

**Health Information and Quality Authority
Regulation Directorate**

**Compliance Monitoring Inspection report
Designated Centres under Health Act 2007,
as amended**



Centre name:	Bushy Park Nursing Home
Centre ID:	OSV-0000410
Centre address:	Nenagh Road, Borrisokane, Tipperary.
Telephone number:	067 27442
Email address:	bushy_park@eircom.net
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Bushy Park Nursing Home Limited
Provider Nominee:	Vincent Kinsella
Lead inspector:	Gemma O'Flynn
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	22
Number of vacancies on the date of inspection:	12

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 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.

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 un-announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
09 July 2014 09:00	17 July 2014 17:40
10 July 2014 07:40	10 July 2014 13:30

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

Outcome 01: Statement of Purpose
Outcome 02: Governance and Management
Outcome 03: Information for residents
Outcome 04: Suitable Person in Charge
Outcome 05: Documentation to be kept at a designated centre
Outcome 06: Absence of the Person in charge
Outcome 07: Safeguarding and Safety
Outcome 08: Health and Safety and Risk Management
Outcome 09: Medication Management
Outcome 11: Health and Social Care Needs
Outcome 12: Safe and Suitable Premises
Outcome 13: Complaints procedures
Outcome 14: End of Life Care
Outcome 15: Food and Nutrition
Outcome 16: Residents' Rights, Dignity and Consultation
Outcome 17: Residents' clothing and personal property and possessions
Outcome 18: Suitable Staffing

Summary of findings from this inspection

This inspection was carried out to review progress against the actions from the inspection in March 2014. The provider had applied for renewal of registration and at the inspection in March 2014, the inspectors were not satisfied that the centre was being run in compliance with the regulations and standards.

At this inspection the inspector reviewed the actions under 17 of the 18 outcomes and was satisfied that work had been undertaken to address the actions required with most actions having been completed satisfactorily. Those that were not completed, for example, care plan documentation, now had suitable arrangements in place to assist in their completion and early indications were that the provider would meet their commitment to ensure compliance with the Act and Regulations.

The inspector met with residents and staff over the course of the inspection. Residents indicated that they were very happy and well looked after in the centre and staff demonstrated an awareness of the changes that had occurred in the centre over the previous number of months. The inspector was satisfied that the health and social needs of the residents were met and that staff had access to education and training to ensure that care was evidence based practice.

Some non compliances were identified in the areas of Health and Safety & Risk Management, Medication Practices, Premises and Records & Documentation. These are discussed throughout the report and in the action plan at the end of the report.

Section 41(1)(c) of the Health Act 2007. 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.

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:

Governance, Leadership and Management

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

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

Findings:

On the previous inspection, the arrangements in place for consultation with residents and relatives and the governance of the centre did not fully reflect the arrangements set out in the statement of purpose. However, on this inspection, the inspector was satisfied that the statement of purpose was being implemented and accurately described the services being provided. There was evidence of positive changes in the practices of consultation with residents and relatives. to ensure they reflected the statement of purpose. There had been significant changes to the governance arrangements to ensure they were more robust and reflected the arrangements set out in the statement of purpose.

Judgment:

Compliant

Outcome 02: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.

Theme:

Governance, Leadership and Management

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

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

Findings:

Overall, the inspector found that the quality of care and experience of the residents was monitored and developed on an ongoing basis and that recent changes had been made

to develop effective management systems and resources to ensure the delivery of safe, quality care services in line with the statement of purpose.

The inspector was satisfied that governance and leadership in the centre had improved significantly. There was a clearly defined management structure in place that identified lines of authority and accountability and staff spoken with demonstrated an awareness of this. The governance arrangements included monthly quality meetings between the provider and the person in charge and included agenda items such as: analysis of changes/issues arising in the centre, review of training needs and reviewing complaints and incidents in the centre that month. Where actions were required, these were assigned to an individual and a timeframe was identified. The inspector found that this quality forum was still in its development stage and found there was an opportunity for the provider and person in charge to further develop their analysis of incidents and complaints to ensure the systems in place adequately identified emerging trends.

A new audit system had been implemented since the previous inspection and a weekly collection of data regarding quality of care was carried out. This included information on significant events in the centre such as numbers of pressure sores, incidents of restraint, numbers of residents missing without leave and behaviour that challenges. There was a plan in place for audits to be completed for the year ahead and a range of audits had been completed since the last inspection such as: medication management, physical/environmental restraint, protection of older adults and maintaining privacy. Where issues were identified, arrangements were in place to ensure these were addressed. Whilst medication management audits had been undertaken, the inspector found that they required further development to ensure they gave robust oversight of PRN (as required) medication and the use of chemical restraint.

The inspector found that the improvements in the overall governance arrangements since the previous inspection, demonstrated a willingness and ability of the provider and the person in charge to meet the needs of the residents and comply with the Regulations.

Judgment:

Compliant

Outcome 03: Information for residents

A guide in respect of the centre is available to residents. 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:

Governance, Leadership and Management

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

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

Findings:

The resident's guide was available and had been updated as required by the Authority on the previous inspection. The inspector found that it met the requirements of the Regulations.

A random sample of the contracts of care for residents who had been recently admitted showed that the contracts of care had been signed within one month as required. The contracts set out the fees to be charged to residents and the services provided by the centre.

Judgment:
Compliant

Outcome 04: Suitable Person in Charge

The designated centre is managed by a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:
Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The inspector found that the person in charge had demonstrated ability and competency to undertake the role sufficiently. On the previous inspection she had identified training needs in the area management and gerontology and had completed the courses she had committed to.

She was able to show an ongoing commitment to continuous professional development and had undertaken a number of updates in areas such as restraint, palliative care and incontinence care and had identified further training needs to be met in the future.

She was engaged in the centre on a consistent and regular basis and demonstrated a good awareness of the needs of the residents and staff. Residents and staff that the inspector spoke with were supportive of her as a manager.

Judgment:
Compliant

Outcome 05: Documentation to be kept at a designated centre

The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 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

Theme:

Governance, Leadership and Management

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

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

Overall, the inspector found that the records listed in Schedules 3 and 4 of the Regulations were maintained in a manner so as to ensure completeness, accuracy and ease of retrieval, however, some records required in Schedule 2 were incomplete. The centre had all of the written operational policies as required by Schedule 5 of the Act, however some further development was required.

The inspector found that the records required under Schedule 3 were available upon request, this had not been the case at the previous inspection. The directory of residents was also found to be incomplete at the last inspection and the inspector found that it had been amended to fully meet the requirements of the Regulations.

The centre's policies and procedures had undergone extensive review and revision since the previous inspection and the provider had sought appropriate advice in this regard. Whilst overall, the inspector was satisfied that they gave good and sufficient guidance, they required some further development to ensure they fully reflected the practices in the centre. For example, the complaints policy stated that verbal complaints made to the staff would be recorded at the discretion of the nurse in charge. This was not in compliance with the regulations which require all complaints to be logged/recorded. The centres policy required review to include the requirements of the regulations and guide practice. The medication policy required some amended to fully reflect the ordering and transcribing practices in the centre, the person in charge had commenced the amendments to medication management policy prior to the end of the inspection. Some policies required further development to ensure that they met the requirements of the new Regulations effective July 2014, for example, the risk management policy did not set out the arrangements in place to protect residents from abuse and the end of life policy required change to reflect changes in the notification process to the Authority.

The inspector acknowledges that whilst work had been undertaken by the person in charge to ensure that staff files met the requirements of Schedule 2 of the Regulations, some files remained incomplete. For example, documentary evidence of qualifications were not available for all staff files reviewed and whilst two references were available, in one instance a reference had not been sought from a staff member's previous employer as required by the Regulations.

Judgment:

Non Compliant - Minor

Outcome 06: 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:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The inspector found that suitable deputising arrangements continued to be in place. The provider and person in charge informed the inspector that they were in the process of identifying an additional person to deputise to strengthen the governance arrangements in the centre and ensure there were robust arrangements in place in the event that the person in charge should be absent.

Judgment:

Compliant

Outcome 07: 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. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

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 inspector found that there were measures in place to protect residents being harmed or suffering abuse and a restraint free environment was promoted in the centre.

In response to the previous inspection, there was a clear policy in place that gave guidance on the procedures in place for, the prevention, detection and response to abuse. It also gave guidance on the safeguarding of older adults with a cognitive impairment. Staff demonstrated an awareness that a new policy had been implemented. There were measures in place to safeguard residents from abuse and as part of the audit process, the person in charge had met with a random selection of staff to ascertain their knowledge of abuse and to ensure that they would report any concerns that they may have in the future. The person in charge maintained documentary evidence of these meetings.

Staff with whom the inspector spoke demonstrated a good awareness of the different types of abuse and knew what to do in the event of an allegations, suspicion or disclosure of abuse. Residents with whom the inspector spoke said that they felt safe in the centre and were well looked after.

There were systems in place to safeguard residents' money and the centre was not managing any residents' finances at the time of the inspection. A system had been introduced after the last inspection to ensure that residents received the services they were billed directly for by the provider.

There was a policy on and procedures in place for managing behaviour that challenges and for the use of restraint which was guided by the National Policy on Restraint. A restraint free environment was promoted and the majority of staff had had recent training on the subject of restraint. As a result there had been positive changes in the centre's practice; for example, the centre had reduced the numbers of residents requiring bedside rails by considering and implementing alternative arrangements.

Efforts were made to identify and alleviate the underlying causes of behaviour that was challenging through the use of an 'Antecedent, Behaviour & Consequence (ABC) Tool. This was completed by nursing staff for all episodes of behaviour that challenges, however, the inspector found records were inconsistent. For example, in one instance where chemical restraint was administered to a resident, the ABC tool had not been completed. The alternatives, if any, that had been tried before administration of the restraint had not been documented nor had the rationale for administration of the chemical restraint. The outcome following administration of the chemical restraint had not been clearly recorded. The inspector found that this was not in line with the National Policy on Restraint.

The provider and the person in charge told the inspector in follow up to the training delivered on restraint, that they had a training session on behaviour that challenges, planned for all staff, to take place the first week of August.

Judgment:

Non Compliant - Moderate

Outcome 08: 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(s):

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

Overall, the inspector found that the health and safety of residents, visitors and staff was promoted and protected but further work was needed to ensure that these procedures were robust.

There was a newly reviewed comprehensive risk management policy in place that included the majority of the items required by the Regulations. However, as discussed in outcome five, it did not set out the measures and actions in place to control the risk of abuse in the centre. An emergency plan was in place that set out the procedures for responding to major incidents likely to cause death or injury, serious disruption to essential services or damage to property. Alternative accommodation had been identified as had suitable means of transport in the event of a mass evacuation. The emergency contact numbers were included in the emergency plan.

The hazards within the centre had been recently reviewed but the inspector found that not all controls were implemented as per the risk assessment. For example, the risk assessment for the centre's smoking room identified that a fire blanket was required, however, this was not in place. The provider rectified this prior to the completion of the inspection. Controls that had been identified for the driveway entrance had not been fully implemented and the risk assessment of the outside space did not adequately cover the newly renovated enclosed garden area. The provider reviewed the risk assessment of the outside space before the end of the inspection.

There were measures in place for learning from serious accidents and the incident report form had been reviewed since the last inspection to include further details such as the time of the incident. The form included space for recording information about the incident, what action was taken and what action was required to ensure the risk of recurrence was minimised or eliminated. The inspector found that overall these forms were well completed but required some further development to ensure that where a learning was identified, the interventions required to ensure the learning was implemented needed to be clearly documented.

A robust system had not been implemented to ensure that new or arising hazards were identified or to ensure that current controls were adequate. However, as part of routine maintenance checks, the provider did do regular checks of water temperatures and furniture within the centre. By the end of the inspection, the provider had identified a tool that he planned to implement in the centre to ensure a robust system was established to identify new or changing hazards.

There was suitable fire fighting equipment provided and there was adequate means of escape that was checked twice daily for obstructions, records were maintained for these checks. There was a prominently displayed procedure for the safe evacuation of residents and staff in the event of a fire and a register of residents and the manner in which they would mobilise to evacuate the centre was maintained in a prominent location in the nurses' office.

On the previous inspection, the inspector noted that internal fire doors were being propped open with door wedges. Whilst, overall practices had changed in this regard, the inspector found that one bedroom door was propped open for a resident who did

not wish for it to be closed. The inspector was not satisfied that the way in which the door was held open was safe and the provider contacted a specialist supplier, an appropriate solution was identified and there was a plan for a door release unit to fitted as soon as possible. The inspector was provided with evidence to show that this had been completed within the agreed timeframe.

Judgment:

Non Compliant - Minor

Outcome 09: Medication Management

Each resident is protected by the designated centre's policies and procedures for medication 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:

Overall, the inspector found that each resident was protected by the centre's policies and procedures for medication management.

A newly rewritten policy had been implemented in the centre that gave sufficient guidance to staff and met the requirements of the Regulations. Some additional detail was required to ensure that the information pertaining to the ordering and transcribing of medication fully reflected the practices in the centre.

The processes in place for the handling of medicines, including controlled medication, were safe and in accordance with current guidelines and legislation. The centre had changed their prescription charts to ensure they clearly set out the time that medicines were to be administered. A new system had just been implemented regarding the checking of medication against the residents' prescriptions upon receipt from the pharmacy. Records were maintained for the administration, checking and returns of controlled medication and all medicines returned to the pharmacy were recorded and signed for. There were appropriate procedures in place for the handling and disposal for unused and out of date medicines and nursing staff confirmed that they found the policy useful and user friendly if they needed to refer to it.

Although there was no resident responsible for administering their own medication at the time of inspection, there was clear guidance in the policy and the inspector reviewed the 'self administration of medicines' assessment form.

There was a system in place for reviewing medication and all charts reviewed by the inspector had been reviewed in the last three months. A separate form was kept in the residents' files if they were prescribed PRN (as required) medication to manage behaviour that challenges. This set out the rationale for prescribing the medication and

there was evidence that it was reviewed by the General Practitioner (GP) on a three monthly basis.

The person in charge had conducted medication management audits, however, the inspector found that these required further expansion to ensure they gave oversight and governance on the use of PRN medication and PRN chemical restraint, this was discussed under outcome two. The inspector reviewed the medication error forms and found that the person in charge was active in identifying and following up on medication related errors in the centre. A comprehensive medication competency exam had been completed by a number of nurses in the centre in conjunction with the person in charge and a pharmacist.

The residents had a choice of pharmacy from the local town and the centre utilised the services of two pharmacies in the town on a regular basis.

Judgment:

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. 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(s):

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

The inspector found that the centre had improved practices regarding the development and maintenance of the assessment and care planning processes and were approaching the final stages of implementing a new and more robust computerised system to ensure the health and social care needs of the residents were met.

The practice of weighing residents was found to be implemented in line with the centre's policy and residents' care plans, however, there were some minor inconsistencies in the documentation of same. These issues were discussed with the person in charge on the day.

A new computerised care system was in place and while all assessments were completed, in some cases the assessments weren't always accurate. For example, a mobility assessment for a resident indicated that they were independent but their moving and handling plan stated that they needed two carers for most mobility tasks.

There was some errors noted in the assessment process for a resident requiring bedside rails and a resident who smoked, however, the inspector found that the care actually delivered and safety controls in place, met the needs of the residents.

Care plans were in the process of being developed but where a problem had been identified via the assessment process, a clear and individual care plan had not always been implemented and new, relevant information that was determined via consultation with family members regarding one particular resident had not been added to the care plan in a timely fashion to ensure that all staff were aware. Care plans that were in place for specific needs, required some further development to ensure they fully directed care such as ensuring that acceptable parameters for conditions requiring specific nursing interventions were clearly recorded.

Overall however, the inspector found that the person in charge was committed to ensuring the care plans were completed appropriately and in the timeframe identified by the provider in response to the previous inspection report. The inspector acknowledges that further work was required but was satisfied that the system had been significantly streamlined and information was generally accessible, easily retrievable and person-centred in its approach.

Judgment:

Non Compliant - Minor

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. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:

Effective care and support

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

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

The design and layout of the centre was in line in with the statement of purpose and the premises met the needs of the residents.

In response to the previous inspection, the provider had made changes to the rear, enclosed garden area to ensure that it was fit for purpose. The moss that had covered the ground surface area had been removed as had trailing cables. A new fence had been installed to ensure access to the rear of the storage shed was controlled. New seating had been put in place and the area generally felt more welcoming with the addition of flower pots. The provider told the inspector that he planned to develop this

area further.

Some decorative work had been undertaken in the centre and the provider was carrying out weekly/monthly checks on furniture and flooring to ensure it was clean and unstained. However, some bedrooms were in need of decorative upgrade and there was no formal plan in place to ensure that this work was undertaken. This was discussed in detail with the provider during the inspection.

The sluice room was no longer being used as a store room for commodes and all equipment in the sluice room was accessible on the day of inspection. Work had been undertaken to provide suitable staff changing and storage areas and staff who spoke with the inspector were satisfied that they had safe storage facilities.

Judgment:

Non Compliant - Minor

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(s):

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

Findings:

Overall, the inspector found that complaints were listened to and acted upon and an appeals process was in place.

The policy had been updated since the previous inspection and generally gave good guidance. The details regarding the person nominated for dealing with complaints was clearly identified as was the person who oversaw that all complaints were dealt with. The policy gave good guidance for the management of complaints including the investigation process. As discussed in outcome 5, some amendments were required to ensure that the policy fully reflected the centre's good practice in documenting all complaints as per the Regulations.

The complaints procedure was in a prominent location and was clearly set out. The inspector reviewed a sample of complaints logged and the outcome of the complaint was recorded as was whether or not the resident was satisfied.

Judgment:

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(s):

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

Findings:

The inspector was satisfied that there were adequate arrangements in place to ensure that each resident received care at the end of his/her which met their physical, emotional, social and spiritual needs.

A new policy in regards to end of life care had been implemented and gave good guidance. The inspector reviewed a sample selection of residents files and end of life wishes were documented. The person in charge told the inspector she was in the process of transferring all of this information on to the new electronic system to ensure all relevant details pertaining to the residents' wishes would be easily accessible.

Judgment:

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(s):

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

Findings:

The inspector found that the nutritional needs of residents were identified and met via the nutritional care provided.

A new comprehensive nutritional policy had been implemented since the previous inspection. Malnutrition Universal Screening Tools (MUST) had been completed in the sample selection of files reviewed by the inspector. Where a specific need had been identified, for example, diabetes, a care plan had been formulated. The inspector found that these gave adequate guidance but required further development to ensure that they fully directed care. For example, ensuring that the acceptable parameters for blood sugars pertaining to specific residents was clearly documented. Care plans are discussed

in more detail in outcome 11.

The inspector observed a lunch time meal and found that it was a relaxed, social occasion with good banter between staff and residents. Assistance was given in a discreet and respectful manner and was seen to be at a pace set by the resident. When a resident couldn't communicate, the inspector saw that staff responded appropriately to non verbal cues.

Food was served in a timely manner and was available in sufficient quantities and offered varied options to residents. Snacks were available at all times and kitchen staff were seen to replenish water jugs throughout the day.

Judgment:

Compliant

Outcome 16: Residents' Rights, Dignity and Consultation

Residents are consulted with and participate in the organisation of the centre. Each resident's 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. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

Theme:

Person-centred care and support

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

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

Findings:

The inspector found that residents were consulted with and participated in the organisation of the centre.

There was evidence of quarterly meetings with residents that showed residents had a say in the centre and that the person in charge and the provider responded to any issues arising. There were plans in place to meet with residents' representatives on a six monthly basis and one such meeting had taken place since the previous inspection. Actions that were identified at these meetings, had a person nominated to ensure the item was addressed and set out what was required to ensure the issue was resolved or rectified.

The person in charge held regular meetings with a resident who had been nominated as a 'go to' person for other residents and minutes of these meetings showed that the role of the 'go to' person was utilised within the centre in an appropriate manner and had positive outcomes for residents.

Since the previous inspection, the inspector found that the role of the newly appointed activities co-ordinator had developed significantly. A number of varied activities were

seen to take place over the course of the inspection such as: morning newspaper reading session and discussion, baking, exercise class, individual and group programmes that specifically met the needs of residents with a dementia. Classical movies and meditation were also seen to be enjoyed by residents. There was good engagement from a number of residents and the activities co-ordinator was seen to visit residents' bedrooms to deliver foot spa sessions. Residents told inspectors that they enjoyed the activities and had the choice as to whether or not they participated. Staff told the inspector that the appointment of the activities co-ordinator had been a very positive development for the centre's residents.

Judgment:

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(s):

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

Findings:

The centre's laundry policy had been amended to reflect the arrangements for residents who wished to launder their own clothes. The inspector visited the laundry room and saw that all clothes present were labelled as per the centre's policy. There had been one complaint regarding clothes being misplaced and the inspector saw that this had been resolved to the resident's satisfaction.

Judgment:

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. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.

Theme:

Workforce

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

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

A new recruitment policy had been implemented since the last inspection and this gave guidance regarding the vetting of staff. Staff numbers met the needs of the residents and inspectors saw that call bells were responded to in a timely fashion. Staff told inspectors that they had time to spend with residents that was not specifically task orientated and afforded positive social interaction.

Staff had access to education and training to enable them to provide care that reflected contemporary evidence based practice. Staff were made aware of new policies and a signature was required from all staff to ensure that they had read and understood the policies of the centre. This was an ongoing process due to the large number of policy reviews that had taken place over the months since the previous inspection.

As discussed in outcome five, not all requirements of Schedule 2 of the Regulations were available in staff files. There was evidence that up to date registration with An Bord Altranais (The Irish Nursing Board) was maintained for nursing staff. There was evidence that person in charge had implemented a system of verifying references and there was documentary evidence maintained for this. A sample selection of volunteer files were reviewed and were found to be compliant with the Regulations.

Judgment:

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:

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Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	Bushy Park Nursing Home
Centre ID:	OSV-0000410
Date of inspection:	09/07/2014
Date of response:	01/08/2014

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.

Outcome 05: Documentation to be kept at a designated centre

Theme:

Governance, Leadership and Management

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

Some policies required further review to ensure they fully reflected the practices in the centre, for example, the complaints & medication management policies; and to ensure that they fully met the requirements of the Regulations, for example, the risk management policy.

Action Required:

Under Regulation 04(3) you are required to: Review the policies and procedures referred to in regulation 4(1) as often as the Chief Inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.

¹ The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

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

The complaints policy has been updated to comply with the regulations.

All the policies are currently been reviewed and updated to meet the the requirements of the regulations.

Proposed Timescale: 30/08/2014

Theme:

Governance, Leadership and Management

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

Not all the records required under Schedule 2 of the Regulations were maintained in the centre.

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:

An audit of all records required in schedule 2 will be carried out and updated to meet the regulations.

Proposed Timescale: 14/08/2014

Outcome 07: Safeguarding and Safety

Theme:

Safe care and support

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

The centre's documentation when chemical restraint had been utilised did not fully meet the National Policy on Restraint.

Action Required:

Under Regulation 07(3) you are required to: Ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.

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

Assessments and alternative means of resolution will be carried out prior to the administration of chemical restraint. All restraints will be used in accordance with national policy (Department of Health) and will be documented.

Proposed Timescale: 01/08/2014

Outcome 08: 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:

A robust system had not been implemented to ensure that all hazards were identified, implemented or evaluated.

Action Required:

Under Regulation 26(1)(a) you are required to: Ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.

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

A new risk identification system has been developed and will be carried out on a monthly basis. There is now a Health and Safety Audit System in place.

Proposed Timescale: 05/08/2014

Outcome 11: Health and Social Care Needs

Theme:

Effective care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

Completed assessments did not always accurately identify the abilities/needs of the resident.

Care plans were not always in place for assessed needs, updated to reflect changes in need, or sufficiently detailed to fully direct care.

Action Required:

Under Regulation 05(4) you are required to: Formally review, at intervals not exceeding 4 months, the care plan prepared under Regulation 5 (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.

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

We are currently reviewing all assessments and updating care plans to be more person centred. Assessments or care plans will be written / revised as per the identified needs and will be devised to the full care of the resident.

Proposed Timescale: 31/08/2014

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:

Some areas of the centre required decorative upgrade and whilst some decorative work had been undertaken, there were no formal arrangements in place to ensure that this work was carried out.

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:

A new maintenance identification system has been developed and the maintenance program will be reviewed and documented on a monthly basis.

Proposed Timescale: 05/08/2014