



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:	Announced
Date of inspection:	31 January 2024
Centre ID:	OSV-0007992
Fieldwork ID:	MON-0033591

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
Wednesday 31 January 2024	11:00hrs to 17:00hrs	Catherine Glynn	Lead

What residents told us and what inspectors observed

This inspection was an announced inspection conducted to inform a registration renewal application, and to monitor the provider's arrangements for compliance in the centre. As part of this inspection, the inspector met with staff on duty, and residents who lived in the centre. The person in charge and staff were present throughout the inspection. The inspector also observed the care and support interactions between residents and staff at intervals throughout the day. The inspector met one resident at the start of the inspection, while another was being assisted with their morning routine, and two residents were already attending individualised activities. Two residents returned later during the day and the inspector had the opportunity to sit and spend time with them and staff. Staff and residents interacted in a calm, professional, respectful and relaxed manner throughout the inspection and were observed supporting all residents appropriately in line with their assessed needs.

Bluebell Hill is located on the outskirts of a large town and had good access to a wide range of facilities and amenities. The centre consisted of a large bungalow which provided a full-time residential service for up to four people. The bungalow had a spacious sitting room, well equipped kitchen and dining area, an office and laundry facilities. All residents had their own bedroom and an adequate number of bathroom facilities were provided. Overall, the inspector found the centre to be very clean and well-maintained, and provided residents with a comfortable living environment.

The inspector met all of the residents during the inspection, some residents were non-verbal and some had specific communication methods. All residents were observed interacting in a positive manner throughout the day and that the service provided was focused on their assessed needs and choice at all times. At all times the inspector noted that the residents were at ease in the company of staff. One resident was observed sitting and relaxing in a communal sitting area while another was moving around interacting with an object of interest and staff were observed responding to the resident when they heard prompts or sounds from this resident. Overall, the inspector found the centre to be very clean and well-maintained, and provided residents with a comfortable living environment.

From meeting and speaking with residents and it was clear that many measures were in place to ensure all residents felt safe and supported, but also had appropriate staffing at all times to complete their activities to achieve a good quality of life.

Overall, it was evident from observation in the centre, conversations with staff and information viewed during the inspection, that residents had a good quality of life, had choices in their daily lives, and were supported both in the centre and in the local community. Throughout the inspection it was clear that the person in charge and staff team prioritised wellbeing and quality of life for all residents. The inspector

also found that the person in charge had addressed all actions from a previous report completed in July 2023.

The next two sections of the report outline the findings of this inspection in relation to the governance and management, and the arrangements in place in the centre and how these impacted on the quality and safety of the residents who lived in this centre.

Capacity and capability

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

The centre was well managed, with good systems and levels of oversight to ensure that the residents' needs and well-being were being prioritised. There was a strong management presence in the centre with a clearly defined management structure led by the person in charge. There was a schedule of audits in place that ensured that the centre's information and practice was effectively monitored.

Audits were being carried out by the person in charge and staff team to review the quality and safety of the service. A monthly audit plan had been developed and specific audits were identified to be carried out each month. These included audits of fire safety, finance, health and safety, fire safety, medication management, restrictive practice and infection control. The required audits had been completed to date at the time of the inspection. In addition, the provider was aware of their responsibility and requirement to complete unannounced audits on behalf of the provider twice each year. These processes were complete and in place in the centre. Two unannounced audits had taken place prior to the inspection in 2023 and another was due after the inspection. In addition, a quality improvement plan was in place, active and identified actions required or areas for improvement in the centre, such as activity sampling or staffing levels. This document was under regular review by the person in charge and management team of the centre. This audit also showed the completion of actions identified during the last inspection, and persons responsible for completing the actions. The inspector noted that all actions were satisfactorily completed following the previous inspection.

The person in charge knew the residents and their support needs and was found to monitor the systems in place to ensure that the residents received a high quality of care in the centre. In addition, the person in charge also delegated tasks to staff members and supported them to complete them but also creating a learning environment. It was also evident that the person in charge worked closely with the staff and wider management team. Regular management team meetings took place, which were attended by the management team and staff. Records were kept and maintained of these meetings which also ensured that all staff had access to this record to ensure they were up to date with developments or changes in the centre.

At the monthly staff meetings a range of information was shared and discussed such as care planning, health and safety, risk management, policies and procedures, and notifications.

On review of staffing rosters, the inspector found that there were sufficient staff rostered for duty to support resident's assessed needs. There was adequate staffing arrangements in place which enabled 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, The staff team supporting the residents had access to appropriate training as part of their continuous professional development, and the inspector found that the training matrix showed that all staff were up to date in their training, at the time of the inspection. The inspector reviewed the staff team's supervision schedule and found that staff were receiving this regularly and as scheduled, A sample of staff files were reviewed and the inspector found that the provider had ensured that all appropriate documents were maintained as required by the regulations.

There was an effective complaints procedure that was accessible to resident's and was maintained and monitored by the person in charge. The complaints log showed that one complaint was recently completed at the time of the inspection and this record also showed that the staff team had highlighted poor practice in a service received outside of the centre. This complaint was now closed with a good resolution for the resident and learning for all staff supporting the resident. This showed that complaints were dealt with effectively in this centre and a swift response was sought for the resident. At the time of the inspection, there was no active complaints recorded or in progress.

Overall, the inspector found that the oversight of the day-to-day care practices was of a good standard and provided residents with a good quality of care and service in this centre.

Registration Regulation 5: Application for registration or renewal of registration

All the required documentation to support the application to renew the registration of the designated centre had been submitted as required by the regulations.

Judgment: Compliant

Regulation 15: Staffing

The staffing numbers and skills mix were appropriate to the number and assessed needs of the residents on review of the rosters in place at the centre. This included clear definition of staffs roles, responsibilities and working hours in the centre.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were in receipt of all mandatory training and additional training specific to the needs of residents, and were appropriately supervised. This included training in human rights as well as additional training based on residents assessed needs.

Judgment: Compliant

Regulation 23: Governance and management

There was a clear management structure in place which identified the lines of accountability and authority. There were effective monitoring systems in place. In addition, the person in charge and staff team had addressed all actions identified in the previous report in 2023 in a timely manner.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose included all the required information and adequately described the service.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a clear complaints procedure in place. A complaints log was maintained, and complaints and complements were recorded and acted on appropriately. Residents knew how to make a complaint and who to approach for help with complaints.

Judgment: Compliant

Quality and safety

There was suitable care and support provided in the centre to allow residents to enjoy preferred activities and lifestyle, and to receive a good level of healthcare.

The provider had ensured that residents had a person centred individualised programme in place which provided access to recreation, meaningful day-to-day activities. Residents enjoyed activities such as attending planned day service activities in the local town, accessing community facilities such as coffee shops, eating out and attending places of interest.

The provider and person in charge also ensured consistency of support for residents and this was paramount to maintaining resident's wellness. This also reduced the number of adverse events which had occurred in the past for some residents due to placement and incompatibility issues. The person in charge highlighted the importance of consistent and familiar staff at all times supporting the residents living in this centre. The management team also had induction documentation to guide and support all staff in their practice from when they commenced working in this service. This was detailed and clearly outlined how all residents liked to be supported during the day and night.

The provider had ensured that effective fire systems were in place and monitored in this centre. This included fire training for all staff, fire evacuations plans for all residents and an overall centre emergency evacuation plan to guide all staff. There was also a detailed record of checks and servicing of fire equipment in the centre which was maintained by an external provider and monitored by the management team. Evacuations were taking place and a record of these evacuations was maintained and a learning was identified where relevant, to ensure staff and residents could safely evacuate at all times in the centre.

Residents had a communication assessment in place which was monitored and reviewed by their keyworker and the person in charge. This was detailed, showed the resident's likes dislikes and their preferred communication style.

Residents' rights were promoted by the measures and actions which were implemented by the provider, person in charge and staff team. The provider ensured that the centre was well resourced and that residents had access to the local community, nearby towns and shopping areas. The person in charge displayed information on rights and reviews which were being facilitated in the centre aimed to promote residents' welfare and wellbeing. Overall, the inspector noted and observed all staff interacting in a kind and respectful manner during the inspection, and notes reviewed showed that the best interests of residents was to the forefront of care in the centre.

Overall, the inspector found that residents were well supported in this centre and they were supported by a staff team who knew their needs and care preferences.

Regulation 17: Premises

The design and layout to the premises was appropriate to meet the needs of the residents. There was a clear waste management plan in place and the person in charge monitored the centre and completed audits to address any areas for improvement.

Judgment: Compliant

Regulation 20: Information for residents

The provider had ensured that all relevant information was available to residents and their representatives as required by the regulations. All of the information was also provided in an accessible format where necessary.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider and person in charge had ensured that appropriate processes were in place to assess and mitigate identified risks. This included a risk register which was monitored effectively and provided detail on the management of all risks in the centre.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had ensured that adequate precautions had been taken against the risk of fire. This included all relevant fire doors, extinguishers, emergency lighting and appropriate evacuation plans for all residents and staff to guide them in their practice in the event of a fire in the centre. All staff had received the relevant training and were familiar with the support needs of residents in the centre.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The provider and management team had appropriate procedures and structures in place for safe medication management in the centre. This included training for all staff as well as training in rescue medication administration and protocols to guide staff practice. Regular audits were completed and actions were addressed in a timely manner when identified.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Each resident had a personal plan in place based on an assessment of needs. Plans had been reviewed regularly and were available to residents in an accessible format.

Judgment: Compliant

Regulation 6: Health care

Residents had access to appropriate healthcare services and this included detailed care plans to guide staff on their practice and ensure that all residents were suitably supported.

Judgment: Compliant

Regulation 7: Positive behavioural support

Appropriate supports were in place to respond to behaviours of concern.

Judgment: Compliant

Regulation 8: Protection

Appropriate systems and supports were in place in relation to safeguarding to ensure that all residents were protected from any form of abuse.

Judgment: Compliant

Regulation 9: Residents' rights

The rights of residents were upheld, and the privacy and dignity of residents was respected. For example, the inspector noted that residents were supported individually and were enabled to attend day service facilities at their own leisure.

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	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	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	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant