Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Bluebell Lodge
Name of provider:	Waterford Intellectual Disability Association Company Limited By Guarantee
Address of centre:	Waterford
Type of inspection:	Unannounced
Date of inspection:	18 June 2024
Centre ID:	OSV-0007754
Fieldwork ID:	MON-0040283

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:	3

How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 18 June 2024	08:00hrs to 15:00hrs	Sarah Mockler	Lead
Tuesday 18 June 2024	08:00hrs to 15:00hrs	Conor Brady	Support

What residents told us and what inspectors observed

This unannounced inspection was completed over a one day period by two inspectors. The purpose of the inspection was to monitor the designated centre's compliance with relevant regulations and standards. Overall the findings of the inspection indicated that residents were in receipt of good care that met their assessed needs. Residents had a good quality of life and were encouraged and facilitated to engage in activities in their community. Overall good levels of compliance were met in all areas reviewed on inspection.

However, inspectors did find that some residents in the centre were incompatible to live together. This issue was well identified by the provider and they had put measures in place to ensure residents were safe. The provider was in the process of devising a long-term solution to this issue.

The inspectors had the opportunity to meet with the three residents that lived in the centre on the day of inspection.

The centre comprises a detached bungalow building with a large surrounding garden area. The centre is located down a quiet cul-de-sac area within a short driving distance to local amenities. The inspectors arrived early in the morning and were welcomed into the centre by the staff team.

On entering the centre, one resident was in the kitchen having their breakfast and a second resident was in their room getting ready for the day. The third resident was in bed as it was their preference to have a lie-in. The atmosphere in the home was calm and relaxed with both staff prioritising residents' needs as their primary focus of care.

Residents in the home had varying needs in terms of their communication skills. Some residents engaged in immediate repetition of words and phrases, spelling words, gestures and facial expressions to communicate their immediate needs. From observing the staff team it was evident that they were familiar with each residents' specific non-verbal cues and specific communication needs. For example, during personal care tasks a resident was observed to use gestures to indicate they wanted their drink at a faster pace. The staff member immediately responded to this request.

Two of the residents attended day service on a full-time basis. One resident received a wrap around service from their home and also attended day service for part of the day. Residents had busy schedules and were encouraged to engage in activities of their choosing, holidays, social outings and maintain relationships with family and friends. Residents enjoyed day trips and overnight trips away, drives, going to the beach, educational programs, gardening classes, attending parties, going out for coffee, lunch and dinners.

On the day of inspection two residents were getting ready to leave for their day service and the third resident had plans to spend time with a family member. Residents were supported in a kind and caring manner by the two staff members present in the morning. The staff team were very familiar with residents' specific needs, likes and dislikes and spoke to both inspectors in detail about the morning routine and what was happening for the day. The residents appeared very content and relaxed in their home and were seen to respond and smile to verbal requests from the staff team.

As part of the inspection the inspectors completed a walk around inspection of the home. In the designated centre there were two sitting rooms, a kitchen/dinging area, a utility room and four resident bedrooms. All the bedrooms were en-suite. The bedrooms were individually decorated with photographs and pictures and other important items displayed. All parts of the home were found to be very clean and well maintained.

One sitting room was designated for use by one resident. It had communication aids, picture schedules and social stories present for the resident to use as they needed. In addition, exercise equipment and activities were present and available to the resident. In the morning the resident went into this room when they got up and invited an inspector to come in and sit with them. They were using their mobile phone at time and communicated with the inspector. The resident presented as calm, well cared for and very content in their surroundings at the time of inspection.

Some residents were observed moving freely throughout their home or to be supported to move to different parts of their home in line with their assessed needs. Residents accessed meals and drinks as they wished or were seen relaxing in preferred locations. Throughout the inspection staff were observed to knock on residents' doors before entering their rooms and to treat residents with dignity and respect. Staff were observed to take the time to listen to residents and to pick up on their verbal and non-verbal cues.

In addition to meeting with residents, one inspector also spoke with some family members. Families spoken with provided mixed feedback on the services. One family member highlighted the service was overall good but sometimes small issues arose which they had to follow up. When asked about these the family member highlighted some examples pertaining to the quality of care and support. This family member stated the person in charge was however very approachable, listened to them and would respond to any issues brought up. They stated that overall they were very happy with the service. Another family member who was spoken with told the inspector that they found communicating with the provider very stressful and challenging and gave some examples of this. This primarily related to an assessed need for their loved one to find an alternative placement which was in process. This family member also highlighted that had experience of engaging with the providers complaints process and the inspector reviewed this and could see that this process was adhered to by the provider.

Overall, the inspectors found that the residents were well supported by a staff team who were familiar with their care and support needs. They lived in warm, clean and

well-maintained home. In the next two sections of the report, the findings of this inspection will be presented in relation to the governance and management arrangements and how they impacted on the quality and safety of service being delivered.

Capacity and capability

Overall the findings of the inspection were that the residents were in receipt of a good quality and safe service. The provider and local management team were identifying areas for improvement and taking action to bring about improvements.

The person in charge was full-time and had responsibility for three designated centres. In order to ensure effective oversight at all times the provider had restructured the staffing compliment to ensure the person in charge was supported in their role. Recently a team leader had been appointed to the designated centre who had specific delegated duties to facilitate and support the person in charge. The person in charge reported directly to the Assistant Director of Nursing (ADON) who was the person participating in management of the centre. Both the person in charge and ADON facilitated the inspection. Both managers were found to be very knowledgeable about the service and readily identified and spoke about the ongoing areas of improvement in the centre. From the information provided to inspectors it was evident that both members of management were spending time in the centre to ensure appropriate oversight was in place. In addition, the person in charge and local management team had audit systems in place for the day-to-day management and oversight of the centre. The provider was completing regular audits and taking action to bring about positive improvements in relation to aspects of residents care and support.

Regulation 15: Staffing

The person in charge reported that there was a stable staff team in place that were familiar with residents' needs. There was sufficient staff in place at all time. This ensured that consistent care was delivered at all times. A team meeting was taking place on the day of inspection where the majority of the staff team were present. The inspectors had the opportunity to speak with seven members of the staff team as well as the person in charge and ADON. The staff team that were present and who spoke with inspectors were very knowledgeable around the residents' preferences, needs, wishes and care needs as well as other aspects of service provision.

The centre roster was well maintained and and the inspectors reviewed the actual and planned rosters for a four week period. These showed consistency in the core staff team. When agency staff were utilised this was kept to a minimum and they

were always scheduled with a core staff member. The rosters also showed that the numbers of staff required to meet residents' assessed needs were in place and rosters were dynamic and responsive to residents needs. There was evidence of the provider and person in charge reviewing staff numbers if additional staff were needed for day trips/outings and resident supervision. For example, a resident had a day trip planned and an additional staff member had been allocated on this day to support the resident. Overall staff in this centre were found to be very caring, professional and looking after the residents very well.

Judgment: Compliant

Regulation 16: Training and staff development

Staff members were all provided with appropriate induction, support and staff training in key areas. The inspectors reviewed the staff training matrix that was present. Staff had completed training and refresher training in line with the provider's policy and the residents' assessed needs. For example, the team where required to have completed the management of eating, drinking and swallowing training. It was found that all 13 staff employed in this centre had completed this training. All staff had also completed human rights training. The training needs of staff were closely monitored with training scheduled in advance of it or refresher needs being required.

Staff meetings were occurring regularly and staff were in receipt of regular formal supervision.

Judgment: Compliant

Regulation 23: Governance and management

Overall the governance and management of this centre was found to be well managed by a professional and competent person in charge who was being appropriately supported by their line manager, the Assistant Director of Nursing.

Inspectors reviewed all provider auditing and action plans and found that these audits were identifying issues regarding quality and safety and putting action plans in place to address the concerns and improve the centre for the residents living there. For example, inspectors reviewed audits that took place on 27/5/24, 19/12/23 and 24/5/23, all of which contained action based improvement plans around the areas of house maintenance, resident care plans, complaints, medication, clinical reviews and behavioural support planning.

The Assistant Director of Nursing (A/DON) was found to be a very professionally

experienced and competent manager who demonstrated strong oversight and operational management of this designated centre.

The A/DON provided clear evidence of governance action plan implementation, management meeting records, action plan follow up of incidents/accidents, managerial oversight/reporting, correspondence/engagement with HSE/Funder, unannounced management centre visits/checks, board oversight and communication/assurances, communication with families and staff performance management and supervision. Overall this evidenced good levels of governance, management and oversight of this designated centre.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider and person in charge had effective systems in place for the management and investigation of complaints. Residents and/or their representatives were facilitated to express any concerns or issues they may have. All concerns were subject to the relevant policies and procedures in place and were treated in a professional manner. All complaints reviewed by the inspectors were investigated appropriately and recorded in line with the requirements of regulation.

Judgment: Compliant

Quality and safety

From what the inspectors observed, speaking with the staff team, and from the documentation reviewed it was evident that good efforts were being made by the provider, the person in charge and staff team to ensure that the residents were in receipt of a good quality and safe service. As previously mentioned there remained a concern around the compatibility of some residents in the home.

Residents in this home had varying needs which included residents that required a quiet low arousal living environment. At times, due to specific assessed needs and the occurrence of behaviours that challenge, the consistent requirement of a quiet living space was not always possible.

This compatibility issue had the potential to impact on aspects of the lived experience of the residents in the home. This, overall, was being very well managed by the provider with frequent Multi-Disciplinary input and support from a knowledgeable staff team. It was recognised by the provider that the environment and resident group was not in line with residents' specific assessed needs and they

were putting plans into address this.

Regulation 17: Premises

As previously described, the centre comprises one detached bungalow building. The centre had been decorated to ensure it was homely in presentation, warm and well maintained. The inspectors completed a walk around of the premises and found that there was appropriate communal and private spaces for residents. All the requirements as set out in the regulations were in place, for example all residents had access to laundry facilities in their home.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had a risk management policy which contained the required information. The inspectors reviewed the centre risk register which had risks relevant to the centre and had been updated in October 2023.

Individual risk management plans and assessments were available to review on the online system. As part of the risk management review the inspector read all incidents that occurred from 14 April 2024 to the 17 June 2024. It was found that risks identified in incidents were reflected in the risk register. The risk rating for risks were found to match the risks in the centre. In addition, the control measures listed could be fully implemented. Risks were discussed in detail with both inspectors and all risks identified by the staff team and management were accounted for accordingly. All incidents forms had been signed off by a member of management and regular trending of incidents was occurring.

For example, risks that occurred while travelling in a vehicle were described in a resident's individual risk management plan. Control measures stated were found to be in place. The risk around the compatibility of residents was also accounted for as well as the measures in place to keep residents safe. Overall, good practices in risk management were observed.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The provider had a policy, procedures and systems in place for the receipt, storage, return and administration of medications. The staff in discussion with the inspectors

outlined their knowledge of the medication practices in place and how to implement these. The inspectors had the opportunity to observe staff provide medication to residents as part of their morning routine and found that staff adhered to policy and good practice.

All residents had up-to-date prescriptions in place with clear systems to manage medications taken as required (PRN). The inspectors reviewed a PRN protocol for one medication and found it was detailed with clear guidance to staff on when to administer it, the maximum daily dosage allowed, and the minimum gap between dosages. If PRN protocols were linked to stress control plans this was clearly documented to guide staff in a clear manner.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The inspectors reviewed two of the residents' assessments and personal plans and found that they were person-centred and detailed in nature. Residents' abilities, needs, wishes and preferences were highlighted in their plans. There was evidence of a link between assessments and plans, and evidence of ongoing review and evaluation of them. There was evidence of MDT input into plans to ensure residents received the best supports at all times.

As previously discussed in the report, the centre was unable to operate in manner that was suitable to meet the assessed needs of all residents at all times. This was due to the requirement of some residents needing a quiet low arousal environment which was not always possible when other people where in the environment. However, the provider had this issue identified with clear plans in place on how to support residents. Incidents were being well managed and reviewed at senior management and MDT levels. The provider discussed with the inspectors the barriers in place to address this issue to a meaningful degree and the ongoing plans that were to be implemented to try and resolve this going forward. From the information provided to inspectors they were assured that the provider had the capacity and resources to address this over the coming months.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

As part of the inspection the inspectors reviewed a resident's stress support plan. This plan guided staff on managing the occurrence of behaviours of concern. It was found that the plan was updated on a regular basis and had clear pro-active and reactive strategies in place. A behaviour support specialist and psychology supports

were also available as required and they had frequent input into the resident's plan.

There were some restrictive practices in place in the centre. All restrictive practices were recorded on a restrictive practice log, assessed and reviewed by the MDT team and subject to scrutiny to ensure that it was a least restrictive approach being adopted.

All staff had training completed in the use of de-escalation techniques and this was evidenced in the training matrix.

Judgment: Compliant

Regulation 8: Protection

The provider and person in charge had ensured that residents were protected by the policies, procedures and practices relating to safeguarding and protection in place.

All staff spoken with were knowledgeable around their responsibilities in terms of safeguarding residents and readily answered all questions in relation to this aspect of care and support. It was found from speaking with staff team that there was a culture of reporting and discussing safeguarding to ensure that residents' safety was prioritised at all times.

If a safeguarding concern was identified, it was investigated and reported in line with the provider's policy and national guidance.

At the time of inspection there were no reported open safeguarding concerns related to any residents living in the centre.

Judgment: Compliant

Regulation 9: Residents' rights

There was evidence that residents were supported to make decisions in their day to day lives such as meal planning and activities. Residents were spoken about in a very respectful, caring manner. Observations on how staff interacted with residents was in line with a rights' based approach to care and support. For example, when providing support staff waited on non-verbal cues to indicate when the resident was ready for the next step in completing the routine, explaining to the resident what was happening and supporting them in a professional manner.

Some residents had accessed an independent advocate and there was easy read documentation available to residents on what their role was and what aspect of

support they were providing to the resident.
Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Substantially 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-0040283

Date of inspection: 18/06/2024

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 5: Individual assessment and personal plan	Substantially Compliant
Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan: It is identified that one resident would benefit from an individualised service. A suitable designated centre will be provided to this resident by 31st March 2025. The MDT will format a transition plan which will be communicated to the resident, their family and their advocate prior to a move.	

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 05(3)	The person in charge shall ensure that the designated centre is suitable for the purposes of meeting the needs of each resident, as assessed in accordance with paragraph (1).	Substantially Compliant	Yellow	31/03/2025