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, Maulnaskehy, Clonakilty, Cork
Type of inspection:	Unannounced
Date of inspection:	09 July 2026
Centre ID:	OSV-0000292
Fieldwork ID:	MON-0051043

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:	78

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 9 July 2026	09:50hrs to 18:25hrs	Niall Whelton	Lead
Thursday 9 July 2026	09:50hrs to 18:25hrs	Louise O'Hare	Support

What residents told us and what inspectors observed

This was an unannounced one day inspection to monitor compliance with the regulations and to inform decision making for an application to vary the registration. The inspector was met by the person in charge, who facilitated the inspection.

Bushmount Nursing Home is positioned on large mature site within Clonakilty town. 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. An extension had been constructed and was being reviewed as part of this inspection, comprising an additional two bedrooms, communal dining/day space, toilet and storage.

Overall, the centre was seen to be clean, bright and welcoming. Internally it was laid out to meet the needs of residents. Inside the entrance there is a reception area. The centre is divided into four units: Fuchsia, Primrose, Daffodil and Bluebell. Each unit was well decorated; for example, one unit had a large display of musical instruments and a colourful mural, while others had displays of artwork. Communal areas were used throughout the day and appeared homely and welcoming.

An accessible, secure internal garden was well laid out with footpaths and patio areas containing garden furniture for residents to enjoy. The garden was planted with colourful flowers and shrubs and seen to be well maintained with two gardeners present on the day of inspection.

Residents were observed throughout the day moving freely around the centre, and in the garden. Staff interactions were seen to be kind, respectful and unhurried. There was a varied activities schedule in place and in the afternoon, over half the residents were observed sitting out in the garden enjoying a live music session.

There was an ongoing programme of works in the centre, and painting was being done on the day of inspection. Inspectors saw that since the previous inspection flooring had been replaced in some rooms, and a communal shower had been repaired.

Escape routes were seen to be kept clear and available for use. Signage was displayed to keep stairways clear. The inspectors observed the use of extension cords in a number of areas, in particular the chapel.

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

Capacity and capability

Overall good management systems and oversight of fire safety was in place in the centre, however some action was required to improve, fire precautions, means of escape and fire containment. The registered provider was proactive in response to the issues arising during the inspection and gave firm assurance to the inspector at the feedback meeting that issues raised would be addressed promptly.

Information and documentation relating to the application to vary was available for inspectors to review. In terms of the application to vary the registration, the provider was ready for the inspection with minor clarifications required in order to progress the application.

Bushmount Nursing Home Limited is the registered provider for this designated centre. 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.

In terms of fire safety the provider had a fire safety programme with a suite of tools for oversight of in house fire safety checks, annual review of fire safety and for fire safety management documentation, policies and procedures. The inspector saw evidence where the the provider had identified an issue with a fire hydrant; a plan was put in place including putting it in the risk register, determined a time line for completion and informed the local fire brigade. There was a fire safety register available for review.

Notwithstanding the good fire safety management systems in place, the inspectors identified elements of the fabric of the building which required review by a competent fire safety professional, in particular, some aspects of the fire containment measures in the centre.

Regulation 23: Governance and management

Notwithstanding good oversight of fire safety in the centre, some action was required with the management systems to ensure the service is safe, appropriate, consistent and effectively monitored

- There was a lack of oversight of some of the day-to-day fire risks and effective fire containment as detailed under Regulation 28 Fire Precautions.

Judgment: Substantially compliant

Quality and safety

Overall there was good oversight of fire safety risks and fire safety management, and staff were knowledgeable on the evacuation strategy in the centre, however improvements were required by the provider in relation to day-to-day fire prevention, fire containment and means of escape.

Action was required by the provider in relation to Regulation 17: Premises and Regulation 28; Fire Precautions and these are detailed under the regulations section below.

The fire detection and alarm system, emergency lighting system and fire fighting equipment were serviced as required at the appropriate intervals.

There was a designated smoking area for residents, which was provided with a fire extinguisher and fire blanket. The fire blanket was the smaller size and should be the larger size.

The provider had arranged for third party inspections of the fire doors across corridors and to fire risk rooms. The person in charge confirmed the next fire door inspection would include the remaining fire doors, such as bedrooms doors.

Ski sheets were fitted to all beds in the centre, and those checked by the inspector were all correctly fitted and secured in place as required. Fire safety training was provided for staff and staff were up to date with this training.

Bedroom doors were fitted with free swing devices, which allowed residents to keep their door open or ajar, but would close on activation of the fire alarm system.

The inspectors observed many good practices implemented by the provider. Evacuation procedures floor plans were displayed around the centre, with revised versions printed and available for when the extension was registered. As an initiative to enhance staff knowledge, there were laminated handouts given to staff with details of fire compartments and the bedrooms they contain. A grab bag was located

at reception with safety equipment and pertinent information to take in an emergency.

Fire compartments were clearly identified on evacuation drawings displayed throughout the centre. Adjacent to these, were procedures to follow in the event of a fire and a list of the rooms within each compartment in the relevant area.

Regulation 17: Premises

Action was required to ensure the premises conformed to the matters set out in schedule 6 of the regulations, for example;

- there was no call bell available at the designated smoking area for a resident to summon assistance in an emergency
- there was a ladder leading to the roof within an escape stairway, access to which could be achieved by pressing a green break glass which would not alert staff. This was not risk assessed to determine appropriate controls. While the green break glass units are a requirement, additional appropriate measures may be required to protect residents
- there was a strong malodour emanating from one of the bathrooms, indicating a potential issue with the drains.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Notwithstanding good levels of fire safety management, the inspectors identified areas where action was required by the provider regarding adequate precautions against the risk of fire, such as the use of extension cords, practices regarding the charging of mobility equipment batteries and some storage practices, such as excessive bulk storage in storerooms opening into the escape stairway. In addition, fire drills did not include external routes, to ensure that the various evacuation aids that may be required on those routes could fit.

Action was required by the provider to ensure adequate means of escape:

- the provision of emergency lighting along external escape routes was not adequate to safely guide occupants from the exits to a place of safety, the assembly points
- within the period section of the building, the surface of the escape route walls have wallpaper which was a protected element of the fabric of the old part of the building; assurance is required that these surfaces have appropriate treatment to prevent the surface spread of flame

Visually, fire containment was to a good standard in most areas. Some areas, in particular in the older part of the building, needed further investigation by a competent fire safety professional to assure the appropriate level of fire containment, for example:

- the partition separating the kitchen from the adjacent escape corridor was not adequate and did not appear to achieve a sixty minute fire rating as required
- within the older part of the building, there was a void within the escape corridor spanning between bedrooms and it was not clear if there was adequate containment of fire within the void to prevent the spread of fire
- the chemical store was not fitted with a fire door. This was on order and awaiting delivery
- assurance was not available that fire containment between the hair salon and the adjacent bedroom was in place
- assurance was not available where mechanical extract vents passed through fire rated ceilings, that fire containment was maintained.

While there was an L1 system (the level of fire alarm coverage) provided in the centre, the inspector identified a Comms room which was not fitted with detection. Assurance is also required that voids are fitted with detection where required.

There were a number of issues identified with the maintenance of fire safety systems and building services. Overall, fire doors were to a good standard, however maintenance deficits were apparent to a number of doors and this required action. There were excessive gaps beneath some doors.

Further assurance regarding the arrangements for evacuating residents from the building was required.

- While evacuation pads were identified as one of the modes of assisting residents down the stairs, two of the stairs did not have an evacuation pad in place.
- The evacuation drills reviewed, did not have sufficient detail to demonstrate that the evacuation procedure was fit for purpose, it did not include evacuation on the stairs, or along external routes.

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 23: Governance and management	Substantially compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant

Compliance Plan for Bushmount Nursing Home OSV-0000292

Inspection ID: MON-0051043

Date of inspection: 09/07/2026

Introduction and instruction
This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

- **Not compliant -** A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 23: Governance and management	Substantially Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:

Bushmount Nursing Home has a robust management structure in place with a strong focus on governance and management, with a particular emphasis on fire safety. The following actions have been put in place to strengthen oversight, ensure accountability and maintain a safe environment for residents, staff and visitors.

The person in charge (PIC) has established a HIQA action register identifying the required actions, responsible persons and completed work. The Chief Executive (CE) and PIC will oversee the register and retain supporting records for completed actions. The PIC will review outstanding actions with the CE and relevant staff regularly, escalating delays and unresolved risks. Findings will remain open until the required assurance and any necessary remedial work have been verified. Management will record decisions and follow-up actions.

Our Daily Fire, Health & Safety Check is carried out every day by the maintenance team. To strengthen these arrangements, it has been expanded to include bulk storage monitoring, safe equipment charging practices and extension-lead use, which now form part of the centre's fire-safety monitoring arrangements. The check is audited by the PIC, and a weekly check by the ADON is also being introduced to provide an additional layer of oversight. Responsibilities and frequencies will be documented, and any issues identified will be assigned for action and reviewed to completion, so that we can be assured these controls are effective and consistently applied.

Fire-safety specialists have been consulted and a site visit is awaited to assess the protected wallpaper and fire-containment concerns. This is further detailed under Regulation 28.

Regulation 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
At Bushmount Nursing Home we continuously and consistently strive to ensure the premises is in good repair, ensuring a safe and clean environment for both our residents and staff. The following actions have been put in place to ensure compliance and maintain a safe environment for residents, staff and visitors.
Residents using the smoking area had previously been provided with a mobile call bell. However, a stationary call bell has now been provided in the designated smoking area. Its operation will be included in routine call-bell checks and audits.
The risk assessment relating to the ladder and green break-glass arrangement in the stairwell by the lift has been completed.
The bathroom malodour had resolved by the evening of the inspection and has not reoccurred since.

Regulation 28: Fire precautions	Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
At Bushmount Nursing Home we take a positive focus on all aspects of fire safety. The following actions have been put in place to ensure compliance and maintain a safe environment for residents, staff and visitors.

Fire prevention and equipment charging:
The review and removal of unnecessary extension leads and provision of additional chapel sockets has been completed. We will include extension-lead use in our Daily Fire, Health & Safety Check.
The charging practices of mobility equipment batteries have been reviewed and the wooden plate at the corridor hoist-charging point has been replaced with a flame proof, electric safe plate.
The storage action, including clearing and reorganising of store rooms has been completed. Storage practices, including bulk storage in storerooms opening into the escape stairway, will be included in our Daily Fire, Health & Safety Check, and will also be monitored weekly by our ADON.
A larger fire blanket for the designated smoking area has been provided. It will be included in routine fire-equipment checks.

Means of escape and surface finishes:
The external escape-route emergency-lighting works were completed on 31 July 2026.

These will be included in the ongoing testing and maintenance programme.
Bushmount Nursing Home is a protected structure (Record of Protected Structures ID 1558), and the inspection report identifies the wallpaper as a protected element of its fabric. Section 2 of the Planning and Development Act 2000 includes "the application or removal of plaster, paint, wallpaper" within the definition of works to a protected structure. Section 57 provides that such works are exempted development only if they "would not materially affect the character" of the structure or a contributing element; section 58 requires owners and occupiers to protect the structure from endangerment. Wholesale removal, covering or treatment of this wallpaper should therefore not be assumed to be an appropriate response before its heritage and fire-safety implications have been assessed. The Architectural Heritage Protection Guidelines for Planning Authorities, Chapter 17, support fire-safety solutions with minimal intervention in important historic fabric.
While being cognisant of our duty to maintain the historic fabric of our building we are also cognisant of our responsibility to achieve full life-safety compliance and have therefore completed a risk assessment and as such have the following measures in place:

- The building has a Non-Combustible Substrate Barrier (Class A1): Both the walls and ceilings of the escape route are solid, structural reinforced concrete. This provides a complete thermal heat sink, eliminating the risk of structural cavity fires or flame spread behind the lining
- The wall lining in question consists of an original, historic wallpaper layer that has historically been over-coated with a water-based decorative paint layer.
- The sensitivity of the heat and smoke detectors serving these compartments has been increased.
- Wallpaper is present on the walls of the escape routes of six smaller compartments, three downstairs and three upstairs, each accommodating no more than eight residents. The evacuation arrangements allow movement through a further 60-minute fire door to a compartment without wallpaper. These compartments will be highlighted in our fire plan, staff training and during fire drills.
- We have consulted fire-safety specialists and await their site visit and written advice on the surface-spread risk, taking account of these existing materials, existing controls and on a proportionate solution that protects residents and the historic fabric

Fire detection:
Installation of fire detection in the Comms room and the action relating to detection within voids where required were completed on 31 July 2026.

Fire containment:
The chemical-store fire door was installed, as planned, by 31 July 2026.
All walls within the original building in Bushmount Nursing Home are made structural reinforced concrete, therefore we are assured that there is adequate fire containment between the hair salon and adjacent bedroom
Mechanical extract vents in the original build and the extensions of 2009 & 2014 are all contained within fire proof steel boxing that do not penetrate the fire rated ceilings. The vents and ducting run under the ducon (concrete) slab above a false ceiling. Each vent/ducting section exits the building within the compartment it originates from, thus the venting/duct system also does not penetrate compartment walls. In the new extension of 2026, where they do pass through fire-rated ceilings they are collared and

fire sealed.

Fire-safety specialists have also been contacted to obtain assurance that:
- The partition between the kitchen and adjacent escape corridor, includes the required 60-minute fire rating.
- There is adequate fire containment within the void spanning between bedrooms in the older escape corridor.

The assessment will identify any remedial work and interim precautions required. The provider will arrange necessary works and obtain the relevant certification or written verification. These items will remain open until the required assurances and any necessary works have been verified.

Fire doors and maintenance:
Bushmount Nursing Home contracts a private fire door specialist company for fire-door inspection and maintenance and have an ongoing phased program in place, including bedroom doors and follow-up of any excessive gaps and maintenance deficits. Defects are recorded, repairs assigned and completion verified.

Evacuation equipment and drills:
The centre's fire evacuation strategy is progressive horizontal evacuation, meaning residents living upstairs are guided to the farthest evacuation stairwell prior to commencing vertical evacuation, Thus evacuation pads are available at both end staircases, which are the 2 designated Rescue Points within the centre.
Practical external route testing of evacuation aids has been completed, which confirmed that all aids, including beds, could pass through the emergency exit doors and travel along the external routes to the assembly point, including negotiating corners.
We will continue to conduct and document full fire drills, however our reports will be expanded to include enhanced detail on stair evacuations and external routes. The drills will record the scenario, simulated resident needs, staffing, equipment, timings, difficulties and learning. Any further corrective actions will be assigned to named responsible persons, with repeat testing or drills undertaken as necessary to verify effectiveness.

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	31/08/2026
Regulation 23(1)(d)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	31/08/2026
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment,	Substantially Compliant	Yellow	31/08/2026

	suitable building services, and suitable bedding and furnishings.			
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Substantially Compliant	Yellow	21/07/2026
Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Substantially Compliant	Yellow	31/12/2026
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	31/10/2026
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	31/08/2026
Regulation 28(2)(iv)	The registered provider shall make adequate arrangements for	Substantially Compliant	Yellow	31/12/2026

	evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents.			