



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

Report of an inspection of a Designated Centre for Older People.

Issued by the Chief Inspector

Name of designated centre:	Bushfield Care Centre
Name of provider:	Bushfield Nursing Home Limited
Address of centre:	Bushfield, Oranmore, Galway
Type of inspection:	Unannounced
Date of inspection:	14 March 2024
Centre ID:	OSV-0005242
Fieldwork ID:	MON-0043118

About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

Bushfield care centre is located approximately 2km from Oranmore, Galway. The centre accommodates up to 45 male and female residents with varying levels of dependency. Bushfield Care centre offers general care, dementia care, and palliative care, and care for people with physical disabilities. Residents who are, at all times, treated with dignity and respect and who are supported to live their lives as independently and fully as is possible, with safety our key concern. The centre is a purpose built single storey bungalow style building. Facilities available include a dining room, two sitting rooms, two conservatory areas. An activities' room, oratory, 31 single bedrooms all with en-suite toilet & shower facilities, and seven twin bedrooms, four of which have en-suite toilet facilities. One communal bathroom & shower which includes a toilet and a further two communal toilets are available for residents use. An enclosed garden is also available.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:

38

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 2 May 2024	14:00hrs to 17:30hrs	Fiona Cawley	Lead
Thursday 14 March 2024	10:00hrs to 18:00hrs	Fiona Cawley	Lead
Tuesday 19 March 2024	09:50hrs to 13:05hrs	Fiona Cawley	Lead
Thursday 2 May 2024	14:00hrs to 17:30hrs	Susan Cliffe	Support
Thursday 14 March 2024	10:00hrs to 18:00hrs	Catherine Sweeney	Support
Tuesday 19 March 2024	09:50hrs to 13:05hrs	Catherine Sweeney	Support

What residents told us and what inspectors observed

Over the course of this three day inspection, inspectors observed that residents enjoyed a good quality of life, supported by staff who demonstrated an awareness of their care needs and who delivered care in a person-centred and respectful manner.

There were 38 residents accommodated in the centre on the days of the inspection and seven vacancies.

On the first day of the inspection, inspectors completed a tour of the designated centre. Bushfield Care Centre is a purpose-built single-storey building located outside Oranmore, County Galway. The premises was laid out to meet the needs of the residents. The day room and the dining area were bright and spacious. Bedrooms were appropriately decorated, with many residents personalising their rooms with pictures, books and furniture. The building was warm and well-ventilated throughout, and all areas were clean and tidy. There were grab rails on corridors to assist residents to mobilise independently. Call bells were available throughout the centre.

Inspectors noted that storage arrangements had improved since the previous inspection. The centre now had suitable storage for residents' equipment, which was well managed.

Inspectors observed that maintenance works were in progress in the grounds surrounding the centre. This area was not safe or accessible to residents owing to the quality of the surface. This meant that residents only had access to a small outdoor area.

Throughout the first day of the inspection, inspectors spoke with individual residents and also spent time in communal areas observing resident and staff interaction. The majority of residents were up and about on the day, and were observed relaxing in the day rooms areas. A small number of residents were observed resting in their bedrooms. Residents told inspectors that they were satisfied with life in the centre, and that staff treated them well. There were a number of residents who were unable to speak with inspectors, and were therefore unable to give their views of the centre. However, these residents were observed to be content and comfortable in their surroundings. Inspectors observed that residents were supported with their day-to-day care needs by a team of staff who were kind and respectful.

Inspectors observed staff engaging in person-centred interactions with residents. However, inspectors observed that residents spent long periods of time without any recreational activity. Friends and families were facilitated to visit residents, and inspectors observed many visitors coming and going on the days of the inspection.

The next two sections of the report present the findings of this inspection in relation

to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of the service being delivered. The levels of compliance are detailed under the individual regulations.

Capacity and capability

This was an unannounced risk inspection carried out by inspectors of social services over three days, to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended) and Health Act 2007 (Registration for designated centres for older people) Regulations 2015. Day two of the inspection was to afford the registered provider the opportunity to attend the designated centre and engage with inspectors. Despite 72 hours notice, the sole director of Bushfield Nursing Home Ltd did not attend the designated centre. Following the second day of inspection, a provider meeting was held to discuss the significant concerns of inspectors in relation to the governance and management of the centre. Following this meeting, a third day of inspection was scheduled to facilitate a review of the resources available to ensure a safe service could be delivered to residents. The registered provider also declined to attend the centre on this day but arranged for a person participating in the management of the designated centre to attend the centre and, to bring with them documents relevant to the operation of the designated centre which were not available in the centre.

The Chief Inspector had received unsolicited information in relation to concerns about the financial resources available to operate the designated centre and, that the registered provider was not operating the centre in line with the requirements of the Health Act 2007. A review of the organisational structure of the centre and records relating to the governance and management of the centre found that this information was substantiated. The findings of this inspection were that the registered provider did not comply with their regulatory obligations with respect to the management, resourcing or operation of the designated centre.

The registered provider of Bushfield Care Centre is Bushfield Nursing Home Ltd, a company comprised of one director. The registration of this designated centre was renewed in July 2022, and at that time, the Chief Inspector was informed that the company had two directors. In April 2023, the registered provider failed to notify the Chief Inspector of the departure of one of the directors, as required by the regulations.

The findings of this inspection were that Bushfield Nursing Home Ltd. did not have a management structure, with identified lines of authority and accountability, in place. While there was a person in charge in position who demonstrated an understanding of their role and responsibilities, they were not employed by the registered provider. The person in charge was supported in their role by a complement of staff including a clinical nurse manager, nursing and care staff, housekeeping, catering,

administrative, and activity staff. These staff were also not employed by the registered provider.

In addition, the failure of the registered provider to ensure that records, relating to the operation of the designated centre were available in the designated centre, meant that those working in the designated centre did not have oversight of issues pertinent to the care of the residents.

This inspection found that there were insufficient resources available to ensure the safe operation of the centre, as evidenced by the lack of available financial resources in the operating bank account of the centre. There were a significant number of outstanding utility bills and the total balance of the operating bank account for the designated centre was insufficient to pay those bills.

Inspectors found that the provider had failed to take all reasonable measures to protect residents' finances. The operating bank account of the registered provider evidenced a number of weekly payments from the department of social protection. The registered provider failed to ensure that these monies were received into an account set up for this purpose, separate and distinct from the operating bank account of the designated centre. Furthermore, there were no records of the amount of residents' monies held in the centre, nor any policies or procedures relating to how residents could access their monies. Staff who spoke to inspectors were convinced that the registered provider did not hold any money belonging to residents.

Bushfield Nursing Home Ltd also did not comply with their regulatory obligation to ensure that each resident had a contract of care that agreed in writing the terms on which they would reside in the nursing home. Inspectors confirmed that, of the 38 residents accommodated in the centre, only 20 residents had a contract for the provision of care with the registered provider, Bushfield Nursing Home Ltd. A further 18 residents did not have any signed contract in place. In addition, contracts that were in place did not set out the terms relating to the bedroom to be provided to the resident, including the number of occupants of that bedroom.

Actions taken by the provider to address areas of non-compliance found on previous inspections in April and August 2023 relating to the premises and fire safety were reviewed. Some work had commenced in relation to the installation of a new fire panel and the laying of concrete paths along external escape routes. However, the works required to protect residents from the risk of fire were not progressing in line with commitments previously made to this office by Bushfield Nursing Home Ltd. A planned program of works detailing fire works completed and fire works outstanding was not available in the designated centre.

During the first two days of the inspection, the registered provider declined to attend the centre or to engage with the inspectors with respect to findings of regulatory non-compliance. A person participating in management facilitated the third day of the inspection.

Despite all of the above, inspectors observed that residents were provided with a good standard of care that met their day-to-day health and social care needs. On

the days of the inspection there were adequate staffing levels in the centre to meet the assessed needs of the residents, and for the size and layout of the building.

Staff had received training appropriate to their role. A review of a training matrix found that staff had attended up-to-date training in fire safety, manual handling, infection prevention and control, responsive behaviours, and safeguarding.

The provider had policies and procedures in place, in line with the requirements of regulations.

A complaints log was maintained and complaints were managed in line with the requirements of the regulations.

The provider had an up-to-date certificate of insurance in place to adequately protect residents and their belongings.

Regulation 15: Staffing

Although there was sufficient staff on duty on the days of the inspection, in the absence of contracts of employment with staff members, it was not possible to confirm that the registered provider had the number and skill mix of staff required for the safe operation of the centre.

Judgment: Not compliant

Regulation 16: Training and staff development

Staff had access to education and training appropriate to their role. This included fire safety, manual handling, infection prevention and control, responsive behaviours, and safeguarding.

Judgment: Compliant

Regulation 19: Directory of residents

The directory of residents did not contain information relating to any resident who had been discharged or deceased in the designated centre.

Judgment: Not compliant

Regulation 21: Records

The registered provider did not ensure that all records, required under Schedule 2, 3 and 4 were available for review in the designated centre.

- staff files were incomplete and did not evidence employment by the registered provider, or the date employment commenced
- there was no record of monies received by the provider on the residents' behalf
- records were not easily accessible on the days of the inspection. Inspectors waited extended periods of time for some records and others were not made available to review. Some records were stored in a locked bedroom in the centre.

Judgment: Not compliant

Regulation 22: Insurance

A certificate of insurance was in place to protect residents and their belongings.

Judgment: Compliant

Regulation 23: Governance and management

The designated centre did not have adequate resources in place to ensure effective delivery of care in accordance with the statement of purpose. For example; inspectors found that there was significant payments outstanding to utility companies, and a review of the operating bank account for the centre did not provide assurance that adequate resources were in place to pay the outstanding bills.

The registered provider had devolved responsibility for many aspects of the operation of the designated centre to third parties. This meant that the person in charge and a person participating in the management of the designated centre did not have sight of many of the non-compliant findings of this inspection.

The management structure was not clearly defined. Personnel with roles and responsibilities for managing residents' records and finances were not identified as being in the employment of the registered provider. Persons with responsibilities to ensure payment to suppliers were also not employed by the registered provider.

The management systems reviewed on the days of the inspection did not provide

assurances that the service provided was safe, appropriate and consistent. This was evidenced by the failure of Bushfield Nursing Home Ltd to :

- agree in writing with each resident a contract of care
- address on-going and significant fire safety issues in line with the time lines set out in the provider's own compliance plan
- ensure that staff had contracts of employment
- comply with their regulatory obligations with respect to record keeping
- ensure residents' finances were protected.
- ensure that residents had access to activities commensurate with their interests and capacity.

Judgment: Not compliant

Regulation 24: Contract for the provision of services

The provider failed to ensure that contracts for the provision of services were in place for each resident. A review of residents' contracts found that 18 out of 38 residents did not have a contract in place on the days of the inspection.

In addition, contracts that were in place did not set out the terms relating to the bedroom to be provided to the resident including the number of occupants (if any) of that bedroom.

Judgment: Not compliant

Regulation 34: Complaints procedure

A review of a complaints log found that complaints were documented and managed in line with the requirements of the regulations.

Judgment: Compliant

Quality and safety

The day-to-day care of the residents was delivered to a good standard and residents enjoyed a reasonable quality of life in the centre. Health and social care was delivered and recorded, in line with the requirements of the regulations. However, inspectors found that the provider had failed to fully address the known risks

relating to the fire safety systems in the centre.

Inspections of Bushfield Care Centre in April and August 2023 found significant issues relating to fire safety in the centre. A compliance plan was submitted by the provider following these inspections detailing the action that would be taken, and identifying specific time-lines for the work to be completed. Inspectors reviewed the progress of this compliance plan and found that, while some action had been taken, significant areas of risk remained. For example, the bedroom doors in the front of the centre had not been replaced, as committed to in the compliance plan. The doors in place were observed to be in a poor state of repair and did not close fully when released from its holder. This could reduce the effectiveness of the door to contain fire in the event of an emergency. In addition, some of the day-to-day practices observed on the day of the inspection did not ensure that adequate precautions were taken in relation to fire safety. For example, a large double bedroom that was being used to store residents' records was locked with a key. This key was stored in the nurses' station and was not easily accessible in the event of a fire emergency.

A review of the system in place to manage residents' finances found that the provider had not taken all reasonable measures to protect residents from financial abuse. The operating bank account of the registered provider evidenced a number of weekly payments from the department of social protection. However, staff in the centre were not aware of the arrangements in place to explain these payments. The registered provider later provided documentation to evidence that two residents had pension agent arrangements in place. However, the named pension agent was Bushfield Care Centre. In the absence of a contract of care and appropriate financial records, it was not possible to verify that that the registered provider did not hold monies belonging to residents. In addition, the absence of a separate bank account for residents' monies meant that residents' monies may have been used to fund the day-to-day operation of the designated centre.

Inspectors reviewed a sample of resident files. Following admission, a range of validated assessment tools were used to determine the needs of the residents including residents' nutritional needs, falls risk and overall dependency levels. These assessments were used to develop a care plan for each resident which addressed their individual requirements. Care plans were initiated within 48 hours of admission to the centre and, reviewed every four months, or as changes occurred, in line with regulatory requirements. The care plans reviewed by inspectors were person-centred and included the required detail to guide staff to deliver effective care. Residents were provided with access to appropriate medical care, with residents' general practitioners providing on-site reviews. Residents were also provided with access to other health care professionals, in line with their assessed need.

Residents told the inspectors that they were well looked after and that they had a choice about how they spent their day. Residents had access to radio, television and internet services. However, over the three days of the inspection, inspectors observed that some residents spent long periods of time with no facility for activity or social engagement.

Advocacy services were made available to residents and detail of these services were prominently displayed in the centre.

Regulation 11: Visits

Inspectors observed visitors coming and going to the centre throughout the three days of inspection. There was no restriction on visiting in place.

Judgment: Compliant

Regulation 17: Premises

Inspectors found that, on the days of the inspection, notwithstanding the required fire safety works, the premises was found to conform to the matters set out Schedule 6.

Judgment: Compliant

Regulation 28: Fire precautions

At the time of the inspection, the registered provider had not taken adequate precautions to ensure that residents were protected from the risk of fire. The provider had failed to complete a number of the actions to address known fire risks in the centre.

For example, no action had been taken to address the following issues;

- Bedroom doors and final exit doors that were narrower than the recommended width
- lack of emergency light along one corridor
- lack of emergency directional signage
- insufficient emergency lighting at the front of the building
- three compartments lacking cross-corridor doors
- majority of fire doors in old part of building were in a poor state of repair
- numerous fire doors were damaged and did not close properly
- incomplete documentation in relation to quality assurance for completed fire safety works.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

A review of the residents care records found that all residents had a comprehensive assessment completed, and that this assessment informed the development of a person-centred care plan. Care plans were detailed and effective in the delivery of care.

Judgment: Compliant

Regulation 6: Health care

Resident had access to appropriate medical and allied health care professionals, in line with their assessed needs.

Judgment: Compliant

Regulation 8: Protection

Inspectors found that the provider had not taken all reasonable measures to protect residents from potential abuse. For example, the registered provider acted as a pension agent for a number of residents. Inspectors found that the provider did not have robust financial systems in place to ensure that residents' finances were separate to the company accounts and were not used for any other purpose than by the individual residents. In addition, inspectors were not assured that residents who had monies in the centre's account had access to their money or that they were in receipt of statements as to how much money was in their account.

Judgment: Not compliant

Regulation 9: Residents' rights

Residents were not supported to ensure that they maintained control over their civil rights, including access to their personal finances.

Resident had limited opportunity for activities that met their interests. Inspectors observed residents spending extended periods of time alone with no social engagement

Judgment: Not compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Not compliant
Regulation 21: Records	Not compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Contract for the provision of services	Not compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Not compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Bushfield Care Centre OSV-0005242

Inspection ID: MON-0043118

Date of inspection: 19/03/2024

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant 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 document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non-compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 15: Staffing	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: All staff employed in the designated centre have employment contracts that details the requirements for each position and also includes the appropriate name of designated centre they are employed in and the relevant registered provider. Each staff member signs 2 copies, as does the Person In Charge, and each retain signed copies. Each staff member signs their employment contract on commencement of employment, all are maintained in individual staff files to provide evidence of appropriate skill mix and numbers of staff employed in line with the rosters.</p>	
Regulation 19: Directory of residents	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 19: Directory of residents: The Directory of Residents contains all required information for individual residents as stipulated in Regulation 19, any Residents that have been deceased are also formally discharged on the Directory. The Directory of Residents will now be compiled on Epicare to ensure accuracy and up to date information.</p>	
Regulation 21: Records	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records:</p>	

Information required under Schedule 2, 3 & 4 are now in place as follows:
 Schedule 2 – all staff files contain all up to date & required information, including employment by relevant registered provider with the appropriate name of the designated centre and the date of employment as per contracts, all information is maintained in each individual staff files.
 Schedule 3 – monies received by the provider on behalf of the residents is clearly documented to ensure transparency & protection for all parties involved. This practice is in the process of ceasing and a new separate account for residents is in the process of being opened and all residents’ monies will be directly lodged into the new separate account. The Registered Provider will have this completed by the end of June 2024.
 Schedule 4 – All information relating to Residents’ charges, accounts and statements are maintained as a copy in the designated centre. All financial records relating to the financial operation of Bushfield Nursing Home are maintained within the Head Office but are accessible & available in the designated centre. All confidential information resident records, etc. are kept in a locked filing cabinet until removed off the premises for archiving and/or shredding by licensed company.

Regulation 23: Governance and management	Not Compliant
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Outline how you are going to come into compliance with Regulation 23: Governance and management:

The designated centre operates in compliance with the Statement of Purpose in that all financial payments, supplier records & payments and residents financial records are now all up to date and payment plans in place for all relevant areas.

The person in charge and person participating in management have oversight of relevant areas as required for these roles and all financial records required to be viewed & inspected are available to the designated centre. All staff employed within Bushfield Nursing Home have employment contracts that detail the relevant employer and name of designated centre, along with dates of employment. Each resident has an updated contract of care with Bushfield Nursing Home that includes addendum for specific details relating to number assigned to bedroom and occupancy relating to shared occupancy i.e. single/double rooms. The ongoing fire safety issues are being addressed and works in process of being completed by 31st August 2024. All records are maintained in line with legislation & regulatory requirements in a locked filing cabinet until removed off the premises for archiving and/or shredding by a licensed provider. Each Residents’ finances are protected in line with legislation, safeguarding & regulatory requirements, new separate bank accounts for residents’ finances is in the process of being opened and will be available for all residents finances to be lodged by end of June 2024. Bushfield Nursing Home has Activity Co-Ordinators employed to support Residents with social engagement in line with their individual interests identified and in line with individual capacity relating to activities and knowledge of interests. The finance records and payments to suppliers are dealt with by employees of the Registered Provider Representative’s accounting practice. They have been with him in various centres and

roles since 2008. There are no regulations that require such records or roles to be carried out by direct employees of the Registered provider. In addition, not all funds available to a centre are held in the operational account. There is no requirement under any legislation to force an employer to share confidential bank records with employees no matter what their role.

'This compliance plan response from the registered provider did not adequately assure the office of the chief inspector that the actions will result in compliance with the regulations.'

Regulation 24: Contract for the provision of services	Not Compliant
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Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services:
 Each resident has an individual contract of care that details the number of bedroom they occupy and the occupancy status i.e. single/double rooms, that has been signed by the resident or their representative and provider/Person in charge for Bushfield Nursing Home.

Regulation 28: Fire precautions	Not Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions:
 The provider is implementing actions to ensure residents are protected from the risk of fire – these are ongoing and in line for completion by 31st August 2024. Works have commenced for widening of the bedroom doors and exit doors to recommended width along with the cross-corridor door requirements, replacing fire doors, to be completed by 31st August 2024. The emergency lights & signage have been scheduled for servicing & replacement where necessary and will be maintained as required under legislation & regulatory requirements. Records relating to completed fire safety works contain all required information for these records including recent upgrades to fire panels, etc.

Regulation 8: Protection	Not Compliant
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Outline how you are going to come into compliance with Regulation 8: Protection:
 The provider has practices in place to protect residents from potential abuse. Any monies

received by the provider on behalf of the residents are clearly documented to ensure transparency & protection for all parties involved. A new separate account for residents is in the process of being opened and all residents' monies will be directly lodged into the new separate account. The Registered Provider will have this completed by the end of June 2024. Residents have access to their money when they require, this is maintained through individual petty cash systems for each resident, residents receive updates of statements to how much money is in their accounts.

Regulation 9: Residents' rights

Not Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights: Residents have access to their money when they require, this is maintained through individual petty cash systems for each resident, residents receive updates of statements to how much money is in their accounts.

Bushfield Nursing Home has Activity Co-Ordinators and carers employed to support Residents with social engagement in line with their individual interests, identified and in line with individual capacity relating to activities and knowledge of interests – this is evidenced through the activities schedules.

Residents can exercise their religious, civil and political rights if they are capable of doing so and where not capable are assisted as far as possible.

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Not Compliant	Orange	14/06/2024
Regulation 19(3)	The directory shall include the information specified in paragraph (3) of Schedule 3.	Not Compliant	Orange	21/06/2024
Regulation 21(1)	The registered provider shall 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.	Not Compliant	Orange	24/05/2024
Regulation 21(6)	Records specified	Not Compliant	Orange	24/05/2024

	in paragraph (1) shall be kept in such manner as to be safe and accessible.			
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Not Compliant	Orange	05/06/2024
Regulation 23(b)	The registered provider shall ensure that there is a clearly defined management structure that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of care provision.	Not Compliant	Orange	31/05/2024
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Not Compliant	Orange	31/08/2024
Regulation 24(1)	The registered provider shall agree in writing with each resident, on the admission of that resident to	Not Compliant	Orange	31/05/2024

	the designated centre concerned, the terms, including terms relating to the bedroom to be provided to the resident and the number of other occupants (if any) of that bedroom, on which that resident shall reside in that centre.			
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Not Compliant	Orange	31/08/2024
Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Not Compliant	Orange	31/08/2024
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	31/08/2024
Regulation 28(2)(iv)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of	Not Compliant	Orange	31/08/2024

	residents.			
Regulation 8(1)	The registered provider shall take all reasonable measures to protect residents from abuse.	Not Compliant	Orange	30/06/2024
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Substantially Compliant	Yellow	12/06/2024
Regulation 9(3)(e)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise their civil, political and religious rights.	Not Compliant	Orange	13/05/2024