



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

## Issued by the Chief Inspector

Name of designated centre:	Bushmount Nursing Home
Name of provider:	Bushmount Nursing Home Limited
Address of centre:	Bushmount, Clonakilty, Cork
Type of inspection:	Announced
Date of inspection:	15 October 2024
Centre ID:	OSV-0000292
Fieldwork ID:	MON-0044648

## About the designated centre

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

Bushmount Nursing Home is located on the outskirts of the town of Clonakilty. It is registered to accommodate a maximum of 79 residents. It is a two-storey building with lift and stairs access to the upstairs accommodation and chapel. The centre is laid out in four wings: Primrose, Bluebell, Daffodil and Fuchsia. Residents accommodation comprises single bedrooms, some with en suite shower and toilet facilities. Other shower, bath and toilet facilities are located throughout the centre within easy access of residents' bedrooms, dining and lounge facilities. Each unit has a dining room and sitting room for residents to enjoy. Additional seating areas are located along corridors for residents to rest and look out at the enclosed garden and courtyards. The original building belonged to the Sister of Charity of St. Paul and the chapel has the original stained-glass windows which adds to the ambiance of peaceful reflection. The enclosed gardens and courtyards provide secure walkways, seating and raised flower and herb beds for residents leisure and enjoyment. The service provides 24-hour nursing care to both male and female residents whose dependency range from low to maximum care needs. Long-term care, convalescence, respite and palliative care is provided, mainly to older adults.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	78
--	----

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 15 October 2024	09:30hrs to 17:45hrs	Mary O'Mahony	Lead
Tuesday 15 October 2024	09:30hrs to 17:45hrs	Kathryn Hanly	Support

## What residents told us and what inspectors observed

There was a calm and relaxed atmosphere within the centre on the day of the inspection, as evidenced by residents moving freely and unrestricted throughout the centre. It was apparent that management and staff knew the residents well and were familiar with each residents' daily routine and preferences. Staff were observed to be kind and compassionate, while providing care and support in a respectful and unhurried manner.

Inspectors met with the majority of the 78 residents living in the centre and spoke with 11 residents in more detail, to gain a view of their experiences in the centre. Inspectors also reviewed 20, Health Information and Quality Authority (HIQA) feedback forms, which had been completed by relatives and residents prior to the inspection. All were very complimentary in their feedback and expressed satisfaction about the care provided and the standard of environmental hygiene. Those residents who could not communicate their needs appeared comfortable and content.

Bushmount Nursing Home is situated in the heart of Clonakilty town, on six acres of mature gardens. The extensive landscaped grounds were well-maintained and provided a safe space for residents' and visitors use. Residents told inspectors that they enjoyed walks on the grounds of the campus and they were seen to go out unaided and with support of the day in question. The centre was built in the 1950's and was modernised, and extended, in recent years, to provide accommodation within 79 single bedrooms set out in four units, namely, Primrose, Bluebell, Daffodil and Fuchsia. Communal accommodation was plentiful and comprised dining rooms, sitting rooms/lounges, an activity room, large chapel and a family room. Mass was said twice a week, in the chapel, located on the first floor. The provider had plans in mind to provide for a sitting room in the upstairs section, as there was a lovely view out over the gardens, on this level. This would enhance the lived environment for residents and provide a greater choice, of where to spend their leisure time, provide for a separate dining facility and provide an additional visiting, and leisure, venue.

Inspectors observed interactions between the staff and residents throughout the day and found that staff were respectful and person-centred. Staff spoken with told inspectors how they enjoyed getting to know residents and their families. It was evident that staff knew the residents well, and were knowledgeable about the levels of support and interventions needed, to engage with residents effectively. Residents appeared well-cared for, neatly dressed and groomed in accordance with their preferences. Residents who chose to stay in their bedrooms were seen to be checked regularly, and they said that this choice was always respected. Communal rooms within the centre were well supervised during the day and residents were, in general, responded to without undue delay, when they rang their call bells for assistance.

There was a varied activities schedule in place and inspectors noted that residents were engaged in interesting and meaningful activities, including yoga, arts and crafts, music and a mental health workshop, throughout the day. One large room downstairs, "the Venue" was now solely used for activity. Inter-generational links were fostered, between residents and pupils from a local school. A group of school children visited the centre on the day of the inspection. Residents who did not wish to participate in activities were afforded the choice not to do so. In the afternoon well-being sessions were held with individual residents, and they said that they really enjoyed these unique, small group and individual sessions with activity staff. Other residents were observed to be relaxing in communal areas, or their bedrooms, watching television or reading. Some residents were seen to be mobilising independently, while others were observed using mobility aids. Hand rails were in place along all corridors of the centre and in residents' bathrooms, to enable them to mobilise independently. One resident told inspectors how they really appreciated the physiotherapy services, which were available in the centre two days per week. Nevertheless, a number of residents said that access to evening visits was felt to be too restrictive, and this was actioned under Regulation 12, in this report

On discussion with staff, and observations on the day of inspection, there was a low level of responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort or discomfort with their social or physical environment), in the centre. Staff were familiar with what might trigger a resident's responsive behaviours and what strategies to use to support those residents when they became anxious or upset.

Residents were very complimentary of the food choices and homemade meals and desserts cooked on site, by the enthusiastic and involved, chef and kitchen staff. Inspectors observed the lunch time experience, and saw that residents were offered a choice at mealtimes, and modified diets were seen to be well presented and reported as "appetising".

Residents' bedrooms were personalised and there were lovely pictures and soft furnishings seen around the centre. Nonetheless, while the centre generally provided a homely environment for residents, the décor in some parts of the older section, the original building, was showing signs of minor wear and tear. Surfaces and finishes including flooring and bed frames in some resident rooms were worn, and as such did not facilitate effective cleaning. These premises issues were addressed under Regulation 27, infection control. Nevertheless, the provider was endeavouring to improve existing facilities and physical infrastructure at the centre, through ongoing maintenance and painting, which was apparent on the day of inspection.

Ancillary facilities, in general, supported effective infection prevention and control. Residents' nebuliser chambers and masks were stored clean and dry between use. The infrastructure of the on-site laundry, supported the functional separation of the clean and dirty phases of the laundering process. Staff on each unit also had access to a dedicated housekeeping room, for storage and preparation of cleaning trolleys and equipment. However, only two of these rooms contained a janitorial sink. Equipment viewed was also observed to be generally clean and well maintained,

with some exceptions. For example, two cleaning trolleys and two commode basins were unclean. There was a sluice room on each unit, two of which were equipped with bedpan washers. Nonetheless, improvements were required in the management of bedpans and urinals.

The main kitchen was well equipped and of adequate size to cater for residents' needs. However, dedicated toilet facilities were not allocated to catering staff. These were required for infection control purposes.

While alcohol-based hand-rub was seen to be readily available within all residents' bedrooms, additional clinical hand hygiene sinks were not available, within easy walking distance of the bedrooms in all units. Inspectors were informed that sinks within residents' rooms were dual purpose, used by both residents and staff. This practice was not supported by a risk assessment. Details of issues identified, in this regard, are set out under Regulation 27.

The next two sections of the report present the findings of this inspection in relation to the governance and management of infection prevention and control in the centre, and how these arrangements impacted the quality and safety of the service being delivered.

## Capacity and capability

This was an announced inspection, conducted by inspectors of social services, to assess ongoing compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). Overall, findings of this inspection were that this nursing home was a well managed designated centre, where residents received a high standard of care from staff, that were well trained and responsive to their needs.

While the provider generally met the requirements of Regulation 5: individualised assessment and care planning, Regulation 11: visits, Regulation 15: staffing, Regulation 28: fire safety and Regulation 23: governance and management, further action was required, to be fully compliant in these aspects of regulation. The provider was found to be not in compliance with Regulation 27: infection control. Findings will be discussed in more detail under the respective regulations in this report.

Bushmount Nursing Home is owned and operated by Bushmount Nursing Home Limited, who is the registered provider. The company comprised of two directors, both of whom are involved in the operation of the centre. One of these directors was the named person representing the provider, for the purposes of regulation, and attended the feedback meeting at the end of the inspection. They were accessible daily to the person in charge and visited the centre regularly. There were clear lines of accountability and responsibility set out, in relation to governance and management in the centre. The director of nursing was supported in their role by an

assistant director of nursing (ADON), clinical nurse managers (CNMs), and a team of nurses, health-care assistants, household, administration, catering and activities staff. Regular staff meetings, for all roles, ensured effective communication, in relation to residents' needs.

Inspectors followed up on the provider's progress, with completion of the actions detailed in the compliance plan from the last inspection, and found that they were endeavouring to improve existing facilities and physical infrastructure at the centre, through ongoing maintenance. Two additional clinical hand washing sinks, which complied with the recommended specifications for clinical hand wash basins, had been installed on the ground floor.

Appropriate and mandatory training was available to staff. For example, the ADON had undergone specific training and taken up the role of infection prevention and control link practitioner, to support staff to implement effective infection prevention and control, and antimicrobial stewardship practices, in the centre. This staff member demonstrated a commitment and enthusiasm for their role. A review of training records indicated that there was a comprehensive programme of training in place. Staff were supported and facilitated to attend training relevant to their role. Fire safety, infection control and managing behaviour that challenges, training was up-to-date for all staff.

There were sufficient numbers of housekeeping staff to meet the cleaning and infection prevention and control needs of the centre, on the day of the announced inspection. However, housekeeping staff were not rostered to work on Sundays. Inspectors were told that this impacted the housekeeping workload on Mondays. Since the previous inspection, an additional staff member was now employed to support the late evening, early night time, care needs of residents. Residents expressed satisfaction with this arrangement.

A schedule of infection prevention and control audits was in place. This included hand hygiene audits and environmental audits. However, all elements of standard infection prevention and control precautions including sharps safety, laundry and waste management were not routinely audited. Disparities between the findings of local audits, and the observations on the day of the inspection, indicated that there were insufficient assurance mechanisms in place, to ensure compliance with the National Standards for infection prevention and control. An accurate record of residents, with previously identified multi-drug resistant organism (MDRO) colonization (surveillance), was not maintained. This meant that staff were unable to monitor the trends in any development of antimicrobial resistance within the centre. A review of acute hospital discharge letters, and laboratory reports, found that staff had not identified a small number of residents that were colonised with MDROs, including Vancomycin-Resistant Enterococci (VRE) and Carbapenemase-Producing Enterobacterales (CPE), on discharge from the acute sector. This created a risk, as there were specific protocols to follow, even when the infections were no longer active. Details of infection prevention and control issues, identified as requiring action, are set out under Regulation 27.



In relation to fire safety management, there were some findings which required action, to ensure that all measures were in place to ensure resident and staff safety, in the event of fire. This was highlighted under Regulation 28.

### Regulation 15: Staffing

As regards staffing levels some action was required:

There were insufficient numbers of housekeeping staff to meet cleaning and the infection prevention and control needs of the centre on Sundays. This had an impact on the workload for housekeeping staff on Mondays, as well as not ensuring effective cleaning at weekends at a time of busier footfall.

Judgment: Substantially compliant

### Regulation 16: Training and staff development

Additional, appropriate training was required for staff:

Inspectors identified, through talking with staff, that relevant staff were not knowledgeable in the management of residents' colonised with MDROs including CPE. Findings in this regard are presented and addressed, under Regulation 27.

Judgment: Compliant

### Regulation 19: Directory of residents

The directory of residents was maintained in the centre,  
The regulatory document contained all the required details.

Judgment: Compliant

### Regulation 21: Records

The records required to be maintained in each centre under Schedule 2, 3 and 4 of the regulations were made available to inspectors and they were seen to be securely filed and stored.

The current roster was seen to reflect the staff numbers present on the day.

Copies of any medicine errors were maintained and staff nurses attended annual, refresher training in medicine management and competency testing.

Staff files were well maintained and contained the regulatory documents.

Judgment: Compliant

### Regulation 22: Insurance

The centre was appropriately insured and this document was made available to inspectors.

Judgment: Compliant

### Regulation 23: Governance and management

More robust management systems were required, to ensure the service was safe and effectively monitored as follows:

- In relation to infection prevention and control and care plans: further action was required to be fully compliant.

This was evidenced by:

Disparities between the finding of local infection prevention and control audits and the observations on the day of the inspection (as detailed under Regulation 27) indicated that there were insufficient assurance mechanisms in place to ensure compliance with the National Standards for infection prevention and control in community services.

Accurate surveillance of MDRO colonisation was not undertaken. This was detailed under Regulation 27, in this report.

- In relation to fire safety management:

There was a need for improved oversight of fire safety issues, as described under Regulation 28, in this report.

- In relation to visits

Visiting times required revision, as addressed under Regulation 11.

Judgment: Substantially compliant

### Regulation 3: Statement of purpose

There was a statement of purpose available in the centre:

The statement of purpose was reviewed on an annual basis.

It outlined the governance arrangements, the ethos of care, the complaints process and the arrangements for residents to be involved in their care plans and activity choices.

Judgment: Compliant

### Regulation 31: Notification of incidents

Incidents were addressed and notified to the Chief Inspector:

A review of incidents found that the person in charge notified the Chief Inspector of the outbreak of, for example, any notifiable infection, any serious injuries or any sudden death, as set out in the regulations, within three working days of their occurrence.

Judgment: Compliant

### Regulation 4: Written policies and procedures

Policies and procedures, in accordance with Schedule 5 of the regulations, were in place.

These were updated in accordance with regulations and any best evidence-based practice.

These policies were available to guide staff and underpin care and staffing issues.

Judgment: Compliant

## Quality and safety

Overall, inspectors were assured that residents living in the centre enjoyed a good quality of life. There was a rights-based approach to care; both staff and management promoted and respected the rights and choices of residents living in the centre. Residents' views and opinions were sought through residents' meetings and satisfaction surveys, and residents told inspectors that they could approach any member of staff if they had any concern, or problem, to be solved.

The provider continued to manage the ongoing risk of infection from COVID-19 and other infections, while protecting and respecting the rights of residents, to maintain meaningful relationships with people who were important to them. Signage reminded visitors not to come to the centre if they were showing signs and symptoms of infection. However, there were some restrictions on visiting hours. Findings in this regard are presented under Regulation 11; visits.

Residents' health and well-being was promoted and residents had timely access to general practitioners (GPs) practices. Care plans were well maintained and set out the needs of residents and how they were to be supported. They were accessible on a computer-based system. There was evidence that the care plans were reviewed by staff, at intervals not exceeding four months. Care plans were underpinned by a range of clinical risk management tools, such as the MUST tool: (the Malnutrition Universal Screening Tool). The pharmacist and a range of health care specialists were available, and residents were appropriately referred for specialist care, when this was required, such as, tissue viability (TVN) or physiotherapy, as required. Residents also had access to other health and social care professionals such as, speech and language therapy (SALT), dietitian and chiropody. Documentation in care plans included, the National Transfer Document and Health Profile for Residential Care Facilities, which was used when residents were transferred to acute care. When residents were transferred back from hospital, transfer documentation contained details of health-care associated infections and colonisation, to support sharing of, and access to, information, within and between services. While care plans viewed by the inspectors were generally personalised, and sufficiently detailed to direct care, there were some exceptions. For example, accurate infection prevention and control information was not recorded in residents' care plans, to effectively guide and direct the care of residents that were colonised with MDROs. Details of the issues identified are set out under Regulation 5.

Inspectors identified some examples of good antimicrobial stewardship. For example, the volume, indication and effectiveness of antibiotic use was monitored each month. There was a low level of prophylactic antibiotic use within the centre, which is good practice. This meant that residents did not receive unnecessary antibiotics and therefore did not become resistant to their effectiveness, if overused. Staff also were engaging with the "skip the dip" campaign, which aimed to prevent the inappropriate use of dipstick urine testing, that can lead to unnecessary

antibiotic prescribing which may cause harm, including antibiotic resistance. Nursing staff had also completed online antimicrobial stewardship training.

The location, design and layout of the centre was generally suitable for its stated purpose, and met residents' individual and collective needs. The ceilings were high and the large picture windows in most rooms meant that the centre, especially downstairs, was bright and airy. Upstairs the chapel was well used and there was a nicely decorated, spacious communal room available, for those who dined and resided upstairs. This was furnished with a kitchenette, where staff were seen to make tea and snacks for residents, throughout the day.

Inspectors identified some examples of good practice in the prevention and control of infection. For example, waste and used laundry and linen was segregated, in line with local guidelines. Appropriate use of personal protective equipment (PPE) was observed during the course of the inspection. Staff working in the centre had managed a small number of outbreaks and isolated cases of COVID-19, over the course of the pandemic. A review of notifications submitted to HIQA found that outbreaks were generally managed, controlled and documented in a timely and effective manner. While it may be impossible to prevent all outbreaks, the low level of transmission and short duration of the most recent outbreaks, indicated that the early identification and effective management of outbreaks had contained and limited the spread of infection. "Outbreak boxes" containing PPE, signage and other essential supplies were available, to ensure preparedness for any future outbreaks.

An external fire safety management inspection had been carried out in April 2024 which highlighted a number of issues to be addressed. The provider and person in charge was seen to have engaged with the risk assessment and findings, and a number of actions had already been completed. Additional actions required were detailed under Regulation 28.

Two, trained, energetic, and enthusiastic, personnel were assigned to provide an engaging activity and social engagement programme for residents both inside and outside of the centre, which was very well received and was continuous and adaptable to any preferences or new ideas.

## Regulation 17: Premises

The registered provider provided premises which were appropriate to the number and needs of the residents living there.

The premises conformed to the matters set out in Schedule 6, of the Regulations, 2013 (as amended).

The location, design and layout of the centre was suitable for its stated purpose, and met residents' individual and collective needs.

Overall, the general environment, including residents' bedrooms, communal areas and toilets appeared visibly clean and well maintained.

Issues to be addressed, in relation to premises, were included under Regulation 27, as they also related to the maintenance of an environment which supported effective cleaning.

Judgment: Compliant

### Regulation 18: Food and nutrition

Inspectors spent time observing the lunch time meal on each floor and saw and that the dining tables were nicely decorated, with napkins and condiments. The daily menu was displayed and it was evident that there was a choice available for each course.

Residents informed inspectors that they always had a choice of meals and were very complimentary regarding the quality of food provided.

Inspectors observed that staff provided assistance to residents who required it, in a respectful and dignified manner. Residents said that they enjoyed coming to the dining room for the social contact. Those who dined in their bedrooms were found to have increased, and more effective supervision, since previous inspections.

From a review of the minutes of residents' meetings, and discussions with staff, it was evident that residents had occasionally requested menu changes, or personal preferences, and these had been accommodated by the chefs, who were available for consultation.

Judgment: Compliant

### Regulation 26: Risk management

A current risk management policy and safety statement were available.

The risk management policy listed the specified risks, as defined under Regulation 26.

Judgment: Compliant

### Regulation 27: Infection control

The provider did not meet the requirements of Regulation 27: infection control, and the National Standards for infection prevention and control in community services (2018).

For example;

- Inspectors identified, through talking with staff, that further training was required to ensure staff were knowledgeable and competent in the management of residents, colonised with MDROs including CPE. Staff and management were unaware that a small number of residents were colonised with MDROs including CPE and VRE. As a result accurate information was not recorded in the care plans and appropriate infection control and antimicrobial stewardship measures were not in place for these residents. Additionally, residents colonised with CPE did not have their own en-suite toilet and bathing facilities, and used a communal shower. This increased the risk of cross transmission unless appropriate cleaning regimes were put in place.
- While some Legionella (a water borne bacteria) controls were in place, water samples were not routinely taken, to assess the effectiveness of the local Legionella control programme.
- Toilets for catering staff were not, in addition to, and separate from, toilets for other staff. This posed a risk of cross infection.
- Used wash-water was emptied down residents' sinks, and basins used for personal hygiene were rinsed in the residents' sinks, which posed a risk of cross contamination. Staff reported that they manually decanted the contents of commodes/ bedpans into toilets, prior to these being placed in the bedpan washer for decontamination. This increased the risk of environmental contamination and the spread of MDRO colonisation.
- There was no janitorial unit in two housekeeping rooms, for the storage and preparation of cleaning trolleys. Inspectors were informed that buckets were prepared within sluice rooms on two units. This practice increased the risk of environmental contamination and cross infection of MDRO's.
- Two housekeeping trolleys were visibly unclean. Effective cleaning is compromised if equipment is not kept clean.
- Hand hygiene facilities were not in line with best practice. There were a limited number of hand hygiene sinks available on the first floor. This may impact the effectiveness of hand hygiene, and is a risk in the context of the residents with a history of CPE and VRE colonisation.
- Tubs of 70% alcohol wipes were inappropriately used in some areas for cleaning small items of equipment. This was ineffective, as alcohol wipes are only effective when used to disinfect already "clean" non-porous hard surfaces, and may damage wooden surfaces with repeated use.

Judgment: Not compliant

Regulation 28: Fire precautions

Action was required, regarding fire safety management, to ensure all measures were in place to prevent, control and protect from fire:

This was evidenced by:

- fire stopping measures were not in place where new ceiling appliances had been installed.
- there were not sufficient simulated evacuations of the largest compartment in the centre, using the lowest level of staff on duty at any time, such as at night time. This was to ensure that staff gained confidence, and speed, in safely evacuating residents, at times of highest risk and lowest staffing levels.
- issues identified following a recent fire safety training session had not been addressed. These required an action plan and a repeat evacuation drill, to demonstrate improvement on the issues identified.
- an action plan was also required to ensure that the remaining actions, identified on a fire safety inspection in April 2024, were time-bound, and addressed without delay.

Judgment: Substantially compliant

## Regulation 5: Individual assessment and care plan

As regards care planning for each individual, further action was required to be fully compliant.

For example:

- A review of care plans found that accurate infection prevention and control information was not recorded in a small number of residents' care plans, to effectively guide and direct the care of residents that were colonised with MDROs.
- There were no residents with confirmed or suspected transmissible infections in the centre on the day of the inspection. However, all residents had generic infection prevention and control care plans in place, when there was no indication for their use.
- Several urinary catheter care plans advised the use of dipstick urinalysis for assessing evidence of urinary tract infection. This was contrary to local guidelines, which advise that inappropriate use of dipstick testing can lead to unnecessary antibiotic prescribing, which does not benefit the resident and may cause harm, including antibiotic resistance.

Judgment: Substantially compliant



## Regulation 6: Health care

Health care was well managed and residents had access to general practitioner (GP) services, and the services of other health care professionals such as, the physiotherapist, the dietitian and the speech and language therapist (SALT).

A number of antimicrobial stewardship measures had been implemented, to ensure antimicrobial medications were appropriately prescribed, dispensed, administered, used and disposed of, to reduce the risk of antimicrobial resistance and *Clostridioides difficile* (C.Diff) infection.

Judgment: Compliant

## Regulation 8: Protection

The provider had taken measures to ensure residents were protected from abuse.

Staff had appropriate training and finances were carefully managed.

Bedrails, and any other restrictive practices, were subject to risk assessment and ongoing re-evaluation.

Judgment: Compliant

## Regulation 9: Residents' rights

Inspectors found that residents' rights to privacy and dignity were respected.

Residents said that they could choose when to get up, when to have their meals and how to spend their day.

They were happy with the range of activities, and wellbeing programmes in place, and said they enjoyed the kindness and respect of staff.

Monthly residents meetings were facilitated by the activity staff. Minutes showed that there were lots of items discussed and residents gave substantial feedback on the life and running of the centre.

Minutes of residents' meetings showed that they were well attended, and issues were followed up in subsequent meetings. One resident spoken with said that they would regularly give feedback to the person in charge or the administration staff,

who always responded to their issues. Residents said that they enjoyed attending the residents' meetings and they felt their voices were listened to.

Judgment: Compliant

## Regulation 11: Visits

Action was required to meet the visiting regulations:

Evening visits were restricted after 6pm, when the administration staff were gone off duty, at this time visits could be prearranged with staff.

This was due to the unavailability of staff to answer the front door, as care was being attended to, at these times.

This did not conform with the requirements of the regulations, for mainly unrestricted visiting, subject to reasonable times.

All residents had single room accommodation, and for that reason visits would not impact negatively on others at this time.

The provider was required to take action, to address visiting access and to ensure that relatives and residents were aware of their rights in this regard. In addition, residents had the right to state their preferred visiting time, or to decline visits, if they wished.

Judgment: Substantially 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
<b>Capacity and capability</b>	
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Not compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant
Regulation 11: Visits	Substantially compliant

# Compliance Plan for Bushmount Nursing Home OSV-0000292

Inspection ID: MON-0044648

Date of inspection: 15/10/2024

## 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	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:            At Bushmount Nursing Home the infection prevention control needs of the centre are always a priority. Cleaning needs and effectiveness of cleaning are audited and reviewed on a regular basis. Cleanliness of the centre is also a topic in both our family &amp; resident satisfaction surveys and our resident meetings. Feedback is consistently positive and reflects satisfaction with the standard of environmental hygiene.</p> <ul style="list-style-type: none"> <li>• However, we are cognizant of the advice of the authority that work load may be impacted on a Monday, as a result of reduced cleaning hours at the weekend and therefore we are reviewing our household roster to alleviate this.</li> </ul>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:            Bushmount Nursing Home has a robust management structure in place, with clearly defined roles of Director of Nursing, Assistant Director of Nursing, Administrator and Clinical Nurse Managers. Infection prevention control underpins the care given at Bushmount Nursing Home, ensuring that all care is delivered in a safe and effective manner, in line with national guidelines, and there is a robust audit system in place to ensure good governance, oversight and management.</p> <ul style="list-style-type: none"> <li>• Infection prevention control is audited regularly and consistently. Quarterly audits are undertaken internally to encompass environmental, cleaning, hand hygiene and laundry. MDROs and antibiotic use is monitored weekly and audited monthly.</li> <li>• We are also subject to audits by external bodies in relation to infection prevention control. Waste management is continuously monitored internally and is subject to unannounced external audits by Cork County Council, in line with The Waste Management Act 1996 (as amended), the latest of which was conducted in December 2023.</li> </ul>	

Environmental health as well as being audited internally is subject to external audit by the National Environmental Health Service at least annually and was last completed on 20th August 2024, where we were found to be satisfactory.

- We will continue to adhere to our current audit schedule. We have now initiated one further audit to include sharps safety.
- MDROs are monitored weekly and reviewed monthly. Action plan for accurate surveillance is outlined under Regulation 27.
- Improved oversight of fire safety issues is detailed under Regulation 28.
- Revision of visiting times is detailed under Regulation 11.

Regulation 27: Infection control	Not Compliant
----------------------------------	---------------

Outline how you are going to come into compliance with Regulation 27: Infection control:

It is the policy of Bushmount Nursing Home to promote good practices which will eliminate or reduce the incident of infection and to take all reasonable steps to protect residents, staff and others from cross infection. • All staff receive infection prevention control training. All nursing staff have undertaken the AMRIC Stewardship course on HSeLand. Our infection prevention control audit will be expanded to include staff knowledge of MDROs. • 2 residents were identified on the day of inspection as having colonized MDROs. These were missed on the resident’s transfer from hospital. 1 resident has been moved to a room with an ensuite to allow them to have their own bathroom. The second resident has been risk assessed and controls are now in place to ensure the safe use of communal bathroom for both him and the other residents. •

To ensure this does not occur again, a new check for MDROs has been added to our admission and re-admission paperwork. • Legionella is routinely risk assessed with controls in place. Acorn Water have completed a full risk assessment of the facility in addition to sample testing, we are awaiting these results. • A separate toilet is now provided for catering staff. • A full review of practices of emptying wash basins and commodes/bedpans has been undertaken. All are now emptied directly into the bedpan washer, in line with guidelines. • Management had recognized the need to upgrade janitorial units and plan to accommodate these in the extension, which is planned for 2025. • Housekeeping trolleys are cleaned after each use and are subject to a deep clean weekly and a schedule for same is now in place. • There are currently 28 dedicated hand wash sinks available in the centre, in addition to each resident’s room having their own sink. The dedicated hand wash sinks are strategically located to ensure staff can have easy access to handwashing at key points, for example in sluice rooms, cleaning rooms and kitchenettes. The current sinks are in good repair, none of them have plugs, all have touch free/elbow active taps, the majority do not have over flows and all have clear signage indicating their intended use, in line with regulations. A further HBN10 sink is ordered to replace the current clinical room sink, we are awaiting installation of same. We will also be installing HBN10 sinks in the extension planned for 2025. In addition to this there are alcohol handrub dispensers in every resident’s room, at all exit doors and

at 4-6meter intervals on all corridors. • Alcohol wipes have been replaced with soap wipes, in line with recommendations.

Regulation 28: Fire precautions

Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:  
At Bushmount Nursing Home we take a positive focus on all aspects of fire safety.

- Firestopping has been installed where our CCTV had recently been upgraded.
- Fire drills and simulated evacuations are carried out regularly. A simulated drill of the largest compartment with night staff numbers has been completed since the inspection, the report of which was forwarded to The Authority.
- An action plan for the actions from the fire safety inspection in April 2024 was devised and the local fire officer was satisfied with same, as evidenced via email. A full time-bound action plan to include any in-progress/outstanding actions was sent to The Authority following the inspection.

Regulation 5: Individual assessment and care plan

Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:

Care planning is an integral part of provision of person-centered care. At Bushmount Nursing Home we consistently strive to ensure that the care we provide is person centered, accurate and safe. Care plans are drawn up in consultation with residents and their families to accurately reflect their specific needs. These care plans are regularly reviewed and updated to ensure they remain current

- 2 residents were identified on the day of inspection as having colonized MDROs. These were missed on the resident's transfer from hospital, and therefore did not have care plans in place. Since they have been identified they now have care plans in place.
- All residents have an infection prevention control careplan in place that guides staff on prevention measures appropriate for that resident, as advised to be initiated, by Public Health, following the COVID-19 pandemic. These care plans are then further developed, in the event of a confirmed or suspected transmissible infection.
- All careplans for urinary catheters have been reviewed to reflect local practice, in line with the skip the dip campaign, and no longer direct for dip sticking of urine samples.

Regulation 11: Visits	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 11: Visits:  At Bushmount Nursing Home we welcome visitors warmly. We view visits from family members and friends of residents in high regard, and believe that these visits greatly benefit our residents and are an important part of their day.</p> <ul style="list-style-type: none"> <li>• Bushmount Nursing Home normally does not have a strict visiting hour schedule and operates an open visiting policy. Visits do not need to be pre-arranged but are encouraged between the hours of 09:00 and 18:30. After 18:30 visitors are advised they will need to ring the doorbell to gain access, as the door is on a key pad access lock, for security.</li> <li>• Due to our close proximity to town, yet set on a private site, we must ensure the security of the building is maintained to ensure the safety of our 79 residents and the staff working here.</li> <li>• We are cognisant that this may cause a delay for the visitor as they may have to wait for someone to answer the door and therefore, we are installing a doorbell camera, which will alert the nurse on the Bushmount Mobile that a visitor is waiting to gain access once they ring the doorbell. The nurse will also be able to immediately communicate with the person at the door.</li> <li>• The visiting policy of Bushmount Nursing Home lays out the rights of the resident and visitor, including preferred visiting times and the right to decline a visitor. This policy is in the information booklet provided to residents at time of admission. In addition, all residents have a visiting care plan which outlines each individuals' preferences for visiting, including who their nominated support person is and if they wish to decline visits.</li> </ul>	



**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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
Regulation 11(2)(a)(i)	The person in charge shall ensure that in so far as is reasonably practicable, visits to a resident are not restricted, unless such a visit would, in the opinion of the person in charge, pose a risk to the resident concerned or to another resident.	Substantially Compliant	Yellow	06/12/2024
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.	Substantially Compliant	Yellow	31/01/2025
Regulation 23(c)	The registered provider shall ensure that	Substantially Compliant	Yellow	06/12/2024

	management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.			
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Not Compliant	Orange	30/06/2025
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.	Substantially Compliant	Yellow	16/10/2024
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably	Substantially Compliant	Yellow	22/10/2024

	practicable, residents, are aware of the procedure to be followed in the case of fire.			
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	22/10/2024
Regulation 5(1)	The registered provider shall, in so far as is reasonably practical, arrange to meet the needs of each resident when these have been assessed in accordance with paragraph (2).	Substantially Compliant	Yellow	27/11/2024