



# 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:	Announced
Date of inspection:	04 February 2020
Centre ID:	OSV-0000292
Fieldwork ID:	MON-0023131

## 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 Fuschia. 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 and boules area for residents leisure and enjoyment. The service provides 24-hour nursing care to both male and female residents whose dependency range from low to maximum care needs. Long-term care, convalescence, respite and palliative care is provided, mainly to older adults.

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

Number of residents on the date of inspection:	78
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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
Tuesday 4 February 2020	09:00hrs to 17:30hrs	Ella Ferriter	Lead
Wednesday 5 February 2020	08:15hrs to 16:30hrs	Ella Ferriter	Lead

## What residents told us and what inspectors observed

The inspector spoke with many residents and relatives during the two day inspection of Bushmount Nursing Home and reviewed 16 questionnaires that had been submitted as part of the inspection process. Residents spoke very positively about living in the centre, said they felt safe and well cared for. Residents were complimentary about all staff describing them as very committed and caring, stating they go "above and beyond to assist" at all times. They were familiar with the management team who were available to them on a daily basis. Residents said that they knew how to make a complaint and were confident that any problem they raised would be addressed.

Residents enjoyed the landscaped gardens and commented on the peace afforded by the centre's location. Some residents conveyed they would like to spend even more time outside during the summer. Residents commented positively about the quality and variety of food they were offered. The dining experience was viewed by the inspector as being very positive, similar to a restaurant experience. Residents said there was choice at meal times and that they were given adequate quantities of food throughout the day.

All residents spoken with said their rooms were comfortable, and that they were afforded choice about how and where they spent their time during the day. Residents said they enjoyed the engagement with staff and activities such as bingo, gardening, music and card games. Some residents expressed the desire for more group activities such as bingo and music. The inspector observed there was a very relaxed and calm atmosphere in the centre where staff positively engaged with residents and treated them with dignity and respect at every opportunity.

## Capacity and capability

This was a two day announced inspection, undertaken as part of an application by the registered provider, Bushmount Nursing Home Limited to re-register the centre in accordance with the requirements set out in the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015. The prescribed documentation was submitted and application fees paid in compliance with the registration regulations. Overall, a very good service was being provided to the residents living in Bushmount Nursing Home. There were effective governance arrangements in place to promote positive outcomes for residents and provide a service that was resident led. A holistic approach was taken to ensure the delivery of care was in accordance with the statement of purpose.

There was a clearly defined management structure which identified clear lines of

accountability and responsibility for the service. Staff and residents were familiar with these arrangements. The management team were proactive in response to issues as they arose and improvements required from the previous inspection had been addressed and rectified. It was evident that the team working in Bushmount Nursing Home were clearly focused on driving quality improvement. Some further improvements were noted on this inspection in relation to consultation with residents, current safeguarding practices, fire safety and notification of incidents.

The person in charge is the director of care on a daily basis. He demonstrated a thorough knowledge of his role and responsibilities including good oversight of the individual clinical needs of residents. The person in charge reports to the Operations Manager and the Registered Provider Representative (RPR), who are both involved in the day-to-day management of the centre. There was evidence of weekly management meetings taking place where topics such as staffing, incidents, audits, clinical risk and complaints were discussed and followed up. The person in charge is supported in his role by an Assistant Director of Nursing, three Clinical Nurse Managers and team of nursing, care, catering and domestic staff.

The inspector observed good communication between staff and residents, and staff were seen to be caring and responsive to residents needs. The service was appropriately resourced with adequate staff on the day of inspection to meet the assessed needs of the 78 residents. Staff reported it to be a very good place to work. Regular staff meetings and shift handovers ensured information on residents' changing needs was communicated effectively.

The centre had appropriate policies on recruitment, training and vetting of new employees. A sample of staff records reviewed indicated that there were robust systems in place for staff recruitment and all files contained the required information as per the regulations. There was a comprehensive programme of training and induction and evidence that staff received training appropriate to their roles. All staff had attended up-to-date training in mandatory areas, such as responsive behaviour, safeguarding and fire safety.

The complaints log was reviewed and showed that formal complaints were recorded in line with the regulations. An accessible and effective complaints procedure was in place. Residents' complaints and concerns were listened to and acted upon in a timely, supportive and effective manner. There was evidence that residents and relatives were satisfied with measures put in place in response to issues raised. The inspector found, however, that the complaints policy required updating to reflect the designated person responsible for investigating complaints. A record of incidents occurring in the centre was reviewed by the inspector and found to be well maintained and comprehensive. However, not all incidents and allegations had been reported in writing to the Chief Inspector as required under the regulations within the required time period.

The inspector saw evidence that the quality and safety of care delivered to residents was being effectively monitored. This was through a comprehensive programme of audits and the collection of key performance indicators. Information was collected on areas such as medication management, catering, infection control, pressure

ulcers, complaints and falls. There was evidence of action in response to issues identified. Although data had been collected on the quality and safety of care at the centre, an annual review of the care delivered to residents for 2019, which is required by the regulations had not been complied. There were good systems of information governance in place and all records required by the regulations were maintained effectively and made available to the inspector. Copies of the standards and regulations were available and accessible by staff. Records and documentation as required by Schedule 2, 3 and 4 of the regulations were securely controlled, maintained in good order and easily retrievable for monitoring purposes. Overall, there was evidence of quality improvement strategies and monitoring of the service resulting in continuous improvements in the quality of life and quality of care for the residents.

#### Registration Regulation 4: Application for registration or renewal of registration

All prescribed documentation was submitted, and fees were paid in accordance with the registration regulations.

Judgment: Compliant

#### Regulation 14: Persons in charge

The person in charge was full time in the post. He is a registered nurse with the required managerial and nursing experience, in keeping with the statutory requirements. He was actively engaged in the governance, operational management and administration of the service. He was knowledgeable regarding the clinical care needs of the residents. He demonstrated a strong commitment to the development of quality management systems to ensure the provision of a safe and effective service, which was ultimately resident led.

Judgment: Compliant

#### Regulation 15: Staffing

Residents and relatives spoke very positively of staff and indicated that they were caring, responsive to their needs and treated them with respect and dignity. The number and skill mix of staff on the day of inspection was appropriate, having regard to the care needs of residents and the size and layout of the centre. The staff roster was reviewed and discussed and the person in charge outlined that the roster was constantly under review in line with the changing needs of residents. The

person in charge and the Assistant Director of Nursing were on call alternate weekends.

Judgment: Compliant

### Regulation 16: Training and staff development

There was a comprehensive programme of training and training in mandatory areas was all up to date. Overall, management had implemented measures to ensure that staff received appropriate training relevant to their role. Induction and orientation was provided for new staff and all staff were appropriately supervised in their roles

Judgment: Compliant

### Regulation 19: Directory of residents

There was a comprehensive directory of residents maintained which contained all the information required as per Schedule 3.

Judgment: Compliant

### Regulation 21: Records

All records requested over the two days of inspection were made available. They were well organised, easily retrievable and stored securely. A review of a sample of staff personnel records indicated that they contained all the requirements as per Schedule 2 of the regulations. An Garda Síochána (police vetting) disclosures in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012 were available in the designated centre for each member of staff, as required under Schedule 2 of the regulations.

Judgment: Compliant

### Regulation 22: Insurance

A records of insurance against injury to residents and loss and damage to property was in place.

Judgment: Compliant

### Regulation 23: Governance and management

There was an effective supportive governance structure in place, with a motivated team driving quality improvement which promoted a resident led service. There was effective communication between the management team and management systems in place to ensure the service is effectively monitored. However, it was noted on inspection that an annual review of the quality and safety of care delivered to residents had not been compiled for 2019 which is required by the regulations. Regular management meetings took place and good communication and oversight was evident.

Judgment: Substantially compliant

### Regulation 24: Contract for the provision of services

Residents had a written contract and statement of terms and conditions agreed with the registered provider of the centre. The contracts of care contained details of the service to be provided, the fee to be paid and they included the charges for additional services not included in the fee. They were found to meet the requirements of legislation.

Judgment: Compliant

### Regulation 3: Statement of purpose

A detailed statement of purpose was available to staff, residents and relatives. This contained a statement of the designated centre's vision, mission and values. It accurately described the facilities and services available to residents, and the size and layout of the premises.

Judgment: Compliant

### Regulation 30: Volunteers

All volunteers working in the centre had a vetting disclosure in accordance with the

National Vetting Bureau (Children and Vulnerable Persons) Act 2012 in place. They also had a memorandum of understanding which outlined their roles and responsibilities.

Judgment: Compliant

### Regulation 31: Notification of incidents

A record of incidents occurring in the centre was reviewed by the inspector and it was found that it was well maintained. However, not all incidents and allegations had been reported in writing to the Chief Inspector as required under the regulations within the required time period.

Judgment: Not compliant

### Regulation 34: Complaints procedure

There was a complaints management system in place with evidence of complaints recorded, investigation into the complaint, actions taken and the satisfaction of the complainant with the outcome.

Judgment: Compliant

### Regulation 4: Written policies and procedures

Current written policies and procedures on matters set out in Schedule 5 were available to staff, and were reviewed and updated in accordance with best practice. Policies were centre-specific and described best practice. The policy on complaints management required updating to reflect the new nominated person dealing with complaints.

Judgment: Compliant

## Quality and safety

Overall, the inspector found that residents were supported and encouraged to have a good quality of life, which was respectful of their wishes and choices. Residents'

needs were being met through good access to healthcare services, opportunities for social engagement and a premises that was comfortable and well maintained. Care delivery was in line with the centres ethos, which was to provide care that was resident led, involved choice and was person centred. Residents and relatives gave very positive feedback regarding many aspects of life and care in the centre.

The atmosphere of the centre was friendly and relaxed and staff actively engaged with residents and visitors. The inspectors observed that the care and support given to residents was delivered in a dignified manner and was not rushed. Assistance was given discreetly when needed and all staff demonstrated good communication strategies with residents, including residents with complex communication needs. The inspector observed that staff were familiar with residents preferences and choices and facilitated these in a friendly, good humoured and respectful manner. Staff did not wear a uniform with the aim of making the residents feel more at home and less institutionalised.

The premises was well maintained, homely and comfortable. It was beautifully decorated. Each of the four wings are named after flowers (Daffodil house, Bluebell house, Primrose house and Fushia house) and painted walls on these wings depicted flowers. There was wall art with different themes such as music, instruments and the sea. There was paraphernalia of times gone by throughout the centre. Pictures of staff were displayed with their names. Dining rooms had kitchenettes and dressers with china on display. There had been continued investment in and upgrade to the premises by the registered provider, such as the addition of en-suite facilities in some rooms. Improvements required after the last inspection to the premises had been addressed. Having regard to the dependency of persons in the centre, two additional showers were required in two of the wings. The inspector was informed that installation of these was planned over the next couple of months. Residents had access to an enclosed garden, flower beds and a patio area which was well maintained.

Some of the residents bedrooms were personally decorated and individualised. Clothing was laundered to a high standard on the premises. Residents had sufficient space for personal belongings in their bedrooms and locked storage. There was an open visitors policy at the centre. Numerous visitors were seen over the two days and the inspector spoke to many of them. Some family members also submitted questionnaires on behalf of their relative. Overall, they were very complimentary about the care delivered and the staff, stating that they were kind and respectful.

The healthcare needs of the residents were very well met. There were a number of local general practitioners (GP) providing medical services to the centre and out-of-hours medical cover was available. Specialist medical services were also available when required such as psychiatry of older life. There was evidence of regular reviews of residents by the GP, pharmacist and involvement of the multidisciplinary team. There was a physiotherapist employed for a half a day per week by the centre. There was evidence that residents had access to other allied healthcare professionals including, speech and language therapy, dietetics, occupational therapy, dental, chiropody, ophthalmology services, community mental

health nurses and community palliative care services.

Pre-admission assessments were completed to ensure that the centre could adequately meet the needs of prospective residents. A sample of care plans reviewed by the inspector were person-centred and individualised. There was evidence of regular nursing assessments using validated tools for issues such as falls risk assessment, dependency levels, moving and handling, nutritional assessment and risk of pressure ulcer formation. Care plans were developed based on assessments. Staff members spoken with demonstrated a good knowledge of residents and their physical, social and psychological needs, and this was reflected in the person-centred care plans available for residents.

Mealtimes were seen to be an enjoyable social occasion between residents and staff. Residents predominantly attended the dining rooms for meals. The tables were attractively set reflecting a silver service experience in a restaurant. There was a good menu choice available and residents were very complimentary about the food, the choice and the service. A nurse supervised meal times in each of the dining rooms. There was an effective communication system in place between the kitchen and the clinical staff.

The provider had put systems in place to manage risks and ensure that the health and safety of all people using the service was promoted. As agreed following the previous inspection a health and safety risk committee was established to oversee clinical and non clinical matters pertaining to the centre. There were good policies and procedures in place in relation to infection control. Fire safety equipment was serviced appropriately. An emergency plan had been developed and an appropriate response was in place for emergency situations. All residents had personal emergency evacuation plans, identifying the most appropriate means of evacuation both day and night. Fire drills were being conducted, including evacuation of compartments. Records were being maintained however, further practice was required to ensure that a compartment could be evacuated in a timely manner with reduced staffing levels, especially at night.

The centre promoted a restraint-free environment and there was low use of restrictive practices in the centre. Residents were encouraged and supported to optimise their independence where possible and had free access to safe outdoor courtyard and garden. Residents spoken to said they felt safe in the centre. All staff working in the centre had received training in safeguarding vulnerable adults and were knowledgeable about what to do if they suspected or witnessed abuse. Improvements were required, however in ensuring that appropriate measures are taken to protect residents when there is an allegation of resident to resident abuse. Residents finances were managed in a clear and transparent manner. Lodgements and withdrawals were clearly recorded and receipts were issued for all transactions. All residents had access to a secure lockable locker in their bedrooms should they wish to securely store any personal items. The centre was not acting as a pension agent for any resident.

Residents rights were observed to be respected and facilitated in the centre. Many residents went out accompanied by their families. Staff were observed to ask the

resident's consent when attending to their needs. Residents were consulted with on a daily basis by the management team and staff. Formal residents' meetings were facilitated and there was evidence that relevant issues were discussed. However, as identified on the previous inspection it was found that two residents meetings had taken place in 2019 out of the scheduled four per year. A residents survey on the quality of care delivery had been conducted and findings were acted upon appropriately.

There was an extensive activities programme available for residents. The centre employed a nurse who was assigned to the position of a 'person centred care co-ordinator'. She was interviewed during the inspection and it was apparent that she was enthusiastic and dedicated to this role. This job incorporated the individual assessment of each residents social care needs and the development of a programme of activities to support their individual abilities and preferences. Group activities included exercises classes three times weekly, bingo, arts and crafts, music, cards and flower arranging. One-to-one sessions were also facilitated according to personal preferences. There was a healthcare assistant assigned to each day room/dining room who actively engaged with residents, provided supervision, offered refreshments throughout the day and did activities with residents. Social stimulation of residents was seen as an integral part of care delivery at Bushmount Nursing Home and a responsibility of all staff working there.

#### Regulation 10: Communication difficulties

There was evidence that residents with communication difficulties were listened to and alternative communication methods were employed. Staff were observed taking time to allow residents to communicate freely. Call bells were seen to be in easy reach of residents if they required to call staff.

Judgment: Compliant

#### Regulation 11: Visits

There was open visiting and visitors were seen to come and go throughout the two days of the inspection. There were adequate facilities for residents to meet with visitors in private away from their bedrooms.

Judgment: Compliant

#### Regulation 12: Personal possessions

Residents' bedrooms had adequate space to maintain their clothes and personal possessions. Personal storage space comprised double wardrobes and bedside locker with lockable storage. Residents had access to on-site laundry facilities. Clothing was labelled for ease of identification, residents spoken to stated they were satisfied with this service.

Judgment: Compliant

### Regulation 13: End of life

A policy for end-of-life care was in place. Staff were knowledgeable about the procedures in relation to end-of-life care. Staff spoken to described how residents and families are supported in a person-centred and respectful manner. The centre is supported in the delivery of end of life and palliative care by the local hospice team who visit the centre as required. A sample of care plans reviewed showed that there was ongoing evaluation and updating of residents' end of life care wishes to ensure that care and support was in accordance with their personal wishes and preferences including their resuscitation wishes.

Judgment: Compliant

### Regulation 17: Premises

The location, design and layout of the centre was suitable for its stated purpose and met residents' individual and collective needs in a comfortable and homely way. The inspector found it to be well maintained and nicely decorated. The inspector found the premises required two additional showers, having regard to the number and dependency of residents.

Judgment: Substantially compliant

### Regulation 18: Food and nutrition

Residents nutritional needs were met to a good standard and were well managed. Residents were weighed and assessed regularly. Nutritional care plans were communicated with the catering team. A choice of food was available at meal times, and requests for alternatives to what was on the menu on a particular day were facilitated. Catering staff were familiar with each residents wishes and needs and prepared food accordingly. Modified diets were colourful and appetizing in appearance. Residents requiring assistance with their meals were assisted by staff in

a dignified manner. Residents feedback was positive in relation to the food provided and the overall dining experience in the centre.

Judgment: Compliant

### Regulation 20: Information for residents

The resident's guide and information booklet were available as part of the admissions pack. It was also displayed at the main entrance. It contained the requirements listed in the regulations.

Judgment: Compliant

### Regulation 25: Temporary absence or discharge of residents

There was evidence that when a resident is temporarily absent from a centre for treatment at an acute hospital, information pertaining to the resident accompanied them.

Judgment: Compliant

### Regulation 26: Risk management

There were measures in place for the management of risk. There was a risk management policy which was seen to be followed in practice and associated risk register. For each risk identified, it was clearly documented what the hazard was, the level of risk, the measures to control the risk, and the person responsible for taking action. Identified risks were discussed at health and safety meetings and measures were put in place to mitigate risks identified. The actions required from the previous inspection had been completed.

Judgment: Compliant

### Regulation 27: Infection control

The centre was clean and well maintained. Staff working in the centre all had training in infection control and were observed adhering to best practice hand

washing and universal precautions.

Judgment: Compliant

### Regulation 28: Fire precautions

It was clearly evidenced that there was a positive focus on fire safety. All staff had undertaken training in fire safety, and staff spoken with were knowledgeable of what to do in the event of a fire. There were daily and weekly checks carried out to ensure that fire exits were not obstructed, and that the fire alarm functioned appropriately. Fire drills of compartments were being preformed and there was a comprehensive narrative regarding actions and times of drills. However, further practice was required to ensure that residents could be evacuated in a timely manner in the event of a fire with reduced staffing levels, especially at night.

Judgment: Substantially compliant

### Regulation 29: Medicines and pharmaceutical services

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. Medication administration charts and controlled drugs records were reviewed by the inspector and it was found that they were maintained in line with professional guidelines. A new drug administration chart had been implemented in practice since the last inspection.

Judgment: Compliant

### Regulation 5: Individual assessment and care plan

Residents had a pre-admission assessment completed to ascertain if the centre could meet their needs. Comprehensive nursing assessments were completed following admission and care plans were then developed following these assessments. Care plans reviewed by the inspector provided good guidance on the individual care needs of residents and were person centred.

Judgment: Compliant

## Regulation 6: Health care

The inspector was satisfied that the healthcare needs of residents were well met. Residents had good access to general practitioners and a team of allied health care professionals including physiotherapy, occupational therapy, speech and language therapy, dietitian, palliative care and psychiatry of later life.

Judgment: Compliant

## Regulation 7: Managing behaviour that is challenging

Staff were familiar with the residents and understood their behaviours, what triggered them and the least restrictive interventions to follow. Staff had received training to manage responsive behaviours. Overall, residents were well supported and where residents had known responsive behaviours, there was a care plan in place, triggers were identified and appropriate interventions were consistently recorded in the care plans. Psychotropic medications were rarely administered and there was a very small amount of residents using bedrails. It was evident that alternatives were always trialled when using restrictive practices, assessments were comprehensive and consent obtained prior to their use.

Judgment: Compliant

## Regulation 8: Protection

The provider had clear processes in place to protect residents' finances. Residents spoken to by the inspector said they felt safe in the centre. All staff working in the centre had attended training on safeguarding. While there was a policy on responding to allegations of abuse, the inspector was not satisfied that it was sufficiently comprehensive, to identify how to respond when there were suspicions or allegations of abuse against a fellow resident. Improvements were required to ensure supervision arrangements put in place where required.

Judgment: Not compliant

## Regulation 9: Residents' rights

There was evidence of residents' rights and choices being upheld and respected. Residents were consulted about how the centre was run on a daily basis

and through residents' meetings. However, as found on the previous inspection records indicated the meetings were held twice a year as opposed to quarterly as planned. The inspector noted that generally, issues raised by residents were brought to the attention of the person in charge and appropriate action was taken in response.

A programme of appropriate activities were available. The inspector saw a number of different activities taking place including a very lively music session and bingo. The management team and the social care coordinator had placed a great emphasis on person-centred care and the importance of social care within the centre.

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
<b>Capacity and capability</b>	
Registration Regulation 4: Application for registration or renewal of registration	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 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 30: Volunteers	Compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication difficulties	Compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Not compliant
Regulation 9: Residents' rights	Substantially compliant

# Compliance Plan for Bushmount Nursing Home OSV-0000292

Inspection ID: MON-0023131

Date of inspection: 05/02/2020

## Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

## Section 1

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

### Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: The Annual Review 2019 will be completed by the end of April 2020 . A copy of the annual review will be accessible to all residents , relatives and staff.	
Regulation 31: Notification of incidents	Not Compliant
Outline how you are going to come into compliance with Regulation 31: Notification of incidents: All Residents that require immediate medical or Hospital attention will be reported to HIQA within 3 days	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: One additional shower will be installed in Daffodil and Primrose Houses by the end of April 2020	

Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: Fire evacuation drills will be held bi-monthly with night staff ratios , in order to strive to accelerate evacuation times .If there is no measurable improvement within two months the plan will be reviewed , with an emphasis at looking at staffing levels during the night.	
Regulation 8: Protection	Not Compliant
Outline how you are going to come into compliance with Regulation 8: Protection: Policy on Abuse/ Safeguarding will be updated to incorporate current standards and lessons learned from previous occurrences on how to respond . Robust Supervisory arrangements are now part of the safeguarding plan with support from MDT services as required.	
Regulation 9: Residents' rights	Substantially Compliant
Outline how you are going to come into compliance with Regulation 9: Residents' rights: Residents meetings will be held quarterly irrespective of the amount of people that chose to attend .	

## 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	30/04/2020
Regulation 23(d)	The registered provider shall ensure that there is an annual review of the quality and safety of care delivered to residents in the designated centre to ensure that such care is in accordance with relevant standards set by the Authority under section 8 of the Act and approved by the Minister under section 10 of the Act.	Not Compliant	Yellow	30/04/2020
Regulation 23(e)	The registered	Not Compliant	Yellow	30/04/2020

	provider shall ensure that the review referred to in subparagraph (d) is prepared in consultation with residents and their families.			
Regulation 23(f)	The registered provider shall ensure that a copy of the review referred to in subparagraph (d) is made available to residents and, if requested, to the Chief Inspector.	Not Compliant	Yellow	30/04/2020
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	30/04/2020
Regulation 31(1)	Where an incident set out in paragraphs 7 (1) (a) to (j) of Schedule 4 occurs, the person in charge shall give the Chief Inspector notice in writing of the incident within 3 working days of its occurrence.	Not Compliant	Yellow	10/02/2020
Regulation 8(1)	The registered	Not Compliant	Orange	10/02/2020

	provider shall take all reasonable measures to protect residents from abuse.			
Regulation 9(3)(d)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may be consulted about and participate in the organisation of the designated centre concerned.	Substantially Compliant	Yellow	10/02/2020