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An tÚdarás Um Fhaisnéis  
agus Cáilíocht Sláinte

# Report of an inspection of a Designated Centre for Older People.

## Issued by the Chief Inspector

Name of designated centre:	Dargle Valley Nursing Home
Name of provider:	Bluebell Care Limited
Address of centre:	Cookstown Road, Enniskerry, Wicklow
Type of inspection:	Unannounced
Date of inspection:	25 September 2024
Centre ID:	OSV-0000031
Fieldwork ID:	MON-0044970

## About the designated centre

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

Dargle Valley Nursing home is a single storey facility situated in Enniskerry, Co. Wicklow and is easily accessed from the main N11 dual carriageway. It is in close proximity to local amenities such as Powerscourt gardens, the towns of Bray, Greystones and the village of Enniskerry. The registered provider is Bluebell Care Ltd. The centre accommodates a maximum of 30 residents and bedroom accommodation consists of 26 single rooms and two twin rooms. All bedrooms have an en-suite with a toilet and a wash hand basin, two en-suites have shower facilities. There are four assisted shower/bathrooms. Communal areas include a day room, dining room and sun lounge which opens on to an enclosed garden. There is parking to the front for approximately 12 cars. The centre caters for male and female residents over the age of 18 and offers long-term and short-term care. Residents with varying dependencies from low to maximum dependency can be catered for. The centre provides care to older persons with dementia, residents with physical, neurological and sensory impairments and end-of-life care. Services provided include 24 hour nursing care with access to allied health services in the community and privately via referral. The centre currently employs approximately 34 staff.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	30
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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 Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 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
Wednesday 25 September 2024	09:30hrs to 17:00hrs	Frank Barrett	Lead

## What residents told us and what inspectors observed

Dargle valley nursing home is located in a picturesque surrounding outside Bray co Wicklow. The centre is a short distance from the N11, and has easy access to local town centres, public parks, and amenities.

The living space in this centre was pleasant warm and homely, and residents that took the time to meet with the inspector expressed that they were happy to be living there. There was a lively atmosphere in the centre, with music playing throughout the day. Residents were observed participating in activities including singing, and reading. Some residents were taking advantage of the views of the surrounding area and the Dargle river which runs close by. Staff interactions with residents throughout the day were seen to be kind and gentle. There was mutual respect among staff and residents as noted through these interactions, and through the amount of choice offered to residents regarding mealtimes, activities, and visitors. Visiting was not restricted at the centre, with residents receiving visitors throughout the day. There was options for residents to participate in outings, which were arranged as requested. These outings varied from trips to scenic walks, cinema, sporting occasions and shopping.

Staff spoken to were familiar with the residents and their needs. Many staff members had been employed at the centre for many years, and many lived locally. This provided a link to the community for residents that came from the surrounding areas.

Resident bedrooms were decorated with their own choice of colour, and their photographs and artwork. The centres day spaces were decorated differently to other parts of the centre, to mark them out as spaces to relax. There was safe outdoor space available for residents in a number of areas around the centre. There were mature trees on the grounds, and one resident said that he liked to hear the sound of the river flowing which could be heard from the gardens.

All resident bedrooms were located on the ground floor. There were numerous exit routes available from each area, however, the inspector noted that a table and bench had been placed in a narrow section of the external escape route around the centre, which could inhibit an evacuation. Resident bedrooms were mostly en-suite, however, most did not have a shower, and one bedroom, which was not en-suite, did not have access to a resident's sink. This was also a twin room, with two residents living in the room.

The following two sections, capacity and capability and quality and safety will outline the quality of the care and services provided for the residents, with reference to the premises and fire safety. The areas identified as requiring improvement are discussed in the report under the relevant regulations.

## Capacity and capability

Overall, this inspection found that the premises of the centre required improvement to meet the requirements of the regulations, and that fire safety needed to be significantly improved at the centre, to protect residents from the risk of fire. Action was required of the registered provider to improve management arrangements to provide a safe, appropriate, consistent and effectively monitored service as required by the regulations.

This was an unannounced inspection. The purpose of the inspection was to assess the provider's level of compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centre for Older People) Regulations 2013 (as amended), with particular attention to regulation 17 premises, and regulation 28 fire precautions. The governance and management of the centre was also assessed as it related to the oversight of premises, and fire safety matters.

The registered provider of Dargle Valley Nursing Home, is Bluebell care limited. There was a person in charge at the centre, and she was supported by the registered providers representative who is available to support the person in charge at all times. The staffing compliment at the centre included clinical nurse managers, staff nurses, health-care assistants, activities staff, cleaning, maintenance and catering staff. There were 30 residents living at the centre on the day of inspection with no vacancies.

Staff were supported to complete annual fire safety training. This was in place for all existing staff, however, arrangements for fire safety training for new employees required review. A system of induction training was in place for new staff until complete fire safety training could be arranged, however, it was noted that at times of low staff numbers, this could pose a difficulty if all staff were not familiar with the evacuation procedures. The provider made adjustments to the roster to ensure that staff who had not received the full fire safety training, were not scheduled for duty at times of low staff numbers for example, at night.

The provider had completed all remedial works committed to under the compliance plan of the previous inspection. There were systems and policies in place to provide guidance and oversight to fire safety at the centre. The fire safety policy was specific to the centre, and addressed the procedure to manage risk that was particular to this centre. However, on reviewing the arrangements in place to mitigate the risk of fire, the inspector found that procedures in the centre did not align with what was outlined in the policy. This was of concern in some specific areas such as the use of attic space, the use of fire blankets for residents who smoke, and the detail posted on floor plans to assist resident evacuation. The policy also detailed the procedures that should be implemented to store items required by the centre, in a safe manner, however, the practice at the centre did not reflect the

policy. The inappropriate management of stored combustible materials and flammable materials was imposing a fire risk on the centre. An extensive amount of materials required for use, were stored in a converted attic space above resident bedrooms. This attic space was also used as a staff area. There were audits being carried out on fire safety systems and means of escape, however, these were not robust to identify issues relating to doors being wedged open, which was contrary to policy. There was a serviced emergency lighting system in place, however, the inspector was not assured that it was functioning correctly, as the lights remained on for extended periods of the day. These issues are discussed further under regulation 23: Governance and Management and regulation 28: Fire Precautions..

### Regulation 23: Governance and management

Improvement was required to ensure that the service provided was appropriate, consistent and effectively monitored. Evidence of where further oversight was required included:

- Significant amounts of materials used to support resident care was stored in the attic space. This was contrary to the policy at the centre, and was imposing a risk of fire to the centre.
- The measures in place to protect residents from risk of fire were not robust for example there were two residents who smoked however, the designated smoking area was not equipped with a smoking apron, as detailed in the fire safety policy and their own risk assessment which outlined the measure to be in place to protect residents who smoke.
- Fire safety audits carried out at the centre were failing to highlight areas of concern. For example, daily means of escape audits were not identifying obstructions on the escape routes as outlined under regulation 28 fire precautions.
- The provider was not implementing fire safety measures outlined within their own fire safety policy, for example The floor plans did not identify the compartment boundaries to assist in progressive horizontal evacuation, nor did they identify the location of fire extinguishers. These details were set out in the fire safety policy to be included in the floor plans to assist in evacuation.
- Improvements were required to the premises as outlined under regulation 17 premises.

Judgment: Not compliant

### Quality and safety

Overall, this inspection found that the residents at Dargle Valley nursing home were happy, and that staff interactions and supervision of the activities of residents was completed with kindness and familiarity. In the context of fire safety, this inspection found that significant improvements were required from the registered provider in order to comply with the requirements of regulation 28 Fire Precautions.

The review of the premises, found that improvements were required in a number of areas. During this inspection, a large area of attic space was in use as a staff area and a storage space. This area was not registered as part of the designated centre, however, it did form part of the space available for storage of materials required for the provision of care, and for staff changing space. This practice was also impacting on the protection of the residents from the risk of fire.

Bedrooms were predominantly single rooms, with the exception of two rooms which were twin rooms. In one of these rooms, the residents did not have access to a resident's sink within the comfort of their own room as required by regulation. The nearest sink was in the bathroom in the next room, which was a shared bathroom. The arrangement of the privacy curtains within this shared room required review, as the curtains did not provide enough private space for the residents to access their personal belongings or include space for a chair to sit out from the bed. Ventilation within bathrooms required review as there was inadequate or insufficient ventilation within some of the bathrooms used by residents. These issues are discussed further under regulation 17 Premises.

The inspector reviewed the fire safety systems in place including the fire alarm, emergency lighting, fire safety training and simulations, the means of escape and compartmentation arrangements. The centre had all of the resident bedrooms located on the ground floor, with access to internal and external escape routes. The bedroom areas were arranged into compartments in order to promote progressive horizontal evacuation in the event of a fire. This method of evacuation involved methodically moving residents from a compartment affected by fire, to an adjoining compartment and place of relative safety in the event of a fire. Staff spoken to were clear on the routes to take to evacuate residents in the event of a fire. Staff demonstrated a knowledge of evacuation aids to use according to the level of dependency required by the residents. Staff knowledge and understanding of the effects of smoke and fumes on vulnerable residents was clear in discussions throughout the day. However, this understanding was based on the compartmentation within the centre performing as expected in the event of a fire. This inspection identified issues with fire compartmentation including fire doors, and compartmentation of high risk areas such as the boiler/plant room, from the adjacent bedroom corridor. Within this plant room, an electrical panel was installed. The electrical panel was not configured to minimise the risk of fire, and presented a risk as many of the electrical components were exposed. There were other electrical concerns identified during the inspection which the person in charge committed to reviewing with the provider and a competent electrician after the inspection. Emergency lighting was in place at the centre, however, during this inspection, the emergency lighting remained on for extended periods. Maintenance staff arranged a



contractor to attend site to investigate. There were concerns raised with the emergency lighting directional sign at one exit, which appeared to contradict the escape route plan, and directed evacuees towards a door which was not an emergency exit. The emergency lighting had been serviced a short time before the inspection however, these and other issues with the emergency lighting were not identified. The boiler/plant room and the kitchen both used gas as a fuel. There did not appear to be sufficient measures in place to detect a gas leak, or to shut off the gas in the event of a leak. There was a manual shut off lever outside the kitchen, however, kitchen staff would not always be in place to shut this off in the event of a gas leak. These and further fire safety issues are discussed under regulation 28: Fire Precautions.

## Regulation 17: Premises

Improvements were required by the registered provider to ensure that the premises is appropriate to the number and needs of the residents of the centre and is in line with the Statement of Purpose. For example:

- There was a lack of suitable storage space available. This resulted in an area of attic space being used as a storage space and staff changing space. This was not reflected on the floor plans or in the statement of purpose for the centre, but was used as part of the day-to-day operation of the centre.

Improvements were required, having regard to the needs of the residents at the centre, provide premises which conform to the matters set out in schedule 6 of the regulations. For example:

- A twin room which was occupied by two residents, did not have access to a residents sink within the room. The space within the privacy curtains in a twin room did not provide the resident with access to their personal belongings or a chair.
- There was inadequate ventilation in place within a shared bathroom number 3. The ventilation duct was connected directly into the room next to it which was another resident shower room. This did not provide adequate ventilation within either room. There was also no ventilation present in a sluice room. This room was an enclosed room with no access to an external window.
- There was no lockable cabinet provided for chemicals which were stored within the cleaners room.

Judgment: Substantially compliant

## Regulation 28: Fire precautions

Overall, significant action was required on the part of the registered provider to protect resident's staff and visitors from the risk of fire.

The registered provider did not take adequate precautions against the risk of fire, for example:

- There was inadequate storage which was impacting on fire safety. Storage of combustible materials alongside flammable items was identified in several storage spaces within the centre. Storage of materials was also identified in areas which were inappropriate for example, the plant room had some materials stored within. This increases the impact of fire within an already high fire risk room.
- The electrical distribution system within the centre required review. There were exposed wiring and distribution panels which were not fire rated, within the plant room. There was an electrical outlet fitted to the wall in a resident bathroom. This was not appropriate as the moisture in the air of a bathroom can trigger an electrical fault. Lighting in one twin room was not working appropriately, and appeared to be controlled from a switch in another room.
- The arrangements in place to control the risk of a gas leak were not adequate at times when the kitchen was not in use. There was no detection system in place to alert staff to a gas leak if the kitchen was unoccupied. The manual shut-off point for the gas was not clearly labelled to assist staff if they needed to shut it off.

A review of the means of escape and emergency lighting was required by the registered provider for example:

- Means of escape were obstructed in some areas for example:
  - A table and chairs were placed on an escape route around the building to the rear. This furniture was partially blocking the escape route.
  - The secondary means of escape from the dining room was through the adjoining kitchen. The route through the kitchen did not provide a clear route to the exit door, as some food trolleys, and a dishwasher door were obstructing the route.
  - The placement of furniture within the living room was partially blocking the exit from the living room. This furniture was being used by residents near the door. The person in charge committed to changing the practice of placing furniture at this location in order to ensure that the escape route is kept clear.
- There was a bin store and a maintenance shed located along the external escape route at the rear of the building. There were flammable materials present including gardening machinery and paints. In the event of a fire, these areas could pose a risk to resident's staff and visitors evacuation route.
- The provision of emergency lighting required review as the directional signage for emergency lighting did not appear to be configured to align with the evacuation plans. A directional sign fitted in the sun lounge, was directing evacuees to a door that did not appear to be an exit door. Furthermore, the directional signage did not appear to be an appropriate sign, as the pictogram was not consistent with other signage on the escape routes. The emergency

appeared to be turned on at times when it was not required. This raised concerns of its ability to remain on in the event of a fire and power outage.

The registered provider did not make adequate arrangements for detecting or containing fires. For example:

- There were conflicting records present at the centre to categorise the fire detection and alarm system. Some service records indicated that the system was an L1 type system, while other records indicated an L2/L3 system was in place. The inspector could not be assured that detection was in place within all concealed areas, and attic spaces if the system was not an L1 system.
- Compartmentation issues were identified within the plant/ boiler room. There were services which penetrated the compartment walls, and did not appear to be fire sealed. The inspector could not be assured of the fire rating of the ceiling in this room. The plant room was located within the footprint of the centre, adjacent to resident bedrooms and accessed from the outside.
- The inspector could not be assured that compartmentation lines were continued above the ceiling level throughout the centre. Attic hatches present at the centre did not appear to be fire rated attic hatches. The ceilings did not appear to be fire rated ceilings, and therefore, the compartmentation of the resident areas on the ground floor, from the attic space above, could not be assured.
- While some of the doors, had been recently upgraded, other doors identified as compartment doors required remedial works including:
  - A cross-corridor compartment door near bathroom one, which had large gaps between the doors when closed. The fire rating of the glass within this door did not appear to be consistent with the design fire rating.
  - A cleaners store on a bedroom corridor did not appear to have a fire rated door. There were no smoke seals on the door, and there were hinges which were painted over.
  - Bedroom doors did not appear to have fire rated hinges and handles (ironmongery) installed. This would impact on the fire rating of the door.

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 Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 23: Governance and management	Not compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Substantially compliant
Regulation 28: Fire precautions	Not compliant

# Compliance Plan for Dargle Valley Nursing Home OSV-0000031

Inspection ID: MON-0044970

Date of inspection: 25/09/2024

## 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 Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

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 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none"> <li>• Significant amounts of materials used to support resident's care that had been stored in the attic will be stored in a new Eco mode cabin, site visit 20/11/2024 for set up and quotation.</li> <li>• The measures in place to protect residents from risk of fire now include a smoking apron and a fire blanket.</li> <li>• A more detailed fire audit noting any obstructions in highlighted areas of concern has been put in place.</li> <li>• The floor plan has been updated to include the compartment boundaries to assist in progressive horizontal evacuation and identifies the location of portable fire extinguishers. (Floor plan attached.)</li> </ul>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none"> <li>• Storage space / staff room are being addressed by the expected site visit of Eco Mode Re: new cabin. Site visit 20/11/2024</li> <li>• The twin room now has a residents sink installed.</li> <li>• As suggested by the HIQA inspector we changed the layout in the twin room. Again our residents were not happy with this arrangement and requested it to be returned to its original layout. They love where their chairs are and can view the open space easily. We respected their wishes.</li> <li>• We have engaged with an electrician on several issues. In the case of the ventilation in the bathrooms, he has proposed putting in electric ventilation. We are awaiting his quote</li> </ul>	

and start date.

- There is now a lock on the cabinet provided for the chemicals which are stored in the cleaner's room.

Regulation 28: Fire precautions

Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:

- All combustible material stored within the NH will be removed and transferred to the new cabin when on site. The plant room has no materials stored within.
- An electrician has been on site to survey plant room. We are awaiting his quote and start date.
- The electrical outlet in the 2nd bathroom is now sealed with an electrical blanket plate.
- LPG gas detector has been installed in the kitchen. We are engaging with a registered gas plumber and are awaiting his visit to site with regard to shut off valves.
- The lighting in the twin room is also noted by our electrician and we are awaiting his quote and start date to include this item.
- All obstructions of any area related to escape have been removed and are now included in our daily check list of fire escape routes.
- Both store and maintenance shed will be painted with fire resistant paint.
- The flammable materials will be stored in a fire resistant cabinet once sourced and bought.
- The directional sign in the sun lounge has been removed.
- Our emergency lights are main powered and should this fail they will stay lit powered by a backup battery ( see email attached )
- L1 type system has been confirmed and certified (see attached certificate.)
- The plant room ceiling is to be renewed, sealed and fire proof painted when the electrician has completed his work.
- With regards to compartment lines above the ceiling lines throughout the Centre we are engaging with professional services and await date for site visit.
- A fire door survey is being carried out to include cross corridor compartment door, cleaners store and bedroom doors.

## 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 17(1)	The registered provider shall ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.	Substantially Compliant	Yellow	31/01/2025
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	31/01/2025
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure	Not Compliant	Orange	31/10/2024



	that the service provided is safe, appropriate, consistent and effectively monitored.			
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.	Not Compliant	Orange	31/01/2025
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Not Compliant	Orange	31/10/2024
Regulation 28(1)(d)	The registered provider shall make arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the	Substantially Compliant	Yellow	27/11/2024

	procedures to be followed should the clothes of a resident catch fire.			
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	31/08/2025