



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

Issued by the Chief Inspector

Name of designated centre:	Bushmount Nursing Home
Name of provider:	Bushmount Nursing Home Limited
Address of centre:	Bushmount, Clonakilty, Cork
Type of inspection:	Unannounced
Date of inspection:	09 November 2021
Centre ID:	OSV-0000292
Fieldwork ID:	MON-0034121

About the designated centre

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

Bushmount Nursing Home is located on the outskirts of the town of Clonakilty. It is registered to accommodate a maximum of 79 residents. It is a two-storey building with lift and stairs access to the upstairs accommodation and chapel. The centre is laid out in four wings: Primrose, Bluebell, Daffodil and Fuschia. Residents accommodation comprises single bedrooms, some with en suite shower and toilet facilities. Other shower, bath and toilet facilities are located throughout the centre within easy access of residents bedrooms, dining and lounge facilities. Each unit has a dining room and sitting room for residents to enjoy. Additional seating areas are located along corridors for residents to rest and look out at the enclosed garden and courtyards. The original building belonged to the Sister of Charity of St. Paul and the chapel has the original stained-glass windows which adds to the ambiance of peaceful reflection. The enclosed gardens and courtyards provide secure walkways, seating and raised flower and herb beds and boules area for residents leisure and enjoyment. The service provides 24-hour nursing care to both male and female residents whose dependency range from low to maximum care needs. Long-term care, convalescence, respite and palliative care is provided, mainly to older adults.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	78
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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
Tuesday 9 November 2021	09:45hrs to 17:45hrs	Mary O'Mahony	Lead
Wednesday 10 November 2021	09:30hrs to 16:30hrs	Mary O'Mahony	Lead

What residents told us and what inspectors observed

The overall feedback from residents was that Bushmount nursing home was a nice place to live in and residents generally felt their rights were respected. Staff promoted a person-centred approach to care and were observed by the inspector to be kind and caring towards residents. The inspector met the majority of residents during the two days of inspection and spoke with eight residents in more detail. They said they were relieved that the centre had remained free of the COVID-19 virus. The inspector also met three sets of visitors who were visiting their family members at various times throughout the two days.

The inspector arrived unannounced to the centre on day one of the inspection and was guided through the infection prevention and control measures necessary on entering the designated centre. These processes included hand hygiene, wearing a face mask, and temperature check, which were repeated on day two of the inspection. Following an opening meeting with the assistant person in charge, the inspector was accompanied on a tour of the premises. Each of the four wings were named after flowers (Daffodil, Bluebell, Primrose and Fuchsia house). The middle section of the centre was part of the original building, with newer wings added as the centre expanded to now accommodate 79 residents. The wall art on display had different themes such as photographs from recent celebrations, music, music instruments and sea landscapes. Pictures of staff were displayed on each unit to aid residents in recognising and becoming familiar with staff. However, not all the photographs on display were relevant to the staff on duty on the days of inspection. This was addressed without delay. Each dining room had a kitchenette included, with kitchen dressers which displaying china and memorabilia from residents' era. Most of the bedrooms had en suite facilities and other bedrooms were located near toilets and shower rooms. Throughout both days the inspector saw a number of residents mobilising independently around the centre and noted that residents could easily access the centres' communal spaces. Each unit had an individual dining and sitting space and a chapel was located upstairs for residents' use. While one downstairs communal room was spacious, other dining and sitting rooms were small. The person in charge explained to the inspector that a new sitting room was planned for the upstairs section, in light of the requirements for social distance due to the COVID-19 pandemic and the associated risks. The inspector found that the garden doors were open downstairs in the centre which meant that residents maintained daily access to outdoor life and reaped the benefits of the fresh air and the good weather as applicable. The secure garden area had been carefully planted to provide sensory stimulation and there was plenty accessible outdoor seating for residents' use. The inspector met a number of residents who said that the outdoor space was very important to them and a number of residents were seen enjoying themselves outside, either mobilising unaided, using an electric wheelchair or walking aid or accompanied by staff.

During the walkabout the inspector observed weaknesses in infection prevention and control measures implemented at the centre to protect staff and residents

against COVID-19 or other infection. These risks collectively presented a risk of infection particularly in the context of the ongoing COVID-19 upsurge. On the first day of the inspection the inspector observed a number of issues which required addressing. A number of items of furniture, the skirting, the staff room, the sluice room, the hairdresser's room and one sitting room were not cleaned to a good standard in view of the fact that there were sufficient cleaning staff on duty. The issues observed by the inspector had been generally addressed by day two when the areas identified had been cleared and cleaned. The inspector observed that there was no housekeeping staff on duty after 2pm daily and overall there was a lack of oversight and supervision of cleaning processes and the work being carried out on a daily basis. Additionally, while wall mounted dispensers of alcohol hand gel were available on each corridor an increased supply of this was required, to ensure that the hand gel was located nearer to the point of care and in particular adjacent to the smokers' area. These will be expanded on, among other infection prevention and control issues, further in the report.

The inspector saw that a number of bedrooms were personalised with residents' family photographs, ornaments and other personal memorabilia. Visitors were seen in visiting their relatives and they were wearing face masks as required. Visitors informed the inspector that one lady had celebrated her birthday and the cards and flowers she received were seen displayed on her locker. There was adequate storage space in residents' bedrooms for their clothing and belongings and items of personal assistance equipment such as walking frames. The inspector observed that flooring in parts of the centre required replacement where it had been patched with tape, carpets required cleaning, furniture required replacement and parts of the centre required repainting. This was discussed further in the report.

Residents were very complimentary about the food and the inspector saw that residents were offered choice. The inspector observed that there were no menus displayed near to residents' tables however, and a number spoken with were not sure of what was on offer for dinner. Nevertheless, staff were seen to inform residents regarding the choices on offer. The dining room experience would be enhanced by putting a menu on each table as residents were interested in the food choices. One lady said she did not like either of the main courses on offer which would have been discovered earlier if she had seen the menu. She was offered an alternative meal. Modified diets were well presented and appetising. The food overall appeared nourishing and served in adequate portions. The inspector observed that tables in the dining rooms were attractively set and assistance was given to residents in a discrete and unhurried manner, when this was required. Mealtimes in the dining rooms were observed to be social occasions and a number of residents told the the inspector that they looked forward to their meals. One resident told the inspector that they enjoyed going to the dining room and meeting people at mealtimes and then returned to their bedroom in the afternoon when the centre was quiet.

Residents were very complimentary about staff saying that staff were friendly, kind and understanding. One female resident said staff had become her "friends" and would willingly do shopping for her. Staff were observed supporting residents in a relaxed and attentive manner throughout the inspection. Residents said that staff

had made a special effort to facilitate them to talk to their families when visiting had been restricted through the use of video calls, mobile phones and window visits and they were especially grateful for the support at that time.

Residents described the person in charge as kind and approachable and the person they would talk to if they were unhappy about any areas of the service provided. Residents were also seen to interact with the administration manager stopping for a conversation or an enquiry. Person centred interactions were seen between staff and residents and it was obvious to the inspector that they were comfortable in each others company. Staff were described as having become like "family" by one visitor and resident.

On the morning of day one of the inspection there were six residents observed sitting in one sitting room with little interaction from the busy staff. One resident was reading a paper, the others were snoozing or glancing at the TV. This pattern was repeated throughout the day in the sitting and dining rooms. A large number of residents were seen in their bedrooms in the afternoon of both days. Some of the residents who stayed in their rooms told the inspector they did not mind being in their bedroom and enjoyed reading and watching TV. One resident said they were staying in their room as they enjoyed the personal time. The lack of a full programme of activities and available staff allocated to activity provision was evident during the inspection and some residents told the inspector the day could be very long with "little to do". One resident said it was "boring and the days were very long". The care staff told the inspector that they would provide activities when they could but the staffing levels did not support a full time activity person on a daily basis. For example, the activity schedule did not indicate that any activity was planned on Wednesday, Saturday or Sunday. This is discussed further in the report.

Overall, residents expressed feeling safe and content in the centre.

The next two sections of the report will 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.

Capacity and capability

The inspector found that the governance and management of the centre was well organised and resourced and that the management team was committed to ongoing quality improvement in the centre. Overall the findings of this inspection were that the provider had displayed a commitment to maintaining regulatory compliance. However, additional improvements were required to ensure compliance with the regulations on notifications, staff supervision, residents' rights, infection control and premises, some of which were discussed under the quality and safety dimension of this report.

The registered provider for the centre was Bushmount Nursing Home Limited. The

two directors of the company were involved in the centre on a day to day basis. From a clinical perspective the care and support team in the centre was comprised of the person in charge, an assistant director of nursing, two clinical nurse managers, a team of nurses and health-care staff, as well as administrative, catering, household, and maintenance staff. There was evidence of regular meetings between the director, who represented the provider, and the nurse management team to promote best practice, particularly in relation to preparedness for COVID-19. Complaints management and key performance indicators were reviewed and discussed at these meetings as evidenced in the minutes. Staff handover meetings ensured that information on residents' changing needs was communicated effectively according to staff spoken with. Information recorded in the sample of the daily communication sheets in residents' care plans provided evidence that key information was accessible.

There were comprehensive management systems in place to ensure a safe, consistent, appropriate and monitored service.

For example:

- key performance indicators were collected weekly and audited, such as falls, infections, the use of restraints and skin integrity
- incidents and accidents were audited and any trends were identified, training was updated where necessary.
- complaints were recorded, reviewed and followed up. The satisfaction or not of any complainant was recorded
- the audit schedule was set out annually and audits were undertaken monthly
- the 2020 review of the quality and safety of care had been completed and was reviewed by the inspector.

Staff spoken with told the inspector they enjoyed working in the centre and it was evident that they knew residents well. A review of the roster indicated that there were generally sufficient numbers of care staff rostered during the day, when considering the care needs of residents and the size and layout of the centre. However, there were times during the two days of inspection when there appeared to be a shortage of staff on certain units, for residents' supervision, activities and care provision. There was good staff retention in the centre which meant that residents had continuity in their care and were familiar with staff. Staff reported that it was a supportive workplace and they said that they felt this support from management. The training matrix indicated that staff received training appropriate to their various roles. Staff confirmed their attendance at the sessions and demonstrated knowledge of, for example, fire safety and reporting allegations of abuse. Staff supervision was implemented through probationary meetings and annual appraisals. Records of staff meetings included evidence of consultation with all staff disciplines and staff feedback was actively sought for the implementation of improvements within the centre. The person in charge assured the inspector that Garda Síochána (Irish Police) vetting (GV) clearance was in place for all staff, prior to them taking up their respective roles.

All records requested during the inspection were made readily available to the

inspector: for example, care plans, assessments, complaints log and incident reports. These were, in general, comprehensively maintained. The inspector reviewed the complaints log which revealed that complaints were recorded and followed up. A sample of residents' records reviewed by the inspector were found to be in compliance with the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). Maintenance records were in place for beds, fire safety equipment, hoists, wheelchairs and slings. Copies of the standards and regulations for the sector were available to staff.

Regulation 14: Persons in charge

The person in charge fulfilled the requirements of the regulations and was experienced in the role.

Judgment: Compliant

Regulation 15: Staffing

A review of the roster indicated that staffing levels did not include a staff member who was available to provide consistent, daily activities to residents. This was necessary to ensure that residents' holistic needs were met and that they remained socially engaged and stimulated.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Supervision of the cleaning processes in the centre was not robust and this impacted on the finding of non compliance in infection control.

As there was one staff nurse in charge of one unit, which spanned a downstairs and upstairs element, the inspector found that this impacted on supervision of residents and availability of staff to supervise residents' needs:

For example, during the afternoon walkabout the inspector found that:

- one resident was lying too low in his bed to see any activity around him: his electric bed was adjusted to make him more comfortable
- one resident required a drink, this was attended to
- another resident had dry lips, this was addressed

- there was a comment seen in one survey which stated that there were not sufficient staff available particularly in the afternoons, this was borne out by the inspector's findings on the two days of inspection.

Judgment: Substantially compliant

Regulation 21: Records

Records in relation to residents' nutrition were not consistently recorded on the food and fluid intake charts which were located in certain residents' bedrooms.

These charts were blank or sparsely completed on some days. This was significant for those residents who required support with meals and those in bed, as it provided staff with a daily intake record for vulnerable residents.

Judgment: Substantially compliant

Regulation 23: Governance and management

Improved management systems were required to ensure compliance with a number of regulations as identified under the Capacity and Capability and Quality and Safety dimensions of this report:

For example:

- not all suspected cases of COVID-19 infection had been notified to the Chief Inspector, this was significant in view of the upsurge of COVID-19, as such a notification would have ensured that the Chief Inspector was assured that such cases were being identified and appropriately managed
- the findings on infection prevention and control, including poor supervision of the cleaning processes, were outlined under Regulation 27
- supervision of record keeping and residents' needs required improvement
- activity provision was not adequate, leading to residents "finding the days long" and going to their rooms in the afternoon in the absence of meaningful activity.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The required elements were set out in the statement of purpose, including for

example, a statement on the ethos of care, care plan development, the management and staffing arrangements and the complaints procedure.

Judgment: Compliant

Regulation 31: Notification of incidents

All the required notifications had not been submitted to the Chief Inspector within the regulatory three-day time frame.

The inspector found that on a number of occasions there had been suspected cases of COVID-19 in the resident population which had required a test to be carried out.

These notifications of suspected COVID-19 had not been submitted as required.

Judgment: Not compliant

Regulation 34: Complaints procedure

There was a complaints management system in place with evidence of complaints recorded, investigation into the complaint, actions taken and a record of the satisfaction of the complainant recorded in the outcome.

Judgment: Compliant

Regulation 4: Written policies and procedures

Policies and procedures, as required under Schedule 5 of the regulations, were in place and up to date.

Infection control policies and COVID-19 related policies were live documents which were updated according to any new Health Protection Surveillance Centre (HPSC) guidelines.

Judgment: Compliant

Quality and safety

Overall, residents in Bushmount Nursing Home were supported and encouraged to have a good quality of life which was respectful of their wishes and choices. There was evidence of good consultation with residents and their needs were being met through timely access to healthcare services and occasional opportunities for social engagement. They stated that they were relieved that they did not experience an outbreak of the COVID-19 virus and they acknowledged the effort of staff, their relatives and the vaccination team which all combined to keep them safe. Nonetheless, this inspection found that improvements were required in relation to monitoring infection control practice, premises upgrade, personal possessions and activity provision.

The premises was generally well maintained, homely and comfortable. It was colourful throughout and thoughtfully decorated. Improvements required after the last inspection had been addressed. For example, having regard to the dependency and needs of those residing in the centre, two additional showers were now in place. Residents had access to a very large enclosed garden, flower beds and a patio area which were well maintained. There were walkways and seating in the garden to be enjoyed by residents as they wished and a number were seen to avail of the lovely fresh days during the inspection. The smokers' area required attention however, as addressed under Regulation 17: Premises.

Residents' bedrooms were personally decorated and individualised. Photographs, flowers, birthday cards and personal belongings were displayed, which residents said reminded them of "family and home". Residents were seen to have sufficient space for personal belongings in their bedrooms and locked storage for valuable items.

Residents' records were maintained on an electronic system. Residents' needs were assessed using clinical assessment tools and care plans were developed to meet residents' identified needs. The inspector reviewed six care plans during this inspection. Care plans were underpinned by a human rights-based approach and ethos. Overall, care plans were person centred, periodically reviewed and updated at least every four months, as required under the regulations. Staff members spoken with demonstrated a good knowledge of residents and their physical, social and psychological needs, and this information was reflected in the care plans.

The health of residents was promoted through ongoing medical review and general assessments included skin integrity, nutrition, cognitive ability and falls. Care plans for health issues were developed with residents' support or that of a representative. Residents had good access to general practitioners (GPs) and there was evidence of regular medicine reviews by the GPs. End-of-life care plans were in place for residents. Residents had access to pharmacy services and the pharmacist was facilitated to fulfil their obligations under the relevant legislation and guidance issued by the Pharmaceutical Society of Ireland. Medicine reviews and pharmacy audits took place on a regular basis and these revealed good practice. Medicines were carefully stored and recorded and medicine management was subject to audit. Dietitian and speech and language services (SALT) were provided by a private nutritional company. There was access to physiotherapy and occupational therapy (OT) services when required. Residents also had access to specialist services

including podiatry, dental, palliative care, wound care and old age psychiatry, where relevant. Input from the multidisciplinary team was evident in the sample of care plans reviewed by the inspector.

Fire fighting equipment was located throughout the building. Emergency exits were clearly displayed and free of obstruction. A fire safety policy was in place. The risk management policy included the regulatory, specified risks and a live risk register was in place which included area-specific identified risks, such as risks related to working in the kitchen and the mitigating controls in place. A major emergency plan was available and there was evidence that where an incident occurred, reviews which identified learning were completed and these informed the risk register.

Staff in the centre monitored residents and staff for COVID-19 infection and residents and their families were informed of any test requirement. Vaccinations against the virus had taken place for staff and residents. The contingency plan and preparedness for the management of an outbreak of COVID-19 was seen to be a comprehensive document. Staff of all grades had received appropriate training in hand washing, donning and doffing personal protective equipment (PPE), food safety and cleaning processes. The Health Information and Quality Authority (HIQA) COVID-19 preparedness assessment framework on infection control was seen to be in use, to risk assess the centre's practices three monthly, as required. On the day of inspection there were four members of staff assigned to house keeping and the laundry. The laundry had facilities and space to segregate clean and dirty laundry to prevent cross infection. Nonetheless, the inspector found that a number of improvements were required in infection prevention and control processes which were highlighted under Regulation 27.

Activity provision required enhancement to provide more frequent opportunities for residents to participate in activities in accordance with their interests and capacities. However, residents were seen to have access to radios, television, telephones and newspapers. The community were very supportive, sending in good wishes cards and treats during the time that visits were restricted, earlier in the year. Residents' meetings and surveys were held which provided opportunities for residents to express their opinion, to discuss their food preferences, their activity choices and their concerns about the COVID-19 virus. Minutes of these meetings were documented and made available to the inspector. Family surveys were also conducted and the results were recorded. Visitors spoken with by the inspector praised the staff and the care they provided. They said that efforts had been made to allow visits in exceptional cases at all times, such as for those residents feeling depressed or those at the end of life. Mass was facilitated, currently by video link to the local church on a weekly basis and monthly in the centre.

Comprehensive systems had been established to support residents' rights and their safety:

For example;

- audit and review of the need for restraint such as, bedrails
- mandatory and appropriate training

- external advocacy access
- transparent family communication and promoting daily life choices.

Required improvements in relation to premises, infection control, activity provision and personal possessions among other quality and safety aspects of care were detailed under the respective regulations in this dimension of the report.

Regulation 11: Visits

Visiting was undertaken within the guidelines from the HPSC.

Residents and relatives were content with the visiting regime.

Additionally, compassionate visits were facilitated and records of the visits were maintained.

Judgment: Compliant

Regulation 12: Personal possessions

Storage of personal possessions required review:

- Three pairs of unmarked shoes were seen on a window in the sluice room.
- Four pairs of unmarked reading glasses were seen in a container in the dining room.
- A number of bags of residents' clothes were seen in the store room.
- The person in charge stated that this issue would be resolved and that a new system would be brought in to ensure that clothes were returned promptly or alternative arrangements made for storage.

Judgment: Substantially compliant

Regulation 13: End of life

Residents' wishes for end-of-life care were recorded. These were supported by care plans and doctor's input where relevant.

The inspector saw a number of cards and letters written to staff praising them and thanking them for the respectful end-of-life care which their family member had received.

Judgment: Compliant

Regulation 17: Premises

The inspector identified the following issues in relation to the premises that required action:

- Some items of old furniture were awaiting removal in the external grounds.
- Painted woodwork on skirting required renewal.
- The external area set aside for those who smoked required cleaning and clearing.
- Areas of flooring had been repaired with tape, an upgrade was required.
- Tiles were missing from one area behind a toilet and the floor tiles required repair in one toilet.

Judgment: Substantially compliant

Regulation 26: Risk management

There were measures in place for the management of risk.

There was a risk management policy which was seen to be followed in practice and an associated risk register.

For each risk identified, the hazard, the level of risk, the measures to control the risk, and the person responsible for taking action were clearly set out.

Identified risks were discussed at health and safety meetings and measures were put in place to mitigate new risks. These minutes were reviewed.

Judgment: Compliant

Regulation 27: Infection control

Infection prevention and control practices in the centre were not in line with the national standards and other national guidance.

- there were scuffed, torn surfaces on some tables, floor mattresses, chairs, floors and paintwork would impede affective cleaning
- there was a limited number of hand wash sinks dedicated for staff use in the centre. The available hand hygiene sinks did not comply with current

- recommended specifications for clinical hand hygiene sinks
- there was a need for more hand gel dispensers in each corridor as in the event of an outbreak of COVID-19 the current supply was not sufficient to ensure effective hand cleaning before entering each bedroom of when leaving each room
- the hand gel was being topped up in the dispensers instead of being provided in the sealed, single-use pouches which was recommended to prevent contamination
- there was no hand gel dispenser accessible near the exit for the smokers' area. This was significant in the era of COVID-19 to prevent cross contamination of surfaces on return into the centre
- the sluice room contained a number of items for disposal which gave it a cluttered appearance and made it more difficult to clean
- the inspector identified a need for a cleaning schedule for the commodes as a number of these were stored in residents' rooms
- the carpets were not steam cleaned regularly and were seen to be stained
- the cleaning process in general required supervision, as dust was seen on skirtings, high surfaces, shelves and behind doors in communal rooms
- a number of open packets of gauze and ointments were seen on residents' bedside lockers. These were required to be stored in the clinic room to prevent contamination as they were required for dressings on skin wounds
- the hairdressing salon was not sufficiently clean, bins had not been emptied since previous hair cuts and the chair in use was rusty, which would impede effective cleaning. Some items from the room were stored in the kitchenettes adjacent to food products. This was not hygienic. These were removed on the day of inspection and returned to the hairdressing room
- the staff room areas required a deep clean and clearing of unwanted old items.

Judgment: Not compliant

Regulation 28: Fire precautions

It was clearly evidenced that there was a positive focus on fire safety.

All staff had undertaken training in fire safety and those spoken with were knowledgeable of what to do in the event of a fire. There were daily and weekly checks carried out to ensure that fire exits were not obstructed and that the fire alarm was functioning appropriately. Certificates were available for the quarterly and annual servicing of the fire safety system. Fire drill evacuations by compartment were being performed and there was a comprehensive narrative recorded regarding actions and times of drills, which indicated continuous improvement. These records were seen by the inspector.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Care plans were well maintained and reviewed four monthly. They were seen to reflect the assessed needs of residents. Members of the multidisciplinary team had also provided advice for staff in best evidence-based care. Care plans were written in a personalised way and updated within the regulatory time frame. A number of residents were seen to have been consulted about their personal plans.

Judgment: Compliant

Regulation 6: Health care

There was a good standard of evidence-based health care provided to residents in this centre. Residents were regularly reviewed by their GP. There was evidence of access to health and social care professionals such as, the physiotherapist, dietitian and occupational therapist (OT). Residents who had skin wounds had appropriate care plans in place and dressings were carried out in accordance with advice from the tissue viability nurse (TVN).

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Staff identified residents who could display responsive behaviours (how residents who are living with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). A review of these care plans indicated that residents had behavioural support plans in place, which identified potential triggers for behaviour escalation and any actions and therapies that best supported the resident. Residents had access to psychiatry of older age also.

Throughout the day of inspection the inspector observed that staff demonstrated knowledge and skills when supporting residents experiencing responsive behaviours, in a manner that was least restrictive. For example, this included talking with residents and walking with them, to create distraction and comfort.

Judgment: Compliant

Regulation 8: Protection

Staff who spoke with the inspector, were aware of how to identify and respond to alleged, suspected or actual incidents of abuse. Residents reported that they felt safe within the centre.

The provider had taken all reasonable measures to ensure residents were protected from abuse.

A vetting disclosure (GV) was in place for all staff. Records revealed that training in safeguarding was provided to all staff on an annual basis.

Judgment: Compliant

Regulation 9: Residents' rights

As highlighted in the quality and safety introductory paragraph, the absence of staff assigned to facilitate a complete programme of activities over the seven day period required revision and improvement.

- Residents were not seen to be afforded meaningful activity on the days of inspection.
- Staffing had not been made available for a range of meaningful and interesting activities over seven days.
- One resident had no remote control for the TV, there were no individual remotes available.
- In general, there were no morning activities routinely held in the centre on a daily basis and there were no activities taking place on the day of the inspection, apart from a game of bingo in the late afternoon.
- It was evident that the absence of a staff member assigned to ensuring the coordination of activities throughout the centre meant that there was insufficient focus on activities and residents' needs were not met in this aspect of their daily lives.
- Residents' input in the surveys for a new range and variety of activities had yet to be actioned.
- The staff identification boards had not been updated on the day of inspection which had the potential of being misleading to any resident who thought certain staff were on duty.

Judgment: Substantially 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	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Substantially compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Not compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Bushmount Nursing Home OSV-0000292

Inspection ID: MON-0034121

Date of inspection: 10/11/2021

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 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 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: Person Centered Care and meaningful activities are an important part of our ethos at Bushmount Nursing Home.</p> <p>We have 17 care assistants, 3 nurses, a resource assistant, visiting attendant, administrator, a newly appointed CNM2, ADON and DON on duty daily.</p> <p>We have several day rooms throughout the house which allow for a space for residents to gather and chat, receive their meals and engage in activities.</p> <p>There is a care assistant assigned to these rooms every day. Their responsibilities are to ensure safe supervision, assistance with needs and provision of meaningful activities. These care assistants are not highlighted as "activities co-ordinator" on the roster, however on review of our roster we have decided to clearly highlight who is the person assigned to these day rooms.</p> <p>We take a holistic approach to activities in the day rooms and these activities are led by what the residents present wish to do, and thus there is not a set timetable. Often these activities take the form of meaningful chats and reading the newspaper, as seen on the day of inspection.</p> <p>In addition to this we have a Person-Centred Care Co-Ordinator employed by the centre, whose role it is to oversee group activities and to aid in providing 1:1 engagement for those in their rooms, and to assist in guiding the carers in the sitting rooms for impromptu activities.</p> <p>At the time of inspection our current Person-Centred Care Co-Ordinator had returned to college, to further her knowledge and education. We had already employed a second co-ordinator; however, she had not fully commenced her role by date of inspection. She is now fully employed and active in her role.</p>	
Regulation 16: Training and staff	Substantially Compliant

development	
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>Robust cleaning processes are in place throughout the centre with a comprehensive cleaning schedule in place. A review of the supervision of the cleaning processes has been undertaken since inspection and a more robust audit has been introduced, in addition to our infection control audit to ensure adherence to good practice.</p> <p>A CNM2 has been appointed since the inspection. As part of her role, she now helps with supervision in the house which spans 2 floors. Staffing on this unit had previously been increased, by way of a care assistant, in response to the findings of the relatives' surveys.</p>	
Regulation 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records:</p> <p>Record taking and documentation is taken very seriously in Bushmount Nursing Home and a comprehensive documentation audit is undertaken quarterly, which provides for continuous improvement.</p> <p>One of the intake charts that was seen on the day of inspection was no longer required, but had not been removed from the room. The other chart had been filled up to the morning of inspection and the staff had not yet filled the intake from that morning. Since inspection the process for these charts has been reviewed and there is now a system in place to ensure that charts no longer required are removed from the resident's room in a timely manner and are filed accordingly.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Bushmount Nursing Home has a robust management structure in place, with clearly defined roles of Director of Nursing, Assistant Director of Nursing, Administrator and Clinical Nurse Managers.</p> <p>The areas of improvement, identified by the inspector have been reviewed by the management team and upgrades to both the management structure and systems in place have been made accordingly.</p> <p>A new CNM2 has been appointed to assist the management team to achieve full compliance.</p>	

All suspected cases of COVID-19 will be notified to The Authority, within the specified timeline.

Our CNM2 had previously already undertaken the role of Infection Prevention Control nurse and she will continue to do this, with protected time allowed.

A new system will be implemented to allow cleaning staff to sign when they have cleaned each area. A more robust audit for cleaning, in addition to our infection control audit will also be implemented.

Our new Person-Centered Care Co-Ordinator is now fully active in her role, and is providing over sight of all activities provided.

We will also continue the practice of having a care assistant assigned to each day room every day, to ensure safe supervision, assistance with needs and provision of meaningful activities. These activities will continue to be led by what the residents present wish to do, and thus there is not a strict timetable. These care assistants will now be highlighted on the roster.

Regulation 31: Notification of incidents	Not Compliant
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Outline how you are going to come into compliance with Regulation 31: Notification of incidents:

Bushmount Nursing Home to date has remained COVID free. To date all swabs sent have been as a precautionary measure, to rule out COVID-19 as a possible cause of a symptom and have all returned a not detected result. No resident has required swabbing as a result of being a close contact. These results have been recorded in the residents' notes.

Going forward all swabs sent for testing for COVID-19 will be notified to the authority within the regulatory 3 day time frame.

Regulation 12: Personal possessions	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 12: Personal possessions:

Personal possessions are held in high regard at Bushmount Nursing Home. All possessions are recorded on a property list, which is updated regularly. All clothing is labeled as it comes in to the home, to ensure it does not get lost or misplaced.

The shoes that were in the sluice were actually for disposal, this had been recognized by the household staff. They however were waiting to double check with the care staff to ensure this was the case.

The 4 pairs of unmarked glasses in the living room were spare glasses, in case a resident lost or broke their own pair. Going forward spare glasses will not be kept in the sitting

room.

The bags of clothes in the store room belonged to resident whom had recently passed away and were awaiting collection by family. A new process for this is being developed to ensure clothes are collected quickly. New cloth storage bags have been purchased for this purpose also.

Regulation 17: Premises	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 17: Premises: Bushmount Nursing Home takes the upkeep of the premises very seriously and develops a premises improvement plan for the next year, as part of the yearly annual review. Due to the pandemic, these improvement plans have had to be somewhat curtailed over the last 18 months, as having external workers such as builders on site would have posed a considerable risk of introduction of COVID-19 to the facility, where to date, we have managed to stay COVID free.

A skip will be ordered to dispose of old furniture. This old furniture is currently stored at the side of the building beside the garage, away from the main premises.

Skirting, along with other paintwork is planned for 2022.

The smoking area was cleaned on the day of inspection.

The flooring in Bushmount Nursing Home was previously a laminate floor, which developed a fault, causing the panels to slip. The replacement of this flooring began in 2019, in a phased process, and has been replaced throughout with only one area/short corridor remaining to be renewed. However, due to the pandemic, the last phase had to be put on hold. The tape seen on the day of inspection is heavy duty tape, preventing any risk of slippage. This final section is planned for 2022, as outlined in our documented risk assessment.

All communal bathrooms were assessed and renovations planned in 2019. 2 of the bathrooms required a full refurbishment, these were completed. The next 2 bathrooms, referred to here were identified for renovations also and were due to commence in March 2021. Unfortunately, before work could commence the Pandemic started and all building work had to be put on hold. These 2 bathrooms are also in the premises improvement plan for 2022.

Regulation 27: Infection control	Not Compliant
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Outline how you are going to come into compliance with Regulation 27: Infection control:
Bushmount Nursing Home has remained COVID free to date. We have robust infection control protocols in place with a nominated Infection Prevention Control Nurse. All staff

are trained in infection control and have received further training in regard of Handwashing, COVID Awareness and PPE Use. This training is completed yearly, even though the recommended timeframe is 2 years. Infection control is rigorously and routinely audited, as well as hand hygiene and laundry. In addition, The IPC Checklist for Residential Care Facilities, in The Context of COVID-19 and HIQA Self-assessment Tool Preparedness Planning and Infection Prevention and Control Assurance Framework for Registered Providers have been completed and regularly reviewed to ensure good infection control processes throughout the centre.

Due the Pandemic routine replacement of furniture had not been able to take place over the last 18 months.

An audit of all furniture on the premises has been undertaken and any furniture (including but not limited to tables, chairs, floor mattresses, floors and paintwork) that is worn will be replaced.

There are currently 26 dedicated hand wash sinks available in the center, in addition to each resident's room having their own sink.

There are currently 29 handgel dispensers located on the corridors. These were increased by 10 at the beginning of the pandemic. Each nurses trolley also has handgel on it, plus each sitting room and sluice room, plus every staff and visitor entrance and exit. The handgel on the corridors are currently placed approximately 4 meters apart. However, we have identified 5 areas where this gap is slightly longer and will increase our number of dispensers in these areas.

In addition to this we have sufficient stock of portable hand gel dispensers which can be placed at each point of care and every staff member will be supplied with an individual hand gel bottle in the event of an outbreak.

The practice of refilling of alcohol gel pouches has been immediately stopped.

Handgel Dispenser has been installed by the exit to the smoker's area.

3 pairs of shoes were in the sluice room on the day of inspection. The household staff were aware of these and was waiting to check with care staff, before disposal, to ensure they did not belong to a resident.

The cleaning schedule for commodes has been reviewed and a new system of recording cleaning of these has been developed.

A more robust cleaning audit is being introduced to further enhance our supervision of cleaning.

The carpet mentioned in the report is located in our chapel. This carpet would have been regularly steam cleaned by an external company as part of our full house deep clean, however due to the pandemic this could not happen. We have now decided to remove the carpet.

The external company who does a yearly deep clean of the full house will resume this practice in 2022.

The open packet of gauze and ointment that was seen by the inspector on the day of inspection was being kept in that resident's room as he has a history of MRSA in his wound and storing it in the clinic room would have been a much higher risk of cross contamination. However, they should have been stored in his locked press, within his room for safety, and will be stored accordingly, effective immediately.

Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights: Resident rights are an integral part of the care we deliver at Bushmount Nursing Home. A comprehensive policy is in place to ensure that all rights are upheld, under-pinned by the UN Principles for Older Persons.</p> <p>Residents are encouraged to attend one of our 5-day rooms daily, where activities of varying degrees take place. These activities are led by what the residents present wish to do, and thus there is not a set timetable. Often these activities take the form of meaningful chats and reading the newspaper, as seen on the day of inspection. Mass was also taking place in the centre on the morning of the second day of inspection. Due to HPSC guidelines, numbers attending mass in the chapel had to be reduced to ensure social distancing. Thus, half the house attends on a Wednesday and the other half on a Sunday. This means that all residents get the chance to attend in person once a week. For those not attending on the day a live stream is available to the TVs in their rooms.</p> <p>Every resident has their own TV and remote control. Staff are aware to check every morning that the remote control is in the room.</p> <p>Group activities had to be scaled back due to the pandemic, as it had been recommended to us, via the HPSC guidelines to keep residents to small bubbles and ensure social distancing.</p> <p>Throughout the pandemic, small group activities have continued in each of the 5 sitting rooms and as many outdoor events as possible took place over the summer, such as bar-be-ques, afternoon tea and outdoor music sessions.</p> <p>Over the weeks prior to inspection, we had started to cautiously reintroduce some group activities, such as music's sessions. This was in process on day of inspection, as all performers had to be re-garda vetted, and all activities risk assessed.</p> <p>We do have a Person-Centred Care Co-Ordinator employed by the centre, whose role it is to oversee group activities and to aid in providing 1:1 engagement for those in their rooms, and to assist in guiding the carers in the sitting rooms for impromptu activities. At the time of inspection our current Person-Centred Care Co-Ordinator had returned to college, to further her knowledge and education. We had already employed a second co-ordinator; however, she had not fully commenced her role by date of inspection. She is now fully employed and active in her role.</p> <p>Since inspection, the new Person-Centred Care Co-ordinator, DON, ADON and CNM2 have met and are in the process of drawing up a new overall activities plan, along with activity idea boxes for each day room to ensure provision of meaningful activities to all residents.</p> <p>Residents input in surveys have been noted and considered with some options already implemented, such as gardening, which takes place when the weather permits. However due to COVID restrictions many options have unfortunately not been actionable, for example group outings and tea-dances. However, the feedback from these surveys has been taken on board by management and as soon as is safe to do so these will again become part of normal life for our residents in Bushmount.</p>	



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 12(a)	The person in charge shall, in so far as is reasonably practical, ensure that a resident has access to and retains control over his or her personal property, possessions and finances and, in particular, that a resident uses and retains control over his or her clothes.	Substantially Compliant	Yellow	06/12/2021
Regulation 12(b)	The person in charge shall, in so far as is reasonably practical, ensure that a resident has access to and retains control over his or her personal property, possessions and finances and, in particular, that his or her linen and clothes are laundered regularly and returned to	Substantially Compliant	Yellow	31/01/2022

	that resident.			
Regulation 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Substantially Compliant	Yellow	06/12/2021
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	31/01/2022
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	31/03/2022
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Substantially Compliant	Yellow	06/12/2021
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service	Substantially Compliant	Yellow	06/12/2021

	provided is safe, appropriate, consistent and effectively monitored.			
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Not Compliant	Orange	10/11/2021
Regulation 31(1)	Where an incident set out in paragraphs 7 (1) (a) to (j) of Schedule 4 occurs, the person in charge shall give the Chief Inspector notice in writing of the incident within 3 working days of its occurrence.	Not Compliant	Orange	06/12/2021
Regulation 9(2)(a)	The registered provider shall provide for residents facilities for occupation and recreation.	Substantially Compliant	Yellow	06/12/2021
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Substantially Compliant	Yellow	06/12/2021

