



**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:	28 May 2024
Centre ID:	OSV-0005242
Fieldwork ID:	MON-0043802

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:

37

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
Tuesday 28 May 2024	10:25hrs to 16:00hrs	Fiona Cawley	Lead
Tuesday 28 May 2024	10:25hrs to 16:00hrs	Sean Ryan	Support
Wednesday 29 May 2024	09:45hrs to 11:00hrs	Catherine Sweeney	Support

What residents told us and what inspectors observed

On the days of the inspection, inspectors observed that residents in the centre were supported by staff who were kind and respectful.

There were 37 residents accommodated in the centre on the days of the inspection and eight vacancies.

Following an introductory meeting with a staff nurse, inspectors completed a tour of the designated centre. The premises was laid out to meet the needs of the residents. The building was warm and well-ventilated throughout, and all areas were clean and tidy. Residents had access to a variety of communal spaces. Bedroom accommodation for residents comprised of single and multioccupancy rooms. Residents' bedrooms were suitably styled and furnished.

While there was access to one enclosed outdoor area for residents to use, this area was poorly maintained. There were some items of garden furniture but there were no plants or flowers, and there were numerous weeds growing in between the paving slabs. While some maintenance works had been completed in other areas of the external grounds of the centre, these areas remained unsafe due to the quality of the surface. Inspectors observed an area used for storing domestic and clinical waste that was unsecured and very poorly maintained. This area contained a number of waste bins that had been emptied. However, there were multiple bags of health care risk waste and domestic waste left on the ground. Inspectors observed that some of the waste bags had been torn open. Inspectors observed resident identifiable information amongst the contents. Furthermore, there was an external, unsecured storage unit where inspectors found multiple boxes of residents records.

Residents were observed attending various areas of the centre, getting on with their daily lives. Some residents were relaxing in the communal rooms, while other residents mobilised freely or with assistance around the building. While staff were seen to be busy assisting residents throughout the day, inspectors observed that staff were kind and attentive to their needs. Personal care was attended to a satisfactory standard.

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

Inspectors found that the registered provider and those charged with the management of the centre failed to recognise and respond to the serious issues impacting the care of residents in the centre and in so doing failed to provide a good service.

This was an unannounced risk inspection carried out by inspectors of social services over two 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. The Chief Inspector had received unsolicited information pertaining to concerns about the management of in the centre. This information was substantiated on this inspection. 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. Following the finding of the first day of inspection, a second day was scheduled to ensure that the registered provider had increased resources in the centre to provide adequate food and nutrition to residents. Day two of the inspection found that food supplies had increased and that there was now enough for a couple of days however, food purchased was not based on residents' preferences or nutritional requirements, and there was no menu for the coming days available to review.

The registered provider of Bushfield Care Centre is Bushfield Nursing Home Ltd, a company comprised of one director.

The findings of this inspection were that Bushfield Nursing Home Ltd. did not have an effective management structure in place. The person in charge was supported by a regional manager and a team of personnel that were not employed by the registered provider. Personnel, with roles and responsibilities for managing residents' records and finances (including the payment of suppliers), were not identified as employees of the registered provider. The registered provider had devolved responsibility for many aspects of the operation of the designated centre to third parties who operated at a distance from the centre. This meant that the person in charge of the designated centre did not have direct access to, or sight of documents relating to the direct operation of the designated centre including payments for utilities and supplies, charges to residents, and monies held on behalf of residents.

The person in charge was supported within the centre by a house manager, with responsibilities for catering, housekeeping, laundry and maintenance, and two clinical nurse managers. There was a complement of staff in place including nursing and care staff, housekeeping, catering, administrative, and activity staff.

On the first day of the inspection, the organisational structure was not clearly defined. The person in charge was on leave and the deputising arrangements for the duration of their leave was not in place in accordance with the centre's

statement of purpose. The absence of the person in charge had not been communicated to the nursing staff. The nurse on duty had not been informed that she was deputising for the person in charge of the centre on the day of the inspection, and had therefore not been informed of any management issues or concerns to be addressed or monitored.

There were inadequate resources available to ensure the effective delivery of care. A review of the supplies of food for residents found that the registered provider failed to ensure that there were sufficient quantities of food available to ensure residents were consistently provided with a choice of nutritious meals. In addition, there were a significant number of outstanding utility and supplier bills which resulted in services being postponed or terminated, impacting on the day-to-day operation of the centre. For example, the waste management company had ceased collection of waste due to unpaid service charges resulting in overflowing waste, including clinical waste, in the collection area. Furthermore, regular deliveries from food suppliers had ceased and staff described a system whereby they purchased food supplies on a day-to-day basis using petty cash available in the centre.

Inspectors found that the provider had failed to take all reasonable measures to protect residents' finances. The records of all monies or valuables deposited by a residents for safekeeping were not maintained in line with the requirements of the regulations.

The roster did not accurately reflect all staff working in the centre. The roster included staff who were not in attendance in the centre. A review of staff files found that one staff member (not present in the designated centre on the day of the inspection) did not have a Garda vetting disclosure on file.

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. The works required to protect residents from the risk of fire were not progressing in line with commitments previously made to Chief Inspector by Bushfield Nursing Home Ltd.

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.

- Records of monies deposited by residents for safekeeping were poorly maintained. For example, records of transactions, and the date on which money and valuables were withdrawn was not consistently recorded, as required by Schedule 3 of the regulations.
- Records underpinning pension agent arrangements were not available in the designated centre.
- Records of staff rosters were not maintained in line with the requirements of Schedule 4(9). For example, rosters did not reflect the roster that was

actually worked by staff and did not reflect the absence of management and nursing staff from the centre as a result of unplanned leave.

- Records were not maintained in a manner that was safe. Records required under Schedule 3 of the regulations were not securely stored. For example, records of residents' medical and nursing care were stored in an unsecured external area of the premises.
- 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.
- Records were not maintained in a way that ensured they were safe. Items of resident identifiable information were found in bags of domestic waste.

Judgment: Not 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, there were a significant number of outstanding utility and supplier bills which resulted in services being postponed or terminated, impacting on the day-to-day operation of the centre.

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 of the designated centre did not have sight of many of the many issues underpinning non-compliant findings of this inspection.

Responsibility for some areas of the operational management of the designated centre were delegated to persons unrelated to the registered provider who operated at a distance from the designated centre. There were inadequate arrangements in place for escalating concerns and risk from the centre to the registered provider. There were inadequate deputising arrangements in place in the event of the absence of the person in charge.

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 :

- ensure that there were sufficient resources available to ensure the safe operation of the centre
- to ensure effective monitoring of residents' nutritional care needs.
- address on-going and significant fire safety issues in line with the time lines set out in the provider's own compliance plan
- comply with their regulatory obligations with respect to record keeping
- ensure residents' finances were protected. For example, where a resident had handed in monies for safekeeping in the safe, the records or transactions

were not appropriately maintained and there were some discrepancies noted during the inspection. This was indicative of a lack of a clear policy, procedure and process to underpin a safe and effective management system.

The provider had failed to address the outstanding non-compliances found on previous inspections in line with the providers own time-line.

Judgment: Not compliant

Quality and safety

Inspectors observed that the registered provider and those charged with the management of the centre failed to ensure that residents received safe, quality care. The registered provider failed to recognise and respond to the serious issues impacting the care of residents in the centre.

Inspectors reviewed the food stocks and found that there were limited supplies of fresh foods and dry goods in the centre. Inspectors were told that the last food delivery to the centre was five days previously and that there was a delivery of food expected the following day. There was no menu plan in place and meal choice was decided on a day-to-day basis and without consultation with residents.

The systems in place to manage residents finances was not robust and did not provide assurance that the provider had taken all reasonable measures to protect residents from the risk of financial abuse. While the provider supported a number of residents to manage their pension, in the absence of financial records and account statements it could not be established if residents finances were protected and managed in line with best practice guidelines.

The registered 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 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. One corridor of the centre, which contained a number of resident bedrooms, was blocked off on the days of the inspection. Inspectors were informed that fire safety works were being carried out in this area. Work was not in progress during the inspection.

Regulation 18: Food and nutrition

Inspectors were not assured that there was a consistent supply of adequate quantities of food available to residents. There were limited quantities of fresh, frozen and dried food stocks available in the designated centre and inspectors had to return on a second day to ensure that a further delivery of food supplies was received.

Inspectors found there was unlabelled and undated food products stored in the fridge and that the kitchen was dirty. As a consequence inspectors could not be assured that food was properly and safely prepared, cooked and served.

Meal times occurred between 0700hrs and 1600hrs, meaning there was 17 hours between the last and the first meal of the day. The combination of the planned meal times and the absence of a plentiful supply of snacks meant that inspectors could not be assured that residents had access to meals, refreshments and snacks at reasonable times.

Judgment: Not 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 lighting along one corridor
- lack of emergency directional signage
- insufficient emergency lighting at the front of the building
- the absence of cross-corridor doors in three compartments
- the poor state of fire doors, numerous fire doors were damaged and did not close properly and the majority of fire doors in the old part of the building were in a poor state of repair.

Judgment: Not compliant

Regulation 8: Protection

Significant action was required to ensure residents finances were managed through a system that protected residents and their finances. For example,

- the records of all monies or valuables deposited by a residents for safekeeping were not maintained in line with the requirements of the regulations.
- the provider supported a number of residents to manage their pensions in the centre. However, in the absence of financial records, it could not be established the management of pensions was in line with best practice guidelines or if the person appointed to manage the residents pension was employed by the service.
- 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.

This is a repeated non-compliance.

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 21: Records	Not compliant
Regulation 23: Governance and management	Not compliant
Quality and safety	
Regulation 18: Food and nutrition	Not compliant
Regulation 28: Fire precautions	Not compliant
Regulation 8: Protection	Not compliant

Compliance Plan for Bushfield Care Centre OSV-0005242

Inspection ID: MON-0043802

Date of inspection: 29/05/2024

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 21: Records	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records:</p> <ul style="list-style-type: none"> - The record of monies deposited by resident for safekeeping is recorded in a timely manner. The nursing staff have access to the safe with resident’s petty cash along with the ledgers for recording. The nurse on duty has the key for the safe and a separate lock and key has been given to ensure that only assigned person have access to the press in which the safe is securely kept. - The petty cash safe was relocated from PIC’s office to the nurses station. - The Nurse on duty carries the key to the safe 24 x7 ensuring that resident gets immediate access to their money and records are updated by the nursing staff for any withdrawals or lodgment made. This will also be reflected in their progress notes. Spot checks will be carried out by PIC and Admin to ensure records are consistently maintained as required by schedule 3 of the regulations. - An auditing system is currently being developed for the same. - Each resident, that the provider is a pension agent for, will receive a monthly statement identifying monies held on their behalf. PIC/Admin will go through the statement with the resident on a monthly basis and keep them fully informed regarding all expenses and charges along with the receipts for any expenses. This will be reflected in their progress notes. - The registered provider has opened a separate bank account for the sole purpose of receipt of resident monies for whom it is a pension agent, this is only relevant for 3 residents. - A separate resident’s pension account has been set up and will be active from 24th July 2024. - Each of the 3 residents will receive monthly statements to ensure they are aware of the monies held for them and they will have 24/7 access to their monies through individual petty cash and ledgers with associated receipts maintained and available in the Nursing Home. - The Person in charge and the person participating in management will now have access 	

and are aware of the 3 residents that the registered provider is a pension agent for, all information and records are maintained, kept on site and available in the designated centre.

- The current policy relating to Resident's finances has been updated.
- Records requested by the Chief Inspector have subsequently been submitted to the Chief Inspector, the only record outstanding is the Pension Agent Approval form which the registered provider is waiting for response from the Department of Social protection – this will be sent onto the Chief Inspector when received.
- Staff rosters are now completed to ensure planned and actual rosters reflect any planned/unplanned leave and correspond to staff working in the centre.
- Records stored externally in the centre is locked at all times.
- Records will now be easily accessible within epicare with the introduction of Touchcare that is HCA's use for daily documentation (Fluid intake, Food intake, bowel records, shower)
- PIC has communicated to all nursing staff to ensure they remove any resident identifiable information that is labels on bottles/ stickers on medication trays before disposing these. Nursing staff are reminded on a regular basis and same is inspected by the PIC.
- Waste management in house training being organised for staff by PIC. Staff have completed GDPR training online.

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:

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.

- The RP has addressed the issues in the centre and now have a payment plan in place for some suppliers and have made one off payments to other outstanding suppliers.
- This now ensures all utility bills and other relevant accounts are up to date and no interruptions to supplies. Food is delivered on a regular basis, usually every other day.

For effective monitoring of resident's nutritional needs the following are in place:

- Resident's weights are checked on a monthly basis and if weight loss is noticed weekly

weights are checked, and dietitian referrals are made where appropriate.

- Nutritional audits are conducted regularly and the findings of the same will be discussed with staff (Nurses, HCA and Kitchen)
- There is a four-week menu plan completed in consultation with Residents which includes choices and alternatives for each meal.
- Weekly mealtime audit is completed to ensure that the menu plan is followed and is effective. Regular feedback is taken from residents.
- Records pertaining to the management of resident's finances (relating to Pension agent monies) are maintained by the registered provider representative, staff are employed by the representative under delegated tasks to support with this.
- The staff employed by the RPR will send monthly statements, invoices and updates regarding resident's finances and to the PIC who will now oversee the records.
- Arrangements for escalating concerns and risk from the centre is through the identified management structure, if there is a concern and/or risk this is escalated and communicated from the Director of Nursing to the Person participating in management (Regional Clinical Manager) and if required to the registered provider representative, all records are maintained of escalation and communication with agreed actions required.
- Nurses will, when an issue has been identified relating to weight loss, review and update relevant care plans, and all changes will be discussed during handovers and recorded in progress notes.
- Any dietetic advice will be recorded in the reviewed care plans and to ensure implementation this information is also now recorded in the information folder for the Chef and the communication book.
- Daily fluid allowances/restrictions will be recorded on the new software and in progress notes to evidence implementation and adherence to plans.
- Daily allocation sheets now include a nurse and senior carer to supervise each mealtime to ensure recommended supports are implemented appropriately.

The project plan for the fire and safety related works has been reviewed and updated with proposed timelines for completion.

- PAT for all electrical appliances.
- Emergency lights services has been completed.
- Concrete path for evacuation for the area with uneven surface
- Fire panel upgrade to L1 system
- External company provided training to 24 staff on 8th July and more training is scheduled in August.

- Touchcare now ensures accurate and up to date records for residents and are available and stored securely, as well as improved progress notes.

- Every resident will receive monthly statements to ensure they are aware of the monies held for them (if any) and they will have 24/7 access to their individual petty cash.

- Provider meetings will have structured agenda that will include - Updates on status of actions/quality improvement; Audits completed; HIQA Compliance Plan updates; HIQA correspondence, inspections reports, PAR; Risk management & Fire Safety, Safety concerns; Clinical updates; Serious Incidents/ Safeguarding/ Complaints reviews; Overview of quarterly targets for operational & corporate KPI's; Financial updates; HR

updates; Specific operational concerns; Bed occupancy status.
 The minutes of the meetings will identify the content of the discussion and the agreed outcome. There will be a detailed action plan following each meeting with time frames for completion, and at the beginning of each meeting will be a review of action plan from previous meeting. All records, processes & systems will be discussed and reviewed during weekly visits with the registered provider representative.

Regulation 18: Food and nutrition	Not Compliant
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Outline how you are going to come into compliance with Regulation 18: Food and nutrition:

- Bushfield Nursing Home Ltd ensures there is sufficient quantities of food available to ensure residents are consistently provided with a choice of nutritious meals, in line with 4-week menu plan and information available to Chef.
- The company that supplies food deliveries to Bushfield currently delivers every other day to the designated centre. All food products now have labels and are dated once opened. All food products for fortifying meals are in stock and ordered on a regular basis, all kitchen staff aware of nutrition requirements for each resident as recorded in the information and communication book.
- Food records are maintained through software and as required 3-day food/fluid intake charts are maintained and available for dietitian review. Food is ordered and delivered through the supplier every other day.
- Mealtimes are provided at reasonable times and meals/snacks are always available outside of mealtime hours for residents. Breakfast can be between 7am – 10 am but some residents choose to have breakfast later and this is accommodated depending on residents’ choices. Lunchtime is usually between 12.30 – 2pm and again if residents choose to have their meal outside of these hours, this is facilitated. Teatime is usually around 4pm onwards and again if residents choose to have teatime meal at different time this is also facilitated. Each day at 11am, 3pm and 7pm a variety of snacks, soup, sandwiches, cakes are available for residents so there is no long period where residents would be without food and/or drink.
- A new head Chef has been recruited and is currently going through the recruitment process.
- Regular auditing system is currently being developed to ensure safe food handling, preparation and serving.
- Allocation has been updated with a nurse and senior HCA assigned for supervision during mealtimes.
- Deep Cleaning of the kitchen was carried out by a professional cleaning company.
- A kitchen cleaning audit has been implemented and cleaning schedule in place to ensure standard of hygiene is maintained in the kitchen and catering area.
- Resident meeting held in the centre on 16th July by PIC along with activity staff, HCA and the admin, received positive responses with regards to the choice of meals currently offered and the dining experience.

Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: Bushfield Nursing Home Ltd is progressing with fire and safety works to ensure operation with Regulation 28; the project plan for the works has been reviewed and updated with proposed timelines for completion fire doors are currently being upgraded in line with updated compliance plan. Risk assessments have been completed relating to works in the designated centre being completed to ensure all works required are implemented.</p> <p>The following works have been completed</p> <ul style="list-style-type: none"> - PAT for all electrical appliances. - Emergency lights services has been completed. - Concrete path for evacuation for the area with uneven gravel surface - Fire panel upgraded to L1 system - External company provided training to 24 staff on 8th July and more training is scheduled in August. - A door has been put in place to ensure access to the partitioned area of the centre to allow safety checks of the area under construction or to respond to a fire alarm in the area. - All staff have the code to the sealed courtyard and to the external access door to enter the sealed compartment. - Weekly fire drills include the sealed compartment. All staff aware of the revised evacuation strategy. - Removal of fire exit signage that had previously directed those in the designated centre to the dead end created by the sealed compartment in the event of a fire, all staff aware of changes. <p>The local fire authority attended the designated centre on the 12th June 2024 completed a thorough inspection, the fire inspector reviewed the plan and voiced their satisfaction with the amount of progress that had been made according to the plan, a report was completed by the fire inspector following the visit which was communicated to the Chief Inspector.</p> <p>Bushfield Nursing Home Ltd have engaged with an external company specialising with Fire and safety management in nursing home setting to carry out a review of works to date and supervise completion in conjunction with the Local Fire Authority.</p>	
Regulation 8: Protection	Not Compliant

Outline how you are going to come into compliance with Regulation 8: Protection:

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.

- Records pertaining to the management of resident's finances (relating to Pension agent monies) are maintained by the registered provider representative, staff are employed by the representative under delegated tasks to support with this.
- The registered provider has set up a separate bank account for the sole purpose of receipt of resident monies for whom it is a pension agent, this is only relevant for 3 residents. This account will be active from 24/07/24.
- The 3 residents will receive monthly statements to ensure they are aware of the monies held for them and they will have 24/7 access to their monies through individual petty cash & ledgers with associated receipts maintained and available in the Nursing Home.
- The current policy relating to Resident's finances has been updated.
- The accounts department who works under the close supervision of the RPR will send a copy of all invoices and monthly statements to the PIC.

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 18(1)(b)	The person in charge shall ensure that each resident is offered choice at mealtimes.	Not Compliant	Orange	08/06/2024
Regulation 18(1)(c)(ii)	The person in charge shall ensure that each resident is provided with adequate quantities of food and drink which are wholesome and nutritious.	Not Compliant	Orange	08/06/2024
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	31/07/2024
Regulation 21(6)	Records specified in paragraph (1) shall be kept in such manner as to	Not Compliant	Orange	08/06/2024

	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	31/07/2024
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	16/07/2024
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 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Not Compliant	Orange	30/09/2024
Regulation 28(1)(c)(i)	The registered provider shall	Not Compliant	Orange	30/09/2024

	make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.			
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	30/09/2024
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 residents.	Not Compliant	Orange	31/08/2024
Regulation 8(1)	The registered provider shall take all reasonable measures to protect residents from abuse.	Not Compliant	Orange	31/07/2024