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:	Bushmount Nursing Home
Name of provider:	Bushmount Nursing Home Limited
Address of centre:	Bushmount, Clonakilty, Cork
Type of inspection:	Unannounced
Date of inspection:	04 September 2025
Centre ID:	OSV-0000292
Fieldwork ID:	MON-0047936

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 Fuchsia. 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 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:	77

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
Thursday 4 September 2025	09:15hrs to 17:25hrs	Erica Mulvihill	Lead
Thursday 4 September 2025	09:15hrs to 17:25hrs	Caroline Connelly	Support

What residents told us and what inspectors observed

This unannounced inspection, was conducted by two inspectors of social services over one day. During the day, inspectors met with many of the 77 residents living in the centre and also spoke with staff and visitors to gain an insight into what it was like to live in Bushmount Nursing Home. The inspectors spent time observing daily life in the centre, to understand the residents' lived experiences.The inspectors spoke in detail to fifteen residents and met with ten visitors over the course of the day. Residents praised the staff and management team and complimented the kindness of all staff in the centre. One resident said that they loved living in the centre as" it does your heart good to have staff and residents to chat with and for someone to be kind enough to take the time to say hello and how are you". Another resident stated " we have great craic here and there is always something going on". One resident described how they came in for respite and liked the care and staff so much that they decided to move in full time.

On arrival, the inspectors were greeted by the person in charge. Following an initial walk through the centre, where inspectors observed kind interactions between staff and residents, the inspectors and person in charge had a short introductory meeting.

Bushmount Nursing Home is situated in the heart of Clonakilty town, on six acres of mature gardens. The extensive landscaped grounds were well-maintained and provided a safe space for residents' and visitors use. Residents were observed using the gardens of the campus and they were seen to go out unaided and also with support on the day of the inspection. The centre was built in the 1950's and was modernised, and extended, in recent years, to provide accommodation within 79 single bedrooms set out in four units, namely, Primrose, Bluebell, Daffodil and Fuchsia. Communal accommodation comprised dining rooms, sitting rooms/lounges, an activity room, large chapel and a family room. Mass was said twice a week, in the chapel, located on the first floor. The provider had building works ongoing which would provide a sitting room in the upstairs section of Daffodil unit and two extra bedrooms on the ground floor. This will enhance the environment for the residents and provide greater choice of communal space, provide for a larger dining room to enhance their dining experience also.

Throughout the day of the inspection, residents were seen to come to the dining rooms for breakfast at a time of their choosing and a large group of residents were seen enjoying music, newspapers and using the many communal spaces in the centre. Inspectors spoke with three residents who were in the dayroom and they were enjoying chatting and a cup of tea. One resident stated that since coming to the centre, "the friendships i have made are fantastic as i lived alone previously". Residents had a therapy dog who visited the centre regularly, Obi, whom they stated they loved and were observed to be interacting well with when he visited.

In the hairdressing salon, one staff member who was a health care assistant, also worked as the centre hairdresser and inspectors observed great fun and interaction between residents and the hairdresser while they were having their hair attended to. Staff overall were kind, respectful and were very familiar with the care requirements of each resident they cared for. Supervision of communal spaces was evident and call bell answering were responded to without delay which was reflected in residents feedback.

There was a varied activities programme ongoing with different activities going on in different areas or houses as they were referred to by the staff. For music or any planned event, residents were invited to one area to enjoy these activities as per their preferences. One resident told inspectors that there are "always activities here so you never get bored". Some residents were happy in their bedrooms and did not like large group settings. These residents had regular visits and supervision by staff who were seen to be respectfully knocking before entering rooms.

Residents were extremely complimentary of the food choices and menus available in the centre. The chef and kitchen staff were jovial and residents commented that they always went the extra mile for them and they were spoilt for choice. Modified diets were observed to be nutritious and well presented. Mealtimes were observed to be very person centred. For example, one resident does not like to receive a dinner at lunchtime, so his dinner is set aside for them for the evening meal. The staff in the kitchen, also set aside the supper time meal for the resident thereafter and he requests this meal at around 10pm. This is in line with the residents routines prior to coming into the centre and their preferences and the resident was very appreciative of this being facilitated.

Overall, the centre was very clean and was sufficiently decorated with colourful pictures, artwork and soft furnishings. The centre provided a homely environment for residents, however, wear and tear of flooring was observed in some bedrooms. The provider did have an ongoing programme of works to include painting and flooring in areas that required it and these bedroom areas were listed as areas to upgrade.

The next two sections of the report present the findings of this inspection in relation to the capacity and capability of the centre and how this supports the quality and safety of the service being provided to residents.

Capacity and capability

This was an unannounced inspection to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013(as amended). Overall the findings of this inspection were that the provider had processes in place, to ensure the service was well resourced and monitored, and that residents received good quality, effective and safe care. The provider, management team and staff focused on promoting residents rights and

choices, this was evident throughout the inspection. The inspectors reviewed the actions from the previous inspection and found actions were taken in relation to governance and management systems, infection prevention and control, care plans and Fire Precautions.

Bushmount Nursing home is owned and operated by Bushmount Nursing Home Limited, who is the registered provider. It is registered to accommodate 79 residents. The company comprises of two directors, both of whom are involved in the daily operations in the centre. One of the directors, was the named person representing the provider, for the purposes of regulation. They were accessible to the person in charge and visited the centre regularly. A chief executive officer(CEO) was on site during the week to support the running of the centre. There were clear lines of accountability and responsibility set out, in relation to governance and management. The director of nursing was supported in their role by an assistant director of nursing (ADON), clinical nurse managers (CNMs) and a team of nurses, health care assistants, household, catering, activities, maintenance and administration staff.

A review of staffing rosters on the day of inspection showed evidence of increased staffing since the previous inspection particularly to cover the afternoon periods and in household to provide a seven day cover. These were all actions from the previous inspection findings. The inspectors had seen there was good review and planning of rosters to accommodate the changing needs of residents. There was ongoing review of staffing for night time.

Training records reviewed evidenced a clear training schedule with training available to enable staff to perform their respective roles and duties. An ongoing schedule was managed by the person in charge.

Quality and safety of care and quality of life was monitored through a scheduled audit system. Results of the audits were addressed and followed up. Minutes of management and staff meetings, provided evidence that staff were facilitated to raise concerns and have these addressed. Action plans and follow up evidence was recorded.

A robust complaints system was in place at the time of the inspection. Complaints information was evident in the front hall of the centre for residents and families with details of the procedure and ombudsman. Complaints were well managed in the centre and evidence of interaction and follow up with the complainant was available to review.

The annual review for 2024 was reviewed; it was developed following engagement with residents and families. It was easy to read and outlined quality initiatives ongoing within the centre.

Regulation 15: Staffing

Staffing rosters were reviewed and with recent staffing increases, staffing levels were found to be adequate for the size and layout of the centre on the day of the inspection. Rosters are kept under review based on changing care needs of residents. Staff interactions on the day of inspection were very observed to be person centred, kind and respectful.

Judgment: Compliant

Regulation 16: Training and staff development

There was an ongoing schedule of training in place to ensure all staff in the centre had relevant and up to date training to enable them to perform their duties. Staff had completed training in Fire safety, safeguarding vulnerable adults, managing behaviour that is challenging and Infection Prevention and Control. A robust induction programme was in place for new staff to attend on commencement of their role.

Judgment: Compliant

Regulation 19: Directory of residents

The directory of residents was reviewed and detailed the required information as per Schedule 3 of the regulations.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider had a defined governance and management structure in place, with clear lines of authority and accountability established.

Good monitoring and oversight systems are in place in the centre to ensure the service provided was safe, appropriate, consistent and effectively monitored. Quality improvement plans, provided evidence that there was an ongoing commitment to enhance the quality and safety of the service provided to residents.

Judgment: Compliant

Regulation 24: Contract for the provision of services

A sample of contracts of care were reviewed which contained the room that the residents occupy, fees to be charged and fees for additional charges and the necessary information to meet the requirements of the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge ensured that all required incidents were notified to the office of the Chief Inspector within the specific time frames.

Judgment: Compliant

Regulation 34: Complaints procedure

Complaints in the centre were well managed. The complaints log was reviewed and documentation indicated that all concerns and complaints were recorded and followed up in accordance with the requirements of the regulations. The policy was on display and residents were aware of how to make a complaint.

Judgment: Compliant

Quality and safety

Overall, residents in Bushmount Nursing home, were found to be supported to have a good quality of life, which was respectful of their wishes and preferences. There was timely access to healthcare services and appropriate social involvement on the day of inspection. A human rights based approach to care was seen to be promoted, and residents spoken with said they felt happy and known to staff who were attentive and knew their preferences.

The premises was clean and generally well maintained. The design and layout of the centre met the needs of residents. However, floor surfaces in some resident bedrooms were scuffed and wear and tear was observed. Incontinence wear was observed to be inappropriately stored on top of a residents wardrobe in their bedroom. A shower room designated for resident use, was out of order and this

limited the amount of shower areas for residents to avail of in Daffodil house, which may create longer waiting times. These findings will be actioned under Regulation 17: Premises.

The centre had an electronic resident care record system. Care planning documentation was available for each resident in the centre, as per regulatory requirements. Care plans reviewed were updated four monthly and contained detailed information specific to the individual needs of the residents and were sufficiently detailed to direct care.

Inspectors were assured that resident' health care needs were met to a good standard. Residents had access to a wide range of health and social care services such as general practitioners (GP), Occupational therapy, speech and language therapy, physiotherapy and dietetics. Residents had access to equipment such as pressure relieving devices and manual handling equipment as required. Wound care practices were found to be of a good standard and there was Tissue Viability Nursing (TVN) available for consultation if required to guide staff.

The centre had a designated Infection Prevention and Control (IPC) link staff member who was on site to address any concerns or IPC training needs of staff. Education including hand hygiene, PPE (personal protective equipment), risk associated with manual decantation and cross contamination was consistently reviewed via safety pause meetings with staff and training sessions with the IPC link nurse.

The registered provider had measures in place to safeguard residents from abuse. The provider did not act as a pension agent for resident finances. There was a policy and a procedure available for safeguarding vulnerable adults and the training records identified that staff had participated in safeguarding training.

Advocacy services were available to residents, and there was evidence that residents were supported to avail of these services if required. Residents had access to religious services twice a week and were supported to practice their religious faiths in the centre. There was a chapel on the first floor for resident use and mass was held twice a week. The resident choir met Wednesday evenings in the chapel with a member of staff who accompanied them on the organ.

There was an activity schedule in place which included art, games, crafts and at times live music. The inspectors found that residents were free to exercise choice on how they spent their day. Residents' views on the quality of the service provided were sought through satisfaction surveys and resident meetings which were held regularly.

Residents nutrition and hydration needs were met. Systems were in place to ensure residents received a varied and nutritious diet, based on their choices and dietary requirements such as modified diets. The inspectors observed sufficient numbers of staff to assist residents with dining, where necessary. Residents who required modified diets were seen to be facilitated, with meals prepared as recommended by

Dieticians and speech and language therapists. Meals were nicely presented and looked appetising.

Generally, there was good practice observed in the area of fire safety management within the centre. Fire safety equipment was serviced and fire checks were seen to be regular and comprehensively managed. Appropriate fire signage was observed throughout the centre with assembly points clearly defined. Training records provided evidence that fire training for staff was up to date. Fire Drills of the largest compartment were regularly carried out. A planned fire drill of this compartment took place on the day of inspection. Staff were seen to be knowledgeable of the process of evacuation and knew their roles and responsibilities.

Visiting arrangements were flexible with improvements observed since the last inspection to evening visiting access. The inspectors saw during the day of inspection, that residents could receive visitors in their bedrooms or in a number of communal areas and visits were ongoing throughout the day.

Regulation 11: Visits

Visitors were observed coming and going freely throughout the day of inspection. Visitors confirmed that visits were encouraged and they felt welcome to the centre at all times.

Judgment: Compliant

Regulation 12: Personal possessions

Overall, residents had access to a double wardrobe, bedside locker, and drawers to store and display their personal belongings. Residents personal clothing were laundered regularly and returned to each resident.

Judgment: Compliant

Regulation 17: Premises

Action was required in relation to the upgrading and repair of areas within the centre. Evidenced by:

- Flooring in some bedroom areas had evidence of wear and tear and required upgrading.

- A communal shower room was unable to be used by residents as the shower was broken and needed repair.
- Inspectors observed inappropriate storage of large amounts of incontinence wear on top of a wardrobe in a residents' bedroom.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Residents were provided with wholesome and nutritious food choices for their meals and snacks, refreshments were readily available. There was adequate staff available to assist residents with their meals. Menus were developed in consideration with residents preferences, and where necessary their specific dietary requirements and modified diets.

There was adequate arrangements in place to monitor residents at risk of dehydration or malnutrition.

Judgment: Compliant

Regulation 27: Infection control

Since the last inspection improvements were observed such as:

- A specific toilet and shower were designated to Catering staff use only
- Care plans were updated and detailed in relation to management of residents colonised with MDRO's.
- Housekeeping trolleys observed on the day of inspection were clean and tidy.
- Detergent wipes(non alcohol based) were now in use to clean small items of equipment.

Judgment: Compliant

Regulation 28: Fire precautions

Fire stopping around CCTV cameras were filled to prevent the spread of fire to attic vaults due to breaches in the ceilings. Personal evacuation plans were reviewed and were up to date and available concealed inside the wardrobe doors of each resident.

On the day of inspection a planned Fire Drill was being carried out by staff of the largest compartment. Staff were knowledgeable of their roles and responsibilties. Evidence of ongoing fire drills was available for review.

Fire records reviewed were up to date.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Overall, care plans had been developed to inform residents' care and welfare:

A sample of care plans reviewed on the day of inspection were updated as required, as well as, following a change in residents care assessed care needs. Validated assessment tools were used to inform care planning. The inspectors saw that there was sufficient information in the sample of care plans reviewed to guide staff in the provision of health and social care to residents, based on their individual needs and preferences.

Judgment: Compliant

Regulation 6: Health care

Residents had access to medical and healthcare based on their needs. Residents who required specialist medical treatment or other healthcare services, such as tissue viability nursing, occupational therapy, dietetics, speech and language therapy could access these services upon referral. Physiotherapy was available twice a week to residents who required assessment. Evidence of access to national screening was evident in care plans reviewed.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Staff had up to date knowledge and skills, appropriate to their role, to manage and respond to residents displaying responsive behaviours. There was good oversight and management of restrictive practices with good evidence of multidisciplinary discussion around reductive measures as necessary.

Judgment: Compliant

Regulation 8: Protection

Systems were in place to safeguard residents and protect them from abuse. Safeguarding training was up to date for all staff. Staff spoken with were clear about their role in protecting residents from abuse. Residents reported feeling safe living in the centre. Incidents of allegations of abuse had been thoroughly investigated in line with national policy.

There were robust systems in place for the management of residents payment systems in the centre with invoices provided to residents and family members monthly.

Judgment: Compliant

Regulation 9: Residents' rights

A meaningful activities schedule was available throughout the centre for residents to choose what they wished to attend during the day of inspection. Residents had access to internet services, daily newspapers and current affairs.

One resident who was a priest provided mass twice a week to the other residents and a weekly choir took place one evening per week.

Resident meetings were held every three months and concerns or comments were passed to management who responded accordingly.

There was evidence of residents choice, one resident who did not like to have dinner at lunch time was enabled to have his dinner at tea time and his evening meal was then offered to him at a time of his choice later in the evening, this and other choices seen displayed very person centred approaches to residents choices.

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	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 27: Infection control	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	Compliant

Compliance Plan for Bushmount Nursing Home OSV-0000292

Inspection ID: MON-0047936

Date of inspection: 04/09/2025

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**
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: We acknowledge the "substantially compliant" finding under Regulation 17 and would like to provide further context regarding the identified issues: • Flooring: Following a full internal audit, flooring has been upgraded in 20 bedrooms, 2 sitting rooms, and the chapel over the past two years. Flooring in 42 bedrooms is in excellent condition and does not require upgrading. Of the 17 remaining bedrooms, 8 are in reasonably good condition, and 9 are scheduled for upgrade through our ongoing rolling programme. As this is resident-centred, works are completed only when rooms are vacant to avoid disruption. We are now nearing full completion of the plan. • Storage of incontinence wear: The items noted during inspection were immediately removed on the day and relocated to the designated storage area nearby. We believe these were brought in by a family member without staff being aware. Staff have since been reminded to monitor and guide appropriate storage practices more closely. • Communal shower room: The communal shower noted as out of use is now fully repaired and back in service. It will remain available for resident use unless and until a formal plan to convert it into a nurse's station is finalised and approved.	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(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	30/06/2026