



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:	Announced
Date of inspection:	05 January 2023
Centre ID:	OSV-0007754
Fieldwork ID:	MON-0029548

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 four residents with intellectual disability. 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 and social care workers.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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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
Thursday 5 January 2023	08:30hrs to 17:00hrs	Lisa Redmond	Lead
Thursday 5 January 2023	08:30hrs to 17:00hrs	Sarah Mockler	Lead

What residents told us and what inspectors observed

This was an announced inspection completed to assess the centre's ongoing compliance with regulations and standards. The inspection took place during the COVID-19 pandemic and therefore appropriate infection control measures were taken by the inspectors and staff to ensure adherence to COVID-19 guidance for residential care facilities. This included the wearing of personal protective equipment (PPE) and regular hand hygiene.

The inspectors had the opportunity to meet with all four residents that lived in the designated centre. The inspectors arrived early in the morning to observe the morning time routine. All four residents in the home used gestures, facial expressions, and some verbal communication to indicate their immediate needs. Some residents used written words and a communication device to facilitate communication. In order to ascertain residents' views of the service, the inspectors observed the residents' routines and interactions with staff, they spoke with staff and members of the management team, and completed documentation review of key documents around residents' care needs.

Overall, it was found that the care and support being provided was meeting residents' specific care and support needs. The provider and person in charge were striving to ensure that all residents were in receipt of good quality care. Some improvements were required to ensure the level of quality of care could be maintained on a consistent basis. In addition to this, the registered provider had identified that due to the specific needs of the residents within the home, not all residents were compatible to live in the same home. Plans were in progress to transition two residents from the home in the coming months.

On arrival to the centre the inspectors were greeted by the person in charge and relevant COVID-19 checks were completed. The inspectors noted a specific area that had been set up to ensure that this process could be effectively completed. For example, there was a large pedal bin in place so staff and visitors could dispose of their face masks appropriately on leaving the building. There was also appropriate signage in place around relevant infection prevention control measures.

On arrival at the centre it was noted that this was a large detached bungalow with a large surrounding garden. The outside of the home was overall well maintained. Inside, the house was again well kept, clean and nicely decorated. Significant work over the last few months had occurred to ensure items were stored in an appropriate manner and that the home was not cluttered.

In the morning, residents were completing their morning routine. There were four staff present and two members of management. Despite the number of people in the home, there remained a calm atmosphere where it was evident that each resident's specific routine was individualised to their preferences and needs. For example, some residents were up and ready for the day, other residents were

having their breakfast, and some residents were still in bed as they preferred a later start to the day.

Residents were supported on a one-to-one basis at this time. Staff interactions were kind and patient. Some staff had been supporting the residents for a number of months and other staff had recently joined the team. Residents were seen to interact and smile with staff. Staff were aware and respectful of each resident's specific communication needs. Staff were observed using pictures regarding residents' daily routines and writing out specific requests as these were requested by residents. All staff were aware that residents required a low arousal environment and were able to discuss the same with the inspectors.

Residents had different activities planned for the day. Residents were either attending day service or they had individual activities planned. Pictures around the home, and discussions with staff highlighted the importance of family connections with each resident. Residents had been supported to buy family gifts over the Christmas period and to spend time with family in line with their specific wishes and needs.

Inspectors were also provided with a questionnaire that had been completed by one resident's family, about the care and support they received in their home. It was evident that this resident's family were very happy with the service provided, stating that they were 'happy with everything' and that they had 'no complaints' about the service provided in the centre. The next two sections of this report will present 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 the service being provided.

Capacity and capability

This designated centre was previously inspected by the Health Information and Quality Authority (HIQA) in October 2022. This inspection was a thematic inspection which focused on Regulation 27, Protection against infection. Due to the number of actions required following this inspection, it was agreed that a further inspection would be required to make a decision regarding the designated centre's application to renew the registration of the designated centre.

Overall inspectors found governance and management had improved in this centre. Auditing in areas including infection prevention and control, health and safety, medicines management and record keeping had been carried out. Where these audits identified areas for improvements, an action plan had been identified and implemented.

At centre level, it was evident that significant improvements had been made to ensure residents were treated with dignity and respect, and to improve the quality of service they received. Increased levels of oversight and auditing by the person in

charge had also supported the staff team to make improvements to the direct supports provided to residents. However inspectors were informed following this inspection that the person in charge resigned their position with the organisation.

Registration Regulation 5: Application for registration or renewal of registration

The registered provider ensured that they had made a full application to renew the registration of the designated centre, in a timely manner. This included the submission of documents and the payment of a fee.

Judgment: Compliant

Regulation 14: Persons in charge

A person in charge had been appointed in the designated centre. Inspectors met with the person in charge during this inspection, and it was evident they knew residents well, and that they maintained a good level of oversight in the centre. It was evident that they held the necessary skills and experience to fulfil the role.

The person in charge carried out this role for a total of two designated centres. In relation to this designated centre, it was evident that they effectively maintained a regular presence in the centre.

In the days following this inspection, inspectors were informed the person in charge resigned their position. A new person in charge would therefore be required before this centre's registration renewal could be considered.

Judgment: Compliant

Regulation 15: Staffing

Residents were supported by a team of social care workers and care assistants. Four staff members were rostered on duty each day, with two waking staff providing support to residents at night-time. It was apparent that there was sufficient staff on duty to support residents in line with their individual needs.

A rota had been developed, which clearly outlined the staff on duty each day and their hours of work.

Judgment: Compliant

Regulation 16: Training and staff development

Staff members engaged in regular training which included fire safety, the safeguarding of vulnerable adults, and medicines management. A number of staff members were due refresher training in the management of challenging behaviour, first aid and infection prevention and control.

It was also noted that training in feeding, eating and drinking had not been identified as a mandatory training for all staff members, despite this being an assessed support requirement for a number of residents. At the time of the inspection, over half of staff members had not received this training.

Judgment: Substantially compliant

Regulation 22: Insurance

The registered provider had ensured that the designated centre was appropriately insured. This included a contract of insurance against injury to residents. Evidence of this was submitted to HIQA, as part of the designated centre's application to renew registration.

Judgment: Compliant

Regulation 23: Governance and management

Increased oversight and monitoring had been carried out at centre level in response to the HIQA inspection findings in October 2022. Regular auditing was carried out, which identified areas for improvement in service provision. Centre reviews including an annual review and six monthly unannounced visit reports were also completed, in line with regulatory requirements.

There were clear lines of authority and accountability in the centre. All staff reported directly to the person in charge, who reported to their line manager, who was assigned as a person participating in management in the designated centre. Both the person in charge and person participating in management were met with during this inspection. Both individuals were knowledgeable about the needs of residents, and demonstrated good levels of oversight in the centre. Following this inspection, inspectors were advised that the person in charge had resigned from their position.

Judgment: Compliant

Regulation 3: Statement of purpose

A statement of purpose was available to residents. This document set out the specific care and support provided to residents in their home. This document was reviewed as part of the application to renew the designated centre's registration. It was noted that it contained all of the required information outlined in Schedule 1 of the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

The inspectors reviewed a sample of complaints that had been made in the designated centre. Where complaints had been closed, it was evident that these had been dealt with and resolved in line with the organisation's complaints process. For example, where a complaint had been made by staff on behalf of a resident regarding noise at an activity they enjoyed, and alternative time had been provided where they could continue to carry out this activity when it was not as busy. Although a number of complaints remained open, it was evidenced that the registered provider had taken action on foot of the complaints.

Judgment: Compliant

Quality and safety

Throughout the inspection, staff members spoken with were aware of the assessed needs of residents, and their roles and responsibilities in providing a safe and quality service to residents. It was noted that the service had moved from a reactive approach to quality improvement to a more proactive approach, since the previous HIQA inspection. Some further improvements were required however, to increase the centre's compliance with the regulations.

As part of the assessed needs of residents, one resident frequently engaged in behaviours that challenge. This resident had a clear support plan, to guide staff to support them to alleviate anxieties and to reduce behaviours that challenge. However, it was identified that their behaviour could impact on other residents. The registered provider had plans to transition this resident to a more suitable home in the months after this inspection. There were also further plans to move a second resident, who was also identified as not being compatible with the other two residents they lived with. Inspectors were assured that despite issues with residents'

compatibility, that residents were safe in their home.

Residents received a good level of healthcare support in their homes, in line with their assessed needs. However, it was noted that significant improvements were required with documentation relating to the safe administration of residents' medicines. Inconsistencies were noted regarding required dosage between PRN protocols (medicines taken only when required) and residents' medicines prescription records. It was also noted that key information including residents' allergies, route of administration for medicines and maximum dose in 24 hours was not always recorded.

Regulation 17: Premises

The premises of the designated centre was a large bungalow with a garden. Each resident had their own private bedroom, en-suite bathroom and walk-in wardrobe. The resident's home had been decorated with colourful Christmas decorations to mark the festive period.

The residents' home was clean, spacious and homely. Improvements had been made to the layout and storage in the centre to ensure the residents home was no longer cluttered.

Judgment: Compliant

Regulation 20: Information for residents

A residents' guide had been developed by the registered provider, in line with the regulations. The guide contained information about the services residents would receive in their home. This included information about the arrangements for visits, the complaints process and the terms relating to residency.

Judgment: Compliant

Regulation 26: Risk management procedures

Inspectors reviewed the records of incidents, accidents and medicines errors in the centre. It was noted that on occasions, incidents were not recorded on an incident report as outlined in the provider's policy. It was also identified that one resident had repeatedly engaged in property destruction, including attempts to break glass. A comprehensive assessment regarding their environment had not been carried out. Therefore, controls in relation to access to glass had not been identified. It was also

noted that the resident continued to engage in this behaviour, and had received a minor injury as a result. This required review to ensure effective controls were in place to reduce the risk of injury to the resident.

Judgment: Substantially compliant

Regulation 27: Protection against infection

Significant improvements had been made in relation to infection prevention and control, since the centre's previous HIQA inspection. Audits relating to infection control and preparedness for a COVID-19 outbreak were completed regularly. A number of actions had been taken in line with the compliance plan response including updated cleaning schedules, disposal of waste and increased oversight.

Some minor areas for further improvement were identified. This included ineffective water-proofing of the mattress of one resident which had led to staining. Where one resident chose not to shower, the resident was supported to attend to their hygiene needs by having a wash using a basin and cloth. However, there was no separate basin to prevent cross-over when attending to their intimate care and hygiene. This required review.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Fire-resistant doors, fire-fighting equipment and emergency lighting were provided to aid safe and effective evacuation. Fire evacuation drills were held on a regular basis, including on minimal staffing to simulate night-time staffing levels. The times recorded for the evacuation of staff and residents were noted to be quite high on occasions. Staff spoken with advised that they continued to time the evacuation until the residents re-entered the centre. Therefore, the evacuation times were not accurate and did not accurately reflect how long it took residents to evacuate the centre.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

Documentation relating to the administration of residents' medicines required review to ensure they were consistent with the residents' medicines administration records.

One resident required emergency medicines in the event of seizure activity. The maximum dose they could be given in a 24 hour period was not consistent on their prescription record and their protocol for PRN medicines. A second resident required prescribed medicines to manage their anxiety. However, the dose outlined in their PRN protocol was unclear, and inconsistent with their medicines prescription record. The person in charge was alerted to these inconsistencies and was making arrangements to have these rectified as the inspection ended.

In relation to the storage of residents' medicines, each resident had their own locked press where their medicines were stored. When liquid medicines were opened, the date of opening was not always recorded. Therefore, it was not clear when these medicines would require disposal.

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

Throughout the inspection, staff spoken with were very much aware of the assessed needs of residents. There were known compatibility issues in the designated centre. These were being managed and addressed by the registered provider. There were plans to transition two of the residents to a new designated centre being established by the registered provider, in the months following this inspection. In the interim period, residents had access to multi-disciplinary support to support these residents until they could transition from the designated centre.

Judgment: Substantially compliant

Regulation 6: Health care

Each resident had access to their general practitioner to support them to meet their healthcare needs. Vaccination programs were also available to residents, if they wished to engage and participate in these programs, including vaccination against the flu virus and COVID-19.

Where residents had an identified healthcare need, they were supported to seek specialist assessment and to have an associated plan of care. For example, where residents required support with feeding, eating and drinking, swallow care plans had been developed.

Judgment: Compliant

Regulation 7: Positive behavioural support

Where residents required additional supports to alleviate stress and anxiety, they were supported by a plan of care. These plans included clear guidance for staff and promoted a low arousal environment which was observed throughout the inspection.

Restrictive practices were used in the designated centre, however it was evident that these were utilised as a last resort only to alleviate residents' anxieties and promote a safe environment.

Judgment: Compliant

Regulation 8: Protection

A designated safeguarding officer had been identified to review all safeguarding concerns. It was evident that when a concern was raised in relation to suspected abuse, these were reported in line with statutory guidance.

A safeguarding policy was in place which guided staff on what to do should a safeguarding concern arise. Staff spoken with were aware of this process.

Judgment: Compliant

Regulation 9: Residents' rights

Overall, residents were supported with dignity and respect in their home. Care provided was done so in a caring and respectful manner at all times.

It was identified that one resident had not been supported to seek independent advocacy support to ensure that their rights were promoted in relation to access and control over their personal finances. It was noted that this matter had been the subject of complaints and safeguarding concerns. On review of these matters, no grounds for concern were identified. However, it had been noted that the management and oversight of this resident's finances were not in line with organisational policy.

Judgment: Not 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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Not compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Bluebell Lodge OSV-0007754

Inspection ID: MON-0029548

Date of inspection: 05/01/2023

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 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>Infection prevention and control for one person is outstanding, this will be completed by Monday 13th of February.</p> <p>Studio 3 training for one staff member was out of date. This has now been completed on 27th of January.</p> <p>One person was out of date for first aid training, this is scheduled to be completed on Friday the 10th of February.</p> <p>Dysphagia training for remainder of staff will be completed by Friday 17th of February.</p>	
Regulation 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <p>MDT manager has instructed Occupational Therapist to complete an environmental risk assessment to assess possible areas or objects that the resident user may come in contact with that could cause injury to the resident. Following completion effective controls will be put in place to minimize the risk of injury to the resident. This will be completed by February 24th. Staff have been reminded to record all incidents as per WIDA policy.</p>	

Regulation 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection: Effective waterproofing of mattress has occurred, new mattress protectors were purchased and are working effectively. A separate basin has been purchased and a new care plan developed to prevent cross over of water when attending to one residents intimate care and hygiene.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: Staff have been instructed on how to accurately record evacuation times.</p>	
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: The PIC has reviewed all prescription records against protocols and the medical practitioner has updated the Kardex of both residents where discrepancies were noted. Liquid medicines have now got date of opening on them and a memo has been sent to all staff to ensure the medication management policy is complied with.</p>	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan: The designated centre that the two residents will transition to will be completed and</p>	

ready for application to register with HIQA by March 2023. MDT is available to service users in the interim.

Regulation 9: Residents' rights

Not Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
The PIC/PPIM will continue to work to try support the service user to comply with the organisational policy including the signed service provision agreement. These documents clearly identify WIDA finance policy to ensure the rights of the resident in relation to finances is promoted. The resident will, if possible, be supported to access an independent advocate.

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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	31/03/2023
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	31/03/2023
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare	Substantially Compliant	Yellow	31/03/2023

	associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.			
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.	Substantially Compliant	Yellow	31/03/2023
Regulation 29(4)(a)	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 any medicine that is kept in the designated centre is stored securely.	Not Compliant	Orange	31/03/2023
Regulation 05(3)	The person in charge shall ensure that the designated centre is suitable for the purposes of	Substantially Compliant	Yellow	31/03/2023

	meeting the needs of each resident, as assessed in accordance with paragraph (1).			
Regulation 09(2)(d)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability has access to advocacy services and information about his or her rights.	Not Compliant	Orange	31/03/2023