



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
Address of centre:	Bushmount, Clonakilty, Cork
Type of inspection:	Unannounced
Date of inspection:	24 August 2022
Centre ID:	OSV-0000292
Fieldwork ID:	MON-0037052

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:

76

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 24 August 2022	10:00hrs to 18:30hrs	Mary O'Mahony	Lead

What residents told us and what inspectors observed

On entering the centre it was evident that Bushmount Nursing Home was a nice place to live where residents were facilitated to avail of spacious, nicely decorated accommodation. Staff had implemented a person-centred approach to care and were observed by the inspector to be respectful and caring towards residents. The inspector spoke with a large group of residents throughout the day of inspection and they all agreed that they felt safe in the centre. One resident spoken with said the centre was "very comfortable " and described staff as "kind" and "dedicated". The inspector also saw that a steady flow of family members visited during the day and they praised staff for the good care. Children were seen to be present with the visitors also and residents said it was a "great feeling that they could come in and out again" after the pandemic restrictions were lifted.

This was an unannounced inspection and on arrival, the inspector was guided through the infection prevention and control measures necessary on entering the designated centre. These processes included hand hygiene, face mask wearing and temperature check. Following an opening meeting with the person in charge, the inspector was accompanied on a tour of each section of the premises. The inspector saw that, generally, there was a good level of compliance with infection control guidelines around the centre. In relation to infection control, throughout the day staff were seen to wash their hands frequently, to wear their masks appropriately and to use the hand sanitising gel provided. Further findings in this aspect were detailed under Regulation 27.

The premises was generally well maintained and homely. It was colourful throughout and thoughtfully decorated. The entrance to the centre was landscaped with well tended gardens in front, and behind the centre where they were securely enclosed for residents' use. The halls were spacious and freshly painted in vibrant colours. The centre provided good quality private accommodation and a variety of communal rooms for residents' use. Residents' bedroom accommodation was comprised of 79 single bedrooms all of which had wash hand basins in the rooms. In some bedrooms in the older section, which had previously been a retirement home for clergy, some rooms had full en suite facilities while others shared communal facilities. In the newer section which had been built on as an extension, residents had access to en suite toilet and shower rooms. An assisted bathroom was also available to provide choice for residents. The laundry room was spacious with a clean and contaminated zone for the purposes of laundry management. There was adequate seating in the garden area to be enjoyed by residents as they wished. The inspector observed residents using the gardens from early morning to late evening, where they were seen to be accompanied by family members. Raised flower beds and flower containers had been provided to facilitate planting and gardening for residents on the warmer days. The activity coordinator showed these completed projects to the inspector and described the sense of well being which residents experienced when involved in the activity.

Overall, the physical environment in the centre appeared clean and bright. Bedrooms were spacious and were seen to be personalised and homely with beds, wardrobes, lockers, pictures, and photographs. The inspector observed that a number of bedrooms had a view out into the gardens which residents said was "a lovely feature". The corridors were sufficiently wide to accommodate walking aids and wheelchair use and the corridors were busy places throughout the day, indicating an approach that encouraged independence and autonomy for residents. Handrails were available in each hallway and bathroom area for residents' use. Residents were well dressed and in the afternoon a number of them were seen to enjoy small group activities such as flower arranging or to sit watching their TVs, using their phones or to read the daily newspapers. While flower arranging, walks, visits, music and newspaper reading were facilitated on the day of inspection the inspector found that there were challenges in providing activities for all 76 current residents, which were discussed under Regulation 15: Staffing and Regulation 9: Rights.

In a sample of survey results reviewed the inspector saw that one relative said she found "very good staff" within the centre, they were described as "unfailingly polite, cheerful and efficient". A resident stated that "the staff make the home". A sample of other survey comments and inspector findings related to staffing and activities and were outlined under the relevant regulations. The inspector found that residents' rights were generally respected in relation to their daily lives and residents and their families had been informed regularly as to the updated guidance on COVID-19 and changes to visiting rules, such as the option to have a nominated person as a daily visitor. Minutes of residents' meetings were recorded and a number of relevant issues were seen to have been discussed.

Meals being served appeared wholesome with adequate portions being served up. However, the inspector found that not all meals were properly and safely served. This was addressed under Regulation 18: food and nutrition. The inspector observed that a snack trolley with tea, drinks and snacks was brought around to each person in their rooms or other communal area between meals and there was a nice, friendly atmosphere maintained throughout the day.

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 governance and management of the centre was well organised and the management team was committed to ongoing quality improvement. Overall the management team were knowledgeable of the standards and regulations for the sector. Some management systems were found to be comprehensive. For example, incidents and accidents were audited and any trends were identified, complaints

were recorded and followed up, policies were up to date and an annual audit schedule was in place. The 2021 review of the quality and safety of care was reviewed by the inspector. However, despite this the inspector's findings on this inspection indicated a need for additional improvements in governance and management oversight to ensure compliance with the regulations on, staffing, supervision, fire safety, residents' rights, premises, and food and nutrition which were discussed in detail under the relevant regulations in 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 person in charge was supported by 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 in documentation reviewed of regular meetings between the director, who represented the provider, and the nurse management team to promote best practice in meeting residents' holistic needs. Key performance indicators (such as falls, infections, the use of restraints and skin integrity) were reviewed and discussed at these meetings. Handover meetings held at each shift change ensured that key information on residents' changing needs was communicated. Documentation recorded in the daily communication sheet for each resident provided evidence of an exchange of detailed resident information.

A review of the roster indicated that there were gaps in the roster on a number of days due to the lack of availability or absence of staff. The inspector found that there were times during the inspection day when there appeared to be lack of staff for mealtime supervision, activities on each unit and answering call bells. The size and layout of the centre and the high dependency needs of residents necessitated increased oversight and supervision of available staff to ensure residents' care and social needs were addressed. Staffing concerns were seen to have been discussed at management and staff meetings. The person in charge stated that they had advertised for a second staff member to provide additional social opportunities for residents. She also informed the inspector that night staffing levels were under review and had also been discussed at management and staff meetings. Additionally, new staff were due to commence in the next couple of weeks, however they would require a period of adaptation and induction. Staffing issues were further described under Regulation 15: Staffing.

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. 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.

Records requested during the inspection were easily accessible and carefully maintained: for example, care plans, health and safety records, complaints log and policies. These were, in general, comprehensively maintained. 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 in the office and in the main foyer.

Regulation 14: Persons in charge

The person in charge was experienced in the management of the centre. She fulfilled the requirements of the regulations and was suitably qualified. She was engaged in continuous professional development and was supported by a management team with additional expertise and knowledge.

Judgment: Compliant

Regulation 15: Staffing

The inspector found that overall the number and skill mix of staff was not appropriate having regard to the needs of the residents and the size and layout of the designated centre.

This was evidenced by:

A review of the monthly roster revealed that there were vacant shifts, often on a daily basis, which could not be filled due to the unavailability of staff. Minutes of staff meetings indicated that staff felt they experienced "burnout" when required to cover vacant shifts as well as their assigned shifts.

The call bells were heard to be ringing for long periods throughout the day which indicated that staff were busy and unable to respond in a timely manner to all residents.

Night staffing levels of two nurses and four care assistants for 79 residents over the two floors from 8pm to 8am overnight required review in line with the regulations. The centre had a diverse layout and a high number of residents assessed as having high to maximum needs, that is, 50 of the 79 residents. These were residents there who required the attention of two staff to meet their care needs some of whom had very complex conditions.

Both residents' and relatives' surveys identified the fact that staffing levels required review. One survey from a relative stated that "staff shortage was very obvious particularly in the evening".

The inspector found that as there were a number of residents who stayed in their rooms during the day a system of increased supervision by staff was required. However, the inspector's findings throughout the day did not provide assurance that the supervision was adequate. For example, the inspector found that there were inadequate staff available to assist at meal times as described under Regulation 18, food and nutrition and under Regulation 9: in relation to opportunities for residents to participate in activities in accordance with their interests and capacities.

Judgment: Not compliant

Regulation 16: Training and staff development

The staff training matrix seen was up to date and staff had been provided with a range of mandatory and appropriate training sessions suitable to their roles.

For example, catering staff had attended food safety training, all staff had attended fire safety and elder abuse prevention training and nurses had attended medicine management training.

An induction programme was in place which was currently under review to improve the process, based on feedback from senior staff.

Judgment: Compliant

Regulation 21: Records

Regulatory records were well maintained and easily retrievable.

A sample of staff files contained all the regulatory requirements including evidence of an Garda Síochána (Irish Police) vetting clearance (GV).

All staff were required to procure this clearance prior to commencing employment as part of the safeguarding measures in place for the residents.

Judgment: Compliant

Regulation 23: Governance and management

Some management systems pertaining to oversight of mealtime activity, fire safety, premises issues and staffing were not sufficiently robust to ensure the service was

safe and appropriately and effectively monitored:

This was evidenced by:

- Fire safety issues to be addressed such as: the presence of unacceptable gaps in a number of the fire safe doors.
- Poor supervision at mealtimes and staffing.
- Insufficient provision for activity or group social opportunities on a daily basis.

All of the above are outlined in detail under the relevant regulations.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

This document was reviewed and it was displayed in the foyer for relatives and residents to view.

It set out among other regulatory requirements, the ethos of the centre, how the residents' holistic needs would be met and the management structure of the centre.

Judgment: Compliant

Regulation 31: Notification of incidents

All the specified notifications had been submitted to the Chief Inspector in line with the regulations: these included sudden death and serious injury requiring admission to hospital.

Judgment: Compliant

Regulation 34: Complaints procedure

Complaints were well managed:

Complaints were seen to be recorded in detail and each element of the complaint was documented. Complainants were advised of the appeals process and encouraged to use this if they were dissatisfied with the outcome of any complaint. A copy of the complaints process was prominently displayed in the entrance hall.

Judgment: Compliant

Regulation 4: Written policies and procedures

A sample of key policies used to inform care practices and staff recruitment were seen by the inspector.

These were relevant and had been updated within the three year time frame mandated by the regulations.

Other policies, such as the policy on managing an outbreak of COVID-19 had been updated in line with national guidance.

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 ongoing consultation with residents and their needs were being met through timely access to health care services and some opportunities for social engagement. Nonetheless, this inspection found that some improvements were required in relation to premises, food and nutrition, residents' rights and fire safety in this dimension of the report.

The centre was beautifully decorated with good quality curtains, furniture, pictures and ornaments throughout. New signage had been put up and this supported residents to independently mobilise around the centre and locate their bedrooms and communal rooms. Residents' bedrooms were spacious and residents stated they enjoyed the privacy of the single rooms. There were a number of communal rooms available in the centre such as, dining rooms, sitting rooms, the large chapel and visitors' room. This meant that choice was available for personal preference throughout the day to facilitate residents in how they spent the day or where to go with a visitor for enhanced privacy. Residents stated that they enjoyed the accessible patio and garden area and the scenic, rural views. Issues relating to premises were described in more detail under Regulation 17.

The inspector found that while the fire safety management system had been improved since the previous inspection further attention was required as described under Regulation 28. Aspects of fire safety such as the smoker's area had been upgraded since the previous inspection. There was certified emergency lighting available and fire fighting equipment such as fire extinguishers and fire blankets were provided. The fire safety register and policy was available for review.

Nevertheless, during the day the inspector noted gaps to a number of fire doors and damage to an exit door in the centre. The inspector also found that problems or deficiencies experienced in the fire drills were not always followed up on.

The inspector was assured that residents' health care needs were met to a good standard. There was attentive care from the general practitioner (GP) services, including out-of-hours services. There were appropriate referral arrangements in place to a range of health care professionals. Records in a sample of care plans seen evidenced that a comprehensive assessment was carried out prior to admission. Validated assessment tools were used to identify clinical risks such as risk of falls, pressure sores and malnutrition. These assessments informed the care plans. 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.

Residents were generally consulted about their care needs and about the overall service being delivered. They said they felt safe in the centre and confident that staff would respond to their concerns. Advocacy arrangements had been accessed for a number of residents. Resident' meetings were held regularly and there was a good level of attendance at these. The hairdresser and the physiotherapist came weekly and the occupational therapist (OT) was accessible monthly. Mass was said twice a week in the chapel and an external musician visited. Resident said they enjoyed a lovely family day, a visiting choir and barbecue in the garden in the summer. A mobile shop, a knitting group, bingo and a library were also accessible according to the activity coordinator.

Required improvements in relation to the quality and safety aspects of care were detailed under the respective regulations in this dimension of the report.

Regulation 17: Premises

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

Lack of sufficient storage was an issue identified by the person in charge; the inspector saw movement hoists stored in bathrooms, bedrooms and halls. Mattresses were stored in a bathroom and at the end of the stairs.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

The inspector found that not all meals were properly and safely served:

This was evidenced by:

A resident in bed had fallen asleep and their full dinner was on the bed table in front of them. The resident's position was such that they could not access their cutlery which had fallen inside the bed. The dinner was sent back to be reheated once this was discovered.

In addition, another resident with specific needs was seen by the inspector dining in their bedroom. There was no assistance or drink available to them.

In a third situation the resident's dinner was served on the locker next to the bed while the resident was seen lying flat on the bed.

When these issues were identified to the person in charge she stated that she would carry out an audit of meal times, the serving of food and the staffing requirements at this time.

Judgment: Substantially compliant

Regulation 26: Risk management

The risk register was up to date and was maintained electronically as well as in paper form.

A risk assessment policy supported the evaluation of risks in the centre.

The health and safety statement and the emergency plan was made available to the inspector.

Judgment: Compliant

Regulation 27: Infection control

Even though a number of items had been addressed since the previous inspection not all infection prevention and control practices in the centre complied with the national standards and other national guidance as required by the regulations:

There were scuffed surfaces on some paintwork, flooring and items of furniture which would impede effective cleaning.

There was a limited number of hand wash sinks dedicated for staff use in the centre outside of bedrooms, sluice rooms or toilets. The available hand hygiene sinks did not comply with current recommended specifications for clinical hand hygiene sinks.

The hand wash sink in the janitorial room was inaccessible due to items stacked in front of it and cleaning products stored in the sink.

The carpets were not steam cleaned regularly and the carpet in the oratory was seen to be stained.

There was an uncovered commode present in one bedroom while the resident was served his dinner.

A number of these works were seen to have been scheduled for the following month and a number of items of furniture had been replaced since the previous inspection.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The registered provider had not ensured that residents were adequately protected from the risk of fire:

In particular, gaps were found in a number of double doors used to compartmentalise sections of the centre to contain smoke and fire for a defined period. Any unacceptable gap would negate the intended purpose of the door.

In addition, further fire drills were required to ensure that staff were confident in evacuating residents at times of least staffing and deficiencies noted in previous fire drill documentation required follow up and repeat training.

One fire exit double door required replacement as it was a very old door which had some damage to the architraving.

The aforementioned drill was carried out immediately following the inspection and the report was forwarded to the inspector.

Judgment: Substantially 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 and the content informed staff in best practice.

Evidence based clinical assessment tools informed the development of care plans.

Care plans were personalised and maintained electronically.

A number of residents were seen to have been consulted about their personal plans including their wishes for care at end of life.

Judgment: Compliant

Regulation 6: Health care

Residents were regularly reviewed by their general practitioner (GP). In a sample of residents' files reviewed there was evidence of access to health and social care professionals such as, the physiotherapist, the dentist, the optician, dietitian and occupational therapist (OT). Residents who had skin wounds had appropriate care plans for the management of these and dressings were carried out in accordance with advice from the tissue viability nurse (TVN). In addition, residents who were required to use restraints such as a lap belt or bed rails had appropriate risk assessments and consents in place. Medicines were provided by a local pharmacy who provided advice, audit and training for staff. Staff nurses had undertaken updated training in medicine management.

Judgment: Compliant

Regulation 8: Protection

Staff who spoke with the inspector, were aware of how to identify and respond to alleged or suspected incidents of abuse. Evidence was available that training in safeguarding was provided to all staff on an annual basis.

Residents told the inspector that they felt safe within the centre and that staff were kind to them.

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

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights were not fully supported, as in they were not provided with sufficient opportunities to engage and participate in social and recreational activities:

All residents were not seen to be afforded meaningful activity on the days of inspection. There was only one staff member assigned to coordinated the activities over two floors and for residents who were located in a number of bedrooms and in various communal rooms.

While there were activities available, in a group of 79 residents at full capacity they were not adequate to fulfil the needs of all residents.

This was evidenced by:

On the day of inspection the inspector observed that the music activity was seen to be attended by five residents: the activity coordinator said that four to seven residents were involved in the knitting group: an external musician came in to different units on alternative weekends: 12 residents had attended gardening during the week:

One survey result indicated that "more activity was needed" and a resident said it would be "nice to have more activities".

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	Not compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Substantially compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Bushmount Nursing Home OSV-0000292

Inspection ID: MON-0037052

Date of inspection: 24/08/2022

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	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: At Bushmount Nursing Home we are committed to providing high quality, safe, person-centered care for our 79 residents. As part of this provision, we ensure that we maintain a safe staffing level based on our resident’s dependency levels, the size and layout of our center and in line with national guidelines. Currently our roster provides for 21 care assistants, 1 activities co-ordinator and 6 nurses on duty daily, supported in their roles by the management team consisting of a Resource Assistant, Administrator, CNM2, ADON and DON daily. These numbers allow for 3.99 care hours per resident, which is above the average of 3.7 hours, as per The National Nursing Home Survey 2021. In the months prior to this inspection, we had begun the process of recruitment of care staff from abroad as recruiting in Ireland has become, for the large part, unsuccessful. Unfortunately, at the time of inspection we had been experiencing some issues with staffing levels, due to the delay in permit and visa processing. Since inspection these staff have started to arrive and all shifts are now covered daily. This staffing level at night is under consideration and review to ensure that our residents receive safe and quality care at night. Management have met with staff and worked night shifts to assess if a change in care level is required. In relation to call bells, we have a system whereby all 79 bells ring through a central relay at our reception area. This allows management to monitor what bells are ringing, however it does result in the sound of constant bells ringing. If a bell rings for longer than 5 minutes the tone of this ringing changes and should an emergency bell be ringing this has another tone. This system allows for all bells to be monitored and answered in a timely manner. The system also allows for an audit of bells to be undertaken, for either a specific period or a specific bell should any queries arise. Since inspection the person in charge has audited the bells for the day of inspection from 10:00 to 18:00. Through this time frame 74 call bells were activated. Of these, all were answered within acceptable timeframes and no emergency bell was activated.</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. The areas of improvement, identified by the inspector have been reviewed by the management team and upgrades to systems in place have been made accordingly.</p> <ul style="list-style-type: none"> • Fire safety was immediately addressed and a full assessment has been undertaken by an external body, to help us ensure we are fully compliant with fire safety. • Supervision at mealtimes has been reviewed and assessed to ensure our resident receive safe and effective care at mealtimes • Provision of activities had already been reviewed prior to inspection and a second Co-Ordinator position had already been advertised, as the management team had recognized that this was needed. Since inspection an appropriate person has recruited and joined our team. <p>All of the above are outlined in detail under the relevant regulations.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>At Bushmount Nursing Home we take health and safety of all staff and residents extremely seriously and as such our premises is checked daily to ensure that all pieces of equipment are stored safely in line with fire safety and infection control guidelines. All hoists are kept in a safe place that is easily accessible to the residents that use them. 1 hoist is currently stored in the ensuite of a resident's room as she is the sole user of that hoist. Hoists are only in residents' bedrooms when they are in use.</p> <p>The mattress seen in the bathroom on the day of inspection was being temporarily stored there awaiting maintenance to remove. The staff had stored it there so it was out of the corridor, posing minimal risk to any resident.</p> <p>The mattress referred to at the end of the stairs was upright to the side of the stair between the banister and the wall and was not blocking any walkway or exit. However, this has since been removed.</p>	

Regulation 18: Food and nutrition	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 18: Food and nutrition:</p> <p>Mealtimes at Bushmount are viewed as one of the most important parts of the day for our residents. Mealtimes not only provide nutrition for our residents but also can provide an important social occasion on a daily basis, should the resident wish to engage at that time.</p> <p>Most residents choose to have their meals in the dining rooms of their houses; however, this is their choice. Should the resident choose to stay in their room for their meal, we respect this choice.</p> <p>On the day of inspection 18 residents had stayed in their rooms for mealtimes, 2 of these people were acutely unwell, the other 16 had chosen to. This number varies every day. Any resident who chooses to remain in their room for a meal, is checked in on regularly by staff throughout the meal time.</p> <p>Of the 3 residents mentioned in the report, each situation had been discussed with the inspector on the day.</p> <ul style="list-style-type: none"> • The resident that had dropped their fork and fallen asleep, had already been recognized by a care assistant who had gone to get a clean fork and was already returning to the room to look after them. • The resident "with specific needs", is able to independently feed themselves, however their needs cause them to immediately swallow the entirety of any drink given to them. Therefore, the care staff provide them with a drink before during and after their meal and remain present in the room for this. • The third resident referred to chooses to remain in their bed for meals and is fully compos mentos. They also like their meal to be laid out as it was on the day, including part being set on their bedside locker. They also have control of the bed remote and despite review and advice by nurses, doctors and speech and language to sit upright to eat, they choose to lie down knowing the risks. <p>Since inspection the management team have undertaken an audit of mealtimes in the home and this has been forwarded to the inspector. The results showed that those that choose to stay in their room at mealtimes varies from meal to meal and that there are some who always prefer to stay in their rooms. On further examination of this the reasons of those residents that are currently choosing to take meals in their rooms, their reasoning is not because of what is on offer but rather for reasons such as not wishing to eat with others, being used to and liking their own space, medically not being able to sit out.</p> <p>Regarding supervision, we have reassessed the staff available and the nurse now works their drug round around mealtimes, where possible, to allow them to be more present. Management also assists with supervision at mealtimes, where needed.</p>	
Regulation 27: Infection control	Substantially Compliant

<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>At Bushmount Nursing Home we constantly strive to provide a safe and clean environment for our residents and view effective infection control processes as an integral part of this.</p> <p>We have a rolling premises improvement plan in place which ensures that upkeep maintenance, repairs and replacements are done in a timely manner. Over the last year significant furniture upgrades, roof repairs to external storage area, new external oxygen storage facility installation and painting of the facility has taken place, which had been delayed due to the pandemic. The improvement plan continues with final floor repairs due to be completed in the coming month.</p> <p>There are currently 26 dedicated hand wash sinks available in the centre, in addition to each resident's room having their own sink. There are also currently 34 hand gel dispensers located on the corridors at approximately 4 metre intervals.</p> <p>The hand-wash sink in 1 of the 4 janitorial rooms had supplies stacked in front of it on the day of inspection. This was rectified on the day of inspection and all household staff have been reminded of the importance of keeping these clear to ensure easy access to handwashing sinks at all times.</p> <p>The flooring in the oratory is due to have works done on it in the coming month, with a large section due for replacement. Once works are completed a regular steam cleaning schedule will be developed.</p> <p>The commode seen without a cover belongs to a resident with a visual impairment and he had requested that the cover not be placed on it as it impedes his ability to use the commode independently.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>At Bushmount Nursing Home we take a positive focus on all aspects of fire safety. All staff have undertaken training in fire safety and their knowledge is monitored as part of the regular audit process undertaken by the person in charge. These audits reflect that staff are knowledgeable of what to do in the event of a fire.</p> <p>There are daily, weekly, quarterly and yearly checks carried out to ensure that fire exits are not obstructed and that the fire alarm is functioning appropriately.</p> <p>Certificates are available for the quarterly and annual servicing of the fire safety system, electrical and lighting system.</p> <p>Fire drill evacuations by compartment are performed and there is a comprehensive narrative recorded regarding actions, deficiencies and times of drills, which help dictate learning and any required repeat training or practice, indicating continuous improvement. However, as noted by the inspector there had been a period of time since the last drill with night staff numbers had been undertaken. This drill was performed the following day, using our largest compartment and all staff performed well, in a timely manner. Any deficiencies noted during the drill were discussed at a team briefing immediately after</p>	

the drill, as per our policy. The report of this drill was forwarded to the inspector. We continue to perform regular fire drills to ensure all staff are efficient and proficient in fire evacuation procedures.

During the inspection, the inspector noted some possible issues with our fire doors. We immediately began the process of procuring a full assessment of our doors, by contacting APEX (our fire safety management company) on the day of inspection. They advised us of an external independent company, who we could use to have this assessment completed. That company, KCC, were contacted the next day and an onsite assessment of our fire doors has been undertaken since inspection. KCC have provided us with a full report which outlines any issues that need attending to and we are currently awaiting quotes for the completion of these works.

Regulation 9: Residents' rights	Substantially Compliant
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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.

We have 1 designated activities co-ordinator, who has been employed full time by the centre since November 2021. Since commencement in her role, she has completely overhauled our activity program and has been meeting with residents on a daily basis to ensure that the activities provided are meeting their individual needs. She is supported in her role by the care assistants assigned to each of our 4 sitting rooms daily. These care assistants provide for meaningful interaction moments and also aid in support of smaller activities such as newspaper reading, group chats and movie time.

However, as highlighted by the inspector in her report, though flower arranging, walks, visits, music and newspaper reading were provided on the day, we have a large facility catering for 79 people and management had recognized the need for a second co-ordinator as our activity program grows. Therefore, we had advertised the post prior to the inspection. Since inspection, we have recruited a suitable candidate, who is now employed by the centre and is due to commence her role at the beginning of October 2022.

On the day of inspection, the inspector witnessed one of our music sessions. The session she mentions has only a small group of attendees as it is specifically aimed at our residents with advanced dementia and these residents garner greater benefit from smaller groups.

In addition to this session, we have a larger regular music session every Thursday, which is attended by up to 60% of our residents. We also have ad-hoc musicians visit at the weekends and throughout the week.

Our activity program now spans 7 days a week and provides for activities, including but not limited to: Bingo, Walking Groups, Knitting Groups, Arts & Crafts, Board & Card Games, Movie Evenings, Gardening Groups, Exercise Groups, Baking Sessions, Flower Arranging, Quizzes and Reminiscence Therapy. Mass is also celebrated in the in-house chapel twice a week. The mobile library also visits on alternate weeks and a mobile shop

is available in house. There are also many ad-hoc activities such as seasonal celebrations, bar-b-ques and afternoon teas throughout the year. We plan to continue to expand and adapt our program, as we strive to ensure provision of meaningful activities to all of our residents.

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 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.	Not Compliant	Orange	31/10/2022
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	25/08/2022
Regulation 18(1)(a)	The person in charge shall ensure that each resident has access to a safe supply of fresh drinking water at	Substantially Compliant	Yellow	24/08/2022

	all times.			
Regulation 18(1)(c)(i)	The person in charge shall ensure that each resident is provided with adequate quantities of food and drink which are properly and safely prepared, cooked and served.	Substantially Compliant	Yellow	24/08/2022
Regulation 18(3)	A person in charge shall ensure that an adequate number of staff are available to assist residents at meals and when other refreshments are served.	Substantially Compliant	Yellow	31/08/2022
Regulation 23(c)	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	30/11/2022
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.	Substantially Compliant	Yellow	31/10/2022

Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.	Substantially Compliant	Yellow	30/11/2022
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	30/11/2022
Regulation 9(2)(a)	The registered provider shall provide for residents facilities for occupation and recreation.	Substantially Compliant	Yellow	17/10/2022
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	17/10/2022