

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Bushmount Nursing Home
<b>Centre ID:</b>	OSV-0000292
<b>Centre address:</b>	Bushmount, Clonakilty, Cork.
<b>Telephone number:</b>	023 883 3991
<b>Email address:</b>	bushmountnursinghome@eircom.net
<b>Type of centre:</b>	A Nursing Home as per Health (Nursing Homes) Act 1990
<b>Registered provider:</b>	Bushmount Nursing Home Limited
<b>Provider Nominee:</b>	Seán Collins
<b>Lead inspector:</b>	Vincent Kearns
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	52
<b>Number of vacancies on the date of inspection:</b>	1

## **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 following an application to vary registration conditions. This monitoring inspection was announced and took place over 1 day(s).

**The inspection took place over the following dates and times**

From: 18 December 2014 08:00 To: 18 December 2014 14:00

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

Outcome 04: Suitable 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

**Summary of findings from this inspection**

This inspection of Bushmount Nursing Home took place over one day following an application to vary the conditions of registration in relation to an extension of 25 beds to the current centre. As part of the inspection, the inspector spoke with staff, management, residents, visited both the original nursing home and the new extension, and examined documentation such as policies, care plans, medication management documentation. The provider outlined his plans for opening this new extension which included enhancing the existing staffing and management arrangements. In addition, the provider agreed to provide the inspector with written copies of proposed plans in relation to further staffing and include an admissions schedule in relation to opening the new extension.

The inspector noted that the three actions from the previous inspection had been fully completed. The inspector found that residents appeared to be well cared for and their health needs were met, however improvements were required in a number of areas, including the following:

- the policy in relation to adult abuse was not adequate
- not all staff gave satisfactory responses in relation to management of an allegation of adult abuse
- there were improvements required in relation to the premises
- the risk management policy was not adequate
- there were issues in relation to infection control
- the laundry room was not clean

The action plan at the end of this report identifies where improvements were needed to meet the requirements of 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.

**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 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 person in charge was recently appointed, nevertheless she was an experienced nurse manager and was actively involved in the day-to-day organisation and management of the service. Staff and residents identified the person in charge as the person with the overall authority and responsibility for the delivery of quality resident care. She was found to be committed to providing person-centred care to residents and was employed full time. The person in charge demonstrated an excellent insight into the responsibilities of her role in leading the care and welfare of residents. The inspector noted that she was responsive and forthright in her attitude and approach to providing effective governance and management within the centre. During this inspection, as with previous inspections, the person in charge demonstrated she had an excellent understanding of her responsibilities in regard to the Regulations and the Authority's Standards.

**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):**

No actions were required from the previous inspection.

**Findings:**

During the inspection the inspector observed staff knocking on bedroom doors prior to entering, speaking to residents and visitors in an appropriate way. The inspector also noted that staff spoke to and managed individual residents' issues, in a sensitive and respectful manner. The person in charge informed the inspector that she monitored safe-guarding practices by speaking to residents and visitors on a daily basis. The person in charge also ensured residents' safety by regularly reviewing the systems in place to ensure safe and respectful care. The person in charge outlined how she was "hands on" in her approach to managing the centre. That she kept up to date with residents' needs by attending the staff handover meetings, worked alongside staff and also spoke to many residents each day.

Residents, to whom the inspector spoke, stated that they felt safe and attributed their safety to the care and consideration provided by staff. Staff identified the PIC and provider as the persons to whom they would report a suspected concern. There was a centre specific policy in place on the protection of residents from adult abuse, which had been reviewed by the in November 2014. The policy defined the various types of abuse. However, the policy was not adequate as it did not detail the steps required to take in response to an allegation of abuse or how to investigate any allegation issues, should they arise. Also this policy did not adequately outline the measures in place to safeguard residents or identified practices aimed at preventing abuse. In addition, one staff to whom the inspector spoke, did not provide satisfactory response in relation to the management of an allegation of adult abuse.

**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):**

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

**Findings:**

The inspector noted that fire fighting, fire safety equipment and fire alarms had been most serviced in November 2014. The person in charged outlined how fire safety checks were conducted and all fire door exits were seen to be unobstructed. The fire policies and procedures viewed by the inspector were centre-specific and the fire safety plan was found to be comprehensive. There were notices for residents, visitors and staff on "what to do in the case of a fire" appropriately placed throughout the premise. The

provider had submitted a fire certificate of compliance dated December 2014 as part of the application to vary the conditions of registration for the centre. Staff, to whom the inspector spoke were able to clearly articulate appropriate knowledge and understanding of what to do in the event of fire. In addition, the person in charge informed the inspector that monthly fire evacuation drills were due to commence and that a recently formed health and safety committee had met monthly.

In addition, the inspector noted that the nursing care plans contained risk assessments for any resident who smoked and clearly stated the level of observation required of residents while smoking.

The inspector noted that since the last inspection all sluice rooms had been upgraded to include stainless steel sinks, bedpan washers and suitable storage rack systems. There was a centre-specific health and safety statement and the risk management policy was also viewed by the inspector. This document contained numerous safe work practice sheets and hazard identification records with suitable risk reduction control measures. Clinical risk assessments had been undertaken and the inspector noted that these assessment included falls risk assessment, assessments in relation to dependency, continence and moving and handling. However, the risk management policy did not risk assess the open stairs and the low banister on the first floor. In addition, the risk management policy did not contain the measures and actions in place to control the following specified risks as required by regulation:

- abuse
- accidental injury to residents, visitors or staff
- aggression and violence
- self-harm

Inspectors observed staff abiding by best practice in relation to infection control, with regular hand washing and the appropriate use of personal protective equipment such as latex gloves and plastic aprons. Hand sanitizers were also present at the entrance to the premise and throughout staff and resident areas. However, the inspector noted that mops in the laundry area and at the rear entrance to the centre near the kitchen were not suitably stored as to prevent cross contamination.

The environment was kept clean overall and well maintained and since the last inspection the flooring was in good condition. There was a working call-bell system in place however; the inspector noted that in two quite rooms in the new extension; there was no call bell facility.

There were adequate supplies of latex gloves and disposable plastic aprons and inspectors observed staff using alcohol hand gels which were available throughout the centre. The cleaning processes outlined by staff to the inspector were in keeping with best practices. However, the laundry room was not clean or well maintained as there was excessive dust on many surfaces, there was stains on windows and cobwebs in a number of locations. In addition, the inspector noted that plaster was chipped or missing on parts of the laundry wall therefore compromising effective cleaning. The inspector also noted a number of the floor tiles were chipped, cracked or missing and some of the laundry wall was unpainted and rough plastered and therefore difficult to clean.

The inspector formed the view that the design and layout of the laundry room was not adequate to meet the needs of the residents. This view was formed due to clustered, cramped arrangement of the work process in this room that caused soiled bedsheets to be sorted by been placed on the laundry floor adjacent to the laundry room entrance door. There was insufficient room for effectively sorting and managing suitable laundry work flow and therefore potentially posed a risk of cross contamination. This issue will also be addressed under outcome 12.

**Judgment:**

Non Compliant - Moderate

***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):**

No actions were required from the previous inspection.

**Findings:**

There was a centre-specific medication policy with procedures for safe ordering, prescribing, storing and administration of medicines and handling and disposal of unused or out-of-date medicines. Photographic identification for residents was in place. The inspector noted that a copy of Bord Altranais agus Cnáimhseachais na hÉireann medication guidelines was readily available. The medication trolleys were secured and the medication keys were held by the staff nurse on duty. Nursing staff to whom inspectors spoke, demonstrated an understanding of appropriate medication management and adherence to professional guidelines and regulatory requirements. The medication fridge stored medication at the appropriate temperature and there were suitable records available in relation to the regular temperature monitoring of these fridges. Controlled drugs were stored safely within locked cupboards in the clinic room. The inspector noted that stock levels of controlled drugs were recorded at the end of each shift and recorded in a register, in keeping with best practice.

**Judgment:**

Compliant

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**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):**

No actions were required from the previous inspection.

**Findings:**

The person in charge informed the inspector that a number of general practitioners (GPs) visited the centre regularly on request and when required. All residents had choice of their own GP on admission. The inspector noted that medication was reviewed on a regular basis and as required. There was also a responsive out-of-hours GP service available to residents, seven days per week. The inspector found that residents' healthcare needs were adequately met and residents to whom the inspector spoke, said they were satisfied with the healthcare services provided. From review of residents care plans, the inspector noted that resident's additional healthcare needs were met. Physiotherapy services were available each week and on request and funded privately. The chiropodist also visited regularly and as required. Optical assessments, audiology and dental services were provided on a referral basis.

From review of residents' care plans the inspector noted that residents had assessments completed on admission which included; dependency level, moving and handling, falls risk, pressure sore risk assessment, nutrition, and mental test score examination. These assessments were generally repeated on a four-monthly basis or sooner if residents' condition had required it. From the selection of care plans reviewed, the inspector noted that they were centre-specific and residents' weights were monitored and recorded at a minimum each month and more often if required. There was also evidence of ongoing monitoring of falls and, where appropriate, fluid intake. In addition, there were risk assessments in relation to the use of restraint and nutritional needs assessments had also been conducted.

The person in charge and staff demonstrated a good knowledge of residents and their physical, social and psychological needs and this was reflected in the person centred care plans available for each resident. Named nurses were responsible for the planning of care with each key worker responsible for up to 6 residents and each resident's care plan was kept under formal review by this named nurse. Such reviews were provided as required by the resident's changing needs or circumstances and were conducted no less frequently than at 4-monthly intervals. The person in charge outlined to the inspector the benefit of the computerised care planning system in the centre.



The person in charge informed the inspector of the centre-specific policy on smoking and the care plans contained suitable assessments of residents who smoked, including risk assessments of each resident in relation to their capacity to smoke cigarettes safely. In addition the inspector noted that the nursing care plans stated the level of observation and monitoring required of residents, while smoking.

**Judgment:**

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. 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):**

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

**Findings:**

The centre was owned and managed by the provider since 2009 and currently had 54 single bedrooms, 29 of which each have en suite facilities including a toilet, wash-hand basin and shower. In addition, one room had 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. Also on the lower ground floor, there was a hairdressing room and an oratory / prayer room. In addition, there was a quiet room. The accommodation was based over 2 floors with access to the first floor by stairs and/or via the lift. There were 3 sitting rooms, 1 lounge and 2 large dining rooms. In addition, there was a smaller dining room that was mainly utilised by some residents who require assistance with dining.

There was easy access to the extensive and mature gardens both front and back. The inspector noted that there was also access to a large enclosed garden and patio area to the rear of the building. Skype and Broadband facilities were also available.

The centre contained designated car parking facilities and was located adjacent to the town of Clonakilty on 5 acres of mature gardens.

At the time of inspection, an extension had been completed on both the ground and first floor levels comprising of additional 25 new single bedrooms each with en-suite facilities

including a toilet, wash-hand basin and shower. There was suitable sitting and dining rooms provided on each floor with visitors/quiet rooms, sluice and rooms for equipment storage.

However, there were some improvements required in relation to the premises including the need to improve the signage to assist residents and to promote their independence and there was no call bell in the two quiet rooms in the new extension.

Also the laundry as mentioned in outcome 8 was not adequate in size, design and layout to meet the needs of residents in the centre, There was inadequate space for the suitable management of laundry in the context of the number of residents in the centre. In addition, the extension of the 25 extra bedrooms in the new extension would further compromise the prevention of cross contamination in the laundry room.

**Judgment:**

Non Compliant - Moderate

## 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:***

Vincent Kearns  
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<sup>1</sup>

<b>Centre name:</b>	Bushmount Nursing Home
<b>Centre ID:</b>	OSV-0000292
<b>Date of inspection:</b>	18/12/2014
<b>Date of response:</b>	03/01/2015

### 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 07: Safeguarding and Safety

**Theme:**

Safe care and support

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

To ensure staff are trained in the detection and prevention of and responses to abuse.

**Action Required:**

Under Regulation 08(2) you are required to: Ensure staff are trained in the detection and prevention of and responses to abuse.

<sup>1</sup> 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:**

At the time of inspection all staff were up to date on abuse training. However, we are proposing to change the content of the Abuse training day to increase the importance of adherence to the local policy.

The aim of this will be to ensure that all staff will be appropriately trained To recognise signs of abuse but also be able to respond to allegations of abuse.

**Proposed Timescale:** 31/01/2015

**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:**

To ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control abuse.

**Action Required:**

Under Regulation 26(1)(c)(i) you are required to: Ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control abuse.

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

The abuse policy has been updated to include the steps required to take in response to allegations of abuse, how to investigate allegations and measures in place to safe guard the residents. Practises have also been identified to prevent abuse.

**Proposed Timescale:** 22/12/2015

**Theme:**

Safe care and support

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

To ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control accidental injury to residents, visitors or staff.

**Action Required:**

Under Regulation 26(1)(c)(iii) you are required to: Ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control accidental injury to residents, visitors or staff.

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

Risk assessment for residents, visitors and staff is currently being reviewed and will be completed by Jan 15th, 2015.

There will be a completed risk assessment for the open stairs and following a risk

assessment of the banister we will raise the height by 15.24 cm.

**Proposed Timescale:** 30/01/2015

**Theme:**

Safe care and support

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

To ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control aggression and violence.

**Action Required:**

Under Regulation 26(1)(c)(iv) you are required to: Ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control aggression and violence.

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

Risk management policy updated to include a risk assessment on control of aggression and violence.

**Proposed Timescale:** 22/12/2014

**Theme:**

Safe care and support

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

To ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control self-harm.

**Action Required:**

Under Regulation 26(1)(c)(v) you are required to: Ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control self-harm.

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

Risk management policy updated to include a risk management with regard to self harm.

**Proposed Timescale:** 22/12/2014

**Theme:**

Safe care and support

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

To ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.

**Action Required:**

Under Regulation 27 you are required to: Ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.

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

The kitchen mops are now being hung appropriately in the kitchen sluice room.

**Proposed Timescale:** 01/02/2015

**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:**

To ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.

**Action Required:**

Under Regulation 17(1) you are required to: Ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.

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

A risk assessment has been completed for the open stairs and following a risk assessment of the banister we will raise the height by 15.24 cm.

The laundry received an immediate deep clean. We are currently reorganising the laundry to upgrade the tiled floor, new slabbed walled surfaces which makes the whole area easily washable and cleanable.

We will create an "in" only using the left hand door. The existing washing machines are being removed from this area to accommodate a sorting area which will include raised counter space.

We will create a laundry bank on the rear wall of the middle section which will involve removing the current domestic size machines and replacing them with 2 x 20 kg washing machine and 1 x 10 kg washing machine and 2 x 20 kg tumble dryers. When clothes are taken from the tumble dryer they will go to our dry room for ironing and sorting. This room is situated adjacent to the washing room. This reduces the risk of cross contamination for infection control purposes. We have purchased laundry trolleys with compartments which are used to store laundry for each resident. These trolleys are then wheeled to the resident's room where laundry is returned to the resident. There will also be a separate hand washing facilities.

Our electrician will commence work on the call bell systems January 5th, 2015.

Signage with images will be utilised on the doors of the communal areas. In relation to signage of the resident bedrooms it will be discussed with each resident and their preference for signage will be respected.

We have seven distinct corridors and we plan to name them after local areas.

**Proposed Timescale:** 01/02/2015