<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Bushy Park Nursing Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000410</td>
</tr>
<tr>
<td>Centre address:</td>
<td>Nenagh Road, Borrisokane, Tipperary.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>067 274 42</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:bpnursinghome@gmail.com">bpnursinghome@gmail.com</a></td>
</tr>
<tr>
<td>Type of centre:</td>
<td>A Nursing Home as per Health (Nursing Homes) Act 1990</td>
</tr>
<tr>
<td>Registered provider:</td>
<td>Bushy Park Nursing Home Limited</td>
</tr>
<tr>
<td>Provider Nominee:</td>
<td>Vincent Kinsella</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Mary Costelloe</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>Noel Sheehan</td>
</tr>
<tr>
<td>Type of inspection</td>
<td>Announced</td>
</tr>
<tr>
<td>Number of residents on the date of inspection:</td>
<td>29</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>5</td>
</tr>
</tbody>
</table>
About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.

Please note the definition of the following term used in reports:
responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).
Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration renewal decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times
From: To:
07 March 2017 10:00 07 March 2017 17:30
08 March 2017 10:00 08 March 2017 17:00

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

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Our Judgment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outcome 01: Statement of Purpose</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 02: Governance and Management</td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>Outcome 03: Information for residents</td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>Outcome 04: Suitable Person in Charge</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 05: Documentation to be kept at a designated centre</td>
<td>Non Compliant - Moderate</td>
</tr>
<tr>
<td>Outcome 06: Absence of the Person in charge</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 07: Safeguarding and Safety</td>
<td>Non Compliant - Major</td>
</tr>
<tr>
<td>Outcome 08: Health and Safety and Risk Management</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 09: Medication Management</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 10: Notification of Incidents</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 11: Health and Social Care Needs</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 12: Safe and Suitable Premises</td>
<td>Non Compliant - Moderate</td>
</tr>
<tr>
<td>Outcome 13: Complaints procedures</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 14: End of Life Care</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 15: Food and Nutrition</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 16: Residents' Rights, Dignity and Consultation</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 17: Residents' clothing and personal property and possessions</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 18: Suitable Staffing</td>
<td>Compliant</td>
</tr>
</tbody>
</table>

Summary of findings from this inspection
This report sets out the findings of an inspection, which took place following an application to the Health Information and Quality Authority, to renew registration. This inspection was announced and took place over two days. As part of the inspection the inspectors met with residents, relatives and staff members. The inspectors observed practices and reviewed documentation such as care plans,
medical records, accident logs, policies and procedures and staff files.

Overall, the inspectors found that the provider and person in charge demonstrated a high level of commitment to meeting the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations and the National Quality Standards for Residential Care Settings for Older People in Ireland.

The design and layout of the centre was suitable for its stated purpose and met residents’ individual and collective needs in a comfortable and homely way. Some improvements had been carried out to the premises since the previous inspection and further improvements were planned.

There was evidence of good practice in all areas. The person in charge and staff demonstrated a comprehensive knowledge of residents’ needs, their likes, dislikes and preferences. Staff and residents knew each other well, referring to each other by first names. Residents were observed to be relaxed and comfortable when conversing with staff.

On the days of inspection, the inspectors were satisfied that the residents were cared for in a safe environment and that their nursing and healthcare needs were being met. Nursing documentation was completed to a high standard. The inspectors observed sufficient staffing and skill-mix on duty during the inspection and staff rotas confirmed these staffing levels to be the norm.

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 both residents and staff was evident.

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

The inspectors had concerns that Garda Síochána vetting was not in place for all staff however, the provider undertook to address this immediately. Following the inspection he confirmed that all staff had been removed from the roster until Garda Síochána vetting was in place and that no future staff would be employed without having first obtained Garda vetting.

Other improvements were required to contracts of care, staffing files and implementing some policies.
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: 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):**
No actions were required from the previous inspection.

**Findings:**
The inspector reviewed the updated statement of purpose dated August 2016. It complied with the requirements of the regulations. The statement of purpose accurately reflected the services and facilities; along with the aims, objectives and ethos of the centre.

**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:**
The inspectors were satisfied that issues identified at the previous inspection had been addressed. An assistant director of nursing and additional nursing staff had been appointed. The person in charge no longer worked shifts on the floor.
The provider had established a clear management structure. The person in charge worked full time in the centre. The person in charge was supported in her role by the assistant director of nursing and manager. The management team worked full time in the centre. The assistant director of nursing deputised in the absence of the person in charge. There was an on call out-of-hours system in place. The management team met each other, residents and staff on a daily basis. Residents and staff spoken with told the inspector that they felt well supported, that the management team were approachable and they could report or discuss any issue with any member of the management team.

Systems had been put in place to review the safety and quality of care. The manager and person in charge were currently completing a management and leadership training programme. They had set up quality management system and held quality improvement meetings on a regular basis. Issues such as incidents/ falls, complaints, staffing, health and safety were reviewed and discussed at each meeting. They had a planned audit schedule in place which included clinical and environmental audits each month. Audits and reviews had been carried out in relation to areas such as medication management, health and safety, infection control, palliative care, nutrition, restraint, behaviour and care plans. Staff confirmed that results of audits were discussed with them to ensure learning and improvement to practice.

The person in charge advised the inspectors that information from audits was being used to inform the annual review of the quality and safety of care for 2016 which was in the process of being finalised. The system of review included consultation with and seeking feedback from residents and their representatives. Residents committee meetings continued to be held on a regular basis. Minutes of meetings were recorded, issues discussed included catering/food, personal care and staff, bedrooms, facilities and activities. A resident and relatives meeting was scheduled later this month. The person in charge advised inspectors that she had recently sent out satisfaction questionnaires to relatives and was awaiting their return. She advised that she also planned to include this feedback in the annual review of the quality and safety of care in the centre.

**Judgment:**
Substantially Compliant

<table>
<thead>
<tr>
<th>Outcome 03: Information for residents</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>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.</strong></td>
</tr>
</tbody>
</table>

**Theme:**
Governance, Leadership and Management

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

**Findings:**
The centre had a resident's guide which was available to residents and visitors and it
was displayed in prominent locations throughout the centre. The guide contained all information as required by the regulations.

Contracts of care were in place for all residents. The inspectors reviewed a sample of contracts of care. While they included details of the services to be provided, fees to be charged, the details of additional charges were not clearly set out.

**Judgment:**
Substantially Compliant

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**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 a nurse and worked full-time in the centre. She had the required experience in the area of nursing the older adult. She was on call out-of-hours and at weekends. The person in charge was knowledgeable regarding the regulations, HIQA’s Standards and her statutory responsibilities. She demonstrated very good clinical knowledge. She was very knowledgeable regarding the individual needs of each resident.

The person in charge had engaged in continuous professional development. She was currently undertaking a management training course and had recently completed the 'train the trainer' safeguarding course as well as attending all in house training courses.

The inspector observed that she was well known to staff, residents and relatives. Throughout the inspection process the person in charge demonstrated a commitment to delivering good quality care to residents and to improving the service delivered. All documentation requested by the inspector was readily available.

**Judgment:**
Compliant

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**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 People) Regulations 2013.

Theme:
Governance, Leadership and Management

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

Findings:
The inspectors were satisfied that records as required by the regulations were generally maintained in the centre, however, staffing files did not contain all of the information as required by the regulations and some policies were not fully reflected in practice.

All records as requested during the inspection were made readily available to the inspectors. Records were maintained in a neat and orderly manner and kept in a secure place.

All policies as required by Schedule 5 of the regulations were available. Systems were in place to review and update policies. Staff spoken with were familiar with the policies. The policies on residents personal property, finances and possessions and the recruitment and vetting of staff were not fully reflected in practice and these are discussed further under Outcome 6: Safeguarding and Outcome 18: Staffing.

The inspectors reviewed a sample of staff files. Some files did not include all information as required by the regulations including photographic identification, two written references, evidence of verification of references and evidence of Garda Síochána vetting.

The directory of residents was kept up to date and included all the information as required by the regulations.

Judgment:
Non Compliant - Moderate

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 person in charge and management team were aware of the requirement to notify the Chief Inspector of the proposed absence of the person in charge

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:
The provider and person in charge had taken measures to safeguard residents from being harmed and from suffering abuse, however, improvements were required to ensuring that residents accounts were managed in line with best practice and the centres own policy and ensuring that Garda Síochána vetting was in place for all staff.

There were comprehensive recently updated policies on prevention, detection and response to elder abuse, residents personal property, finances and possessions, management of behaviour that is challenging and the use of restraint restrictive practices.

Staff spoken with described clearly what they would do if they suspected abuse and were knowledgeable regarding their responsibilities. Staff spoken with and training records viewed confirmed that staff had received ongoing education on elder abuse. The person in charge had recently completed ‘trainer the trainer’ in safeguarding and had scheduled in house training for all staff. Residents spoken with and those that completed questionnaires in advance of the inspection indicated that they felt safe in the centre.

The person in charge told the inspectors that the finances of a small number of residents were managed in the centre, but money and other valuables were not kept for safe keeping on behalf of residents. Each resident had a lockable storage space in their bedrooms should they wish to securely store any personal items. The administrator explained how residents accounts were managed and showed the inspector a sample of records. The inspector noted that these accounts were not being managed in line with
the centres policy on residents personal property, finances and possessions. For example, there was no clear separation between the residents funds and that of the nursing home and residents pensions were not paid into an interest bearing account for the benefit of the resident. Items such as cigarettes were bought on behalf of some residents however, there were no receipts available to ensure clear transparency. These issues were discussed with the provider who undertook to address them.

The policy on managing responsive behaviours outlined guidance and directions to staff as to how they should respond and strategies for dealing with behaviours that challenge. The inspector reviewed a sample of files of residents who presented with responsive behaviour and noted detailed, person-centered 'altered communication' care plans outlining clear guidance for staff.

The policy on restraint was based on the national policy 'Towards a restraint free environment' and included clear directions on the use of restrictive procedures including risk assessment and ensuring that the least restrictive intervention was used for the shortest period possible. Staff continued to promote a restraint free environment, there were six bed rails in use at the time of inspection, some at the residents own request. The inspectors saw that alternatives such as low low beds, crash mats and bed alarms were in use for some residents. Risk assessments along with clear rationale for their use and care plans in line with national policy were documented in all cases. Staff carried out regular checks on residents using bedrails and these checks were recorded. Many staff spoken with and training records reviewed indicated that staff had attended training on dementia care, dealing with behaviours that challenged and management of restraint. Further training on managing responsive behaviour was scheduled for April 2017.

The inspectors observed that residents appeared relaxed, calm and content during the inspection. Nursing staff spoken with were clear they needed to consider the reasons people's behaviour changed, and would also consider and review for issues such as infections, constipation, and changes in vital signs.

For some residents ‘as required’ psychotropic medication had been prescribed, and could be administered if residents remained anxious. A chart of the use of 'as required' psychotropic medications was maintained and included clear rationale for its use, interventions tried prior to administration and details of how the resident was after the administration of the medication.

There was evidence of regular review by the General Practitioner (GP) as well as regular reviews of medications. There was evidence of access and referral to psychiatry services and ABC charts were used to record episodes of behaviours in line with the centre's policy.

The inspectors reviewed a sample of staff files and noted that Garda Síochána vetting was not in place for all recently recruited staff. This was brought to the attention of the provider and person in charge who undertook to follow up on outstanding Garda Síochána vetting immediately. They agreed to submit details of interim arrangements in place to safeguard residents pending the receipt of vetting disclosures for all staff. Following the inspection the provider confirmed by email that staff had been removed
from the roster until Garda Síochána vetting was processed.

There were no volunteers attending the centre. Garda Síochána vetting was in place for all persons who provided services to residents as well as for persons on work experience.

Judgment:
Non Compliant - Major

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 inspectors were satisfied that the provider and person in charge had prioritised the safety of residents. All issues identified at the previous inspection had been addressed.

There was a recently updated health and safety statement available. An inspector reviewed the risk register and found it to be comprehensive and had been reviewed and updated following the last inspection. All risks specifically mentioned in the regulations were included. Systems were in place for regular review of risks.

An inspector reviewed the policy on responding to emergencies which included clear guidance for staff in the event of a wide range of emergencies including the arrangements for alternative accommodation should it be necessary to evacuate the building.

Training records reviewed indicated that all staff members had received up-to-date training in moving and handling. Staff spoken to confirmed that they had received this training. The inspectors observed good practice in relation to moving and handling of residents during the inspection. The service records of all manual handling equipment such as hoists, wheelchairs and specialised chairs were up-to-date.

An inspector reviewed the fire policies and procedures. Records indicated that all fire fighting equipment had been serviced in December 2016 and the fire alarm was serviced on a quarterly basis. The fire alarm was last serviced in December 2016. Daily and weekly fire safety checks were carried out and these checks were recorded. Fire safety training took place regularly and included evacuation procedures and use of fire equipment. All staff spoken with told the inspector that they had received recent fire safety training. Training records reviewed indicated that all staff had received up-to-date formal fire safety training. Records of fire drills which took place regularly including
outcomes were documented.

Inspectors noted that clear details of all incidents were recorded in the incident log book. Details of contact with relatives and GP were recorded along with details of the investigation, outcome and lessons learnt. Inspectors noted that neurological observations were carried out and recorded for residents who had un witnessed falls. The physiotherapist visited the centre fortnightly and assessed all residents post falls. The inspectors reviewed the file of a resident at high risk of falls and who had recently fallen. The falls risk assessment and falls care plan had been updated post falls. The resident’s family and GP had been informed following each incident. The GP had assessed the resident post fall and medicines had been reviewed.

Handrails were provided to all circulation areas and grab rails were provided in all toilets and bathrooms. Call-bell facilities were provided in all rooms. Safe floor covering was provided throughout the building.

The inspectors noted that infection control practices were robust. There were comprehensive policies in place which guided practice. Hand sanitizer dispensing units were located at the front entrance and throughout the building. Staff were observed to be vigilant in the use of hand sanitizers. Regular infection control audits were carried out. Some relatives and residents spoken with commented that the place was always clean and that there had been no outbreaks of influenza or winter vomiting bug over the past winter months.

The inspector spoke with housekeeping staff who were knowledgeable regarding infection prevention and control procedures including colour coding and use of appropriate chemicals. The building was found to be clean and odour free. The person in charge told inspectors that infection control training was planned.

**Judgment:**
Compliant

<table>
<thead>
<tr>
<th>Outcome 09: Medication Management</th>
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<tbody>
<tr>
<td>Each resident is protected by the designated centre’s policies and procedures for medication management.</td>
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</table>

**Theme:**
Safe care and support

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

**Findings:**
The inspectors generally found evidence of good medicines management practices and sufficient policies and procedures to support and guide practice.

An inspector spoke with nursing staff on duty regarding medicines management issues. They demonstrated competence and knowledge when outlining procedures and
practices on medicines management.

Medicines requiring strict controls were appropriately stored and managed. Secure refrigerated storage was provided for medicines that required specific temperature control. The temperature of the refrigerator was monitored and recorded on a daily basis.

The inspector reviewed a sample of medicines prescribing and administration sheets. Medicines were regularly reviewed by the general practitioners (GP).

Systems were in place to record medicines errors which included the details, outcome and follow-up action taken. Staff were familiar with these systems. Medicines errors along with all other incidents were reviewed and discussed at the regular quality management meetings.

Systems were in place for checking medicines on receipt from the pharmacy and the return of unused and out-of-date medicines to the pharmacy. Nursing staff confirmed that they had good support from the pharmacist who was available for advice and also provided education to staff.

Regular medicines management audits were carried out by nursing management and the pharmacist. Audit findings and action plans were documented, the inspector noted that no issues had been identified during the most recent audits. Most nursing staff had recently completed medicines management training and some nurses told the inspector that they were currently in the process of completing online medicines refresher training.

Judgment:
Compliant

Outcome 10: Notification of Incidents
A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:
Safe care and support

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

Findings:
The person in charge was aware of the legal requirement to notify the Chief Inspector regarding incidents and accidents. All relevant incidents had been notified to the Chief Inspector by the person in charge since the previous inspection.

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):
No actions were required from the previous inspection.

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

All residents had access to a choice of general practitioner (GP) services. There was an out-of-hours GP service available. The inspector reviewed a sample of files and found that GPs reviewed residents on a regular basis.

A full range of other services was available including speech and language therapy (SALT), physiotherapy, occupational therapy (OT), dietetic services and psychiatry of later life. Chiropody and optical services were also provided. The inspector reviewed residents’ records and found that residents had been referred to these services and results of appointments and recommendations were written up in the residents’ notes.

The inspector reviewed a number of residents’ files including the files of residents with restraint measures in place, at high risk of falls, nutritionally at risk and presenting with responsive behaviour and communication issues. See Outcome: 7 Safeguarding and Safety regarding restraint and responsive behaviour. See Outcome 8: Health and safety and risk management regarding falls management.

The inspectors noted that many improvements had taken place to the nursing documentation which was recorded on the computerised nurse documentation system. Comprehensive up-to-date nursing assessments were in place for all residents. A range of up-to-date risk assessments were completed for residents including risk of developing pressure ulcers, falls risk, nutritional assessment, dependency, moving and handling, oral cavity, agitation and risk.

The inspector noted that care plans were in place for all identified issues. A comprehensive and informative holistic daily life care plan was in place for all residents which outlined clear guidance for staff in areas such as washing and dressing, privacy and dignity, elimination, nutrition, mobilisation and safe environment, communication, breathing, social interests and hobbies, sexuality, spiritual and cultural needs, mental state and cognition and end of life wishes. In addition there were care plans in place for
specific issues such as high falls risk, altered communication, potential for infection, bed rails, dementia and end of life care. Care plans had been regularly reviewed and updated. Care plans were person centered and individualised. There was evidence of relative/resident involvement in the review of care plans. Nursing staff and health care assistants spoken with were familiar with and knowledgeable regarding residents up to date needs.

The person in charge and nursing staff advised the inspector that there were no residents with pressure ulcers at the time of inspection.

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

The inspectors reviewed the files of residents who had recently fallen and noted that the falls risk assessments and care plans had been updated post falls. The physiotherapist visited the centre on a bi-weekly basis and reviewed all residents post falls. The person in charge reviewed falls on a regular basis, there was evidence of learning and improvement to practice. Low-low beds, crash mats, chair/bed sensor alarms and hip protectors were in use for some residents. The inspector noted that the communal areas were supervised by staff at all times.

The social care needs of each resident were assessed and records were maintained of each residents participation in activities. Details of residents’ interests, hobbies and life histories had been documented and staff were observed to use this information when conversing with residents.

There was an activity coordinator on duty each day. The daily activities programme was displayed. The activities coordinator spoken with told inspectors that she carried out both group and individual activities with residents. The inspector observed residents enjoying a variety of activities during the inspection including light exercises, sowing potatoes, arts and crafts, watching an old black and white movie, partaking in bible readings and dog therapy. Many of the residents actively partook while others joined in for shorter periods. Other on-going activities included reading the daily newspapers, reciting the rosary each evening, the weekly mass, birthday celebrations, hand and foot massage. On the first day of inspection six residents were attending the local day care centre. The inspector spoke with some of the residents on their return and they stated that they enjoyed attending the day centre on a weekly basis. The inspector observed staff encouraging residents to move around, having conversations, and engaging with different activities.

**Judgment:**
### 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 design and layout of the centre was in line with the statement of purpose. The centre was single storey in design and could accommodate 34 residents in both single and shared bedrooms. Improvements had been carried out to the premises since the previous inspection. The enclosed garden area had been landscaped with a variety of plants and flowers. Many areas of the building had been redecorated. However, the floor and ceiling area to the laundry room required repair and upgrading.

The premises were well maintained, clean and nicely decorated. There was a variety of communal day spaces including a large dayroom, dining room, activities room, a small conservatory and smoking room. All communal areas were bright, comfortably furnished and had a variety of furnishings which were domestic in nature.

Bedroom accommodation met residents’ needs for comfort and privacy. All bedrooms had en suite toilet and shower facilities. There was a separate bathroom with bath. There was a nurse call-bell system in place. Residents were encouraged to personalise their rooms and many had photographs and other personal belongings in their bedrooms. Resident’s artwork was displayed throughout the centre and in residents’ bedrooms.

Adequate assistive equipment was provided to meet residents’ needs such as hoists, specialised beds and mattresses. The inspector viewed the service and maintenance records for the equipment and found these were up-to-date.

The person in charge spoke about further improvements that were planned to the secure enclosed garden area. She outlined that new outside garden furniture was being ordered and that the local transition year students were scheduled to carry out some artwork to the external walls of the garden to create colour and areas of interest for residents.

The inspectors noted that the floor and the ceiling area to the laundry room were defective and required repair. The provider stated that he intended to carry out this
work but due to a severe water pipe leak underneath the floor, works had been delayed as the flooring could not be replaced until the floor had thoroughly dried out.

While the provider had recently provided a new mechanical ventilation extract fan to the smoking room, ventilation to this area was still inadequate. There was no openable window to provide natural ventilation to the room. Inspectors noted a build up of smoke in the room and also noted that smoke emanated out onto the adjoining hallway. Residents spoken with in the smoking room stated that when four residents are smoking in the room that 'it gets very smoky'.

**Judgment:**
Non Compliant - Moderate

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**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):**
No actions were required from the previous inspection.

**Findings:**
The inspectors found evidence of good complaints management.

There was a comprehensive recently updated complaints policy in place which clearly outlined the duties and responsibilities of staff. The complaints procedure was clearly displayed in a prominent position. The complaints procedure was also clearly outlined in the statement of purpose and the residents' information booklet.

The inspector reviewed the complaints log. There was one complaint logged to date for 2017. There were no open complaints at the time of inspection. The details of complaints were recorded along with actions taken. All complaints to date had been investigated and responded to.

A representative from SAGE (support and advocacy services for older people) was due to visit the centre on 9 March 2017 to speak with staff and residents regarding the service. The SAGE information poster was displayed.

Throughout the inspection, inspectors observed good communication between residents and staff.

The inspector noted that any issues raised by residents at the residents meetings had been acted upon.

**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):**
No actions were required from the previous inspection.

**Findings:**
The inspectors were satisfied that caring for a resident at end of life was regarded as an integral part of the care service provided in centre.

An inspector reviewed the file of a resident who was recently deceased and was satisfied that the residents' end-of-life needs were well managed with a high standard of nursing and spiritual care being provided at this stage of life. The inspectors spoke with a relative of a recently deceased resident who was satisfied with the care provided.

There was an end-of-life policy in place. Staff confirmed that support and advice continued to be available from the home care team and local hospice care team.

Residents' needs and wishes were discussed with residents and their representatives. End of life wishes including any specific wishes were included in residents' holistic care plans.

The person in charge had completed a recent palliative care audit in January 2017 and had identified the need for updated staff training on end of life care. The person in charge stated that she was in the process of organising this training.

A comfortable family room had been provided since the last inspection. A sofa and reclining chair was provided to facilitate relatives who wished to stay overnight.

**Judgment:**
Compliant

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**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):**
No actions were required from the previous inspection.

**Findings:**
Residents were offered a varied nutritious diet. The quality and presentation of the meals were of a high standard and a number of the residents told inspectors that the food was always very good. Some residents required special diets or modified consistency diets and these needs were met.

The daily menu was displayed and choice was available at every meal. The inspectors observed the lunch time meal experience and noted it to be a pleasant one. The inspectors noted that staff assisting residents were caring and sensitive, they explained what foods were on offer and gently reminded some to swallow. Modified consistency diets were nicely presented and included a variety of texture and colour. Residents spoken with were complimentary regarding the quality and choice of food. The inspector observed a variety of drinks and snacks being offered to residents throughout the days of inspection, a selection of home baking including scones and cakes were also on offer.

Mealtimes were unhurried social occasions. Most residents had their meals in the large bright dining room. Staff were observed to engage positively with residents during meal times, offering choice and appropriate encouragement while other staff sat with residents who required assistance with their meal. Some residents choose to have their meals in their bedrooms and this was always facilitated.

An inspector spoke with the chef on duty. She stated that there was four week rolling menu plan in place. The menus offered choice a every meal. The menus had been drawn up in consultation with the residents and the dietician. The chef was aware of residents' likes and dislikes, of those residents who required specialised diets or modified diets and knowledgeable regarding the recommendations of the dietician and SALT. She stated that there was good communication between the catering and nursing staff.

**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):**
No actions were required from the previous inspection.

**Findings:**
The inspectors were satisfied that the centre was run and managed in consultation with
residents and in a manner that maximised their independence. This is discussed further under Outcome 2: Governance and management.

Staff were observed to treat residents in a dignified manner and in a way that maximised their choice and independence. The inspectors observed that residents were always referred to by their first name and politely asked if they needed anything, given choices around what they would like to do, where they would like to sit, what they would like to eat and drink. The inspectors noted that the privacy and dignity of residents was well respected. Bedroom and bathroom doors were closed when personal care was being delivered. There was signage on bedroom doors to indicate when personal care was being delivered. Staff were observed to knock and wait before entering bedrooms. Residents spoken to confirmed that their privacy was respected.

Staff paid particular attention to residents’ appearance and personal hygiene and were observed to be caring towards the residents.

A number of the questionnaires completed by residents and family members by way of feedback to HIQA confirmed that the centre made every effort to maintain residents’ independence.

Residents’ religious and political rights were facilitated. The rosary was recited each evening and mass was celebrated weekly. Arrangements were in place for residents of different religious beliefs. A church of Ireland service was held monthly. Staff and residents confirmed that there are no set times or routines in terms of when a resident must get up in the morning or go to bed at night. Residents had a choice of having their meals in the dining room, in the activities room or in their bedroom.

There was an open visiting policy in place. Relatives spoken with and those that completed questionnaires indicated that they were always made to feel welcome by staff. Residents had access to the centre’s cordless phones and some residents had their own mobile handset device. Staff were aware of the different communication needs of residents and care plans set out the ways in which those who had a communication impairment required intervention.

The centre was part of the local community and residents had access to radio and television. Daily and regional newspapers were provided. Some residents told the inspector how they enjoyed reading the daily newspapers and listening to the local radio stations.

Staff outlined to the inspectors how links were maintained with the local community. Some residents went home for visits while others attended special family occasions. Some residents attended the local day care service on a weekly basis. A resident spoken with told the inspectors how he went to the local shop on a daily basis to get the newspapers for the other residents in the centre. Local musicians, a pet therapist, bible readers and transition year school students visited regularly. Many of the staff were from the local area and kept residents up to date regarding local news issues.

**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):**
No actions were required from the previous inspection.

**Findings:**
There was a laundry room with ample space for washing and drying and sorting of residents’ clothing. The inspector noted that good care was taken of residents’ personal laundry. Residents and relatives were satisfied with the laundry arrangements and stated that mislaid clothing was not a regular issue.

Adequate personal storage space including a wardrobe and chest of drawers was provided in residents’ bedrooms.

**Judgment:**
Compliant

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**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):**
No actions were required from the previous inspection.

**Findings:**
The inspectors found there was an appropriate number and skill mix of staff on duty to meet the assessed needs of the residents. On the days of inspection there were 29 residents including two residents assessed as independent, eight residents assessed as low dependency, five as medium dependency, four as high dependency and ten as
maximum dependency. There was one nurse and four care assistants on duty during the
day and evening time, one nurse and two care assistants on duty up until 23.00 and one
nurse and one care assistant on duty at night time.

The person in charge was normally on duty during the day time. The assistant director
of nursing worked some shifts on the floor but also worked in a supervisory role one or
two days a week. The person in charge advised the inspectors that she continually
reviews staffing levels taking into consideration the assessed needs and dependency of
residents.

The staffing complement also included the manager, activity coordinator, two catering
staff and housekeeping staff.

There was a recently updated recruitment and vetting policy. However, as discussed
under Outcome 5: Documentation, the policy was not fully reflected in practice.

The inspectors reviewed a sample of staff files. Some files did not include all information
as required by the regulations including photographic identification, two written
references, evidence of verification of references and evidence of Garda Síochána
vetting. This action is included under Outcome 5: Documentation.

A recent allegation of misconduct by a staff member had been notified to HIQA. The
inspectors were satisfied that the allegation had been managed, thoroughly investigated
and appropriate action taken in line with the centres policy.

The management team were committed to providing on-going training to staff. All staff
had completed up to date mandatory training. Staff had also recently completed training
in dementia care, medication management and cardiac pulmonary resuscitation. Further
training was scheduled in advocacy, management of challenging behaviour and
safeguarding.

| 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:**

Mary Costelloe  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority
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 03: Information for residents

Theme:
Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The details of additional charges were not clearly set out in the contracts of care.

1. Action Required:
Under Regulation 24(2)(d) you are required to: Ensure the agreement referred to in regulation 24 (1) includes details of any other service which the resident may choose to avail of but which is not included in the Nursing Homes Support Scheme or which the

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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:
Each individual resident’s Contract of Care has been reviewed by Service Provider and PIC and details of additional charges (Appendix 1) Cost of Activities and Therapies have been implemented. Same discussed at relatives meeting on 22/03/2017 and informed via telephone to relatives whom were unable to attend relatives meeting.

Proposed Timescale: 23/03/2017

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:
The policies on residents personal property, finances and possessions and the recruitment and vetting of staff were not fully reflected in practice.

2. Action Required:
Under Regulation 04(1) you are required to: Prepare in writing, adopt and implement policies and procedures on the matters set out in Schedule 5.

Please state the actions you have taken or are planning to take:
Service Provider and PIC reviewed the policy on Residents Personal Property, Personal Finances and Personal Processions. Based on our findings, we will maintain clear separation between the residents funds and those of the Nursing Home by two separate accounts – Nursing Home Account and an Allocated Residents’ Interest Bearing Account.

Proposed Timescale: 28/04/2017

Service Provider and PIC reviewed the Recruitment and Vetting of Staff Inc. Management of Staff against our current practice. Based on our findings an audit was carried out on each member of staffs’ personal file.

Proposed Timescale: Completed 8/03/2017

Proposed Timescale: 28/04/2017

Theme:
Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Some staff files reviewed did not include all information as required by the regulations...
including photographic identification, two written references, evidence of verification of references and evidence of Garda Síochána vetting.

3. 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 on all staff files was carried out on the 08/03/2017 by the Service Provider and Pic. Any staff member that did not have Garda Síochána Vetting for Bushy Park Nursing Home in place was removed from the roster until Garda Síochána Vetting was in place and that no further staff would be employed without first having Garda Síochána Vetting for Bushy Park Nursing Home. Going forward the PIC will Check References, all references must be validated with the referee prior to the offer of employment. References will be followed up and verified directly by the referee. Offers of employment shall be subject to Vetting disclosure of staff and volunteers in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012.

Proposed Timescale: 08/03/2017

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:
Garda Síochána vetting was not in place for all recently recruited staff.

Resident’s accounts were not being managed in line with the centres policy on residents personal property, finances and possessions. For example, there was no clear separation between the residents funds and that of the nursing home and residents pensions were not paid into an interest bearing account for the benefit of the resident. Items such as cigarettes were bought on behalf of some residents however, there were no receipts available to ensure clear transparency.

4. Action Required:
Under Regulation 08(1) you are required to: Take all reasonable measures to protect residents from abuse.

Please state the actions you have taken or are planning to take:
An audit on all staff files was carried out on the 08/03/2017 by the Service Provider and Pic. Any staff member that did not have Garda Síochána Vetting for Bushy Park Nursing Home in place was removed from the roster until Garda Síochána Vetting was in place and that no further staff would be employed without first having Garda Síochána Vetting for Bushy Park Nursing Home. Offers of employment shall be subject to Vetting
disclosure of staff and volunteers in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012.

Proposed Timescale: 08/03/2017

We will maintain clear separation between the residents funds and those of the Nursing Home by two separate accounts – Nursing Home Account and an Allocated Residents’ Interest Bearing Account. All cash received or given to a resident will be recorded in each Resident Cash Account Book which is kept and maintained by Administrator. The Administrator and the Resident will sign the Cash Account Book for each transaction on the account. All receipts will be signed and copy kept.


Proposed Timescale: 28/04/2017

<table>
<thead>
<tr>
<th>Outcome 12: Safe and Suitable Premises</th>
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<tbody>
<tr>
<td><strong>Theme:</strong> Effective care and support</td>
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<tr>
<td><strong>The Registered Provider is failing to comply with a regulatory requirement in the following respect:</strong> The floor and the ceiling area to the laundry room were defective.</td>
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Ventilation to the smoking room was still inadequate. There was no openable window to provide natural ventilation to the room.

5. **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:**
   Laundry flooring will be replaced in the Laundry Room once the moisture content of the new concrete floor is within the limits to lay new flooring.
   Ceiling in laundry room has been repaired and painted.
   A customised window that will open to provide natural ventilation into the smoking room will be manufactured and fitted.

   **Proposed Timescale:** 21/04/2017