



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:	Bushfield Nursing Home Limited
Address of centre:	Bushfield, Oranmore, Galway
Type of inspection:	Unannounced
Date of inspection:	28 September 2022
Centre ID:	OSV-0005242
Fieldwork ID:	MON-0038041

About the designated centre

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

Bushfield care centre is located approximately 2km from Oranmore, Galway. The centre accommodates up to 45 male and female residents with varying levels of dependency. Bushfield Care centre offers general care, dementia care, and palliative care, and care for people with physical disabilities. Residents who are, at all times, treated with dignity and respect and who are supported to live their lives as independently and fully as is possible, with safety our key concern. The centre is a purpose built single storey bungalow style building. Facilities available include a dining room, two sitting rooms, two conservatory areas. An activities' room, oratory, 31 single bedrooms all with en-suite toilet & shower facilities, and seven twin bedrooms, four of which have en-suite toilet facilities. One communal bathroom & shower which includes a toilet and a further two communal toilets are available for residents use. An enclosed garden is also available.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:

30

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 28 September 2022	09:55hrs to 18:25hrs	Fiona Cawley	Lead

What residents told us and what inspectors observed

From what the inspector observed, there was evidence that residents living in this centre were supported to enjoy a satisfactory quality of life by staff who were kind and caring. The overall feedback from residents was that they were content. On the day of the inspection, the inspector observed a calm, relaxed atmosphere.

This unannounced inspection took place over one day. There were 30 residents accommodated in the centre on the day of the inspection and 15 vacancies.

Following an opening meeting with the senior nurse on duty, the inspector completed a tour of the designated centre. The building was found to be laid out to meet the needs of residents, and to encourage and aid independence. There were a variety of communal areas for residents to use depending on their choice and preference including a day room, a dining room and a large reception area. Residents' bedrooms were well presented and residents had decorated their room with personal items. All areas of the centre were observed to be clean and tidy.

Residents were also provided with unrestricted access to an external courtyard. However, this area lacked appropriate furnishings on the day of the inspection and therefore residents were unable to sit outside comfortably.

Throughout the day, the inspector observed that staff were busy attending to the needs of residents in the various areas of the centre. The inspector observed that staff engaged in kind and respectful interactions with residents. The majority of residents were observed in the day room. Some residents were watching TV, some were chatting to one another and staff, while other residents sat quietly observing their surroundings. A number of residents were observed moving freely around the centre. A variety of activities were provided for residents throughout the day. A small number of residents, who chose to spend time in their own rooms, told the inspector that they preferred not to attend the activities programme. Staff were aware of those residents who chose to remain in their rooms or who were unable to join the communal areas and monitored them at various times throughout the day.

There was unlimited access to television, radio, newspapers and books. Internet and telephones for private usage were also available.

Residents were provided with a range of food and refreshments throughout the day. Residents had a choice of when and where to have their meals. Meals served were observed to be well presented and there was a good choice of food available. Those residents who required help were provided with assistance in a sensitive and discreet manner. Staff members supported other residents to eat independently.

The inspector spoke with a total of nine residents over the course of the day and overall, the feedback was positive. Residents who were unable to speak with the inspector, to give their views of the centre, were observed to be content. The

majority of residents who spoke with the inspector said that they were well looked after in the centre and that the staff were good and attentive to them.

Friends and families were facilitated to visit residents, and the inspector observed a number of visitors in the centre on the day.

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

Capacity and capability

The findings of the inspection were that some action had been taken to address the non-compliant findings of the last inspection. However, a finding of the last inspection was that there was no person in charge of the centre. The provider had submitted a notification for a person in charge who did not meet the requirements of Regulation 14: Person in charge. No action had been taken following the previous inspection to address this non-compliance. In addition, the inspector noted that further actions continued to be required to ensure full compliance with;

- Regulation 6: Healthcare
- Regulation 14: Person in charge
- Regulation 17: Premises
- Regulation 21: Records
- Regulation 23 Governance and management
- Regulation 28: Fire precautions.

This was a risk inspection carried out by an inspector of social services to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). The inspector followed up on the actions taken by the provider to address areas of non-compliance found on the previous inspection in July 2022.

The registered provider of this designated centre was Bushfield Nursing Home Limited. The organisational structure of the designated centre, as detailed in the statement of purpose, consisted of a director of Bushfield Nursing Home Limited and a person in charge. However, there was no person in charge of the centre on the day of the inspection. Inspectors of social services had engaged with Bushfield

Nursing Home Limited in relation to the requirement to have a person in charge who met the requirements of Regulation 14: Person in charge, since January 2022. This engagement resulted in the attachment of a condition on the registration of the centre. Condition 4 of the centre's registration required the registered provider to ensure that there was a Person in Charge who met the regulatory requirements in the designated centre by 30 August 2022. The findings of this inspection were that Bushfield Nursing Home Limited had failed to ensure that there was a person in charge in the centre who met the regulatory requirements as set out in Regulation 14. In the absence of a person in charge there was a senior nurse on duty in the centre.

The senior nurse was provided support in this role by an area manager who visited the centre on a weekly basis. The level of managerial support had improved since the previous inspection. The inspector was informed that a clinical nurse manager had been recruited and was due to start in the coming weeks.

A review of the staffing rosters found that staffing levels were sufficient for the occupancy in the centre on the day of the inspection. There was a staffing strategy in place to ensure adequate resources would be available as the occupancy of the centre increased. The team providing direct care to residents consisted of at least one registered nurse on duty at all times and a team of healthcare assistants. The senior nurse provided clinical supervision and support to all the staff. Communal areas were appropriately supervised and staff were observed to be interacting in a positive and respectful way with residents.

A review of staff training records found that a number of staff had attended training in fire safety, manual handling, safeguarding and infection prevention and control since the last inspection. The senior nurse informed the inspector that there were further training sessions booked for coming weeks including training for staff in managing residents with responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

The inspector found that while there was some improvement in the monitoring and oversight of the service provided for residents, the oversight of a number of key areas, including areas of repeated non-compliance found, were not identified and addressed by the management team. This is discussed further under Regulation 23: Governance and Management.

The inspector found that there was improvement in the management of complaints in the centre since the last inspection.

Regulation 14: Persons in charge

There was no person in charge of the centre at the time of this inspection. The provider had put forward a person in charge who did not meet the requirements of

the regulations.
Judgment: Not compliant
Regulation 15: Staffing
The staffing level in the centre was adequate to meet the needs of the residents accommodated in the centre on the day of the inspection.
Judgment: Compliant
Regulation 16: Training and staff development
Staff had access to mandatory training appropriate to their role. This included infection prevention and control, manual handling, safeguarding, and fire safety.
Judgment: Compliant
Regulation 21: Records
The inspectors found that residents' care records were not securely stored. Unsecured resident records were found in one of the nurses' stations which was located beside the communal area and accessible throughout the day. This is a repeated non-compliance from the last inspection.
Judgment: Substantially compliant
Regulation 22: Insurance
The provider had an up-to-date contract of insurance in place against injury to residents, and loss or damage to residents' property.
Judgment: Compliant

Regulation 23: Governance and management

The inspection findings evidenced that the governance and management systems of the designated centre required action to meet the regulatory requirements. For example:

- The inspector found that the organisational structure in place was not clearly defined as there was no person in charge in the centre
- The monitoring systems in place to assess, evaluate and improve the quality and safety of the service provided to residents was not effective and did not identify actions required to address the areas of non-compliance and repeated non-compliance found on this inspection. This was evidenced by;
 - inadequate oversight of documentation. For example, there were several documents and notices visible throughout the centre with out-of-date and incorrect information such as inaccurate floor plans, resident information containing previous personnel, out of date fire evacuation procedures and out-of-date organisational structures
 - there was no system in place to review and monitor safe medicine management practices as evidenced by the presence of out-of-date medication in one resident's room and the inappropriate storage of nutritional supplements in unsecured cupboards
 - poor systems of oversight of care delivery which was evidenced in care records reviewed by the inspector. For example, there were a number of daily care records which were poorly completed, with multiple gaps, and therefore the inspector was not assured that residents received care according to their assessed needs.

This is a repeated non-compliance from the last inspection.

Judgment: Not compliant

Regulation 34: Complaints procedure

There was an effective complaints procedure in place which met the requirements of Regulation 34. A review of the complaints records found that resident's complaints and concerns were managed and responded to in line with the regulatory requirements.

Judgment: Compliant

Quality and safety

The inspector found that there had been some improvements in the overall quality of the service provided to residents living in this centre since the last inspection. On the day of the inspection, the resident's daily care needs were observed to be attended to appropriately and residents were observed to be content in their surroundings. However, further action was required to ensure the quality of the care that residents received was maintained at an acceptable level and that the service was safe. The findings as described above impacted on the oversight of care delivery.

The provider had taken some action to ensure residents were protected in the event of a fire since the last inspection. Staff had received fire safety training and the fire safety system had been serviced. However, the actions taken were not sufficient to bring the centre into full compliance. Fire safety precautions in place on the day of the inspection did not meet the requirements set out under Regulation 28: Fire precautions.

General improvement was noted in the care environment for residents. The centre was clean and tidy. Storage of resident equipment was well managed. However, further action was required to ensure the premises provided adequate personal storage for residents.

The inspector reviewed a sample of four residents' files and noted that there were improvements in individualised assessment and care planning. Care plans were informed by validated assessment tools which were regularly updated. The care plans contained person-centred information relating to each resident.

The inspector found that residents had access to a general practitioner. Residents were also provided with access to services such as chiropody, occupational therapy, and dietetics. However, the inspector was not assured that residents were provided with access to all necessary healthcare professionals, in line with their assessed need. This will be discussed further under Regulation 6: Healthcare.

Residents were provided with opportunities to consult with management and staff on how the centre was run. A resident meeting took place on the afternoon of the inspection. Resident feedback forms were recently introduced with positive results. Residents had access to an independent advocacy service.

There was an activity schedule in place and residents were observed to be facilitated with appropriate activity throughout the day. A small number of residents were taken out for coffee in the afternoon.

Regulation 11: Visits

The inspector observed visiting being facilitated in the centre throughout the

inspection. Residents who spoke with the inspector confirmed that they were visited by their families and friends.

Judgment: Compliant

Regulation 17: Premises

The inspector found that the premises was not in full compliance with Schedule 6 of the regulations. This was evidence by:

- a number of en-suite facilities in twin bedrooms did not have sufficient storage facilities available for residents' personal property resulting in residents' toiletries stored in open shelving in close proximity to toilets which was a risk of cross contamination
- the outdoor courtyard available and accessible residents lacked appropriate seating and furnishings. This is a repeated non-compliance from the last inspection.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Fire precautions in the centre did not meet regulatory requirements. This was evidenced by;

- Arrangements to contain fire were not fully in place as the bedroom doors at the front of the centre were not clearly identified as fire doors. A copy of the certification for these doors was not available to provide assurance that the doors would protect residents in the event of a fire
- The floor plans on display throughout the centre contained different room naming conventions to the room names in use in the centre on the day. This was a repeated non-compliance.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Residents had up-to-date assessments and care plans in place. Care plans were individualised and reflected the residents' needs and the supports they required to

maximise their quality of life.

Judgment: Compliant

Regulation 6: Health care

Arrangements were not in place for residents who required the services of a physiotherapist, as described in the centre's statement of purpose. On the day of the inspection, the inspector was informed that a number of residents had been assessed by a physiotherapist since the previous inspection. However, there were no records of any treatment recommended by the physiotherapist available.

Judgment: Substantially compliant

Regulation 9: Residents' rights

Resident were provided with opportunities to participate in activities of their choice. There was an activity schedule in place. Residents were observed to be socially engaged throughout the day of the inspection.

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	
Regulation 14: Persons in charge	Not compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Substantially compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Bushfield Care Centre OSV-0005242

Inspection ID: MON-0038041

Date of inspection: 28/09/2022

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 14: Persons in charge	Not Compliant
Outline how you are going to come into compliance with Regulation 14: Persons in charge: <i>This compliance plan response from the registered provider did not adequately assure the office of the chief inspector that the actions will result in compliance with the regulations</i>	
Regulation 21: Records	Substantially Compliant
Outline how you are going to come into compliance with Regulation 21: Records: All residents' care records are stored securely in the cabinet with a lock, and the keys are kept with the nurses. All staff have been made aware of GDPR in relation to documents.	
Regulation 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: <i>This compliance plan response from the registered provider did not adequately assure the office of the chief inspector that the actions will result</i>	

in compliance with the regulations

A new CNM with over 20 years of clinical experience has been recruited.

The area manager conducts weekly visits to the center, is in daily phone contact and has direct log in to the records.

Regulation 17: Premises

Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:

- Dedicated outdoor Seating and furnishing have been purchased, awaiting delivery of same.
- Sufficient storage/cabinet is being organized for the bathroom. Toiletries to be stored in toiletry bags and kept in the resident's locker to avoid risk of cross contamination in twin bedrooms.

Regulation 28: Fire precautions

Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:

- A Fire Safety risk assessment was carried out by an external fire consultant on the 17th of September. Due to long Covid it became available in mid November and we are working on the recommendations.

Regulation 6: Health care

Substantially Compliant

Outline how you are going to come into compliance with Regulation 6: Health care:

- Physiotherapy services are now available on a more structured basis.

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 14(1)	There shall be a person in charge of a designated centre.	Not Compliant	Orange	02/05/2022
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	31/01/2023
Regulation 21(6)	Records specified in paragraph (1) shall be kept in such manner as to be safe and accessible.	Substantially Compliant	Yellow	30/09/2022
Regulation 23(b)	The registered provider shall ensure that there is a clearly defined management structure that identifies the lines of authority and accountability, specifies roles, and details	Not Compliant	Orange	30/09/2022

	responsibilities for all areas of care provision.			
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.	Not Compliant	Orange	30/09/2022
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	28/02/2023
Regulation 28(3)	The person in charge shall ensure that the procedures to be followed in the event of fire are displayed in a prominent place in the designated centre.	Substantially Compliant	Yellow	30/09/2022
Regulation 6(2)(b)	The person in charge shall, in so far as is reasonably practical, make available to a resident where the resident agrees to medical treatment recommended by the medical practitioner concerned, the recommended treatment.	Substantially Compliant	Yellow	31/10/2022