

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

## Issued by the Chief Inspector

Name of designated centre:	Bushfield Care Centre
Name of provider:	Following cancellation of the registration of Bushfield Nursing Home Ltd., this centre is being operated by the HSE in line with Section 64 of the Health Act 2007.
Address of centre:	Bushfield, Oranmore, Galway
Type of inspection:	Unannounced
Date of inspection:	21 August 2025
Centre ID:	OSV-0005242
Fieldwork ID:	MON-0048011

## About the designated centre

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

Bushfield Nursing Home is located in Oranmore, Co. Galway. The centre can accommodate 45 residents. The centre is currently operated by the Health Service Executive under Section 64 of the Health Act.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	27
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## 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 21 August 2025	09:30hrs to 16:00hrs	Catherine Sweeney	Lead
Wednesday 27 August 2025	18:00hrs to 20:30hrs	Una Fitzgerald	Support
Wednesday 3 September 2025	12:30hrs to 14:00hrs	Leanne Crowe	Support

## What residents told us and what inspectors observed

This inspection took place over three days in response to the receipt of unsolicited information relating to concerns about the care of residents and the management of the service. These concerns were found to be largely unsubstantiated on this inspection.

On day one of the inspection, the inspector arrived at the centre at 9:30am and was greeted by administrative staff. There was no person in the centre who was allocated to be in charge at this time. The director of nursing attended the centre later that morning. The person in charge of the centre, rostered to be working remotely, attended to centre at 10:15am and facilitated the inspection.

The inspector took a walk around the building to observe the care environment and to observe care delivery to residents. Staff were observed delivering care in an unhurried and respectful manner. Residents told the inspector that staff were kind and treated them well. Staff were observed to engage with residents in a person-centred manner, and demonstrated a good knowledge of individual needs and preferences.

Some residents were observed to gather in the dining room for their breakfast, where they were observed to be assisted with their dining needs, as required. Other residents were facilitated to have their breakfast in their bedrooms. One resident told the inspector that they were very happy to be served "breakfast in bed" every morning. There was adequate staff available to facilitate residents needs.

The dining area was spacious with sufficient seating for the current number of residents. Residents explained that they could choose to have lunch in the main dining room or in their own bedroom. In the main, over the three days of inspection, residents who spoke with the inspectors were very complimentary of the quality and quantity of the meals provided. Residents told the inspectors that the quality of the food had improved recently.

Residents told the inspectors that they enjoyed living in the centre and that they enjoyed the entertainment on offer. The health care assistant staff were allocated to provide social engagement and support to residents on the first two days of this inspection. Residents were observed to enjoy music videos, quizzes and exercises throughout the day of the inspection. On day three of this inspection, an activity co-ordinator was on duty. They described the activities planned for the afternoon, which included bingo and one-to-one activities. An outing had been planned to a local cafe, but the activity co-ordinator advised that this was postponed at the request of the residents.

The centre was observed to be clean and tidy. Residents were satisfied with the size and layout of their bedrooms. Some bedrooms were observed to be decorated with items of personal significance to the residents.

The inspectors observed that a back corridor in the centre was blocked off with temporary screening. This was due to incomplete renovation and fire up grade works on this corridor.

## Capacity and capability

This unannounced inspection was carried out by inspectors of social services to monitor compliance with the Health Act 2007 (Care and welfare of residents in designated centre for older people) Regulation 2013 (as amended), and to follow up on unsolicited information received by the Chief Inspector. This inspection also reviewed the action taken by the provider to address issues identified on a previous inspection of this centre, in May 2025.

A review of unsolicited information found that the concerns identified were largely unsubstantiated, however, some issues, including the management of records, were not fully in compliance with the regulations. The Health Service Executive was aware of known fire safety risks in the centre and had systems in place to mitigate these risks. However, outstanding fire safety works have not yet been completed resulting in continued non-compliance with Regulation 28: Fire precautions.

The Health Service Executive (HSE) took control of this designated centre under Section 64 of the Health Act 2007 (as amended) in December 2024, following the cancellation of the registration of a previous registered provider. There was a person in charge of the centre who was supported by a director of nursing and a clinical nurse manager. The lines of authority and accountability had been strengthened since the last inspection, and improved systems of oversight had been implemented. Issues of concern and risk were escalated and managed appropriately.

The centre had appropriate staffing levels to meet the assessed needs of residents and for the size and layout of the building. Staff were appropriately trained and supervised.

A review of the management of records found that some records were not accurate. On day one of the inspection, the staff roster did not reflect the actual worked hours of staff members, particularly the nurse management team. Two nurse managers were rostered on duty from 8:30am. However, there was no member of the management team in the centre at 9:30am. In addition, staff who were rostered to be on duty on the day prior to the inspection confirmed that they were not on duty on that day. On the second and third day of inspection, the configuration of staff on duty was reflected in the rosters provided.

Furthermore, records relating to fire safety and clinical documentation assurance was not available for immediate review. These records were submitted to the Chief Inspector following this inspection.

A review of the complaints management system found that complaints were managed in line with requirements of the regulations.

### Regulation 15: Staffing

There were adequate levels of staff on duty to meet the assessed needs of the residents, and for the size and layout of the centre.

Judgment: Compliant

### Regulation 16: Training and staff development

Staff had received training appropriate to their role. Where training needs were identified by the provider through complaints, incidents and accidents, this training was scheduled and delivered, as required.

Supervision of staff was satisfactory. There was a system of induction in place, including a medication management assessment for staff who had been recently recruited.

Judgment: Compliant

### Regulation 21: Records

A review of record management in the centre found that some records, required to be in place, were not available for inspection.

- A record of a fire alarm and equipment test was not available on the day of the inspection.
- An electronic documentation system, used in the centre to store all information in relation to residents' nursing care was displaying a warning that the information on the system may not be saved and stored, as required by the regulations.

In addition, a review of rosters on the first day of the inspection found that they were not accurate.

Required documentation was submitted to the office of the Chief Inspector following this inspection.

Judgment: Substantially compliant

### Regulation 23: Governance and management

Action was taken since the last inspection to strengthen the governance systems in the centre. Management meeting records were reviewed, and these evidenced appropriate oversight of the service. Clinical and environmental audits were completed to ensure that the service was safe and consistent.

Judgment: Compliant

### Regulation 34: Complaints procedure

Complaints were documented and managed in line with the requirements of the regulations.

Judgment: Compliant

## Quality and safety

This inspection found that residents received appropriate care, in line with their assessed needs. While risks in relation to the care environment, including fire safety, were known to the HSE, action had been taken to mitigate these risks.

Each residents in the centre had a comprehensive assessment of their health and social care needs completed, and inspectors observed that these care plans were implemented and that the delivery of care was monitored.

Some residents in the centre had been assessed as requiring input from an occupational therapist and a physiotherapist to address a mobility risk, however, no referrals had been made to the allied health professionals.

Residents had appropriate support with their nutritional needs. Referrals to dietitian were made for residents who were assessed as being at high risk of malnutrition. Residents were monitored for any changes to their nutritional well being.



A review of the fire safety systems in the centre found that there were systems in place to ensure that fire detection and emergency lighting were maintained. Arrangements were in place to ensure means of escape were unobstructed.

Outstanding issues relating to fire safety, including the requirements for fire door replacement and ensuring appropriate compartmentation of the centre were known to the HSE and mitigating controls were in place. However, until such time as all fire safety work has been completed, the finding of this inspection was that Regulation 28: Fire precautions remained not compliant.

### Regulation 18: Food and nutrition

Residents had access to adequate quantities of food and drink, including a safe supply of drinking water. Residents explained that they could choose to have lunch in the main dining room or in their own bedroom. Where residents required assistance with their meal, the inspectors observed that staff did so in a manner that promoted resident dignity. Residents that required assistance told inspectors that assistance was provided at the time food was served which ensured the food was consumed while still hot.

Residents were monitored for weight loss and were provided with access to dietetic services when required.

Judgment: Compliant

### Regulation 28: Fire precautions

Fire safety precautions were adequately managed in the centre. The fire alarm system, emergency lighting and fire fighting equipment had been serviced since the last inspection. Staff drills were scheduled regularly, and included measures that accounted for the incomplete fire safety works required in the centre. Fire safety certification was submitted to the office of the Chief Inspector following this inspection.

However, while control measures were in place to mitigate some of the fire risks, fire safety works, required to address containment issues, had not yet been completed.

Judgment: Not compliant

### Regulation 5: Individual assessment and care plan

Each resident had an individual comprehensive assessment of needs completed, and this informed care plans which were found to be detailed and person-centred.

Judgment: Compliant

### Regulation 6: Health care

Residents did not have timely access to allied health care professionals such as physiotherapists or occupational therapist. A resident who was assessed to require both these services did not have access to these supports.

Judgment: Not 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
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 18: Food and nutrition	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Not compliant

# Compliance Plan for Bushfield Care Centre OSV-0005242

Inspection ID: MON-0048011

Date of inspection: 03/09/2025

## 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 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records: A record of the fire alarm servicing is available on site and has been submitted to HIQA.</p> <p>Confirmation has been given by the electronic documentation provider that all records for Bushfield Nursing Home are stored as per regulations. This confirmation has been submitted to HIQA.</p> <p>The roster is reviewed and updated as needed to accurately always reflect staffing levels in the centre.</p>	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: Fire safety precautions are adequately managed in the centre. The fire alarm system, emergency lighting and firefighting equipment have been serviced since the last inspection. Staff drills are scheduled regularly and include measures that account for the incomplete fire safety works required in the centre. Additional fire training have been scheduled for 12th November 2025 in addition to annual training. Fire safety certification has been submitted to the office of the Chief Inspector.</p> <p>Outstanding structural works will be complete by end of April 2026.</p>	

Regulation 6: Health care	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care: Sage Advocacy referrals have been submitted where appropriate to ensure access to Allied Health Professionals. Additionally, in collaboration with the GP, we have ensured that our residents are again placed on waiting lists for community services they are entitled to through their medical cards.</p>	

## Section 2:

### Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Substantially Compliant	Yellow	15/09/2025
Regulation 21(6)	Records specified in paragraph (1) shall be kept in such manner as to be safe and accessible.	Substantially Compliant	Yellow	15/09/2025
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.	Not Compliant	Orange	30/04/2026
Regulation 28(2)(i)	The registered provider shall	Not Compliant	Orange	30/04/2026

	make adequate arrangements for detecting, containing and extinguishing fires.			
Regulation 6(2)(c)	The person in charge shall, in so far as is reasonably practical, make available to a resident where the care referred to in paragraph (1) or other health care service requires additional professional expertise, access to such treatment.	Not Compliant	Orange	15/09/2025