Health Information and Quality Authority

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:	20 August 2025
Centre ID:	OSV-0000031
Fieldwork ID:	MON-0043943

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 following information outlines some additional data on this centre.

Number of residents on the date of inspection:	29

How we inspect

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 20 August 2025	08:45hrs to 16:20hrs	Sarah Armstrong	Lead

What residents told us and what inspectors observed

On the day of inspection, the inspector observed that the residents living in Dargle Valley Nursing Home were supported to enjoy a good quality of life where their rights and preferences were understood and respected. Residents were supported by a dedicated team of staff who ensured that their individual needs were met. Staff and resident interactions were kind and respectful. Staff and residents knew each other well and were observed on a number of occasions engaged in meaningful conversations together, where staff clearly had a knowledge of the residents' personalities, interests and life stories. The inspector spoke with a number of residents and visitors on the day of inspection and all feedback received was positive.

Following an introductory meeting with the person in charge and assistant director of nursing, the inspector completed a walk around of the centre with the person in charge. During the walk around, the inspector observed that there was a relaxed atmosphere in the centre and residents were going about their day in line with their own preferences. Some residents were observed chatting together in the sitting room, whilst others were having their morning coffee in the garden or eating breakfast in the dining room. Others who preferred to get up later were still in their beds. Residents were neatly dressed. One resident told the inspector "I pick out my own clothes". Some residents were also observed to have their hair and makeup nicely done to their preference which promoted their sense of individuality.

The inspector observed there to be a homely atmosphere in the centre on the day of inspection. The centre was warm and well lit and there were photographs of residents displayed around the centre, along with residents' artwork and homely furnishings.

In their feedback, the residents spoke most highly of the staff who cared for them, telling the inspector "I am well looked after here", and "the staff are truly wonderful". One resident told the inspector "they are doing everything right here". Another said "there's no pressure on us to do anything. I can do what I want, and do it in my own time". Residents and relatives also referenced how present the person in charge was in the centre, telling the inspector that the person in charge was "hands on" and "always there". Relatives were very satisfied with the overall quality of care provided to residents and the communication they received from the staff. Some relatives also spoke of the positive changes they had seen in residents overall conditions since being admitted to Dargle Valley Nursing Home, stating that the residents' needs were being met and that staff were encouraging, nurturing and attentive.

Residents and visitors spoke particularly highly of the activities for residents in the centre. There was a programme of activities in place for residents which suited their interests and capacities. On the day of inspection, the inspector found that there was no reliance on television as a source of activity for residents. An activity

coordinator was on duty and was seen to be engaging residents throughout the day with a range of different activities, including bingo, music, tennis and walks outside. There was also an exercise class for residents in the afternoon. Residents who did not wish to fully participate in group activities had their rights respected. Some residents wished to observe the activities instead, whilst other residents were spending their time doing jigsaws or reading the daily newspapers. Residents and relatives both told the inspector of the great time they had at a wedding party in the centre recently. This involved individual reminiscing projects with residents to tell the story of their own wedding days. Posters of each residents' story and wedding photos were created and displayed on the day of the event. Residents' told the inspector that "it was a great day. One of the staff dressed up as a bride!" Visitors told the inspector of the inclusive nature of the centre, referencing the recent garden parties held for residents, families and staff adding that they "always feel welcome".

Residents had unrestricted access to outdoor areas and some were observed to be quietly enjoying the outdoor space. There was plenty of seating for residents to relax in and some residents had helped to plant the flower beds. There was a backdrop of tall tress to the back of the garden which provided a sense of serenity. One resident told the inspector "I love sitting in the garden. Its very peaceful – I sit and I whistle to the birds and they whistle back".

The inspector observed the meal time experience for residents and found that residents were offered a choice of where to eat their meals, with most residents preferring to dine in the dining room. There was a sufficient number of staff to supervise and assist residents at meal time. Residents were offered a choice with their meals, and on the day of inspection residents were offered chicken a la king or liver with potatoes and fresh vegetables followed by dessert. Residents in the dining room sat at nicely set tables and were seen chatting together at meal time, whilst staff were very attentive to residents' needs.

Information on the centre's complaints policy was displayed in key locations around the centre and a suggestion box was available at the front door for residents and families to use. Residents and relatives knew about the complaints policy in the centre. Those spoken with confirmed that they had never had to make a complaint, but said that should they ever have to, they felt that they would feel comfortable to do so. All residents spoken with told the inspector that they felt safe living in the centre.

The inspector also spoke with a number of staff during the inspection who said that they were well supported in their roles by the management team and their peers. Staff said they enjoyed working in the centre and some had been working in Dargle Valley Nursing Home for a long number of years. Staff to staff interactions were observed to be warm and cordial, which contributed to the friendly and homely atmosphere in the centre.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place and how these arrangements impact on the quality and safety of the service being delivered to

residents.

Capacity and capability

Overall, inspectors found that there were some improvements required in respect of the oversight and management of processes to ensure that the service provided to residents was safe, appropriate, consistent and effectively monitored.

This was an unannounced inspection carried out by an inspector of social services over the course of one day, to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). The inspector also followed up on the compliance plan received from the previous inspection which was held in September 2024 and statutory notifications submitted by the provider since the last inspection.

Inspectors found that the compliance plan submitted by the provider in response to the previous inspection findings had not been fully implemented at the time of this inspection. Although a number of actions had been carried out by the provider, some actions were still required to achieve compliance with Regulation 23: Governance and management, Regulation 17: Premises and Regulation 28: Fire precautions. These findings are set out under the relevant regulations later in the report. In addition, the inspector was made aware during the inspection that there was an unregistered attic space within the building which was being used to facilitate the day-to-day running of the centre. The Chief Inspector had not been appropriately informed of this as the registered provider had not submitted an application to vary the conditions of registration to amend the footprint of the designated centre.

The registered provider of Dargle Valley Nursing Home is Bluebell Care Limited. The management structure in place was well defined. The person in charge reported to the registered provider's representative and was supported in their role by an assistant director of nursing, a team of staff nurses and health care assistants. The remainder of the staff team was made up by an activities coordinator, catering, housekeeping, maintenance and administrative staff.

On the day of inspection, there was sufficient staff on duty to ensure that residents needs were met in a timely manner. This was also reflected in the feedback from residents and visitors who told the inspector that residents were never left waiting for staff to tend to their needs. Residents were appropriately supervised at all times during the inspection and interactions between residents and staff were kind, respectful and meaningful.

The inspector reviewed a sample of staff files and found that staff had access to a robust induction programme upon commencing employment in the centre. Staff spoken with confirmed that they felt supported in their roles and staff had access to a suite of training programmes which they felt further supported them to develop in

their roles. There was evidence of routine staff appraisals taking place which enabled staff to identify any areas for improvement or further development. All staff had valid garda vetting in place before commencing their roles in the centre.

A sample of four residents' contracts for the provision of services were reviewed. All contracts were found to accurately describe the services provided and set out the charges associated with the service.

Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration

The registered provider had failed to notify the Chief Inspector of proposed changes to the footprint of the designated centre. This was evidenced by the following;

During the inspection, it was brought to the attention of the inspector that the attic space, which was not reflected on the floor plans or in the centre's statement of purpose as being part of the designated centre, was being used as a staff area and as an area to store equipment and supplies which were used as part of the day-to-day running of the centre. For example, residents' belongings, mobility equipment, activities equipment, excess blankets, soft toys and continence supplies.

Judgment: Not compliant

Regulation 16: Training and staff development

The person in charge had ensured that staff had access to training appropriate to their roles and there was a high level of compliance with mandatory trainings including fire safety, manual handling and safeguarding training. Staff development was supported through a robust induction, probation and appraisal programme. Staff spoken with had an understanding of, and knew how to access the Health Act and the regulations made under it.

Judgment: Compliant

Regulation 19: Directory of residents

The registered provider had maintained a directory of residents and this was made available to the inspector for review. The directory of residents captured all of the information as required under Schedule 3 of the regulations.

Judgment: Compliant

Regulation 21: Records

The inspector reviewed a sample of four staff files which included a variety of staff roles. All files reviewed met the requirements of Schedule 2 of the regulations and all staff had valid Garda vetting in place. Garda vetting was obtained prior to the commencement of staff's employment in the centre.

Judgment: Compliant

Regulation 23: Governance and management

Actions were needed to ensure the service provided to residents was safe, appropriate and consistent. For example;

- The provider had failed to address all findings in respect of fire safety in line with what was committed to in the compliance plan from the previous inspection. This resulted in repeat inspection findings.
- Notwithstanding the improvements made in relation to the premises, the oversight systems in place were not efficient to identify and address the findings of this inspection, for example, ensuring that the environment and equipment for use by residents was kept in a good state of repair.
- The oversight arrangements in place had failed to ensure that all facilities used for the day-to-day running of the centre were notified to the Chief Inspector as being part of the registered footprint of the designated centre.

Judgment: Not compliant

Regulation 24: Contract for the provision of services

A review of four residents' contracts for the provision of services confirmed that residents had in place a signed contract of care which outlined the services to be provided and the fees which were to be charged, including fees for additional services.

Judgment: Compliant

Quality and safety

Overall, residents in Dargle Valley Nursing Home were provided with a high standard of care that ensured their clinical and social care needs were met. Residents had good access to health care professionals including local general practitioner (GP) services and physiotherapy services, both of which were present on site in the centre one day each week, or more often where required. GP services were also available out of hours to provide medical support if needed. There was evidence that appropriate referrals to, and review by health and social care professionals took place where required. From a review of residents' records, the inspector found that recommendations from the GP and other health care professionals were incorporated into the residents' care plans.

Residents' rights were promoted by a team of dedicated staff who knew and understood them well. On the day of inspection, residents were supported to participate in a range of activities which were suited to their interests and abilities. There was a mix of group activities which the majority of residents participated in, and individual activities for those who did not wish to engage in the group activities. An activity schedule was available for residents and this was displayed in prominent locations in the centre which assisted residents in planning their days themselves. Residents in the centre were from a variety of religious backgrounds and there were arrangements in place for all residents to access religious and spiritual services of their choice. Independent advocacy services were available to residents should they wish to avail of them, and information on advocacy services was prominently displayed for residents around the centre.

In general, the design and layout of the premises was suitable for its intended purpose and met the individual and collective needs of the residents. The centre was well lit and warm, with many homely furnishings. Residents' bedrooms were personalised to their own tastes, and were decorated with photographs, ornaments and soft furnishings. The provider had installed a generator since the previous inspection to mitigate future risks associated with power outages, for example, during periods of adverse weather. However, not all areas of the premises conformed to all the requirements of the regulations. The inspector found that some areas of the centre were not in a good state of repair, such as damaged and chipped paintwork on walls and doorways, and damaged tiling in bathrooms. This had a negative impact on the general appearance of the premises. In addition, some equipment which was to be used by residents was worn and and found to not be in good working order.

All residents who spoke with the inspector said that they felt safe living in the centre. Resident forum meetings were held on a quarterly basis, and a schedule of upcoming meetings was displayed on notice boards for the residents. These meetings ensured that residents were kept up to date and participated in the organisation of the centre. They also offered residents an opportunity to provide feedback or suggestions of how to improve the service provided to them. Residents had unrestricted access to the outdoor areas, which were suitable to the needs of all

residents living in the centre.

There were many visitors observed in the centre on the day of inspection and residents had a choice of where they could meet their visitors. Some residents were observed to receive visitors in communal spaces, whilst others received visitors in their bedrooms or quieter seating areas within the centre, in line with their preferences.

Regulation 17: Premises

The premises did not conform to all matters set out in Schedule 6 of the regulations. For example;

Some areas of the centre were not kept in a good state of repair. For example;

- There was scuffed paintwork in some areas including in residents' bedrooms
- Skirting and architraves around doors were damaged in some areas and required repair and repainting
- There were broken tiles observed in communal bathrooms which needed to be replaced
- A shower fixing was detached from the wall in one communal shower
- The floor in the laundry was sinking and there was a significant dip in the floor as a result

Equipment for use by residents was not always in good working order. For example;

- A shower chair in one communal shower room was rusted and a pressure relieving cushion was observed on a chair in the sitting room which was badly torn. Equipment with damaged surfaces cannot be effectively cleaned and therefore can present a risk of infection for residents.
- There was an oxygen cylinder in the treatment room which had expired since March 2023.

Not all residents had access to lockable storage in their bedrooms which impacted on their right to store their valuable items securely in their rooms.

Judgment: Not compliant

Regulation 28: Fire precautions

Although some measures had been taken to protect residents against the risk of fire, the registered provider had not completed all actions committed to in the compliance plan from the previous inspection. For example;

- The provider had committed to completing works required to address compartment issues associated with the attic space in the centre by 31 August 2025. The inspector found that these works had not yet commenced.
- Fire stopping had not been completed in the plant room. There were areas where services penetrated the ceiling creating gaps which had not been fire sealed.
- A number of doors within the centre, including bedroom doors did not appear to have fire rated hinges and handles. Furthermore, there were hinges on a number of doors which had been painted over. This would impact on the fire rating integrity of the doors.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

The inspector reviewed a sample of 11 residents' care plans and found that care plans were suitably detailed to enable staff to provide good quality, person-centred care suited to residents' individual needs. The person in charge had ensured that a comprehensive assessment was completed for each resident prior to their admission, and care plans were created within 48 hours of admission to the centre. There was evidence that residents and their families where appropriate, were involved in the care planning process. Risk assessments were completed where required in response to changing needs of residents and care plans were promptly updated to reflect residents' changing needs.

Judgment: Compliant

Regulation 6: Health care

Residents were supported by good access to GP services, along with access to other health and social care professionals such as physiotherapists, tissue viability nurse, speech and language therapist, dietitian and chiropodist where required. Where a resident required a review by a medical or health and social care professional, they received timely access to this care and recommendations by professionals were incorporated into residents' care plans.

Judgment: Compliant

Regulation 9: Residents' rights

Residents had good opportunities to participate in activities in accordance with their interests and capacities and were supported to exercise choice in all aspects of their daily lives when living in the centre. Residents had access to TV, radio and newspapers and were supported to exercise their right to vote. Residents also had access to independent advocacy services. The inspector reviewed a sample of meeting records from resident forum meetings which are held on a quarterly basis in the centre. These records demonstrated that residents were consulted with and participated in the organisation of the nursing home.
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 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
Capacity and capability	
Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration	Not compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Contract for the provision of services	Compliant
Quality and safety	
Regulation 17: Premises	Not compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Dargle Valley Nursing Home OSV-0000031

Inspection ID: MON-0043943

Date of inspection: 20/08/2025

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**
Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration	Not Compliant
Outline how you are going to come into compliance with Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration: The architect has been contacted and has committed to call out to site on the week of October 28 2025 Following this meeting the architect will draw up a floor plan depicting the space that is being used and not currently noted in our registration. Once we receive this we will then apply to HIQA for a variance of our registration. We are hopeful that this will be completed at the latest 31/12/2025,but if all goes efficiently the application will be made before the end of November 2025.	
Regulation 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: The priority of all works outlined in our compliance plan will be overseen by its inclusion in our monthly QIM meetings. This will include work that has been completed,progress that has been made and remaining outstanding works. We will ensure that we are within our time frame as stated in our compliance plan and will endeavour along with our external contractors to meet our commitments in an efficient and timely manner. Work that has been completed will be documented. Progress of all works will be documented.	

Ongoing work that remains to be completed will be reviewed and any issues will be addressed. These will continue to be dealt with on an ongoing basis and documented at our monthly QIM .
The named person responsible for this overseeing is the registered provider .

Regulation 17: Premises	Not Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
There is an ongoing maintenance programme in place and within that there is a painting rota whereby all scuffed paintwork is being addressed.
The area with the broken tile in the communal bathroom has been repaired.
The shower fitting in the communal bathroom has been fixed.
The floor in the laundry has been repaired.
The rusted shower chair has been replaced and the torn pressure relieving cushion disposed of.
Expired oxygen cylinder has been removed.
As we replace bedside lockers we will ensure that they are fitted with a key to give residents the choice of locking items if required.

Regulation 28: Fire precautions	Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
Following the inspection and a further meeting with the Regional Manager of Hiqa, Bluebell Care ltd will apply for a variance of our registration to include and amend the footprint of the designated centre.
The company agreed to do the necessary fire work in the attic is also going to complete the fire stopping in the boiler room.
We are currently sourcing a company that will ensure all hinges and handles are fire rated and do not affect the fire rating integrity of the 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
Registration Regulation 7 (2)	An application under section 52 of the Act must specify the following: (a) the condition to which the application refers and whether the application is for the variation or the removal of the condition or conditions; (b) where the application is for the variation of a condition or conditions, the variation sought and the reason or reasons for the proposed variation; (c) where the application is for the removal of a condition or conditions, the reason or reasons for the proposed removal; (d) changes proposed in relation to the	Not Compliant	Orange	31/12/2025

	designated centre as a consequence of the variation or removal of a condition or conditions, including: (i) structural changes to the premises that are used as a designated centre; (ii) additional staff, facilities or equipment; and (iii) changes to the management of the centre that the registered provider believes are required to carry the proposed changes into effect.			
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.	Not Compliant	Orange	28/02/2026
Regulation 23(1)(d)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Not Compliant	Orange	28/02/2026
Regulation 28(2)(i)	The registered provider shall make adequate	Not Compliant	Orange	28/02/2026

	arrangements for detecting, containing and extinguishing fires.			