



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

Issued by the Chief Inspector

Name of designated centre:	Bushmount Nursing Home
Name of provider:	Bushmount Nursing Home Limited
Address of centre:	Bushmount, Clonakilty, Cork
Type of inspection:	Unannounced
Date of inspection:	22 March 2023
Centre ID:	OSV-0000292
Fieldwork ID:	MON-0039636

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 22 March 2023	10:00hrs to 18:00hrs	Mary O'Mahony	Lead
Thursday 23 March 2023	10:00hrs to 17:00hrs	Mary O'Mahony	Lead

What residents told us and what inspectors observed

The overall feedback from residents and relatives was that Bushmount Nursing Home was a comfortable place to live where residents were known to staff and felt safe. The inspector spoke with the majority of residents during the two days of inspection and met with a number of visitors also. Residents felt that their rights and choices were respected. Survey results were seen which confirmed that they were satisfied with the care and accommodation. Residents said that staff were kind and caring and available to listen to any concerns they might have.

The designated centre is located near the town of Clonakilty on six acres of spacious rural grounds, with adequate car parking spaces for staff and visitors at the front of the building. On the days of inspection there were 77 residents in the centre and two vacant beds. The inspector arrived unannounced and followed the infection control protocol in place. Following an introductory meeting with the person in charge the inspector was accompanied on a tour of the premises and external patio and garden areas. The residents' accommodation in the centre was located over two floors, while staff facilities were located on the ground floor.

Residents were seen walking or being wheeled on wheelchairs to the various dining rooms for breakfast. Residents and staff were seen to chat and interact with each other in a relaxed manner. The inspector spoke with six residents in the dining room. They stated that they enjoyed the sociability of dining together. The inspector observed that residents' bedrooms were nicely decorated with soft furnishings, ornaments and photographs. All bedrooms were single occupancy which residents' stated supported their privacy and dignity needs. A number of residents told the inspector that they had previously lived in the locality and they had access to their visitors regularly. Residents made positive comments to the inspector about living in Bushmount, such as "staff are kind and good" and it is "home from home". One resident stated that he wanted to change the name of the centre to the "Bushmount Hotel" due to the quality of the care he experienced. Residents added that some staff were personally known to them, which added to their feeling of security.

The inspector saw that there was a lively flower arranging session underway in the activity room in the afternoon which was attended by a number of residents. Residents who were present at the activity said they really enjoyed it. Another group of residents were seen in a sitting room carrying out chair based exercises to music, discussing the news and singing their favourite songs. Residents were delighted with the snacks, drinks and the music facilitated by staff. Residents were observed to go outside with their visitors also and they said it was a "great advantage" to have a patio door out to the quaint, spacious and nicely planted gardens from some of the bedrooms and communal rooms.

Residents who spoke with the inspector said that they were happy with the arrangement for visiting. Visitors followed the protocol set out to protect themselves and others from an infection or the virus. Visitors spoken with said that

communication had been maintained about the virus and residents said they understood why staff and relatives had to wear masks. Residents told the inspector that they felt their opinions were listened to at residents' meetings, their views were sought in surveys and their wishes were acted on.

Food was plentiful, varied and nicely presented to residents. Modified diets were accommodated and they looked appetising. Residents spoken with at dinner time were very complimentary about the portions and said that the staff took note of their meal choice daily. A staff member was seen going around to residents discussing the meal choices at each meal. Where residents requested help from staff to access drinks and food, they were seen to respond without delay.

The inspector saw that, generally, there was a good level of compliance with infection control guidelines around the centre. Throughout the day staff were seen to wash their hands and to use the hand sanitising gel provided.

Overall, residents expressed "contentment" at being facilitated "to age within their own community" while living in Bushmount Nursing Home. 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

This was an unannounced risk inspection conducted by an inspector of social services to assess compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). The provider had applied to renew the registration of the centre as this was due to expire at the end of August 2023. Overall, findings of this inspection were that Bushmount Nursing Home was a well managed centre, where residents received a high standard of care by staff that were kind and respectful. Nevertheless some improvement and action was required, in the areas of fire safety management, infection control, premises and care planning, which are detailed under the quality and safety dimension of this report.

Bushmount Nursing Home is owned and operated by Bushmount Nursing Home Limited, who is the registered provider. The company is comprised of two directors, both of whom are involved in the operation of the centre. One of these directors was the named person representing the provider for the purposes of regulation. This director attended the centre for the feedback meeting held on day two of the inspection where the findings of the inspection were outlined. He confirmed that he provided ongoing support to the person in charge and the wider management team. From a clinical perspective care was directed by a suitably qualified person in charge. She was found to be aware of her responsibilities under the regulations and strived for compliance. She was supported in her role by a clinical nurse manager and a team of nurses, health-care assistants, household, administration, catering

and activities staff.

Communication processes within the centre were effective as evidenced by the detailed daily handover reports, entries in the individualised communication sheets and minutes of the clinical meetings with staff from all roles. Comprehensive systems including the annual review of the quality and safety of care had been implemented. A schedule of audits was being carried out in areas such as infection control, antibiotic stewardship, and medication management. Key performance indicators (KPIs) were recorded and trended in areas such as wounds, restraint and complaints. The registered provider had compiled written policies and procedures which were available to direct care, as required under Schedule 5 of the regulations.

On the days of inspection staffing numbers and skill mix of staff appeared appropriate to meet the needs of residents, with due regard to the layout of the centre over two floors. The person in charge stated that staff nurses were receiving additional mentoring on supervision especially at mealtimes and late evening. The inspector examined staff training records which confirmed that all staff had up-to-date training to support them in their respective roles, such as fire safety, manual handling, nutrition, end of life and the prevention of abuse.

The inspector found that records and additional documents required by Schedule 2, 3 and 4 of the regulations were available for review. A sample of staff personnel files reviewed were maintained in line with the requirements of the regulations. Vetting clearance certificates, in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012 and 2016, were in place for all staff prior to commencement of employment. There was a complaints management system in place which conformed with regulatory requirements.

Registration Regulation 4: Application for registration or renewal of registration

The requirements of the regulator related to renewal of registration were fulfilled.

Judgment: Compliant

Registration Regulation 8: Annual fee payable by the registered provider of a designated centre for older people

The annual regulatory fees were paid in a timely manner.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge was knowledgeable and was seen to be well known to residents and relatives. The person in charge fulfilled the requirements of the relevant regulations

Judgment: Compliant

Regulation 15: Staffing

Staffing levels on the days of inspection were sufficient to meet the needs of residents.

The skill mix on duty was appropriate and registered nurses were on duty over the 24 hour period.

Judgment: Compliant

Regulation 16: Training and staff development

The training matrix indicated that appropriate and mandatory training sessions were undertaken by staff.

Staff supervision had increased, especially at mealtimes.

Staff appraisals, induction records and probationary meeting records were available in staff files.

Judgment: Compliant

Regulation 19: Directory of residents

The directory of residents was maintained in line with the requirements set out under Schedule 3 of the regulations for the sector.

Judgment: Compliant

Regulation 21: Records

The records required to be maintained in each centre under Schedule 2, 3 and 4 of the regulations were available to the inspector and, in general, they were securely stored.

Staff files were well maintained and contained the regulatory documents.

Judgment: Compliant

Regulation 22: Insurance

An up-to-date contract of insurance was in place as required by the regulations for the sector.

A copy was made available to the inspector.

Judgment: Compliant

Regulation 23: Governance and management

Some management systems were not sufficiently robust to ensure the service was safe and appropriately and effectively monitored. More robust systems were required to ensure additional oversight. The outstanding issues referenced below, were described further under the specific regulations.

- Fire safety management issues:
Oversight of fire safety issues required action as identified under Regulation 28.
- Premises issues:
Upgrading of decor in the centre as outlined under Regulation 17.
- Infection Control:
Some aspects of infection control required action as addressed under Regulation 27
- Care plans: Additional information was required to ensure care plans had all the required information to direct safe care as highlighted under Regulation 5.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The statement of purpose was reviewed on an annual basis.

It outlined the governance arrangements, the ethos of care, the complaints process and the arrangements for residents to be involved in their care plans and activity provision.

Judgment: Compliant

Regulation 4: Written policies and procedures

The policies required under Schedule 5 of the regulations were available in the centre.

These were seen to have been updated every three years or when there were new developments, such as, the addition of COVID-19 guidelines to relevant policies.

Judgment: Compliant

Quality and safety

Overall residents in Bushmount Nursing Home were found to be supported to have a good quality of life which was respectful of their wishes and preferences. There was timely access to healthcare services and appropriate social engagement, with an ethos of person centred care demonstrated by staff on the day of inspection. A human rights-based approach was promoted and residents spoken with said that this approach was apparent to them in how they felt respected by staff. While findings this inspection generally demonstrated good compliance with the regulations, there were some aspects of premises, infection control, care planning and fire safety that required action as outlined under the specific regulations.

Care plans in general were informative and person centred. They were maintained on the computerised system and were updated on a four monthly basis. Members of the multi-disciplinary team, for example the physiotherapist had inputted advice for staff in providing best evidence-based care. Residents had been consulted in the development of their care plans which were found to reflect residents' social and medical needs. The inspector was assured that residents' health needs were met to a good standard. There was weekly access to general practitioners, (GPs) who were described as available and supportive. Systems were in place for referral to specialist services. On admission a comprehensive assessment was carried out for each resident which was then used to set out individualised plans of care for each identified need. Despite elements of good practice there were some aspects of the sample of care plans reviewed that required action, as highlighted under Regulation

5.

The registered provider was in the process of upgrading the premises on an ongoing basis and had employed two members of a maintenance team who were responsible for this. Flooring had been replaced in a number of areas, painting had been renewed and shower rooms had been improved. However, despite this, a number of other premises issues were found to require action, as outlined under Regulation 17.

Following findings on the last inspection a number of fire safe doors (specifically designed doors which inhibit the spread of smoke or fire for periods of 30 or 60 minutes) had been serviced. However, there were a number of aspects of fire safety management, including confirmation that all such doors were fit for use, which had yet to be actioned, as highlighted under Regulation 28.

The safeguarding policy provided guidance to staff with regard to protecting residents from the risk of abuse. Staff demonstrated an appropriate awareness of their safeguarding training, the types of abuse and their related responsibilities.

Residents' nutritional and hydration needs were met. Home baked desserts and cakes were a daily feature of mealtimes and the kitchen was well stocked and well equipped. Systems were in place to ensure residents received a varied and nutritious menu based on their individual food preferences and dietetic requirements such as, gluten free diet or modified diets. Residents' nutritional status was assessed monthly and a dietitian was consulted if there was any evidence of diminished food intake or risk of malnutrition.

It was evident that residents were consulted about the running of the centre, formally, at residents' meetings and informally through the daily interactions with the management and care team.

Regulation 17: Premises

While premises upgrades were progressing well some sections of the premises required upgrading and improvement to ensure that it complied with Schedule 6 of the regulations for the sector:

For example;

The staffing areas required painting and upgrading

The ceilings in two rooms showed signs of damp stains and resultant damage.

The paintwork on some beds was scuffed. This required repaint to provide a suitable surface for effective cleaning.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Food was varied and well presented.

Residents had a choice at each meal and modified diets were seen to be served where this need had been identified.

Staff were seen to support those who required help with their meals.

Judgment: Compliant

Regulation 26: Risk management

The risk register was up to date.

New risks had been added as required which indicated a proactive approach to risks, which were assessed and managed appropriately.

Judgment: Compliant

Regulation 27: Infection control

The inspector found that the provider had not taken all necessary steps to ensure compliance with Regulation 27 and the National Standards for Infection Prevention and Control in Community Services (2018): The following areas required action:

There were no suitable hand washing sinks separate from residents' sinks or sluice room/work area sinks, for staff use. The hand wash sinks in use did not comply with HBN-10 guidelines for such sinks.

Urinals were not all stored appropriately.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The provider had not taken adequate precautions against the risk of fire as

evidenced by:

The fire doors leading to the kitchen was awaiting replacement, due to poor alignment of both doors, resulting in a gap which could allow the spread of smoke and fire.

Fire stopping was required where a lock had been removed from a fire safe door, resulting in a hole in the door which negated it's use to contain smoke and flames. This hole was sealed during the inspection.

The staff smoking area required clearing and general tidying up to mitigate any risks.

A number of unsuitable chairs, 12 chairs, some with damaged surfaces were located in the external staff smoking area. These presented a high risk of fire as they were not fire retardant in the event that a cigarette would fall on the chairs or exposed foam.

The personal evacuation plans available required additional detail, and individual plans to be developed, to assist staff in the specific and speedy evacuation of residents in the event of fire.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

There were issues to be addressed in relation to the management of medicines:

For example:

- Labels were not present on all medicine bottles which presented a risk of not identifying the correct medicine for the correct resident, which is one of the rights of safe medicines management.
- Not all medicine products no longer in use had been removed from the medicine fridge and returned to pharmacy as required.
- The required GP signature was not present on two items on the medical administration sheet/prescription.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

There were some aspects of care planning which required improvement:

- End of life care plans were not in place for all resident's to ensure their wishes were known to staff or any advanced care wishes were clearly identified. Other plans required evidence of consultation between the resident, family member and appropriate professional,
- Some care plans and associated information had not been updated as required by legislation when a resident's status had changed following medical intervention.
- risk assessments were not always interlinked with the care plans where necessary, for example a risk assessment for choking was not referenced in the nutrition care plan, to ensure staff were aware of the risk when updating care plans and risk assessments.

Judgment: Substantially compliant

Regulation 6: Health care

Health care was well managed in the centre:

A review of residents' medical records in the above care plans found that recommendations from residents' doctors and other health care professionals were integrated into residents' care plans. This included advice from the dietitian, the speech and language therapist (SALT) and the physiotherapist.

Pressure ulcers and other wound care was seen to be carried out in line with professional guidelines from the tissue viability nurse (TVN).

Judgment: Compliant

Regulation 9: Residents' rights

Residents were happy in the centre and felt their rights were respected and promoted.

Residents said they felt safe and had access to social outings, appropriate activity, garden activity, religious services, external and internal celebrations with family.

Residents felt that they could raise concerns about the centre and they told the inspector that their opinion would be listened to.

Activities were meaningful to them and they praised the accommodation, the staff and the support provided.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Registration Regulation 8: Annual fee payable by the registered provider of a designated centre for older people	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Bushmount Nursing Home OSV-0000292

Inspection ID: MON-0039636

Date of inspection: 23/03/2023

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
<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, 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 issues and actions on same had already began by the provider. These actions are outlined in detail under Regulation 28 • Premises issues: Upgrades to the centre are an ongoing and continuous priority for the management team. Upgrades required, have been addressed and are outlined in more detail under Regulation 17. • Infection control: Hand washing sinks are not HBN-10 sinks. Action plan for this is outlined under Regulation 27. • Care planning is an integral part of provision of person-centered care. At Bushmount Nursing Home we consistently strive to ensure that the care we provide is person centered, accurate and safe. Details on improvement plan are outlined under Regulation 5. 	
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 continuously and consistently strive to ensure the premises is in good repair, ensuring a safe and clean environment for both our residents and staff. To ensure this, we employ a full-time maintenance team. All and any premises</p>	

issues are discussed at the Health and Safety meetings and at management meetings. A improvement plan for the premises is also drawn up at the beginning of each year. This is included in the Annual Review, which was seen on the day of inspection.

- To date this year, 2 sluice rooms have been fully renovated, including new floors, roof to laundry has been replaced, 1 corridor has had flooring replaced, the Chapel has had the carpet replaced, 3 corridors have been repainted, in addition to multiple room upgrades.
- Both the staffing areas and scuffed beds had been recognized by the Management team and were already on the Building Improvement Plan for this coming year
- Since inspection the corridor of the staffing area has been painted.
- The ceilings in 2 rooms have been addressed by the maintenance team and repaired.

Regulation 27: Infection control	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 27: Infection control:

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.

- There are currently 26 dedicated hand wash sinks available in the centre, in addition to each resident's room having their own sink. The dedicated hand wash sinks are strategically located to ensure staff can have easy access to handwashing at key points, for example in sluice rooms, cleaning rooms and kitchenettes. The current sinks are in good repair, none of them have plugs, all have touch free/elbow active taps, the majority do not have over flows and all have clear signage indicating their intended use, in line with regulations.
- However, the current handwashing sinks are not HBN-10 sinks, as the waste out-let is located at the bottom centre of the basin, rather than the back of the basin.
- Possible locations for additional handwashing sinks were discussed on the day of inspection. It was noted that placing them on the corridor could pose a risk to our residents. Possibility of replacement of current sinks or addition of HBN-10 sinks is currently being reviewed with a plan to be put in place to ensure full compliance with the regulations.
- Residents have their own individual, labelled urinals with lids. Each resident has 2 urinals. 1 is stored in the sluice, once it has been sterilised, while the other is in their own room/ensuite ready for use. Once the urinal has been used, it is sent to be sterilised and their second 1 is put in to use. This ensures that the resident always has access to a clean urinal.

Regulation 28: Fire precautions	Substantially Compliant
<p>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.</p> <ul style="list-style-type: none"> • All staff undertake training in fire safety and participated regularly in fire drills. Their knowledge is monitored as part of the regular audit process. 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. Certificates are available for the quarterly and annual servicing of the fire safety system, electrical and lighting system and these were seen on the day of inspection. • Since our last inspection in August 2022, we have employed KCC to review, assess, upgrade and replace our fire doors. They had completed all assessments and were completing amendment works on the day of inspection.. The double doors to the kitchen were also due to be replaced that day, however the new doors were damaged in transit and therefore the replacement was delayed. Works have since been completed and new doors are now in place. All doors that were assessed and repaired have certification stickers placed on them by KCC, all replaced doors have cert plates on them and certifications for all have been received from KCC. • The staff smoking area has been cleaned and chairs with damaged surfaces have been removed. The whole of the staff area is due for upgrade this year. • All residents in Bushmount Nursing Home have a personal evacuation plan in place. This plan dictates how to evacuate that individual person in the event of a fire. It tells who they are, their mobility and any additional information required, such as hearing impairment, cognitive impairment, etc. These plans are kept in the Major Emergency plan and the Fire Plan, located at the fire panel. • There was not a personal individual plan in each resident's room. However, the management team had already been reviewing this and had begun the process of replacing individual plans, in line with current regulations. Since inspection this has been completed. 	
Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services: At Bushmount Nursing Home we have a robust medication policy in place that complies with NMBI guidelines and The Regulations. Medication is audited and reviewed regularly by management, doctors and pharmacy to ensure compliance and safe storage, prescription and administration.</p> <ul style="list-style-type: none"> • On the day of inspection, one bottle of medication did not have a label on the bottle. The label was instead placed on the box of that bottle. The bottle was retained in the box. Since inspection we have liaised with our pharmacy and they have agreed to place labels on the actual bottle, not just the box, going forward. • Historically, when a nurse opened a medication, they would write the date opened on 	

the bottle/tube. Since inspection we have also developed a new sticker that can be placed on with the resident name and date opened, in addition to the pharmacy dispensing label.

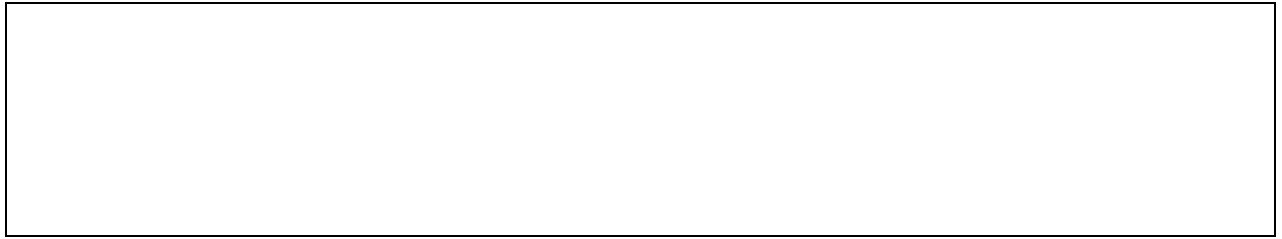
- A bottle of liquid antibiotic was in the fridge, but no longer in use. This medication had been prescribed for a resident, who had then been transferred to hospital. Since inspection we have reviewed our practice to ensure this does not happen again. There is now a recorded check completed daily of the fridge to ensure there are no expired, unused or unnecessary items left in the fridge.
- Medications are signed by the GP, in line with policy and guidelines. On the day of inspection, it was noted that 2 signatures were missing. 1 of these had been noted and was due to be signed on the GP round that week, however the GP did not attend the centre. Since inspection a review of our Kardex audit has taken place and we have expanded the audit to reflect a more thorough process, thus aiming to eliminate any further omissions from the charts.

Regulation 5: Individual assessment and care plan	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:

Care planning is an integral part of provision of person-centered care. At Bushmount Nursing Home we consistently strive to ensure that the care we provide is person centered, accurate and safe. Care plans are drawn up in consultation with residents and their families to accurately reflect their specific needs. These care plans are regularly reviewed and updated to ensure they remain current.

- End of life care plans are completed as soon as possible post admission, with due regard to the fact that discussing such issues can be very difficult for some residents and their families. Staff endeavor to support them in this discussion, explaining that this will aid staff in future events ensuring they receive the care they wish for at the end of their life.
- Discussions regarding care plans with residents and families are recorded in the communication section, however this does not copy into the careplans. Since inspection we have reviewed our practice and will now add a comment in the care plan to reflect discussions taken place.
- Reviews by the multidisciplinary team are documented in the multidisciplinary communication section. Prior to inspections recommended/required changes would be made to the residents careplans by the nurse. Since inspection this has been reviewed and the individual member of the multidisciplinary team can now copy their note into the relevant care plan.
- Risk assessments are completed for all and any recognized risks with in the home. Bushmount takes risk and the assessment of risk extremely seriously. Though risk assessments were completed they were not mentioned in the care plan. Since inspection we have reviewed our practice and relevant risk assessments are now referenced in the care plan.



Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	30/09/2023
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	30/09/2023
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare	Substantially Compliant	Yellow	30/09/2023

	associated infections published by the Authority are implemented by staff.			
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	30/04/2023
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Substantially Compliant	Yellow	30/04/2023
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	30/04/2023
Regulation 29(5)	The person in charge shall ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of	Substantially Compliant	Yellow	30/04/2023

	the product.			
Regulation 29(6)	The person in charge shall ensure that a medicinal product which is out of date or has been dispensed to a resident but is no longer required by that resident shall be stored in a secure manner, segregated from other medicinal products and disposed of in accordance with national legislation or guidance in a manner that will not cause danger to public health or risk to the environment and will ensure that the product concerned can no longer be used as a medicinal product.	Substantially Compliant	Yellow	30/04/2023
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.	Substantially Compliant	Yellow	30/04/2023