<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Bushy Park Nursing Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000410</td>
</tr>
<tr>
<td>Centre address:</td>
<td>Nenagh Road, Borrisokane, Tipperary.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>067 274 42</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:bpnursinghome@gmail.com">bpnursinghome@gmail.com</a></td>
</tr>
<tr>
<td>Type of centre:</td>
<td>A Nursing Home as per Health (Nursing Homes) Act 1990</td>
</tr>
<tr>
<td>Registered provider:</td>
<td>Bushy Park Nursing Home Limited</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Mary Costelloe</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>None</td>
</tr>
<tr>
<td>Type of inspection</td>
<td>Announced Dementia Care Thematic Inspections</td>
</tr>
<tr>
<td>Number of residents on the date of inspection:</td>
<td>26</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>8</td>
</tr>
</tbody>
</table>
About Dementia Care Thematic Inspections

The purpose of regulation in relation to residential care of dependent Older Persons is to safeguard and ensure that the health, wellbeing and quality of life of residents is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer and more fulfilling lives. This provides assurances to the public, relatives and residents that a service meets the requirements of quality standards which are underpinned by regulations.

Thematic inspections were developed to drive quality improvement and focus on a specific aspect of care. The dementia care thematic inspection focuses on the quality of life of people with dementia and monitors the level of compliance with the regulations and standards in relation to residents with dementia. The aim of these inspections is to understand the lived experiences of people with dementia in designated centres and to promote best practice in relation to residents receiving meaningful, individualised, person centred care.

Please note the definition of the following term used in reports:
responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).
Compliance 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 inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration renewal decision. This monitoring inspection was announced and took place over 1 day(s).

The inspection took place over the following dates and times
From: 25 November 2019 09:00  To: 25 November 2019 18:00

The table below sets out the outcomes that were inspected against on this inspection.

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Provider’s self assessment</th>
<th>Our Judgment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outcome 01: Health and Social Care Needs</td>
<td></td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>Outcome 02: Safeguarding and Safety</td>
<td></td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 03: Residents’ Rights, Dignity and Consultation</td>
<td></td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 04: Complaints procedures</td>
<td></td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 05: Suitable Staffing</td>
<td></td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>Outcome 06: Safe and Suitable Premises</td>
<td></td>
<td>Non Compliant - Moderate</td>
</tr>
<tr>
<td>Outcome 07: Health and Safety and Risk Management</td>
<td></td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>Outcome 08: Governance and Management</td>
<td></td>
<td>Substantially Compliant</td>
</tr>
</tbody>
</table>

Summary of findings from this inspection
This inspection report sets out the findings of a thematic inspection which focused on specific outcomes relevant to dementia care, the inspector also reviewed outcomes in relation to governance and management, health and safety and risk management.

As part of the thematic inspection process, providers were invited to attend information seminars given by the Authority. In addition, evidence-based guidance was developed to guide the providers on best practice in dementia care and the inspection process. Prior to the inspection, the person in charge completed the provider self-assessment and compared the service with the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulation 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.
While this centre does not have a dementia specific unit, the inspector focused on the care of residents with a dementia during this inspection. Thirteen residents were either formally diagnosed or had suspected Alzheimer's disease or dementia. The inspector met with residents, relatives and staff members during the inspection. The inspector tracked the journey of a number of residents with dementia within the service, observed care practices and interactions between staff and residents who had dementia using a validated observation tool (called Quis). The inspector also reviewed documentation such as care plans, medical records, staff files, relevant policies and the self assessment questionnaire which were submitted prior to inspection. 24 questionnaires completed in advance of the inspection by or on behalf of residents were also reviewed.

Overall, the inspector found the management team was committed to providing a good quality service for residents with dementia. The inspector found that residents’ overall healthcare needs were met and they had access to appropriate medical and allied healthcare services. There was a positive approach to the management of behavioural, psychological symptoms and signs of dementia. Most staff had completed training in dementia care and management of responsive behaviour.

The quality of residents’ lives was enhanced by the provision of a choice of interesting things for them to do during the day and an ethos of respect and dignity for residents was evident. There was an activities coordinator on duty seven days a week to support the social needs of residents. All staff fulfilled a role in meeting the social needs of residents and the inspector observed that staff connected with residents as individuals.

The overall atmosphere was homely, comfortable and in keeping with the overall assessed needs of the residents who lived there. The inspector found the residents were enabled to move around the centre as they wished and follow their own routines. Signs had been used in the centre to support residents to be orientated to where they were. Resident’s had independent access to secure outdoor space.

Residents were observed to be relaxed and comfortable in the company of staff. Staff had paid particular attention to residents dress and appearance. The inspector noted that staff assisting residents with dementia were particularly caring and sensitive.

The collective feedback from residents and relatives was one of satisfaction with the service and care provided.

Improvements were required to ensuring effective oversight of repairs and maintenance of the building and equipment, recording the outcomes from fire drills and ensuring all documents required by the regulations were available for all staff members. These issues are discussed in the body of the report and in the action plan at the end of the report.
Compliance with Section 41(1)(c) of the Health Act 2007 and 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.

**Outcome 01: Health and Social Care Needs**

**Theme:**
Safe care and support

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
The inspector found that residents’ overall healthcare needs were met and they had access to appropriate medical and allied healthcare services and each resident had opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

There were 26 residents accommodated on the day of the inspection. Ten residents were assessed as having maximum dependency needs; five had high dependency needs, five had medium dependency and six were assessed as having low dependency needs. Five residents had been formally diagnosed with dementia and eight residents had suspected cognitive impairments.

Residents had access to general practitioner (GP) services of their choice and could retain their own GP if they so wished. There was an out-of-hours GP service available. The inspector reviewed a sample of files and found that GPs reviewed residents on a regular basis. Residents had access to a pharmacist of their choice. The pharmacist was available to meet with residents in house.

A full range of other services was available including speech and language therapy (SALT), occupational therapy (OT), dietetic and psychiatry of later life services. A physiotherapist attended alternate weeks. Chiropody, optical and dental services were also provided. All eligible residents were made aware of the national health screening service and arrangements were in place to support residents who wished to avail of the services. All residents had recently been offered the flu vaccine.

The inspector found that a high standard of evidence-based health and social care was delivered to those availing of the service. Information collected about each resident on admission and throughout the residents' stay in the centre was used to develop a person-centred care plan. Nursing and care staff spoken with were familiar with and knowledgeable regarding each person’s up-to-date needs.

A comprehensive assessment had been completed for each person availing of the...
service on admission. A range of up-to-date risk assessments were completed for residents including risk of developing pressure ulcers, falls risk, nutritional assessment, dependency, moving and handling and continence.

A number of care plans were reviewed by the inspector. Care plans were developed to a high standard and gave clear guidance to staff. An informative holistic plan of care was documented for each resident. Care plans were found to be informative, individualised and guided staff in the specific care needs of residents. Care and communication techniques to address the symptoms of dementia had also been included in the care plans. Improvement was required to ensure that residents and relative involvement in the development and review of care plans was recorded.

Nursing documentation was completed on a computerised nurse documentation system which facilitated the generation of a hospital transfer letter when a resident was transferred to hospital. The transfer letter allowed for appropriate information regarding the health needs, medications and residents specific needs. Nursing staff confirmed that residents with a dementia were always accompanied by either family or a staff member when needing transfer to hospital.

The inspector was satisfied that residents’ weight changes were closely monitored. All residents were nutritionally assessed using a validated assessment tool. All residents were weighed regularly. Nursing staff told the inspector that if there was a change in a resident’s weight, nursing staff would reassess the resident, inform the GP and referrals would be made to the dietician and speech and language therapy (SALT). Files reviewed by the inspector confirmed this to be the case. Nutrition care plans in place were found to be person centered and informative. Nutritional supplements were administered as prescribed. All staff were aware of residents who required specialised diets or modified diets and were knowledgeable regarding the recommendations of the dietician and SALT.

Meals were served to residents in the dining room, some residents who preferred to eat in a quieter environment or in their bedroom were facilitated. There were written menu boards displayed which clearly displayed what food choices and dishes were available for each meal. Staff had strived to ensure that mealtimes were unhurried, social occasions. Staff were observed to engage positively with residents during meal times, offering choice and appropriate encouragement while other staff sat with residents who required assistance with their meal. The inspector noted that staff assisting residents with advanced dementia were caring and sensitive. Nursing staff supervised the mealtimes.

A variety of hot and cold drinks, as well as nutritional snacks were offered and encouraged throughout the day. Residents told the inspector that they could have something to eat or drink at any time including night time.

There was a reported low incidence of wound development and the inspector saw that the risk of same was assessed regularly and appropriate preventative interventions were in use. There were no residents with pressure ulcers at the time of inspection.

The inspector reviewed the files of residents who had recently fallen and noted that the
falls risk assessments and care plans had been updated post falls. The physiotherapist reviewed residents post falls and recommendations were reflected in residents care plans. Interventions such as low-low beds, crash mats, sensor alarms and hip protectors where used to reduce the risk of injury from falling. The inspector noted that the communal day areas were supervised by staff at all times.

The inspector was satisfied that caring for a resident at end of life was regarded as an integral part of the care service provided in centre. Residents were given the opportunity to discuss their end-of-life care including their wishes in relation to advance care planning which were then documented in their care plans. Some staff were provided with training and guidance in end-of-life care. Religious sacraments were available to all residents as desired. Families were facilitated to be with their loved one at end of life and were provided with refreshments and food.

Staff continued to provide meaningful and interesting activities for residents. There was an activities coordinator employed seven days a week. A varied programme of appropriate recreational and stimulating activities was offered each day. Resident’s individual interests and hobbies were clearly documented in their care plans and residents participation in the various activities was recorded. The daily and weekly activity schedule was displayed and residents spoken with stated that they enjoyed partaking in the wide range of activities taking place.

During the inspection, the inspector observed residents partaking in and enjoying relaxation music, newspapers readings, chair exercises and a music and song session. Residents told the inspector that they enjoyed partaking in the variety of activities. Resident artwork was displayed in the communal areas and residents told the inspector how they were involved in a variety of Christmas themed activities including making cards and seasonal floral and candle arrangements. The inspector observed that staff were seen to interact with residents positively, speaking directly to people, responding to any verbal communication, kneeling by people and getting eye contact and some physical contact.

Judgment:
Substantially Compliant

Outcome 02: Safeguarding and Safety

Theme:
Safe care and support

Outstanding requirement(s) from previous inspection(s):
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:
The provider and person in charge had taken measures to safeguard residents from being harmed and from suffering abuse.
There were comprehensive policies on responding to allegations of abuse. Staff spoken with and training records viewed confirmed that staff had received ongoing education in safeguarding. Staff spoken with were knowledgeable and confident in knowing what to do if they suspected abuse.

Staff continued to promote a restraint free environment, there were five bed rails in use at the time of inspection following consultation, consent and multi-disciplinary risk assessment. The use of all bedrails had been risk assessed and the inspector saw that alternatives such as low low beds and crash mats were in use for some residents. Care plans in line with national policy were documented for each resident. Staff carried out regular checks on the residents using bed rails and these checks were recorded.

The centre had good access to the psychiatry of later life team who supported them in the management of residents with behavioural and psychological symptoms of their condition. Resident care was observed to be appropriate and well managed. Most staff had completed training in dementia care and management of responsive behaviour. Nursing staff spoken with were clear that they needed to consider the reasons why people’s behaviour changed, and would also consider and review residents for issues such as infections, constipation, and changes in vital signs. There were a small number of residents prescribed psychotropic medicines on a 'PRN' as required basis. There was a clear rationale recorded when these medicines were administered occasionally.

The inspector was satisfied that robust systems for the management of residents finances had been put in place following the last inspection. The provider acted as pension agent for three residents and all money was paid into a separate nursing home interest bearing resident account in line with Department of Social Protection guidelines. Residents were invoiced and charges were clearly set out on a monthly basis. There was no money being kept for safekeeping on behalf of residents.

The inspector reviewed a sample of staff files and noted that safeguarding measures such as Garda vetting were in place. The person in charge confirmed that Garda vetting was in place for all staff and persons who provided services in the centre.

The inspector observed staff interacting with residents in a respectful and friendly manner. Residents were observed to be relaxed and happy in the company of staff. Some residents spoken with stated that they felt safe and secure living in the centre.

**Judgment:**
Compliant

**Outcome 03: Residents' Rights, Dignity and Consultation**

**Theme:**
Person-centred care and support
Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
The inspector was satisfied that residents were consulted in the organisation of the centre, and that their privacy and dignity was respected.

Residents' committee meetings were held on a regular basis, family members also attended to support residents with cognitive impairments. Minutes of meetings were recorded, issues recently discussed included catering, activities, upcoming events, health topics including the benefits of the flu vaccine, religious services and planned Christmas celebrations.

The inspector noted that the privacy and dignity of residents was well respected. All residents had single or twin bedrooms with en suite toilet and shower facilities. Bedroom and bathroom doors were closed when personal care was being delivered. Staff were observed to knock and wait before entering bedrooms. Adequate screening curtains were provided in shared bedrooms.

Residents were treated with respect. The inspector heard staff addressing residents by their preferred names and speaking in a clear, respectful and courteous manner. Staff paid particular attention to residents’ appearance, dress and personal hygiene and were observed to be caring towards the residents. Residents choose what they liked to wear. The hairdresser visited regularly and some residents availed of the service.

Residents’ religious and political rights were facilitated. The local priests visited and celebrated Mass three times monthly. The rosary was recited each evening. Residents spoken with stated that they enjoyed attending mass and reciting the daily rosary. Residents of varying religious beliefs were facilitated as required. Residents were facilitated to vote and many residents had chosen to vote in-house during recent elections.

The inspector found the management style of the centre maximised residents’ capacity to exercise personal autonomy and choice. The inspector observed that residents were free to join in an activity or to spend quiet time in their room and being encouraged and supported to follow their own routines. Residents were supported to eat their meals in their preferred location.

There was an open visiting policy in place. The inspector observed that many visitors came and went throughout the day of inspection. Relatives spoken with told the inspector that they could visit at any time and were always made feel welcome. There was a comfortably furnished family room where residents could meet with visitors in private if they wished.

Residents had access to advocacy services and information regarding their rights. Information and contact details of SAGE (national advocacy group) were displayed on the notice board.

Residents continued to maintain links with the local community. There were regular
visits from local musicians, dog therapist, clergy, school children and hairdresser. Notice of the upcoming Christmas party was displayed, families and friends were also invited to attend.

Residents had access to information and news, daily and weekly local newspapers, notice boards, radio and television were available. A selection of newspapers was available and some residents were observed to enjoy reading them.

As part of the inspection, the inspector spent a period of time observing staff interactions with residents. The inspector used a validated observational tool (the quality of interactions schedule, or QUIS) to rate and record at five minute intervals the quality of interactions between staff and residents in the communal areas. The scores for the quality of interactions are +2 (positive connective care), +1 (task orientated care), 0 (neutral care), -1 (protective and controlling), -2 (institutional, controlling care). The observations took place for a one hour on the inspection day. An overview of the observations is provided below:

The inspector found that for 100% of the observation period (total observation period of 60 minutes) the quality of interaction score was +2 (positive connective care). Staff knew the residents well they connected with each resident on a personal level. Staff made eye contact and greeted residents individually by their preferred names, staff offered choice such as choice of preferred drinks and snacks, preferred place to sit, staff spoke with residents and explained about using the hoist, what was on the menu for lunch, staff responded promptly to all residents requests. Staff sat beside residents and were observed offering assistance in a respectful and dignified manner to residents who required assistance with eating. Staff engaged positively with residents chatting together in a very sociable manner.

Judgment:
Compliant

Outcome 04: Complaints procedures

Theme:
Person-centred care and support

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
The inspector was satisfied that complaints were managed in line with the centre complaints policy.
There was a comprehensive complaints policy in place which clearly outlined the duties and responsibilities of staff. The complaints procedure was clearly displayed and contained all information as required by the Regulations including the name of the complaints officer, details of the appeals process and contact information for the Office of the Ombudsman.

The inspector reviewed the complaints log. Both verbal and written complaints had been recorded. All complaints to date had been investigated and responded to and included complainants’ satisfaction or not with the outcome.

Complaints were regularly reviewed and analysed by the management team to ensure learning and improvement to the service.

**Judgment:**
Compliant

---

**Outcome 05: Suitable Staffing**

**Theme:**
Workforce

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
The inspector found that staff delivered care in a respectful, timely and safe manner. The centre was person orientated and not task focused, all staff provided care to the residents.

The inspector found there was an appropriate number and skill mix of staff on duty to meet the assessed needs of the residents at the time of inspection. Relative's and residents spoken with were complimentary regarding the staff stating that they were both caring and competent. Residents and staff spoken with were satisfied the current staffing levels on duty.

There was normally one nurse and five care staff on duty in the morning time. There was one nurse and three care staff on duty in the afternoon, one nurse and four care staff in the evening until 22.00hours and one nurse and two care staff until 23.00 hours. There was one nurse and one care staff on duty at night time. The person in charge and assistant director of nursing (ADON) normally worked during the day time Monday to Friday.

The staffing complement included the manager, activities coordinator, catering, housekeeping and administration staff. There was an on call rota system in place for out of hours and at weekends. The inspector reviewed the staff roster which reflected the staffing arrangements in place. The assistant director of nursing deputised in the
absence of the person in charge.

There was a varied programme of training for staff. Staff spoken with and records reviewed indicated that all staff had completed mandatory training in areas such as safeguarding and prevention of abuse, fire safety, manual handling and infection control.

The staff also had access to a range of education, including training in specific dementia care training courses, dealing with behaviours that challenge and medication management. There was a range of educational training sessions facilitated in house in areas such as Parkinson's disease, risk management, falls policy, communication and aspiration pneumonia.

The inspector reviewed a sample of staff files including the files of recently recruited staff. Garda Síochána vetting was in place for all staff. Nursing registration numbers were available for all staff nurses. Details of induction and orientation received and training certificates were noted on staff files. However, some files reviewed did not contain two written references as required by the Regulations.

**Judgment:**
Substantially Compliant

---

**Outcome 06: Safe and Suitable Premises**

**Theme:**
Effective care and support

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
The design of the building was suitable for its purpose. It was single storey and purpose built. The centre was warm, visibly clean and odour free throughout. However, improvements were required to repair and maintenance of some parts of the building and to some equipment used by residents.

There was a variety of communal day space, with spacious sitting room, dining room, recreation room and family room. There was a separate smoking room. Private accommodation was sufficient and there were adequate facilities for residents to meet visitors in private. Residents had access to a secure enclosed garden courtyard area.

Appropriate directional signage was provided on doors and corridors, there was a sign with a word and a picture for bathrooms, toilets, dining rooms, day rooms and gardens. The aim of these was to provide visual cues for people to assist them find their way around the centre and recognise the area they were looking for.
Bedroom accommodation met residents’ needs for comfort and privacy. Bedroom accommodation for residents was provided in both single and twin rooms. Most bedrooms had en suite toilet and shower facilities. Residents were encouraged to personalise their rooms and many had photographs and other personal belongings in their bedrooms. Ample personal storage space was provided. Call bells were accessible in all bedrooms and bathrooms. The rooms also had enough space for equipment such as hoists to be used.

Floor covering to the corridors was safe, non slip and consistent in colour conducive to residents with a dementia. Corridors were wide, bright and allowed for freedom of movement. Corridors had grab rails, and were seen to be clear of any obstructions. Residents were seen to be moving as they chose within the centre.

While there was an on-going programme of painting and redecorating of corridors, bedrooms and replacement of flooring, the inspector noted that further improvements were required to repair and maintenance of some parts of the building and to some equipment used by residents.

- The floor covering to number of bedrooms and en suite faculties were defective and required priority for replacement.
- A shower chair was defective and corroded with rust, which posed a risk to residents and could not be effectively decontaminated, (this chair was removed from use during the inspection and evidence that a new shower chair and commode were ordered was provided to the inspector before the end of the inspection).
- An armrest to a portable toilet frame was defective.
- A toilet seat cover was defective and missing from a toilet, (a new toilet seat cover was provided and fitted during the inspection).
- A metal cover to a shower waste water outlet gulley was defective and displaced posing a risk to residents, (the gulley cover was repaired and fitted during the inspection).
- Plasterwork to the wall surrounding a replaced shower fitting was defective and not readily cleanable.
- The rainwater gutters required cleaning as weeds were evident and the gutters were overflowing.

These issues impacted upon the pleasant appearance of the centre, posed a risk to residents as well as affecting the ability of some surfaces and items to be cleaned effectively in line with good practice standards for the prevention and control of healthcare-associated infections.

**Judgment:**
Non Compliant - Moderate

**Outcome 07: Health and Safety and Risk Management**

**Theme:**
Safe care and support
Outstanding requirement(s) from previous inspection(s):
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:
There were policies and procedures in place in relation to health and safety, risk management, fire safety, infection control and contingency plans were in place in the event of an emergency or the centre having to be evacuated. Regular reviews of health and safety issues were carried out and they were discussed at the monthly quality improvement meetings. However, improvements were required to recording the outcome of fire drills.

Following the last inspection, the provider representative undertook a fire safety assessment by a fire safety consultant and had reviewed fire precautions for adequacy. Additional fire doors had been provided and the size of the largest fire compartment had been reduced. On completion of this work, certification had been submitted to the HIQA.

The management team demonstrated good fire safety awareness and knowledge of the evacuation needs of residents. All residents had an up-to-date personal emergency evacuation plan in place. There was evidence of regular fire safety checks being carried out and all staff had received on-going fire safety training which included evacuation and use of equipment. The servicing of the fire alarm system and fire equipment was up-to-date. All fire exits were observed to be free of any obstructions. Staff spoken with were familiar with progressive horizontal evacuation and confirmed that they had been proactively involved in simulated evacuation drills.

Regular fire drills took place which included simulated full compartment evacuation involving both day and night time staffing levels. Staff spoken with confirmed that they had been involved in fire evacuation drills. While records were maintained of all fire drills, recent drill records did not include details of the time taken to evacuate the compartment in order to provide assurances that residents could be evacuated safely in a timely manner in the event of fire or other emergency.

Judgment:
Substantially Compliant

Outcome 08: Governance and Management

Theme:
Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
The governance structure in place was accountable for the delivery of the service. The management team had organised systems and processes in place to ensure that they had oversight arrangements in place to monitor the quality and safety of care received by residents. However, improvements were required to ensuring that effective systems were in place to report, monitor and oversee the up keep and repairs to the building and equipment and to ensure that the required documents in respect of each staff member were in place.

Issues identified at the previous inspection in relation to contracts of care, safeguarding of residents finances and fire safety had been addressed. Some issues identified during this inspection were addressed immediately.

There were clear lines of accountability and all staff members were aware of their responsibilities and who they were accountable to. The management team included a director of Bushypark Nursing Home Ltd (registered provider), he was also the nominated registered provider representative. He was involved in the day-to-day running and worked full-time in the centre. The person in charge had been appointed to the role in September 2017. She demonstrated sufficient knowledge and leadership to ensure a high standard of care. The person in charge was further supported in her role by a clinical nurse manager and the administrator.

The management team knew the residents well and were knowledgeable regarding their individual needs. They were available to meet with residents, family members and staff which allowed them to deal with any issues as they arose. Staff spoken with told the inspector that the management team were approachable and acted upon any issues raised.

The management team had continued to evaluate its compliance with relevant standards and regulations. There was a monthly audit schedule in place. The results from audits were used to bring about improvements to the service provided, these were discussed at the monthly quality improvement meetings attended by the management team. Regular audits and reviews were carried out in relation to incidents, falls, medication management, complaints, risk management, recruitment, privacy and dignity, clinical governance, nutrition and person centered care. Feedback from residents' committee meetings were also used to inform the review of the safety and quality of care delivered to residents to ensure that they could improve the provision of services and achieve better outcomes for residents.

The annual review of the quality and safety of care delivered was completed and available for review.

The management team was aware of the legal requirement to notify the Chief Inspector regarding incidents and accidents. All relevant incidents since the previous inspection had been notified as required by the regulations and had all been responded to and managed appropriately.

Contracts of care in line with the regulations were agreed with all residents.

Judgment:
Substantially Compliant
Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

Mary Costelloe  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority
Health Information and Quality Authority
Regulation Directorate

Action Plan

Provider’s response to inspection report

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Bushy Park Nursing Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000410</td>
</tr>
<tr>
<td>Date of inspection:</td>
<td>25/11/2019</td>
</tr>
<tr>
<td>Date of response:</td>
<td>14/01/2020</td>
</tr>
</tbody>
</table>

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 01: Health and Social Care Needs

Theme:
Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Improvement was required to ensure that residents and relative involvement in the development and review of care plans was recorded.

1. Action Required:
Under Regulation 05(5) you are required to: Make the care plan, or revised care plan, prepared under Regulation 5 available to the resident concerned and, with the consent

---

1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
of that resident or where the person-in-charge considers it appropriate, to his or her family.

**Please state the actions you have taken or are planning to take:**

**Regulation 5**

70% of Care Plans have been reviewed since Inspection with both residents and family. Consultation regarding all Care Plans and Consent for Care Planned is undertaken in line with Capacity legislation. Residents with Dementia / Cognitive Impairment that have had family appointed to assist them in the Decision Making Process are consistent with Capacity Legislation.

**Proposed Timescale:** 31/01/2020

### Outcome 05: Suitable Staffing

**Theme:**

Workforce

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:

All documents as required were not held in relation to each staff member, some files reviewed did not contain two written references as required by the Regulations.

**2. Action Required:**

Under Regulation 21(1) you are required to: Ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.

**Please state the actions you have taken or are planning to take:**

Post Inspection two written references received promptly now in staff file. Discussed with Management Going Forward no person will commence employment at Bushy Park Nursing Home until references are in place. Documents held in respect for each member of staff are now in place in accordance with Regulations.

**Proposed Timescale:** 14/01/2020

### Outcome 06: Safe and Suitable Premises

**Theme:**

Effective care and support

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:

Improvements were required to repair and maintenance of some parts of the building and to some equipment used by residents.
• The floor covering to number of bedrooms and en suite faculties were defective and required priority for replacement.
• A shower chair was defective and corroded with rust, (this chair was removed from use during the inspection and evidence that a new shower chair and commode were ordered was provided to the inspector before the end of the inspection).
• An armrest to a portable toilet frame was defective.
• A toilet seat cover was defective and missing from a toilet, (a new toilet seat cover was provided during the inspection).
• A metal cover to a shower waste water outlet gulley was defective and displaced posing a risk to residents, (the gulley cover was repaired and fitted during the inspection).
• Plasterwork to the wall surrounding a replaced shower fitting was defective and not readily cleanable.
• The rainwater gutters required cleaning as weeds were evident and they were overflowing.

These issues impacted upon the pleasant appearance of the centre, posed a risk to residents as well as affecting the ability of some surfaces and items to be cleaned effectively in line with good practice standards for the prevention and control of healthcare-associated infections.

3. Action Required:
Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

Please state the actions you have taken or are planning to take:
Regulation 17

Floor Covering

Work has commenced on refurbishment of rooms / en-suite highlighted in recent inspection.

Armrest to a portable toilet frame was defective – Same disposed

Plasterwork to the wall – Completed

The register provider has completed all necessary repairs and work is in progress with refurbishments of rooms on going presently.

Equipment is now adequate to support residents to be as independent as they possibly can be. Resident's independence promoted at all times. No further risks to resident’s.

In House training – Cross Infection and Risk Management in progress with all staff.

Proposed Timescale: 08/05/2020
**Proposed Timescale:** 08/05/2020

<table>
<thead>
<tr>
<th><strong>Outcome 07: Health and Safety and Risk Management</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Theme:</strong> Safe care and support</td>
</tr>
<tr>
<td><strong>The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:</strong> While records were maintained of all fire drills, recent drill records did not provide adequate information or assurances.</td>
</tr>
<tr>
<td><strong>4. Action Required:</strong> Under Regulation 28(1)(e) you are required to: Ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and residents are aware of the procedure to be followed in the case of fire.</td>
</tr>
<tr>
<td><strong>Please state the actions you have taken or are planning to take:</strong></td>
</tr>
<tr>
<td>All staff have attended up to date Fire Training. Training matrix reflects full compliance. Residents are informed with full explanation and reassurance prior to all Fire Drill / Evacuation taking place. Residents are very aware of procedures as Fire Drill is on-going practice in Bushy Park Nursing Home.</td>
</tr>
<tr>
<td>Fire Evacuation Drill check list template introduced as part of on-going Evacuation and Fire Drill.</td>
</tr>
<tr>
<td>Fire Evacuation Drill checklist is specific. Listings include</td>
</tr>
<tr>
<td>- Drill</td>
</tr>
<tr>
<td>- Fire scenario that is to be simulated.</td>
</tr>
<tr>
<td>- Evacuation conducted by</td>
</tr>
<tr>
<td>- Dependency.</td>
</tr>
<tr>
<td>- Time it took to evacuate</td>
</tr>
<tr>
<td>- During the drill / Short questionnaire</td>
</tr>
<tr>
<td>- Drill information / Short questionnaire</td>
</tr>
<tr>
<td>- After the drill / Short questionnaire</td>
</tr>
</tbody>
</table>
- Identified issues or problems encountered during the fire evacuation drill

- Comment

- Drill feedback

- Recommendation

Horizontal Compartmental Fire Evacuation / Drills took place on

- 02/12/2019 Day drill
- 17/12/2019 Day drill
- 30/12/2019 Night drill
- 07/01/2020 Day drill

Fire Evacuation Drill checklist completed, same effective as all residents were safely evacuated to a safe zone.

Regular Fire Drill Evacuation continuous work in progress in Nursing Home.

Copy of Fire Evacuation/ Drill checklist available on site.

Proposed Timescale: Completed. Fire Evacuation drill ongoing.

**Proposed Timescale:** 14/01/2020

---

**Outcome 08: Governance and Management**

**Theme:**
Governance, Leadership and Management

**The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:**
Improvements were required to ensuring that effective systems were in place to report, monitor and oversee the up keep and repairs to the building and equipment and to ensure that the required documents in respect of each staff member were in place.

**5. Action Required:**
Under Regulation 23(c) you are required to: Put in place management systems to ensure that the service provided is safe, appropriate, consistent and effectively monitored.

**Please state the actions you have taken or are planning to take:**
Regulation 23

Governance and Management
Post Inspection

Two separate templates were introduced

1. Maintenance of building
2. Equipment only

Also arrangements in place and clear lines of Professional Accountability Transparent.

Going forward two staff members are allocated daily to audit
1. Maintenance of building
2. Equipment only

Evidence of same available in Nurses station

Any repairs – upkeep to building or equipment is reported to Nurse in charge on the day then logged in maintenance book. Service Provider is in charge of maintenance who will complete maintenance daily. Both verbal and documentation is in place re maintenance protocol and has been clearly outlined to all staff members.

Presently, Introduction of both templates is effective
- Staff diligent day/night
- Works / repairs maintained accordingly to present date
- Communication excellent with all staff
- Continuous monitoring in progress day/night
- Staff feedback encouraged, to maintain and improve Safe Practice and Service Provision.

Documentation of both templates available on site.


Proposed Timescale: 14/01/2020