

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

Issued by the Chief Inspector

Name of designated centre:	Bluebell Hill
Name of provider:	Health Service Executive
Address of centre:	Sligo
Type of inspection:	Unannounced
Date of inspection:	01 November 2021
Centre ID:	OSV-0007992
Fieldwork ID:	MON-0033576

## About the designated centre

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

Bluebell Hill is a full-time residential service that can provide appropriate quality care to individuals experiencing mid to moderate learning disability, and dementia. Bluebell Hill can accommodate 4 residents both male and female over the age of 18 years. The centre consists of a large single storey dwelling, situated outside a large town in county Sligo. Individual day service programmes or wrap-around services have been developed for residents in this centre. In addition, residents who required aging needs support were also supported appropriately in the centre. Each resident has their own bedroom which had been decorated to the residents taste and choice. There is also sufficient communal space for residents to entertain visitors and/or have privacy. Residents are supported 24 hours a day, seven days a week by a person in charge, staff nurses and care assistants.

**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
Monday 1 November 2021	10:00hrs to 14:30hrs	Catherine Glynn	Lead

## What residents told us and what inspectors observed

It was clear that residents were enjoying a good quality of life, had choices in daily life, and were involved in meaningful, worthwhile and enjoyable activity, and that the provider and person in charge prioritised the delivery of person centred care to the residents. This was evident from a visit to the centre, conversations with the person in charge and documentation viewed during the inspection.

The visit to the centre was unannounced and planned around activities so as not to interfere with the residents' plans for the day. Two residents were up and about on the arrival of the inspector, and two were receiving support in-line with their assessed needs and preferences.

Since before the centre opened, important events and goals for the residents were being recorded. These included choosing floor covering and shopping for furniture, carrying out personal care independently, doing household tasks such as refuse disposal, recycling and laundry, and preparing food. The records also recorded that the resident liked being outdoors and enjoyed gardening, feeding the birds and getting to know the neighbours. Activities that took place in the community included going to the hairdresser, shopping for food, meals out and shopping.

The residents' likes, dislikes, preferences, ambitions and support needs were gathered through the personal planning process and this information was used for personalised activity planning. The service was suitably resourced to ensure that the residents' support needs were met. There was one staff available at all times to support the resident's preferences and there was a vehicle provided for community access and outings.

The centre was a modern newly built house with a garden, on the outskirts of a busy town. The house was clean, bright, comfortably furnished and tastefully decorated with pictures and artwork. There was internet access, television, and music choices available for the resident's use. Each resident had their own bedroom and there was another office for the staff who were on duty during the night. There was a well equipped kitchen, adjoining an open-plan dining area and sitting room. All rooms were personalised with the residents' valued personal items such as family photographs. Residents had been fully involved in choosing colour schemes, furniture and fittings for the house where appropriate and staff had taken into consideration the assessed needs of all of the residents in regard to the decorating, layout and furnishings of the centre.

It was very clear that residents' rights to a good quality and meaningful life were being prioritised. The resident's views on the centre and everyday life were gathered through ongoing daily discussions on choice and preferences. Staff and the residents also had a weekly meeting to plan the menu and discuss shopping needs.

Easy to read versions of important information was made available to residents in a

format that would be easy to understand. These included information about complaints, safeguarding, fire evacuation, hand hygiene, personal hygiene, advocacy and human rights. Social stories had been developed to help the resident to understand various aspects of the COVID-19 pandemic, such as vaccination, testing and changes to usual routines.

Residents' were supported to keep in touch with their loved ones and interventions had been introduced to ensure this was not negatively impacted while adhering to safety and infection control requirements. Civil and religious rights were also being upheld, with residents being supported to practice their religion as they wished.

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 the service delivered to the resident living in this centre.

## Capacity and capability

There were robust management arrangements in place which ensured that there was a good level of compliance with the regulations, and that a good quality and safe service was provided for the resident who lived in this centre.

The service was subject to ongoing monitoring and review, to ensure that a high standard of care, support and safety was being provided. The centre had not yet been in operation for a year, but the provider was aware of the requirement to carry out an annual review of the service and unannounced audits on behalf of the provider twice each year, and these processes had commenced. No unannounced audit had already taken place but were scheduled. The provider was also aware of their responsibility to complete the annual review of the service within the specified time-frame.

Other audits were also being carried out by the person in charge and staff to review the quality and safety of the service. A monthly audit plan for 2021 had been developed and specific audits were identified to be carried out each month. These included audits of fire safety, finances, health and safety, medication, infection control and COVID-19 compliance, and restrictive practice. The required audits had been completed to date.

There were effective arrangements in place to manage the centre. The person in charge knew residents and their support needs. The person in charge worked closely with staff and the wider management team. Weekly management meetings took place, which were attended by the person in charge and the management team and the person in charge submitted a monthly report of the service to an area manager. The person in charge held monthly team meetings with the staff in the

centre at which a range of information was shared and discussed such as care planning, health and safety, risk management, policies and procedures, and notifications.

Record keeping and documentation was found to be well kept, organised and informative. Records viewed during the inspection included personal planning, fire drills, healthcare plans, audits and risk management assessments. The provider had also developed a comprehensive contingency plan to reduce the risk of COVID-19 entering the centre, and for the management of the infection should it occur. However, the inspector noted that some documents required updating to reflect the date the residents moved to this service.

There were sufficient staff rostered for duty to support the resident's assessed needs. There was one-to-one staffing arrangements in place which enabled the residents to take part in the activities that they enjoyed and preferred. There were also measures to ensure that staff were competent to carry out their roles. Staff had received training relevant to their work, such as training in medication management, manual handling, food safety, and complaints management, in addition to mandatory training.

While all staff had received up-to-date training in fire safety and safeguarding, some staff had not yet received refresher training in manual handling since the centre opened, while staff had completed the theory part, they were awaiting the practical part of the training at the time of the inspection.

In response to the COVID-19 pandemic, staff had attended additional training in various aspects of infection control. A wide range of policies and standard operating procedures were also available to guide staff, and those viewed by the inspector were informative and up to date.

#### Regulation 14: Persons in charge

There was a full-time person in charge employed in the centre. The person in charge had the required management experience and qualifications. The person in charge was knowledgeable on the residents' needs and on their individual support requirements.

Judgment: Compliant

#### Regulation 15: Staffing

Staffing levels and skill-mixes were sufficient to meet the assessed needs of

residents at the time of the inspection. Planned staffing rosters had been developed by the management team and these were accurate at the time of inspection.

Judgment: Compliant

### Regulation 16: Training and staff development

All staff who worked in the centre had received mandatory training in fire safety, behaviour support and safeguarding, in addition to other training relevant to their roles. However, three staff required refreshers in manual handling training which had been delayed due to COVID-19 at present.

Judgment: Substantially compliant

### Regulation 21: Records

The provider had ensured that records required under the regulations were maintained. However, while most of the sample of records were suitable and were up to date, some record keeping required improvement as some had not been updated following the transition from another service for all residents. This included aspects of the personal plans and the contracts for care which had not had an impact of the delivery of care to the residents.

Judgment: Substantially compliant

### Regulation 23: Governance and management

There were effective leadership and management arrangements in place to govern the centre and to ensure the provision of a good quality and safe service to residents.

Judgment: Compliant



### Regulation 3: Statement of purpose

There was a statement of purpose which described the service being provided to residents and met the requirements of the regulations.

Judgment: Compliant

### Regulation 34: Complaints procedure

The provider had suitable arrangements in place for the management of complaints. There had been no complaints received in the service at the time of the inspection. Furthermore, the provider had also kept a record of compliments received since the start of this service.

Judgment: Compliant

## Quality and safety

The centre was warm, clean, comfortable and suitably furnished and suited the needs of the residents. The centre was a new building in a rural location and it had been tastefully furnished and decorated to the resident's wishes. There were laundry facilities in the house and there were suitable arrangements for refuse disposal by a private contractor. The person in charge also discussed the thought that was put into the decorating, and furnishing of the centre which took into consideration the assessed needs of all of the residents.

The personal planning process ensured that the residents' social, health and developmental needs were identified, and that suitable supports were in place to ensure that these were met. The focus of the goals for the resident was 'what makes me feel valued and worthwhile' and included basic food preparation, volunteering in community projects, developing new friendships, improved health and lifestyle choices, and increased community access such as shopping and joining clubs.

There was evidence that residents were out and about in the community and involved in activities that they enjoyed. A home-based service was being provided to meet the resident's needs during the COVID-19 pandemic and this was ongoing due to the assessed needs of the residents. As this service had opened during the COVID-19 lock down, resident's personal plans focused on activities that could be

achieved and enjoyed during the restrictions. Activities that the resident is currently involved in and enjoyed included shopping, accessing local places of interests, exercise activities, music events, and meals out.

The provider had ensured that residents had access to medical and healthcare services and received a good level of healthcare. Resident's visited a general practitioner (GP) of their own choice as required, attended annual medical checks and was offered an annual influenza vaccine. Further healthcare checks including reviews by a dentist, optician, audiologist, physiotherapist and occupational therapist were also arranged. The resident's nutritional needs were well met. Nutritional assessments had been completed, monthly weight monitoring was carried out and suitable foods were provided to meet any identified nutritional needs and preferences. The resident was also involved in meal planning, grocery shopping and food preparation. The provider had also ensured that residents could access the national health screening programmes.

There were suitable systems to control the spread of infection in the centre. There was extensive guidance and practice in place to reduce the risk of infection, including robust measures for the management of COVID-19. These included adherence to national public health guidance, availability of personal protective equipment (PPE), staff training and daily monitoring of staff and resident's temperatures. A detailed cleaning plan had also been developed and daily cleaning was being recorded.

Arrangements were in place to safeguard the residents from any form of harm. These included safeguarding training for all staff, a safeguarding policy, development of personal and intimate care plans to guide staff, and the support of a designated safeguarding officer. The provider also had systems in place to ensure that the resident was safe from all risks. These included risk identification and control, a health and safety statement and a risk management policy. Both environmental and individualised risks had been identified and their control measures were stated. The risk register had also been updated to include risks associated with COVID-19.

The provider had measures in place to protect the resident and staff from the risk of fire. These included up-to-date fire training for staff, provision of fire doors in the centre, and a range of fire safety checks were being carried out by staff in addition to servicing by external specialists. A review of fire safety records indicated that fire drills which took place both at night and during the day were carried out in a timely manner.

There were measures in place to ensure that the resident's rights were being upheld and it was evident that the resident was involved in the running of the centre and how they lived their daily life. Staff learned the resident's views and choices both on an ongoing basis and at weekly meetings where plans for the coming week were discussed and agreed. The resident's personal plan comprised of activities that were person centred and meaningful to the residents.

To ensure that these plans were being implemented effectively, the person in

charge and staff held monthly reviews of the resident's person centred plans. Information was also made available to the resident in a format that was relevant and easy to understand. The resident's religious and civil rights were being upheld. Residents were registered to vote, was supported to vote as wished, and was also supported to practice religion as preferred.

Residents' in this service received individualised and person centre care and there was a high level of compliance with regulations relating to health and social care, and safety.

### Regulation 10: Communication

The residents were supported to communicate in their preferred manner and had communication plans in place, with pictorial images and easy read documents to assist them where necessary. It was apparent from observation that the staff and the residents communicated easily and warmly.

Judgment: Compliant

### Regulation 17: Premises

Overall the centre was designed and laid out to meet the needs of residents and met the requirements of schedule 6 of the regulations.

Judgment: Compliant

### Regulation 20: Information for residents

A guide that included the information specified in the regulations was prepared in respect of this centre. This document was available in the centre and it was also provided in an accessible format and contained all of the information as specified in the regulations.

Judgment: Compliant

### Regulation 26: Risk management procedures

There were arrangements for the control and management of key risks in the centre, which were recorded on a risk register. These were kept under regular review.

Judgment: Compliant

### Regulation 27: Protection against infection

There were robust measures in place to control the risk of COVID-19 infection in the centre.

Judgment: Compliant

### Regulation 28: Fire precautions

The provider had ensured that effective measures were in place to protect the residents and staff from the risk of fire.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

Comprehensive assessments of residents' health, personal and social care needs had been carried out, and an individualised plan had been developed based on these assessed needs.

Judgment: Compliant

### Regulation 6: Health care

The health needs of the residents was assessed and supported in the centre. The residents also had good access to a range of healthcare supports, such as general practitioner and healthcare professionals.

Judgment: Compliant

Regulation 7: Positive behavioural support

The provider had ensured that the residents were receiving or being offered appropriate healthcare.

Judgment: Compliant

Regulation 8: Protection

The provider had ensured that there were appropriate systems in place to respond to safeguarding concerns.

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
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

# Compliance Plan for Bluebell Hill OSV-0007992

Inspection ID: MON-0033576

Date of inspection: 01/11/2021

## 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> <ul style="list-style-type: none"><li>• The Registered Provider has resourced External Agency to ensure the delivery of Mandatory Training in line with regulation.</li><li>• The Person In Charge has a detailed schedule in place for all staff to complete the outstanding mandatory refresher training required</li></ul>	
Regulation 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records:</p> <ul style="list-style-type: none"><li>• The Provider has ensured that all the records specified in schedule 4 have been completed.</li><li>• The Person in Charge has ensured that personal plans and contracts of care have been updated in line with regulation.</li></ul>	



## 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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
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	22/12/2021
Regulation 21(1)(b)	The registered provider shall ensure that records in relation to each resident as specified in Schedule 3 are maintained and are available for inspection by the chief inspector.	Substantially Compliant	Yellow	04/11/2021
Regulation 21(1)(c)	The registered provider shall ensure that the additional records specified in Schedule 4 are maintained and are available for inspection by the	Substantially Compliant	Yellow	04/11/2021

	chief inspector.			
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