

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Bushfield Care Centre
Centre ID:	OSV-0005242
Centre address:	Bushfield, Oranmore, Galway.
Telephone number:	091 792 301
Email address:	martin@kodc.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Bushfield Care Centre Limited
Provider Nominee:	Martin O'Dowd
Lead inspector:	Julie Pryce
Support inspector(s):	Gary Kiernan
Type of inspection	Unannounced
Number of residents on the date of inspection:	34
Number of vacancies on the date of inspection:	12

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 01 September 2015 10:00 To: 01 September 2015 15:30

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

Outcome	Our Judgment
Outcome 02: Governance and Management	Compliant
Outcome 04: Suitable Person in Charge	Compliant
Outcome 07: Safeguarding and Safety	Compliant
Outcome 08: Health and Safety and Risk Management	Substantially Compliant
Outcome 09: Medication Management	Substantially Compliant
Outcome 11: Health and Social Care Needs	Compliant
Outcome 18: Suitable Staffing	Non Compliant - Moderate

Summary of findings from this inspection

This inspection was conducted in order to monitor on-going compliance following the change of provider of the centre.

During the inspection process inspectors met with residents and staff, reviewed documentation and observed practice. Significant improvements had been made since the last inspection, for example in the update and review of care plans.

Whilst inspectors were satisfied overall with the standard of care and support, some improvements were still outstanding, in particular staffing levels and skills mix. These matters are addressed in the body of the report and in the action plan at the end of the report.

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 Quality Standards for Residential Care Settings for Older People in Ireland.

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):

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

Findings:

Inspectors were satisfied that adequate governance and management systems in place to ensure the quality and safety of care and support for residents. The person in charge was appropriately qualified, experienced and skilled, and there were structures and processes in place to support her in this role. Regular meetings, both formal and informal were held with the provider, and there were clear systems of communication between the provider and person in charge.

Regular staff meetings were held, and the provider had recently attended one of these meetings. Minutes were maintained of these meetings.

A system of audits was in place, and there was evidence of audits having led to improvements, for example call bell response times had reduced following a recent audit. There was evidence of monitoring the quality and safety of care and support, for example, a relatives' survey had been conducted, and the provider had developed a clear plan for on-going monitoring.

The provider had introduced arrangements to support, develop and performance manage staff, staff appraisals had commenced and a schedule for completion was in place.

The inspectors were satisfied that the registered provider had ensured that the designated centre was sufficiently resourced to allow for the effective delivery of care and support.

Judgment:

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 registered general nurse, had the relevant necessary experience and worked full-time in the centre. There was evidence of her continuing professional development and of her supporting staff to keep up to date. She was aware of her responsibilities under the regulations. In addition there was evidence of leadership and practice development, for example in the improvement of care plans for residents.

Judgment:
Compliant

Outcome 07: Safeguarding and Safety
Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:
Safe care and support

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

Findings:
Inspectors found that measures were in place to protect residents and to respond to any allegations of abuse. Staff members engaged by inspectors were knowledgeable in relation to the types, signs and management of any allegations of abuse. There was a policy in place in sufficient detail as to guide staff and staff had received training in relation to the protection of vulnerable adults as required by the Regulations.

There was evidence of good practice in relation to the management of behaviours that challenge. There were behaviour support plans in place for any residents who required

them, based on assessments and analyses of incidents. Implementation of the support plans was recorded, and regular reviews of the plans took place. In addition staff were knowledgeable regarding the management of individuals, and could describe the strategies utilised to prevent and manage incidents of challenging behaviour. Whilst staff had not all received training in the management of challenging behaviour, as discussed under outcome 18, two senior members of staff had completed a "train the trainers" course to facilitate in-house training.

Where restrictive practices were in place, for example, the use of bed rails, risk assessments had been conducted, and a record of consultation with the resident and their families was maintained. Regular checks on any restrictions were recorded.

The management of finances was not examined during this inspection, as the previous inspection had found there to be robust systems of management in place.

Judgment:

Compliant

***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:

There were structures and processes in place in relation to fire safety. Staff had received training in relation to fire safety and all staff engaged by the inspectors were aware of the procedures to follow in the event of an emergency. There was a record of daily checks of emergency exits. Appropriate checks on fire fighting equipment had taken place. Other documented checks were carried out by external contractors on ,for example, the alarm system and emergency lighting system, however, it was not demonstrated that these checks were carried out at the required minimum intervals. Whilst documented fire drills had taken place, there was no record of the effectiveness of the drills, or of any learning or changes in practice required to ensure that the building could be evacuated safely.

The risk management policy was sufficiently clear and detailed as to guide staff, and included all the requirements of the Regulations. There were risk assessments and management plans in place for all of the identified risks to individual residents examined by the inspectors. Arrangements for the identification, recording, investigation of and learning from any accidents and incidents were in place, including evidence that such information informed the care plans of residents and the subsequent delivery of care. For example a recent incident of choking had resulted in an appropriate risk assessment

and care plan, and staff were aware of the guidance in this care plan.

The centre was visibly clean, appropriate equipment was available, including suitable waste disposal, and both the knowledge and observed practices of staff were in accordance with best practice, and with the policy of the centre.

Judgment:

Substantially Compliant

Outcome 09: Medication Management

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

Theme:

Safe care and support

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

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

Findings:

There was evidence of good practice in relation to the management of medication in the designated centre. Medications were stored securely, and there were robust systems in place in relation to ordering medications and stock control. However, ambiguity relating to the crushing of medications as identified in during the previous inspection was still ongoing. Whilst there was guidance in the care plan for one resident that directed staff to crush all medications, and staff were crushing the medications, they were not prescribed as needing to be crushed.

Regular medication audits were taking place, and a weekly stock control and recording check was conducted. In addition there was evidence of regular review of residents' prescriptions.

Judgment:

Substantially 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):

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

Findings:

Inspectors were satisfied that the designated centre was meeting the healthcare needs of residents. The inspectors found that residents received a good standard of nursing care from staff who were familiar with their health care needs. Care plans were based on the assessed needs of residents and contained sufficient detail as to guide care delivery. There was a healthcare plan in place for all of the healthcare issues reviewed by the inspectors, for example, in relation to skin integrity and nutrition.

Care plans were based on assessments and the recommendations of allied healthcare professionals where applicable, and were reviewed regularly. Implementation of care plans was clearly recorded in the new format introduced by the person in charge. Staff engaged by the inspectors were knowledgeable in relation to the care required by residents.

The effectiveness of current systems was evident in the care received by a resident who had presented with a grade 2 pressure ulcer. A detailed plan of care had been developed and implemented, and at the time of inspection the ulcer had healed.

Judgment:

Compliant

Outcome 18: Suitable Staffing

There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.

Theme:

Workforce

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

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

Findings:

Whilst the person in charge outlined a plan to increase the level of nursing cover through a recruitment campaign which was on-going, at the time of the inspection there had been no improvement in the numbers or skills mix of staff since the last inspection.

There was still only one nurse on night duty, despite an extensive medication round. In addition, in the event of sick leave or annual leave, whilst the person in charge deployed staff in order to prioritise care delivery, there was no adequate contingency plan in place to replace the missing staff.

Whilst there had been improvements in the provision of staff training, there were still some gaps. For example, whilst two senior staff had completed a 'train the trainer' course in the management of challenging behaviour, this had not yet been delivered to staff, despite the timeframe agreed following the previous inspection having passed. Training in relation to dysphagia was also outstanding for approximately half the staff.

Staff files reviewed by the inspector were satisfactory, and an audit of these files had been conducted. A system of staff appraisals had been introduced, and a schedule for completion had been devised.

Judgment:

Non Compliant - Moderate

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

Julie Pryce
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 report¹

Centre name:	Bushfield Care Centre
Centre ID:	OSV-0005242
Date of inspection:	01/09/2015
Date of response:	12/10/2015

Requirements

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

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

Outcome 08: Health and Safety and Risk Management

Theme:

Safe care and support

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

The records maintained in relation to fire drills including evacuation of the centre did not demonstrate that fire drills were effective or not.

1. Action Required:

Under Regulation 28(1)(c)(ii) you are required to: Make adequate arrangements for reviewing fire precautions.

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:

A new template document has been developed for the purpose of fire drills. Going forward, this document will identify members of staff who attended the drill, date and time and staff performance levels during the process.

The implementation of this procedure will allow for increased learning where follow up drills are conducted while placing emphasis on areas of improvements as identified within previous drills.

Proposed Timescale: 08/10/2015

Theme:

Safe care and support

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

It was not demonstrated that all fire safety equipment was serviced at appropriate intervals.

2. Action Required:

Under Regulation 28(1)(c)(i) you are required to: Make adequate arrangements for maintaining all fire equipment, means of escape, building fabric and building services.

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

Bushfield Care Centre work in conjunction with two Fire Maintenance organisations. At present, one organisation oversees the provision of staff fire training and six monthly maintenance of firefighting equipment. The second organisation oversees the three monthly servicing of fire alarms. These are scheduled to be reviewed again this month, October 2015.

As two organisations are currently involved in the maintenance of all areas of fire prevention, a more systematic approach shall be taken by the nursing home to ensure clarity of records for future reference.

Proposed Timescale: 20/10/2015

Outcome 09: Medication Management

Theme:

Safe care and support

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

There was ambiguity in some medication orders.

3. 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:

In relation to the crushing of medications within the nursing home, a full review of same was conducted in September 2015 ensuring that all Residents prescribed crushed medications had same clearly documented by their GP within the Kardex.

This process is supported by the homes policy and procedure on the Management of Crushed Medications and will continue to be monitored by the Clinical Nurse Manager and Person in Charge.

Proposed Timescale: 01/10/2015

Outcome 18: Suitable Staffing

Theme:

Workforce

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

The registered provider had not ensured that the number and skill mix of staff was appropriate at all times to the assessed needs of residents.

4. Action Required:

Under Regulation 15(1) you are required to: Ensure that the number and skill mix of staff is appropriate to the needs of the residents, assessed in accordance with Regulation 5 and the size and layout of the designated centre.

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

On-going recruitment remains in operation which includes liaising with recruitment agencies and frequent local advertisements. Bushfield Care Centre shall continue to ensure sufficient staff are rostered daily as per monthly Resident dependency level calculations. This process continues to be closely monitored by the Person in Charge.

A contingency plan has been developed to aid management where risks to the rostering of staff may occur such as increased sick leave, resignation of staff members.

Proposed Timescale: 12/10/2015

Theme:

Workforce

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

Staff did not have access to all appropriate training.

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:

Various staff training has been scheduled for the coming months.

- Manual Handling training was conducted within the home on the 1st of October 2015.
- Infection Control training was conducted on the 9th of October 2015.
- CPR training is scheduled for the 12th and 13th of October 2015.
- Challenging Behaviour training has been scheduled for the 15th & 29th of October and on the 3rd of November 2015.
- Dysphagia training has been scheduled for the 5th of November 2015.

All care staff are scheduled to attend and a log of all attendees shall be maintained on file in conjunction with the homes staff training matrix

Proposed Timescale: 05/11/2015