<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Bushmount Nursing Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>ORG-0000292</td>
</tr>
<tr>
<td>Centre address:</td>
<td>Bushmount, Clonakilty, Cork.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>023 883 3991</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:bushmountnursinghome@eircom.net">bushmountnursinghome@eircom.net</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>Bushmount Nursing Home Limited</td>
</tr>
<tr>
<td>Provider Nominee:</td>
<td>Claire O'Donovan</td>
</tr>
<tr>
<td>Person in charge:</td>
<td>Claire O'Donovan</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Col Conway</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>None</td>
</tr>
<tr>
<td>Type of inspection:</td>
<td>Announced</td>
</tr>
<tr>
<td>Number of residents on the date of inspection:</td>
<td>52</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>2</td>
</tr>
</tbody>
</table>
About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

▪ Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
▪ Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider’s compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

▪ to monitor compliance with regulations and standards
▪ to carry out thematic inspections in respect of specific outcomes
▪ following a change in circumstances; for example, following a notification to the Health Information and Quality Authority’s Regulation Directorate that a provider has appointed a new person in charge
▪ arising from a number of events including information affecting the safety or wellbeing of residents.

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.
Compliance with Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality 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 2 day(s).

The inspection took place over the following dates and times
From: 27 May 2014 08:15
To: 27 May 2014 16:30
From: 28 May 2014 08:00
To: 28 May 2014 16:00

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

<table>
<thead>
<tr>
<th>Outcome 01: Statement of Purpose</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outcome 02: Contract for the Provision of Services</td>
</tr>
<tr>
<td>Outcome 03: Suitable Person in Charge</td>
</tr>
<tr>
<td>Outcome 04: Records and documentation to be kept at a designated centre</td>
</tr>
<tr>
<td>Outcome 05: Absence of the person in charge</td>
</tr>
<tr>
<td>Outcome 06: Safeguarding and Safety</td>
</tr>
<tr>
<td>Outcome 07: Health and Safety and Risk Management</td>
</tr>
<tr>
<td>Outcome 08: Medication Management</td>
</tr>
<tr>
<td>Outcome 09: Notification of Incidents</td>
</tr>
<tr>
<td>Outcome 10: Reviewing and improving the quality and safety of care</td>
</tr>
<tr>
<td>Outcome 11: Health and Social Care Needs</td>
</tr>
<tr>
<td>Outcome 12: Safe and Suitable Premises</td>
</tr>
<tr>
<td>Outcome 13: Complaints procedures</td>
</tr>
<tr>
<td>Outcome 14: End of Life Care</td>
</tr>
<tr>
<td>Outcome 15: Food and Nutrition</td>
</tr>
<tr>
<td>Outcome 16: Residents Rights, Dignity and Consultation</td>
</tr>
<tr>
<td>Outcome 17: Residents clothing and personal property and possessions</td>
</tr>
<tr>
<td>Outcome 18: Suitable Staffing</td>
</tr>
</tbody>
</table>

Summary of findings from this inspection
Bushmount Nursing Home was registered in September 2011 following an application to the Authority for registration as a designated centre for dependent persons. A registration inspection was undertaken on 27 April 2011 with a monitoring inspection on 1,2 and 3 August 2012 and a follow up inspection on 1 August 2013.

On the previous inspection in August 2013 there were two actions and they were related to bed rail restraint assessments and the written risk management policy.

The inspection reports from all of the above mentioned inspections can be viewed on the Authority’s website, www.hiqa.ie, using centre identification number 0292.
During this inspection, the inspector met with some of the residents and staff members and also read the Authority's own questionnaires that had been completed by both residents and relatives. The inspector reviewed the premises, observed practices and reviewed documentation such as residents’ nursing care plans, residents’ medical records, accident and incident logs, policies and procedures and some records maintained on staff files.

There was evidence that residents’ wellbeing and welfare was very well maintained, residents had choice in what they did during the day, the premises was generally well maintained and residents had opportunities to partake in a variety of stimulating and meaningful activities. The Action Plan at the end of this report identify areas where improvements are needed to fully meet the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.
**Outcome 01: Statement of Purpose**

*There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.*

**Theme:**
Leadership, Governance and Management

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

**Findings:**
A written statement of purpose had been submitted to the Authority as part of the application to renew the registration as a designated centre for dependent persons. The document was readily available in the centre, it accurately described the service and the care that is provided and it contained all of the information that is required as per Schedule 1 of the Regulations.

**Judgement:**
Compliant

---

**Outcome 02: Contract for the Provision of Services**

*Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.*

**Theme:**
Leadership, Governance and Management

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

**Findings:**
The inspector reviewed a sample of the written contracts of care and there was substantial compliance with ensuring contracts were agreed within one month of a resident’s admission to the centre. The documents included detail of the overall services that were to be provided and the fees that were to be charged.

**Judgement:**
Compliant
**Outcome 03: Suitable Person in Charge**
The designated centre is managed by a suitably qualified and experienced nurse with authority, accountability and responsibility for the provision of the service.

**Theme:**
Leadership, Governance and Management

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

**Findings:**
The person in charge holds a full-time post in the centre, she is a registered nurse, holds current registration with the nursing professional body and she has the required experience and knowledge.

During this inspection, as with previous inspections, she demonstrated she had a good understanding of her responsibilities in regard to the Regulations and the Authority's Standards.

**Judgement:**
Compliant

---

**Outcome 04: Records and documentation to be kept at a designated centre**
The records listed in Part 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

**Theme:**
Leadership, Governance and Management

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

**Findings:**
There were copies of the Residents' Guide available in the centre and they included all of the required information as did the Directory of Residents.

There was documented evidence of appropriate insurance cover being in place.

There was substantial compliance in regard to maintaining residents' records (Schedule 3), general records (Schedule 4), staff records and medical records. It was noted that
the records were maintained in a manner that allowed ease of retrieval.

The eighteen written policies and procedures as required by Schedule 5 of the Regulations were in place. The health and safety policy will be further addressed in Outcome 7.

**Judgement:**
Compliant

### Outcome 05: Absence of the person in charge

The Chief Inspector is notified of the proposed absence of the person in charge from the designed centre and the arrangements in place for the management of the designated centre during his/her absence.

**Theme:**
Leadership, Governance and Management

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

**Findings:**
The inspector was informed that the person in charge had not been absent for a length of time that required notification to the Chief Inspector. The person in charge was supported in her role by an assistant director of care and she was identified as a key senior manager. The inspector formed the view, based on information supplied to the Authority and observations in the centre, that the nominated person was a suitably experienced and knowledgeable nurse who could provide the service in the absence of the person in charge.

**Judgement:**
Compliant

### Outcome 06: Safeguarding and Safety

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse.

**Theme:**
Safe Care and Support

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

**Findings:**
There was a written policy for the prevention, detection and response to abuse and well maintained training records indicated that all staff had been provided with training in the
signs and symptoms of abuse and their responsibilities with regard to reporting an allegation of abuse. Provision of elder abuse awareness training was also confirmed by staff.

The inspector reviewed a sample of the records kept of handling residents’ monies and appropriate procedures and documentation were in place to manage same in a transparent manner.

Judgement:
Compliant

---

Outcome 07: Health and Safety and Risk Management
The health and safety of residents, visitors and staff is promoted and protected.

Theme:
Safe Care and Support

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

Findings:
Since the previous inspection in August 2013 the written risk management policy had been updated to include all of the information as required by the Regulations.

The inspector found evidence of appropriate risk management and health and safety measures being implemented, such as:
- an up-to-date health and safety statement was in place as was a written emergency plan that were specific to the centre
- current hazard identification and control sheets were in place and records indicated environmental risks were clearly identified and were frequently monitored
- a risk management group met three monthly and records indicated the groups remit was overseeing the monitoring and mitigation of identified risks
- records were maintained of monitoring residents’ clinical risks
- there was adequate supply of protective personal equipment for staff such as disposal aprons and gloves as well as anti-microbial hand gel dispensers
- written confirmation from a competent person that all the requirements of the statutory fire authority had been complied with had been forwarded to the Authority
- records confirmed that fire equipment, fire prevention and suppression system checks were up to date
- training records indicated that mandatory training in fire safety and moving and handling was up to date for all staff
- maintenance records indicated that clinical and non-clinical equipment as well as services throughout the centre were checked and serviced regularly
- lighting was sufficient, hand and grab rails were in the required places and corridors and emergency exit routes were unobstructed.

While there was a written health and safety policy in place it did not contain all of the
information as required by the Regulations.

Judgement:
Non Compliant - Minor

**Outcome 08: Medication Management**
*Each resident is protected by the designated centres policies and procedures for medication management.*

Theme:
Safe Care and Support

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

**Findings:**
There was a comprehensive and up-to-date written medication management policy and procedures available in the centre in relation to the ordering, prescribing, storing and administration of medicines as well as disposal of medicines.

The inspector reviewed a sample of residents’ individual medicine prescription charts and they were all clearly labelled, they had photographic identification of each resident and they were legible. There was evidence that residents’ medicine prescriptions were reviewed at least every three months by a medical practitioner.

Review of records and observation of practices indicated nursing staff were in adherence with professional guidelines and regulatory requirements in regard to storage and administration of medicines.

There was evidence that medication management practices were reviewed as part of quality improvement activity as the inspector read an audit of same which had been undertaken just prior to this inspection. The key finding was that the format of the medicine prescription chart needed changing and there was a plan in place to implement this finding.

Judgement:
Compliant

**Outcome 09: Notification of Incidents**
*A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.*

Theme:
Safe Care and Support
Outstanding requirement(s) from previous inspection:
No actions were required from the previous inspection.

Findings:
The inspector reviewed electronic records that were maintained of any incidents and accidents occurring in the centre that involved residents and the documentation in place clearly outlined any event and the management of same. There was also evidence of a robust procedure being in place for the frequent analysis of any incidents or accidents in an effort to identify causes and any trends.

A review of notifications submitted to the Authority indicated that notifications had been forwarded to the Authority within the required timeframes.

Judgement:
Compliant

Outcome 10: Reviewing and improving the quality and safety of care
The quality of care and experience of the residents are monitored and developed on an ongoing basis.

Theme:
Effective Care and Support

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

Findings:
There was evidence that the quality of care and experience of the residents was monitored and developed on an ongoing basis.

A medication management audit had been undertaken and this has already been addressed in Outcome 8.

An audit had been undertaken of nursing documentation regarding end of life care and this will be further addressed in Outcome 14.

A resident satisfaction survey had been undertaken and this will be further addressed in Outcome 16.

The inspector read reports of reviews of various elements of infection control practices in the centre and a staff questionnaire regarding their perceived level of social interaction with residents.

The person in charge provided the inspector with a schedule of the quality assurance work that is undertaken on a yearly basis. It included review activity of: staff files, clinical care, any accidents or incidents, complaints, equipment and plant, kitchen and catering services, environmental risks and policy documents.
Judgement:
Compliant

**Outcome 11: Health and Social Care Needs**

Each resident’s wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.

**Theme:**
Effective Care and Support

**Outstanding requirement(s) from previous inspection:**

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

**Findings:**

The inspector found good evidence throughout the two days of inspection that each resident’s wellbeing and welfare was well maintained.

Staff were observed providing care in a respectful and sensitive manner and it was obvious to the inspector that staff knew each individual resident and their individual care needs very well. A relaxed and friendly atmosphere was noted throughout the two days of inspection.

There was evidence that residents had frequent review by general medical practitioners and if required they also had access to specialist medical care. Residents’ records also indicated they had access to allied health services such as physiotherapy, speech and language therapy, occupational therapy and dietician services. There was evidence that nursing staff provided care in accordance with any specific recommendations made by medical and/or allied health professionals.

In the sample of residents’ nursing records that were reviewed by the inspector there was evidence that nursing staff used well recognised assessment tools to identify specific care needs. Written nursing care plans were in place, they were up-to-date, they outlined the required care for individual residents and there was evidence they were reviewed at least every three months or more frequently if a resident’s condition or circumstances changed. The inspector found evidence that appropriate nursing care was planned and provided and residents’ progress was closely monitored and daily nursing notes were completed in accordance with relevant professional guidelines.

The recreational and social interests of each resident were well known as assessment of each resident’s actual capacity to undertake specific activities had been completed and personalised social and recreational plans were in place for all residents. There were
staff employed to facilitate an activities programme and there was evidence that residents were provided with a variety of group and/or one-to-one activities many of which were dementia specific to meet the particular needs of residents. The inspector observed that provision of meaningful activities was central to daily life in the centre and both residents and relatives confirmed that there was always something available to do throughout the day and there was a lot of enjoyment from the activities programme.

Judgement:
Compliant

**Outcome 12: Safe and Suitable Premises**
The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

**Theme:**
Effective Care and Support

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

**Findings:**
The centre was clean, bright and tidy and residents confirmed that this was usual for the centre. The premises overall was maintained to a high standard with paintwork in a good condition and fittings, curtains and furniture were of good quality and well maintained.

The necessary assistive equipment was available such as, hoists, wheelchairs, commodes, shower chairs and specialised seating. As already addressed in Outcome 7, records indicated that equipment was regularly serviced and maintained in good working order.

Bedroom accommodation consisted of 54 single rooms, 29 of which each have en suite facilities including a toilet, wash-hand basin and shower; one room has an en suite toilet and wash-hand basin and the remaining 24 rooms have a wash-hand basin. There were appropriate beds and mattresses to meet residents’ needs and the design and layout provided sufficient space for each resident.

There were a sufficient number of communal toilet and washing facilities for residents who did not have an en suite toilet and/or shower and the communal facilities were located within close proximity of bedrooms as well as seating and living spaces.

There were communal dining areas, seating and living spaces as well as places for residents to meet visitors that provided appropriate seating and were decorated in a homely and comfortable way. The design and layout of these communal areas provided sufficient space for each resident.
There was an enclosed outdoor area that was accessible from within the centre and it included seating. There was also a large well maintained grass areas with mature trees that provided private and pleasant external grounds.

Some of the floor covering in a corridor required upgrading and the inspector noted that any areas that posed a potential trip hazard had been taped to secure the surface. The person in charge informed the inspector that it was planned in the near future to have the floor covering replaced once building development work was completed.

There were sluice and cleaning facilities. However, the ceramic sinks in the sluice rooms require review to ensure best infection control standards.

**Judgement:**
Non Compliant - Moderate

---

**Outcome 13: Complaints procedures**

The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

**Theme:**
Person-centred care and support

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

**Findings:**
A written complaints policy was available in the centre and the written procedures for making a complaint were available in a prominent place for residents and/or their representatives. Residents also had access to an independent complaints appeals process.

The inspector reviewed the complaints log and the records that were maintained detailed a complaint, the ongoing management of same and the respective complainants’ level of satisfaction. There was also evidence that complaints and any related actions were discussed at management meetings.

**Judgement:**
Compliant

---

**Outcome 14: End of Life Care**

Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.

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

Findings:
The inspector reviewed the records of a resident who had received end-of-life care and they indicated that the resident had received frequent medical input and individualised nursing care that met their specific needs.

There was a chapel in the centre with pastoral care available if requested and relatives were facilitated to stay overnight with their dying relative.

The inspector read the findings of an audit that was undertaken in January 2014 of residents’ end-of-life care nursing records. It was recommended in the audit report that staff would benefit from a training session on end-of-life care. The inspector was informed that while two nurses had attended a training session on end-of-life care for older people in the previous 12 months, further training was planned for staff in July and August 2014.

Judgement:
Compliant

Outcome 15: Food and Nutrition
Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discrete and sensitive manner.

Theme:
Person-centred care and support

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

Findings:
The inspector observed that residents were provided with food and drink at times and in quantities adequate for their needs, menus were available for residents and they were offered choice. This was also confirmed by residents.

The inspector reviewed up to date written records retained by catering staff of residents’ individual preferences and dietary requirements such as modified texture meals. There was evidence of frequent meetings being held between the assistant director of care and catering staff to discuss relevant food and nutrition issues.

Residents ate their meals while seated at dining tables in two communal dining areas or
were facilitated to eat in their own private accommodation if they wished. Attention had been given to table settings and staff were observed assisting residents to eat, if they required it, using appropriate and sensitive assisted eating techniques. Meal times were observed to be relaxed and unhurried and meals were served in an appetising manner. Residents had access to fresh drinking water, hot drinks and snacks between main meal times.

There was evidence in residents’ records that their body weights were taken regularly, a well-recognised nutritional assessment tool was used frequently to monitor each resident’s nutritional status and residents that required it were closely observed for their daily food and fluid intake. Residents’ nursing and medical records indicated that residents with any deterioration in regards to their food and/or fluid intake were bought to the attention of a medical practitioner in a timely fashion and appropriate actions were taken. If required referrals were made to dietician services and/or speech and language therapy and there was written communication of any special instructions and evidence was available of nursing staff implementation of same.

Judgement:
Compliant

Outcome 16: Residents Rights, Dignity and Consultation
Residents are consulted with and participate in the organisation of the centre. Each residents privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence.

Theme:
Person-centred care and support

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

Findings:
Advocacy services were available for residents and a voluntary advocate was on site approximately three to four mornings a week to meet on a one-to-one basis with residents. Residents were consulted with and participated in the organisation of the centre as they were offered opportunities to attend a quarterly residents’ meeting that was facilitated by the advocate.

Residents had been offered other opportunities to give feedback as the inspector read questionnaires that had been completed by residents in relation to their satisfaction with the service.

The inspectors observed residents’ privacy and dignity being respected by the way in which staff engaged with residents and staff were overheard promoting residents’ independence by encouraging residents to do as much for themselves as possible and residents were offered choice by staff in what they wanted to do.
There was strong evidence that family and friend contacts were maintained as visitors were welcomed at various times of the day and there were areas for residents to meet their visitors that were separate to bedroom accommodation. Home visits and outings were also facilitated as requested.

Newspapers, televisions and radios were available for residents and there was evidence that religious needs were facilitated with residents having access to a chapel in the centre.

**Judgement:**
Compliant

---

**Outcome 17: Residents clothing and personal property and possessions**
Adequate space is provided for residents personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.

**Theme:**
Person-centred care and support

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

**Findings:**
There was a written policy on residents’ personal property and possessions and it was noted that bedrooms were personalised and residents were facilitated to have their own items, such as furniture and pictures if they so wished. Each resident had bedside cabinets, wardrobes and drawers in their bedrooms to store clothing and personal items.

Laundry facilities were on-site and there were arrangements in place for the regular laundering of linen and clothing and procedures were in place for the return of residents’ personal clothing items. A laundry staff member that the inspector spoke with was knowledgeable regarding appropriate infection control practices in regard to managing laundry.

**Judgement:**
Compliant

---

**Outcome 18: Suitable Staffing**
There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.
Theme: Workforce

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

Findings:
Both the person in charge and the assistant director of care work full time and both staff and residents confirmed they were both readily available and observation in the centre indicated staff were supervised on an appropriate basis.

Duty rosters were maintained for all staff, they were available for review and during the two days of inspection the inspector observed that the number and skill mix of staff working was appropriate to meet the needs of the current residents. Staff with whom the inspector spoke also confirmed this.

Staff had been provided with mandatory training, as already outlined in Outcome 7, and continued opportunities had been provided for staff to attend relevant training, practice updates and information sessions on topics such as: infection control, provision of personal care, and dementia. This was confirmed in well maintained training records as well as by staff.

A written recruitment policy was in place and there was substantial compliance in regard to maintenance of staff records, as required by Schedule 2 of the Regulations.

Judgement:
Compliant

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings, which highlighted both good practice and where improvements were required.

Acknowledgements

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

Report Compiled by:

Col Conway
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
Provider’s response to inspection report

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Bushmount Nursing Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>ORG-0000292</td>
</tr>
<tr>
<td>Date of inspection:</td>
<td>27/05/2014</td>
</tr>
<tr>
<td>Date of response:</td>
<td>11/07/2014</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 Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Outcome 07: Health and Safety and Risk Management

Theme: Safe Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The health and safety policy did not include all of the required information.

Action Required:
Under Regulation 30 you are required to: Put in place written operational policies and procedures relating to the health and safety, including food safety, of residents, staff and visitors.

Please state the actions you have taken or are planning to take:
We are currently reviewing the Health and Safety policy to ensure all required information is included in the one document. Planned time of completion is 30 September 2014.

---

1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
**Proposed Timescale:** 30/09/2014

### Outcome 12: Safe and Suitable Premises

**Theme:** Effective Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Sluice sinks required review as they were ceramic and not in line with best infection control standards.

**Action Required:**
Under Regulation 19 (3) (k) you are required to: Provide necessary sluicing facilities.

**Please state the actions you have taken or are planning to take:**
Sluice facilities will be upgraded by 31 October 2014.

---

**Proposed Timescale:** 31/10/2014

**Theme:** Effective Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Floor covering in a corridor required upgrading.

**Action Required:**
Under Regulation 19 (3) (b) you are required to: Ensure the premises are of sound construction and kept in a good state of repair externally and internally.

**Please state the actions you have taken or are planning to take:**
As discussed we have a plan in place to replace the existing floor covering in the corridor following completion of our new extension and we expect to have all work finished by 31 December 2014.

---

**Proposed Timescale:** 31/12/2014