and wishes. Suitable health care plans were in place for residents and these contained appropriate information to guide staff and ensure that residents were supported to achieve their best possible health. Exercise was an important component of the activity schedule in the centre, and residents were facilitated to access outdoor recreation facilities such as trips to the beach, outdoor gyms and parks, as well as a pleasant outdoor space at the centre. There was evidence of input from health and social care professionals as required such as an occupational therapist, general practitioner and dentist. Residents at this centre were adequately supported to manage any behaviours of concern and had access to appropriate mental health supports, including psychology input.

There were some restrictive practices in place in this centre. However, the inspector found that these had been carefully considered and where possible the least restrictive method was employed. The inspector found that any restrictions in place were appropriate to the meet the assessed needs of the residents living in the centre. Comprehensive stress support plans were in place that had been developed by an appropriate professional with significant input from staff and people familiar with the residents.

Staff had received suitable training in the safeguarding of vulnerable adults and where required, appropriate safeguarding care plans were in place. Staff spoken to had a good knowledge of safeguarding procedures and told the inspector what they would do in the event a safeguarding concern arose. Staff were seen to support residents in an appropriate and respectful manner, with a good rapport evident between them.

Appropriate risk management procedures were in place. A number of incident reports were viewed by the inspector and it was found that these were appropriately documented and responded to, with evidence of oversight from the person in charge. A risk register was in place and this included a review schedule. Individual risk assessments were in place and local risks such as, for example, the storage of

oxygen in the centre, had been appropriately identified and managed. Risks relating to the current COVID-19 pandemic had been carefully considered, with appropriate control measures in place.

Fire containment and detection measures in place included fire doors and an appropriate alarm system. Suitable fire fighting equipment including fire extinguishers and fire blankets were viewed throughout the centre. Equipment was regularly serviced by a competent professional in this area and plans were in place to provide for the safe evacuation of residents, staff, and visitors in the event of a outbreak of fire in the centre. There was emergency lighting in place and regular evacuation drills were occurring, including night time simulation drills. However, the inspector found that the documentation in place did not record all the details of all drills such as, for example, the exact time a drill occurred, where residents and staff were evacuated from, and what exits were used. This meant that identification of potential evacuation issues and learning from drills was not always occurring. Following the inspection, the person in charge informed the inspector that this documentation was under review.

Regulation 17: Premises

The premises were found to be well kept and maintained with adequate space and communal areas to meet the needs of the residents that lived there at the time of this inspection. Residents had their own bedrooms and en-suite bathrooms and these were decorated in line with their own preferences.

Judgment: Compliant

Regulation 26: Risk management procedures

The registered provider had put in place systems for the assessment, management and ongoing review of risk. A risk register was in place to provide for the ongoing identification, monitoring and review of risk.

Judgment: Compliant

Regulation 27: Protection against infection

The registered provider had in place infection control measures that were in line with public health guidance and guidance published by the Health Information and Quality Authority (HIQA). The centre was observed to be clean and staff had

received appropriate training.
Judgment: Compliant
Regulation 28: Fire precautions
Fire detection and containment measures in place in this centre included fire doors, fire fighting equipment and an appropriate fire alarm system. There was emergency lighting throughout the centre and fire drills were taking place regularly. The documentation in place around evacuation drills did not allow for full identification of potential evacuation issues and learning from these drills.
Judgment: Substantially compliant
Regulation 5: Individual assessment and personal plan
Comprehensive needs assessments were in place for residents and the designated centre was found to be suitable to meet the assessed needs of residents. Appropriate personal plans had been put in place with 28 days of a resident moving into the centre and this contained suitable goals. There was evidence of ongoing consultation and review of goals was taking place.
Judgment: Compliant
Regulation 6: Health care
Appropriate healthcare was provided in this centre. The person in charge had ensured that the resident had access to an appropriate medical practitioner and access to health and social care professionals was facilitated as appropriate. Nursing input was available to residents if required.
Judgment: Compliant
Regulation 7: Positive behavioural support
The person in charge had ensured that staff had up to date knowledge and skills to respond to behaviours of concern and support residents to manage their behaviour. Where restrictions were in place they were implemented in line with best practice

and efforts were made to ensure that the least restrictive method was employed.

Judgment: Compliant

Regulation 8: Protection

Residents were found to be adequately protected from abuse on the day of this inspection. Staff had received appropriate training in relation to safeguarding residents and the prevention, detection and response to abuse. Financial audits were taking place and residents had suitable intimate care plans in place.

Judgment: Compliant

Regulation 9: Residents' rights

Residents and their representatives were consulted with appropriately in this centre. Residents were supported to exercise choice and control over their daily lives and participate in meaningful activities. Staff were observed to speak to and interact respectfully with residents. There was an emphasis on supporting residents to live the best life possible and care and support was guided by the residents.

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 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 7: Changes to information supplied for registration purposes	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Substantially 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

Compliance Plan for Bluebell Lodge OSV-0007754

Inspection ID: MON-0030662

Date of inspection: 22/10/2020

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 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: All fire precaution documentation has been reviewed and will be updated and issued to services by Monday 7th December. The update includes the removal of repetitive checks, clear guidance to staff on the required daily, weekly, monthly and quarterly checks and how these should be completed. Additional columns have been added to some forms to prompt staff to record adequate information and the procedure to be followed if residents do not participate in fire drills. Staff will receive training in the new documentation by the PIC and at the next staff meetings scheduled for January 2020.	

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 28(2)(b)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Substantially Compliant	Yellow	07/12/2020