

**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>	Caroline Connelly
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Unannounced Dementia Care Thematic Inspections
<b>Number of residents on the date of inspection:</b>	77
<b>Number of vacancies on the date of inspection:</b>	2

## **About Dementia Care Thematic Inspections**

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

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

Please note the definition of the following term used in reports:  
responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

**Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.**

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor compliance with specific outcomes as part of a thematic inspection. 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:
07 December 2016 10:30	07 December 2016 18:45
08 December 2016 08:50	08 December 2016 15:00

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

<b>Outcome</b>	<b>Provider's self assessment</b>	<b>Our Judgment</b>
Outcome 01: Health and Social Care Needs	Substantially Compliant	Non Compliant - Moderate
Outcome 02: Safeguarding and Safety	Substantially Compliant	Compliant
Outcome 03: Residents' Rights, Dignity and Consultation	Substantially Compliant	Substantially Compliant
Outcome 04: Complaints procedures	Substantially Compliant	Substantially Compliant
Outcome 05: Suitable Staffing	Substantially Compliant	Non Compliant - Moderate
Outcome 06: Safe and Suitable Premises	Compliance demonstrated	Substantially Compliant

**Summary of findings from this inspection**

This inspection report sets out the findings of a thematic inspection which focused on specific outcomes relevant to dementia care.

As part of the thematic inspection process, providers were invited to attend information seminars given by the Authority. In addition, evidence-based guidance was developed to guide the providers on best practice in dementia care and the inspection process. Prior to the inspection, the person in charge completed the provider self-assessment and compared the service with the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulation 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

During this inspection the inspector focused on the care of residents with a dementia

in the centre. The inspection also considered progress on some findings following the last inspection carried out on in December 2014 and to monitor progress on the actions required arising from that inspection. The inspector met with residents, relatives, the provider, management team, administration staff, and numerous staff members during the inspection. The person in charge was on long term leave and the acting person in charge was fulfilling her role and for the purpose of the report will be referred to as the person in charge. The inspector tracked the journey of a number of residents with dementia within the service, observed care practices and interactions between staff and residents who had dementia using a validated observation tool. The inspector also reviewed documentation such as care plans, medical records, staff files, relevant policies and the self assessment questionnaire which were submitted prior to inspection.

The provider had commissioned a review of the service in January 2015 by person centred healthcare consultants which produced a report and recommendations to provide a more person-centred experience for the residents and create an environment where residents with dementia could flourish. The management team and staff had implemented many changes to the provision of care following recommendations from this audit including changes to the environment and care practices. Overall, the inspector found the premises was dementia friendly and promoted dignity and wellbeing. The centre was decorated in a very homely manner with sufficient furnishings, fixtures and fittings. There was a variety of communal day space, with cosy sitting rooms, dining rooms and recreation rooms. Colour, lighting and cues were used to assist residents with perceptual difficulties and orient residents. For example, colour and signage was used to assist residents to locate toilet and bathroom facilities independently these doors were painted bright red. The corridors were wide and bright and allowed for freedom of movement. Colourful art work was seen on the walls that had been created by residents and staff. There were areas of interest seen along the corridors including textured craft work and rummage boxes. Particular attention had been paid to ensure residents had choice in dining areas with a formal dining room available for residents who wished to dine there but also smaller dining rooms on each unit/floor. Private accommodation was sufficient and there were adequate facilities for residents to meet visitors in private.

At the time of inspection there were 28 of the 77 residents residing in the centre with a formal diagnosis of dementia. With 16 further residents suspected of having dementia. The inspector observed that many of the residents required a good level of assistance and monitoring due to the complexity of their individual needs but also observed that other residents functioned at different levels of independence. Overall, the inspector found the person in charge, staff team and the provider were very committed to providing a high quality service for residents with dementia and had create an environment where residents with dementia could flourish.

The inspectors found that residents' overall healthcare needs were met and they had access to appropriate medical and allied healthcare services. The quality of residents' lives was enhanced by the provision of a choice of interesting things for them to do during the day and an ethos of respect and dignity for residents was evident. There were activity co-ordinators employed in the centre who provided a wide range of social and recreational activities for residents and residents told the inspectors they

were very satisfied that their social needs were met and that staff connected with residents as individuals. The inspector found that residents appeared to be very well cared for and residents and visitors gave positive feedback regarding all aspects of life and care in the centre

The person in charge had submitted a completed self assessment tool on dementia care to HIQA with relevant policies and procedures prior to the inspection. The person in charge had assessed the compliance level of the centre through the self assessment tool and the findings and judgments of the inspector did not fully concur with the judgments as is outlined in the report. Issues identified at the previous inspection in December 2014 had generally been completed. On this inspection the inspector identified that mandatory training was not up to date for all staff and care plans for residents exhibiting responsive behaviours were required along with other improvements in assessments and care planning. There was also an issue identified with the flooring in parts of the premises. These are all discussed throughout the report and the Action Plan at the end of this report identifies areas where improvements are required to comply 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.

**Compliance with Section 41(1)(c) of the Health Act 2007 and with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.**

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

**Theme:**

Safe care and support

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

No actions were required from the previous inspection.

**Findings:**

This outcome sets out the inspection findings relating to healthcare, assessments and care planning. The social care of residents with dementia is discussed in Outcome 3. There were a total of 77 residents in the centre on the day of this inspection, 28 residents had a formal diagnosis of dementia and a further 16 residents had a degree of cognitive impairment and suspected dementia.

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 provider had commissioned a review of the service in January 2015 by person centred healthcare consultants which produced a report and recommendations to provide a more person-centred experience for the residents. The management team and staff had implemented many changes to the provision of care following recommendations from this audit including changes to the environment and care practices.

There was evidence that residents had frequent review by general medical practitioners and if required they also had access to specialist medical care. Residents had a choice of General Practitioner (GP) and some residents continued to have their medical care needs met by their GP prior to their admission to the centre. Residents also had access to allied healthcare professionals including physiotherapy, occupational therapy, dietetic, speech and language therapy, dental, podiatry and ophthalmology services. Residents in the centre also had access to the specialist mental health of later life services.

The inspector mainly focused on the experience of residents with dementia in the centre on this inspection and tracked the journey of four residents with dementia and also reviewed specific aspects of care such as nutrition, wound care and end of life care in relation to other residents.

The inspector saw that there were generally suitable arrangements in place to meet the

health and nursing needs of residents with dementia. Residents had a comprehensive nursing assessment completed on admission. The assessment process involved the use of a variety of validated tools to assess each resident's risk of deterioration. For example, risk of malnutrition, falls, level of cognitive impairment and pressure related skin injury among others. Residents generally had a care plan developed within 48 hours of their admission based on their assessed needs. There were care plans in place that detailed the interventions necessary by staff to meet residents' assessed healthcare needs. They generally contained the required information to guide the care and were regularly reviewed and updated to reflect residents' changing needs and were person centred and individualised. However although the care plans were seen to be generally very comprehensive there were a few inconsistencies seen in the care planning process. These inconsistencies included the lack of a comprehensive assessment completed for one resident, there was not a specific plan put in place to guide care for residents with responsive behaviours as will be discussed further in outcome 2 Safeguarding. Another resident's care plan was not updated following significant weight loss and end of life care wishes were not documented in a large number of care plans. The person in charge acknowledged these issues and said they would work to address them.

Nursing staff told the inspector that a detailed hospital transfer letter was completed when a resident was transferred to hospital. Residents at risk of developing pressure ulcers had care plans and pressure relieving mattresses and cushions to prevent ulcers developing. Nursing staff told the inspector there was no resident with a pressure sore in the centre at the time of the inspection. Staff had access to support from the tissue viability nurse if required.

There were systems in place to ensure residents' nutritional needs were met, and that they residents received adequate hydration. Residents were screened for nutritional risk on admission and reviewed regularly thereafter. Residents' weights were checked on a monthly basis and more frequently if evidence of unintentional weight loss was observed. Residents were provided with a choice of nutritious meals at mealtimes and all residents spoken to were very complimentary about the food provided. There was an effective system of communication between nursing and catering staff to support residents with special dietary requirements. Mealtimes in the dining rooms was observed by the inspector to be a social occasion. Staff sat with residents while providing encouragement or assistance with their meal. There were a number of dining rooms residents could eat in and in one unit mealtimes were later at the request of residents and other residents could go there for meals if they choose. Nursing staff told the inspector that if there was a change in a resident's weight, nursing staff would reassess the resident, inform the GP and referrals would be made to the dietician and speech and language therapy (SALT). Files reviewed by the inspector confirmed this to be the case. Nutritional supplements were administered as prescribed. All staff were aware of residents who required specialised diets or modified diets and were knowledgeable regarding the recommendations of the dietician and SALT.

There were arrangements in place to review accidents and incidents within the centre, and residents were regularly assessed for risk of falls. Care plans were in place and following a fall, the risk assessments were revised and care plans were updated to include interventions to mitigate risk of further falls.

There were written operational policies advising on the ordering, prescribing, storing and administration of medicines to residents. There was evidence on the medication prescription sheets of regular review of medications by the GP's. The inspector observed nurses administering the tea time and morning medications, and this was generally carried out in line with best practice. Medications were prescribed and disposed of appropriately in line with An Bord Altranais and Cnáimhseachais na hÉireann Guidance to Nurses and Midwives on Medication Management (2007). Controlled drugs were stored in accordance to best practice guidelines and nurses were checking the quantity of medications at the start of each shift. The inspector did a count of controlled medications with one of the nursing staff which accorded with the documented records. Photographic identification was in place for all residents as part of their prescription/drug administration record chart. Medication trolleys were securely maintained within the secure treatment rooms. However medications that required crushing were not seen to be prescribed as such for each individual medication that required crushing, therefore nursing staff were administering medication to residents in crushed format although it had not been specifically indicated on the prescription sheet and there was no list available of medications that cannot be crushed maintained. As required medications did not always state frequency of dose therefore it did not ensure there was a maximum dose in 24 hours that could not be exceeded. There were appropriate procedures for the handling and disposal for unused and out of date medicines and the documenting of same.

Nursing staff and health care assistants spoken with were familiar with and very knowledgeable regarding residents up to date needs. Inspectors saw that there were suitable arrangements in place to meet the health and nursing needs of residents with dementia. Residents and their families, where appropriate were involved in the care planning process, including end of life care. The centre had access to the community palliative care team as required

**Judgment:**

Non Compliant - Moderate

***Outcome 02: Safeguarding and Safety***

**Theme:**

Safe care and support

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

No actions were required from the previous inspection.

**Findings:**

The inspector reviewed the centre's policy on suspected or actual abuse and this was found to be comprehensive. There was an up-to-date policy for safeguarding. The inspector reviewed staff training records and saw evidence that most staff had received up to date mandatory training on detection and prevention of elder abuse but there were a number of staff that required the training this is actioned under outcome 5

staffing. Staff interviewed were familiar with the policy and knew what to do in the event of an allegation, suspicion or disclosure of abuse, including whom to report incidents to. There was evidence that all allegations of abuse in the centre had been documented, investigated, appropriate action taken and notified in accordance with regulatory requirements.

The centre maintained day to day expenses for a number of residents and the inspector saw evidence that complete financial records were maintained. The inspector reviewed the systems in place to safeguard residents' finances which included a review of a sample of records of monies handed in for safekeeping. Money was kept in a locked safe in the administration office, all lodgements and withdrawals were documented and a running balance was maintained. All entries were signed and checked and there were regular audits of accounts and receipts. The system was found to be sufficiently robust to protect residents and staff.

A policy on managing responsive behaviours was in place. The inspector saw training records and although a number of staff had undertaken dementia training and training in responsive behaviours not all staff had received up-to date training as required by legislation. The action for this is under outcome 5 staffing. There was evidence that efforts were made to identify and alleviate the underlying causes of behaviour that posed a challenge. The support of the community psychiatry service was availed of as appropriate to residents needs as further outlined under Outcome 1. From discussion with the person in charge and staff and observations of inspectors there was evidence that residents who presented with responsive behaviours were responded to by staff in a very dignified and person-centred way by the staff using effective de-escalation methods. However these were not detailed in responsive behaviour care plans which are required to direct care to ensure a consistent approach to responsive behaviours is undertaken by all staff. The action for this is under outcome 1.

There was a centre-specific restraint policy which aimed for a restraint free environment and included a direction for staff to consider all other options prior to its use. The inspector saw that the person in charge and staff had promoted a reduction in the use of bedrails, at the time of the inspection there were seven residents out of 77 residents using bedrails and two using lap belts for transportation in specialist chairs. The inspector saw that alternatives such as low profiling beds, crash mats, and bed alarms were in use for a number of residents. Assessments and regular checks of all residents were being completed and documented. There had also been a substantial reduction in the use of chemical restraint over the last number of months and regular monitoring of same was taking place. The inspector saw that regular checks of all residents were being completed and documented.

**Judgment:**  
Compliant

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

**Theme:**

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

No actions were required from the previous inspection.

**Findings:**

The inspector found that the management style of the centre maximised residents' capacity to exercise personal autonomy and choice. There was an ethos of delivery of person centred care to residents in the centre. This was evidenced by staff knowing the residents and in the compiling of residents life stories, interests and likes and dislikes. The inspector observed that residents were free to join in an activity or to spend quiet time in their room and being encouraged and supported to follow their own routines. Residents were supported to eat their meals at their preferred times in their preferred location. Inspectors observed this happening in practice.

The inspector was satisfied that residents were consulted in the organisation of the centre, and that their privacy and dignity was respected. All residents had single bedrooms and bedroom and bathroom doors were closed when personal care was being delivered. Staff were observed to knock and wait before entering bedrooms. Residents were treated with respect. The inspector heard staff addressing residents by their preferred names and speaking in a clear, respectful and courteous manner. Staff paid particular attention to residents' appearance, dress and personal hygiene and were observed to be caring towards the residents. Residents choose what they liked to wear. The hairdresser visited regularly and staff also were seen to wash and style residents hair as required. Residents told the inspectors how they enjoyed availing of this service.

Residents' religious and political rights were facilitated. The local priests visited and resident priests celebrated Mass twice weekly in the centres' chapel. Staff stated that many of the residents enjoyed attending mass and reciting the rosary. Ceremonies from the church were available by TV link and some residents told inspectors that they enjoyed listening to the mass if they could not get to the church. The person in charge told inspectors that residents of varying religious beliefs were facilitated by ministers of their choosing as required. She also told inspectors that residents were facilitated to vote and explained that residents had been facilitated to vote in-house as required.

There was an open visiting policy in place. Residents could meet with family and friends in private if they wished, or could meet in their rooms, or communal areas of the home. Residents had many visitors during the inspection and relatives spoken with were very complimentary of the service provided.

As part of the inspection, the inspectors spent periods of time observing staff interactions with residents. The inspectors used a validated observational tool (the quality of interactions schedule, or QUIS) to rate and record at five minute intervals the quality of interactions between staff and residents in the communal areas. The scores for the quality of interactions are +2(positive connective care), +1 (task orientated care), 0 (neutral care), -1 (protective and controlling), -2 (institutional, controlling care). The observations took place for a total of two half hours during of the inspection day. The inspector found that for 90%of the observation period (total observation period of 60

minutes) the quality of interaction score was +2 (positive connective care). Staff knew the residents well they connected with each resident on a personal level. Staff made eye contact and greeted residents individually by their preferred names, staff offered choice such as choice of preferred drinks, choice of preferred place to sit. Residents were observed to enjoy the company of staff and staff sat beside residents and were observed offering assistance in a respectful and dignified manner to residents who required assistance with eating.

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 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. The inspector observed interactive card games, arts and crafts and music ongoing during the inspection.

Advocacy services were available for residents and a photo and contact details of the advocate was on the notice boards. 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 activity coordinator and person in charge. Items discussed included laundry, housekeeping, meals, activities and staff. However the issues raised by individual residents were not fully documented and there was not always documentary evidence available that these were followed up and resolved. Staff informed the inspector that the person in charge would visit the residents in their bedrooms and these residents would be able to raise any issues with her who would then look to resolve the issue. However, there was no documentary evidence available that this was done.

**Judgment:**  
Substantially Compliant

#### ***Outcome 04: Complaints procedures***

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

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

**Findings:**  
The inspector found there was a complaints process in place to ensure the complaints of residents, their families or next of kin including those with dementia were listened to

and acted upon. The process included an appeals procedure. The complaints procedure, which was prominently displayed, met the regulatory requirements. However the policy differentiated between verbal and complaints of a significant nature, directing that verbal complaints do not require documentation or to be just documented in residents' records. This is contrary to the requirements of legislation which states that complaints are properly recorded and that such records are in addition to and distinct from a resident's individual care plan. The actual practice in the centre is that all complaints are logged in the complaints log. The inspector viewed a comprehensive complaints log and saw that complaints, actions taken and outcomes were documented in accordance with best practice and that feedback is given to the complainant.

Residents and relatives all said that they had easy access to the person in charge who was identified as the named complaints officer to whom they could openly report any concerns and were assured issues would be dealt with. The person in charge stated that she monitored complaints or any issues raised by being readily available and regularly speaking to residents, visitors and staff. Records showed that complaints made to date were dealt with promptly and the outcome and satisfaction of the complainant was recorded. Staff interviewed conveyed an understanding of the process involved in receiving and handling a complaint.

There was an independent appeals person nominated and the policy had been updated to include the facility to refer to the Ombudsman if required.

**Judgment:**  
Substantially Compliant

### ***Outcome 05: Suitable Staffing***

**Theme:**  
Workforce

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

**Findings:**  
The inspector found that staff delivered care in a respectful, timely and safe manner. The centre was person orientated and not task focused as all staff provided care to the residents. Residents and relatives spoke very positively of staff and indicated that staff were caring, responsive to their needs and treated them with respect and dignity. This was seen by the inspector throughout the inspection in the dignified and caring manner in which staff interacted and responded to the residents.

Systems of communication were in place to support staff with providing safe and appropriate care. There were handover meetings each day to ensure good communication and continuity of care from one shift to the next. The inspector saw records of staff and management meetings at which operational and staffing issues

were discussed. The inspector saw that staff had available to them copies of the Regulations and standards. In discussions with staff, they confirmed that they were supported to carry out their work by the person in charge. The inspector found staff to be well informed and knowledgeable regarding their roles, responsibilities and the residents' needs and life histories and particularly knowledgeable about dementia care. There was evidence that residents knew staff well and engaged easily with them in personal conversations.

Staff had embraced a non-uniform policy during 2016. The person in charge informed the inspector this had normalised care and helped prevent any possible power imbalance between residents and staff. Residents confirmed that they liked to see staff not wearing uniform and many staff wore colourful tunics which were a source of conversation and admiration.

Mandatory training was in place and staff had received up to date training in fire safety and safe moving and handling. However as discussed in outcome 2 mandatory training for safeguarding vulnerable persons and the management of responsive behaviours was not up to date for all staff. Dementia specific training had been provided to a large number of staff and one of the staff nurses was currently attending a train the trainer course in the UK on dementia specific care and "Butterfly Moments" and plans to roll out training to all staff and implement further dementia specific person centred care to all. This initiative was funded and promoted by the provider and management team. Other on-going training included infection control, end of life, continence promotion, food and nutrition, hydration and the management of dysphagia. Nursing staff confirmed they had also attended clinical training including medication management and wound care. The inspectors saw that other formal training courses had been booked and were scheduled for the coming months with a comprehensive training schedule in place.

The inspector found there was an appropriate number and skill mix of staff on duty to meet the holistic and assessed needs of the residents on the days of inspection. The person in charge was normally on duty during the day time. Due to recent shortages of nursing staff the person in charge and assistant director of nursing were covering some shifts. The person in charge outlined how they were currently in the process of recruiting additional nursing staff, some who had recently started and others who were due to commence work . The inspector was satisfied that there was a comprehensive induction programme for all new and pre-registration nursing staff.

An actual and planned roster was maintained in the centre with any changes clearly indicated. There were robust recruitment procedures in place. Staff files reviewed were found to contain all the required documentation as required by the Regulations. Garda Síochána vetting was in place for all staff. Nursing registration numbers were available for all staff nurses. Details of induction/orientation received, training certificates and appraisals were noted on staff files.

**Judgment:**

Non Compliant - Moderate

***Outcome 06: Safe and Suitable Premises***

**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 premises was generally suitable for its stated purpose and met the residents' individual and collective needs in a homely and comfortable way. The centre was owned and managed by the provider since 2009 and previously consisted of 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 toilets 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. In 2015 an extensive high quality extension had been completed on both the ground and first floor levels. The extension comprising of additional 25 new single bedrooms each with en-suite facilities including a toilet, wash-hand basin and shower. There was also suitable sitting and dining rooms provided on each floor with visitors/quiet rooms, sluice and rooms for equipment storage. The centre was divided into three units one unit was over two floors and the centre can now accommodate 79 residents all in single bedrooms.

Overall, the inspector found the premises promoted dignity and wellbeing. There was adequate lighting and ventilation and an appropriate heating system was in place in the centre. The centre was decorated in a very homely manner with sufficient furnishings, fixtures and fittings. On the day of the inspection, the centre was clean and generally suitably decorated. There was a variety of communal day space, with cosy sitting rooms, dining rooms and recreation rooms. Colour, lighting and cues were used to assist residents with perceptual difficulties and orient residents. For example, colour and signage was used to assist residents to locate toilet and bathroom facilities independently these doors were painted bright red. The corridors were wide and bright and allowed for freedom of movement. Colourful art work was seen on the walls that had been created by residents and staff. There were areas of interest seen along the corridors including textured craft work and rummage boxes. Particular attention had been paid to ensure residents had choice in dining areas with a formal dining room available for residents who wished to dine there but also smaller dining rooms on each unit/floor. Private accommodation was sufficient and there were adequate facilities for residents to meet visitors in private.

Residents' bedrooms were individually decorated with suitable storage facilities for personal possessions. A number had pictures and life stories displayed in a picture frame outside their door. There was a functioning call bell system in place. A lift was provided

between floors and records of servicing were up to date. Handrails were provided in circulation areas and on stairways and grab rails were provided in bath, shower and toilet areas. Residents had access to equipment that promoted their independence and comfort. There was a maintenance man who worked full time in the centre. Equipment seen by inspector was found to be fit for purpose and was properly installed, used, maintained, tested and serviced.

The centre had a large church /oratory which was enjoyed by all. Also there was a hairdressing room and quiet room. 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 with raised flower beds to the rear of the building. Skype and Broadband facilities were also available. The centre provided designated car parking facilities and was located adjacent to the town of Clonakilty on five acres of mature gardens.

However, there were some improvements required in relation to the premises which had been identified on a previous inspection in relation to the flooring in the centre. The inspector saw that some of the floor covering in bedrooms and in corridor areas required repair and carpets were seen to be torn and stained on the stairways. The inspector noted that any areas that posed a potential trip hazard had been taped to secure the surface but this tape only provided a temporary solution and a more permanent solution was required.

**Judgment:**  
Substantially Compliant

## Closing the Visit

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

### **Acknowledgements**

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

### ***Report Compiled by:***

Caroline Connelly  
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>	07/12/2016
<b>Date of response:</b>	12/01/2017

### Requirements

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

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

### Outcome 01: Health and Social Care Needs

#### Theme:

Safe care and support

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

There were inconsistencies seen in the care planning process resulting in lack of care plans for responsive behaviours and end of life care. There was also no comprehensive assessment for one resident therefore it was difficult to ensure a care plan met his assessed needs.

#### **1. Action Required:**

Under Regulation 05(3) you are required to: Prepare a care plan, based on the

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

assessment referred to in Regulation 5(2), for a resident no later than 48 hours after that resident's admission to the designated centre.

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

We have started to review and update all our careplans and assessments

**Proposed Timescale:** 30/04/2017

**Theme:**

Safe care and support

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

Medications that required crushing were not seen to be prescribed as such for each individual medication that required crushing, therefore nursing staff were administering medication to residents in crushed format although it had not been specifically indicated on the prescription sheet and there was no list available of medications that cannot be crushed maintained.

**2. Action Required:**

Under Regulation 29(5) you are required to: Ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.

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

This was immediately rectified

Proposed Timescale: Immediate

**Proposed Timescale:** 08/12/2016

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

**Theme:**

Person-centred care and support

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

The issues raised by individual residents at residents committee meetings were not fully documented and there was not always documentary evidence available that these were followed up and resolved. Staff informed the inspector that for the residents who did not attend the meetings would be able to raise any issues with the person in charge who would then look to resolve the issue. However, there was no documentary evidence available that this was done.

**3. Action Required:**

Under Regulation 09(3)(d) you are required to: Ensure that each resident is consulted about and participates in the organisation of the designated centre concerned.

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

We will now record any issues that residents raise and how why plan to or have immediately resolved

Proposed Timescale: Immediate

**Proposed Timescale:** 12/01/2017

#### **Outcome 04: Complaints procedures**

**Theme:**

Person-centred care and support

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

The complaints policy differentiated between verbal and complaints of a significant nature. This is contrary to the requirements of legislation which states that complaints are properly recorded and that such records are in addition to and distinct from a resident's individual care plan.

**4. Action Required:**

Under Regulation 34(2) you are required to: Fully and properly record all complaints and the results of any investigations into the matters complained of and any actions taken on foot of a complaint are and ensure such records are in addition to and distinct from a resident's individual care plan.

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

Our actual practice is that all verbal and written complaints are logged, our policy does not reflect that. Our policy will now be amended to reflect our actual practice

Proposed Timescale: Immediate

**Proposed Timescale:** 12/01/2017

#### **Outcome 05: Suitable Staffing**

**Theme:**

Workforce

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

Not all staff had up-to-date training in safeguarding and in responsive behaviours.

**5. Action Required:**

Under Regulation 16(1)(a) you are required to: Ensure that staff have access to appropriate training.

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

Training dates have been booked to meet these deficits in staff training

**Proposed Timescale:** 28/02/2017

**Outcome 06: Safe and Suitable Premises**

**Theme:**

Effective care and support

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

The inspector saw that some of the floor covering in bedrooms and in corridor areas required repair and carpets were seen to be torn and stained on the stairways.

**6. 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:**

To minimise resident disruption, flooring to be replaced on a phased basis

**Proposed Timescale:** 31/10/2017